



FEEDING OUR FUTURE

Breastfeeding realities among North and Central Brooklyn women and their babies

A Neighborhood Report from the Center for Health Equity

NYC
Health
Center for Health Equity





AT FIRST GLANCE,

THIS MIGHT LOOK

LIKE A REPORT ABOUT

BREASTFEEDING.

BUT IT'S MUCH

MORE THAN THAT.

It's a look into the lives of **Kayla, Jazlyn, Emma, Maria** and other first-time mothers and families in North and Central Brooklyn.* It's a look into two New York City (NYC) communities—**Bedford-Stuyvesant** and **Brownsville**—that have historically been deprived of resources and suffer from a disproportionately high burden of chronic disease and premature death. It's a look into two communities where women and babies haven't always had the opportunity or necessary support to breastfeed.

Yes, this is a report with solid information, key findings and good recommendations, but it's also a report about **the potential for change** and a community's ability to take control of its health. It's a report full of inspiration on how to **make breastfeeding possible for all the babies, mothers and families** who live, work and play in North and Central Brooklyn.

**All participants' names have been changed to protect their identities.*



BREASTFEEDING MATTERS

Breastfeeding matters to the health of babies, mothers and families. **It especially matters to communities of color**, which often have higher levels of chronic diseases, such as diabetes and obesity—conditions for which breastfeeding can help lower the risk.^{2,3}

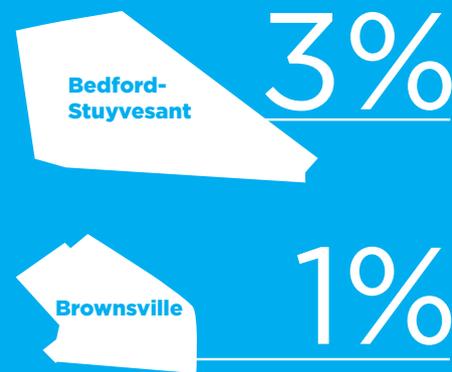
The Center for Health Equity’s Brooklyn Neighborhood Health Action Center* (formerly a District Public Health Office) undertook this study to inform its **Brooklyn Breastfeeding Empowerment Zone** (BFEZ) initiative. We wanted to better understand infant-feeding decisions in North and Central Brooklyn. We also wanted to identify potential barriers to breastfeeding, as well as actions that each of us can take to make it easier in our neighborhoods for mothers and babies to breastfeed.

Our hope is for the neighborhoods of Bedford-Stuyvesant and Brownsville to come together and **create a breastfeeding-supportive North and Central Brooklyn**—where mothers and families are supported so they can breastfeed in the hospital, at home, at work and in the community. And where children have the full opportunity to grow up healthy.

**The Action Centers are part of New York City’s plan to provide space for community-based organizations and New York City Health Department staff to work together to advance neighborhood health.*

THE HOPE

Every woman and baby has the opportunity to experience the benefits of breastfeeding.



THE REALITY

Very few low-income women enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Bedford-Stuyvesant and Brownsville exclusively breastfeed for the recommended six months.¹



KEY

FINDINGS

We interviewed **first-time pregnant women** in Bedford-Stuyvesant and Brownsville for this study—once during their pregnancy and again four weeks after their babies were born. We also interviewed **fathers** and **grandmothers**.

INTERVIEWS



During
Pregnancy



Four
Weeks



Family
Members

WHAT WE LEARNED

1

Most first-time pregnant women in Bedford-Stuyvesant and Brownsville want to breastfeed, and believe breastfeeding is the healthiest choice for their babies. They view formula feeding as a convenient but less healthy alternative.

2

Many women in Bedford-Stuyvesant and Brownsville face barriers to breastfeeding. Women encounter obstacles in hospitals and in their workplaces that cause them to change their breastfeeding plans, introducing formula earlier than they would have liked or stopping breastfeeding altogether.

3

For many, breastfeeding in public places does not feel socially accepted. Even though women know it is protected by law, they often feel uncomfortable breastfeeding their babies in public spaces, such as restaurants, libraries or stores. This can lead women to use formula instead of breastfeed.

4

Breastfeeding support matters. For women who successfully breastfeed, support from health care providers and hospitals, employers and workplaces, partners, family and community members plays a critical role.

5

Breastfeeding education is also important. The more informed women are, the more likely they are to breastfeed. Education from health care providers and family members, as well as information that mothers seek out themselves, is key.



BACKGROUND

LET'S MAKE BREASTFEEDING POSSIBLE

Whether you are a community member, an advocate, a health care provider or a policymaker, you can play a role in supporting breastfeeding.



Policymakers: Champion breastfeeding-supportive policies for public spaces, hospitals and workplaces. Advance the health of our neighborhoods.



Health Care Providers and Hospitals: Be a first-line source of information and support. Adopt the "10 Steps to Successful Breastfeeding" and become a Baby-Friendly® designated hospital.



Community and Health Advocates: Help breastfeeding mothers feel comfortable feeding their babies in public spaces by showing your support and advocating for breastfeeding-friendly spaces.

The health benefits of breastfeeding for mother and infant are well-documented.⁴ The American Academy of Pediatrics recommends exclusive breastfeeding for at least six months.⁵ In New York City, data from the Pregnancy Risk Assessment Monitoring System (PRAMS) shows that in 2012, 88 percent of NYC women initiated breastfeeding, but only 30 percent exclusively breastfed for eight weeks or more. This drop-off is most severe in communities of color and high-poverty neighborhoods. In 2012, although 40 percent of White non-Latina women breastfed for eight weeks or more, only one-quarter (25 percent) of Black non-Latina women and one-quarter (25 percent) of Latina women exclusively breastfed for this long.⁶ Very few NYC women exclusively breastfeed for six months (14 percent).⁷

This report focuses on Bedford-Stuyvesant and Brownsville, two predominantly Black and Latino neighborhoods where more than one-third of households live below the federal poverty level.⁸ In 2011, there were 2,495 live births in Bedford-Stuyvesant and 1,491 in Brownsville.⁹ Of mothers participating in the WIC program in 2011, only 3 percent from Bedford-Stuyvesant and 1 percent from Brownsville were exclusively breastfeeding at six months.¹

By interviewing Black and Latina women in Bedford-Stuyvesant and Brownsville, this study sought to better understand how soon-to-be-moms make infant-feeding decisions. Interviews took place before giving birth and then again four weeks after their babies were born. By speaking with the women's family members, we were also able to learn more about the factors that support or hinder breastfeeding in these communities.

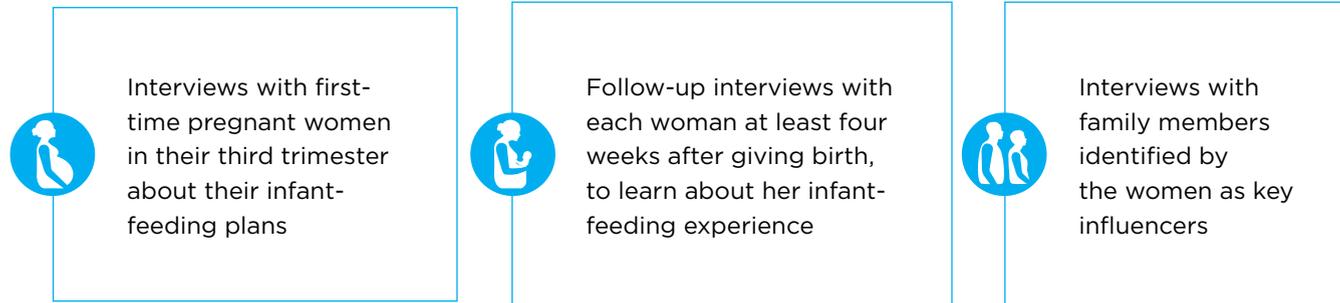
This study is being used to inform BFEZ's initiative strategies. BFEZ, which is funded by the W.K. Kellogg Foundation, works to advance the rights and self-determination of breastfeeding mothers and families in North and Central Brooklyn while also motivating fathers, grandmothers, faith leaders, health care providers, small businesses and others to remove barriers to breastfeeding so it becomes the norm. BFEZ is part of the Center for Health Equity's Brooklyn Neighborhood Health Action Center (formerly a DPHO).

TURN TO PAGE 18 for additional actions you can take to support breastfeeding.

STUDY

METHODS

This study was conducted between February and October 2014 and consisted of three components:



We enrolled 19 Black and Latina first-time pregnant women in their third trimester to take part in the study. Participants were between 18 and 37 years old and were recruited through various community partners in Bedford-Stuyvesant and Brownsville. Sixteen of the participants received governmental assistance through WIC.

We also enrolled 10 key influencers, six of whom were fathers and four of whom were maternal grandmothers to babies in the study. To reach this population, staff asked the women to identify someone who may have directly or indirectly influenced how they fed their infants. All of the pregnant women and most of the key influencers had lived in Bedford-Stuyvesant or Brownsville for more than two years.

Interviews typically lasted about 60 minutes and were held in private locations of the participants' choosing. The interviews were semi-structured, with open-ended questions to allow for a discussion of related topics. Participants were asked about their:

- Views on the advantages and disadvantages of breastfeeding versus formula feeding
- Plans for infant-feeding, including who or what influenced their infant-feeding plans
- Experiences with infant-feeding, including barriers to and facilitators of breastfeeding
- Feelings about and experiences with breastfeeding in public

PARTICIPANTS' CHARACTERISTICS

	 Women	%	 Family Members	%
Total Population	19	100	10	100
COMMUNITY OF RESIDENCE				
Bedford-Stuyvesant	12	63	7	63
Brownsville	7	37	3	37
AGE				
18-23	8	42	2	20
24-29	7	37	0	0
30-35	2	10	2	20
36-41	2	10	3	30
>41	0	0	3	30
RACE/ETHNICITY				
Black or African American	13	68	8	80
Latino (not Black)	6	32	2	20
MARITAL STATUS				
Single (never married)	12	63	3	30
Married	3	16	4	40
Domestic Partnership	3	16	1	10
Separated/Divorced	1	5	2	20
LENGTH OF TIME IN COMMUNITY				
<2 years	0	0	2	20
2-10 years	13	68	4	40
11-20 years	4	21	4	40
>20 years	2	11	0	0
PUBLIC ASSISTANCE				
NYCHA	6	32	2	20
WIC	16	84	n/a	n/a
LANGUAGE				
English	17	90	9	90
Spanish	2	10	1	10

FINDINGS

1

MOST WOMEN IN BEDFORD-STUYVESANT AND BROWNSVILLE WANT TO BREASTFEED.

First-time pregnant women in Bedford-Stuyvesant and Brownsville believe breastfeeding is the healthiest choice for their babies. They view formula feeding as a convenient but less healthy alternative.

The majority of the women in this study expressed that breastfeeding is a natural and organic food source that comes straight from a mother's body and is the healthiest feeding option for a baby. Most of the women had been formula-fed as babies, and shared that formula feeding is common in their communities.

As Jazlyn said, "I see a lot of formula-fed babies. I don't see a lot of breastfed babies."

Most women mentioned that breastfeeding had benefits for babies and mothers. Moms viewed breast milk as nutrient rich, containing antibodies good for the immune system and beneficial to the baby. Benefits for the mother included that it could help them lose weight gained during pregnancy

faster, help the uterus contract to its pre-pregnancy size and give mothers the opportunity to bond with their babies.



"Colostrum, that is the first maternal milk ... gives a lot of strength to the baby, protecting it from many things.

Breast milk is also ... natural, it comes exactly natural for the baby as it is, and helps the baby grow strong." ~ KAYLA

Many of the women felt excited about the prospect of breastfeeding, and while some recognized that it might be challenging, they were determined to make it happen. They felt their babies' health was a priority over their own discomfort. Many were motivated to provide their babies with "the best

start in life through breastfeeding," especially those who said they had not had the same benefit. They also spoke of nourishing their own bodies with healthy foods to help their babies.

As Naomi explained, "What your job is, is to make sure you're getting adequate nutrition, you're taking care of yourself, you're putting in the right things so that the baby takes out the right things from your body."

When asked about infant formula, many of the women viewed it as unnatural and containing chemicals that could be potentially harmful for babies, causing digestive issues or allergic reactions. A few also viewed formula as "taking the easy way out." Although the majority said that infant formula was the less favorable choice for nourishing their babies, some stated that they

would consider it as a convenient supplement to breastfeeding and that it was a necessary option for women who didn't produce enough milk or couldn't breastfeed.

A few of the women, including those who planned to formula feed, did not necessarily think that formula was unhealthy, and believed it contained all the necessary basics for their baby's growth and development. They also spoke about the ease of feeding and lifestyle considerations, such as wanting to have a nutrition source available for use when out in public or when they were not around.

According to Gelicia, "If you're outside or something like that and the baby gets hungry, and you don't want to pull out your breast outside ... that's why formula would be an advantage."

2

MANY WOMEN IN BEDFORD-STUYVESANT AND BROWNSVILLE FACE BARRIERS TO BREASTFEEDING.

Women can encounter obstacles in hospitals and in their workplaces that cause them to change their breastfeeding plans by introducing formula earlier than they would have liked or stopping breastfeeding altogether.

During follow-up interviews with women when their babies were at least 4-weeks-old, many shared that they faced unexpected medical challenges during and after childbirth, such as premature births, emergency C-sections, neonatal intensive

care stays for jaundiced or premature babies and maternal postpartum illness, which meant they were unable to breastfeed their babies as planned. In these cases, the mothers and babies were separated immediately after birth, and by the time they were reunited, sometimes several hours later, their babies had already been fed infant formula. These experiences resulted in feelings of disappointment for mothers who had plans for exclusive breastfeeding.



As Gabrielle explained, “From the moment that Sofia was born, they fed her with formula. Since I had a fever, I couldn’t feed the baby ... They give you an electric pump that takes out the milk so that they can take it to the infirmary. But, I had a problem ... I would sit every two hours with that pump, trying and trying and trying, and nothing came out ... I was disheartened.”

 **“With the pain of having a C-section ... when I finally got home, it hit me. Like, I was pumping my breasts, and that was hurting. And then my stomach was hurting, and I had to pick him up ... everything was hurting. And I said, ‘Okay, something has to give’ ... so I just stopped.” ~ TAKECIA**

Maria expressed that women who experience unexpected difficulties during delivery, such as C-sections and postpartum illnesses, need more support from hospital staff to follow through with their breastfeeding plans. She said, “I think that the moms who have C-sections need a lot more help than ... a normal birth. And they [hospital staff] didn’t provide, you know, the help that you really need.”

Many of the women experienced latching problems and pain from breastfeeding. As a result, they stopped breastfeeding altogether. According to Cambria, “When I started, I had problems with him latching; a few days after, that’s when I stopped.” Many also expressed feelings of concern about inadequate breast milk production and fears about not satisfying their babies’ hunger. Only a few persevered to establish latching and exclusive breastfeeding after a challenging start.

Among the study participants, few had practical support, an understanding of breastfeeding mechanics or access to a pump. Consequently, many perceived their breast milk production as being low and supplemented with formula.

A few of the women interviewed planned to discontinue breastfeeding before returning to work due to the lack of lactation accommodations at their workplaces. As Takecia explained, “I want to breastfeed him but then again I don’t want to ... I have to go back to work and I don’t want to be ... in the bathroom pumping my chest every time so I might want to change him over [to formula].”

3

FOR MANY, BREASTFEEDING IN PUBLIC PLACES DOES NOT FEEL SOCIALLY ACCEPTED.

Even though women know it is protected by law, they often feel uncomfortable breastfeeding in public spaces, such as restaurants, libraries or stores. This can lead women to stop breastfeeding and use formula.

During their first interviews before their babies were born, about half of the women anticipated they would feel uncomfortable breastfeeding in public. Many knew of the New York Civil Rights Law (§ 79-e, 1994) that gives women the right to breastfeed in public but stated that they did not usually see women breastfeeding in public places in their neighborhoods. They perceived their communities as being unsympathetic toward women who breastfed in public.

During their follow-up interviews, the women’s experiences with public breastfeeding mostly aligned with what they had anticipated prior to giving birth. While some remained uncomfortable breastfeeding in public, they were determined to do so, placing their babies’ needs first. Most reported taking discrete measures, such as using a cover and/or seeking quiet, private places. Women also took into consideration the perceived discomfort of others around them.

Damaris described a negative encounter while breastfeeding in public: “There was one time I was on the train and some lady was like, I should cover up, that there’s people that don’t want to see other

people breastfeeding, and I told her that it’s not against the law to breastfeed in public, and she got mad and she got off the train. I had the sheet that you put over. It seems as if she had a problem with breastfeeding.”

A few of the women decided on a strategy of bottle feeding to accommodate public outings, either formula or breast milk in a bottle while in public, and a few mentioned feeling more comfortable breastfeeding when their partners were around for protection. Most felt that there should be designated public spaces for breastfeeding that can offer women some degree of privacy. This sentiment was echoed by Jadyne, one of the babies’ fathers who said, “I don’t think you should breastfeed in a restaurant. But, they should have signs in certain places where a woman can ... like if you’re in a library, you can go in the back.”

 **“I have tried to breastfeed in public. I think it’s normal; you’re just nurturing your child. You have to be careful, though, about where you are when you’re in the public eye because not everyone is going to be cordial—you have to be aware of other people’s feelings about it. If my car is near, I would go in the car and feed her there.” ~ JASMINE**

4

BREASTFEEDING SUPPORT MATTERS.

For women who successfully breastfeed, support from health care providers and hospitals, employers and workplaces, partners, family and community members plays a critical role.

When interviewed while pregnant, most women said they planned to breastfeed. However, four weeks after giving birth, many women were not able to follow through with their original plans. Of the women who were able to breastfeed, only a few were able to achieve breastfeeding exclusivity at four weeks. A few other babies were initially fed a combination of formula and breast milk until breastfeeding became the sole source of feeding a few days or weeks later.

Jasmine explained how support from hospital staff helped her: “She latched on, but I began having problems ... A lactation consultant helped me in the hospital with the latch. She was in the hospital for three weeks, so I pumped and gave her the breast milk ... I had a lot of support in the hospital.”

In several cases, women recounted how they sought breastfeeding help, including reaching out to lactation consultants at their local WIC office and enrolling in breastfeeding classes for practical, hands-on help. According to Trinity, “WIC has been so helpful ... I've been over there about three times in the four weeks ... to talk to the lactation consultants and get information.”

Others stated that support from the babies' fathers helped them follow through with their plans to breastfeed. These fathers, some of whom were interviewed as key influencers, explained how they were able to support their partners' breastfeeding decisions. In some cases, they attended breastfeeding and childbirth education classes or paid attention to media information. As a result, they gained the knowledge needed to actively encourage and support their partners.

Some of the fathers said they felt inadequate at first. However, they soon learned they could support their partners in other ways, such as helping with baby care and household chores. As Carl explained, “When the baby gets up at night, I'm the one who gets up and tries to put him back down ... I change diapers and do some of those types of things to help her out. Grab her water, whatever she needs.”

 **“I think if I didn't have any support ... people saying, you know, ‘Stick with it. It's a little difficult at first ... for some people.’ If I didn't have that encouragement, I might've just said, ‘Oh, whatever, I'll use formula.’” ~ NAOMI**



KAYLA'S STORY

USING THE KNOWLEDGE SHE LEARNED AND HAVING THE SUPPORT OF HER PARTNER TO BREASTFEED



Kayla's well-meaning mother pressured her to supplement breastfeeding with formula: *“My mom, in particular, was very much like, ‘I don't know that she's getting enough milk ... Oh, I'm concerned about her weight gain.’ I told her ‘Her stomach is the size of a cherry. She's getting enough colostrum. My milk won't come in for another three or four days.’ So thankfully because I did childbirth education classes, I was able to respond to my mom, in a way that did not make me depressed.”*



Brandon, Kayla's husband, shared how he was able to support his wife's wishes to exclusively breastfeed: *“Even my mother-in-law went as far as to go buy formula cause she suspected that the baby was crying because she was hungry ... So I told her, ‘Listen, give me and my wife our space ... and if, you know, her full milk doesn't come in, then we can look at alternatives. But, right now ... I think she needs a fair chance at it.’”*

5

BREASTFEEDING EDUCATION IS ALSO IMPORTANT.

The more informed women are, the more likely they are to breastfeed. Education from health care providers and family members, as well as knowledge that mothers seek out themselves, is key.

The women's infant-feeding decisions were rarely influenced by a single source. Many considered information from several sources before making their decisions, including health care providers; family members, such as the babies' fathers and grandmothers; friends and their own research and observations. Some were encouraged to use infant formula by their peers, who emphasized that it was more convenient.

Many of the women used their cell phones to access online resources, such as BabyCenter and La Leche League, for information on childbirth

and breastfeeding. They also attended childbirth and breastfeeding education classes held at WIC, hospitals and community health centers. Breastfeeding education was helpful, informative and empowering to those who received it, and they especially liked group experiences with other pregnant and breastfeeding women.



"I really want to give myself a fighting chance to be able to breastfeed and I feel like knowledge is power, so why not take all the information I can? It was nice to see other people who were also interested in doing the same." ~ EMMA



HOW WE CAN MAKE

BREASTFEEDING

POSSIBLE



POLICYMAKERS

Champion policies to make Bedford-Stuyvesant and Brownsville breastfeeding-friendly neighborhoods.

- Explore extending Medicaid reimbursement to allied health professionals who provide lactation support, including Certified Lactation Counselors (CLC), International Board Certified Lactation Consultants (IBCLC), Registered Dietitians (RD) and doulas.
- Support local health programs that train community doulas and certified lactation counselors who can provide culturally relevant breastfeeding support for new mothers and families.
- Work with hospitals and birthing centers to become Baby-Friendly® designated birth facilities (www.babyfriendlyusa.org).
- Work with small businesses to welcome breastfeeding and have breastfeeding-friendly spaces.
- Communicate the benefits of existing paid family leave and workplace protections for new parents, including recent City and State policies.
- Support neighborhood education initiatives about New York breastfeeding rights.

Photo: New York City Council member Robert E. Cornegy, Jr. (36th CD) launched a community lactation room in his district office in Bedford Stuyvesant in March 2014.



HEALTH CARE PROVIDERS AND HOSPITALS

Be a first-line source of breastfeeding information and support.

- Learn about and follow the New York State “10 Steps to a Breastfeeding Friendly Practice” (www.health.ny.gov/publications/2972.pdf).
- Educate mothers and families about the benefits of breastfeeding and how it works. Before women give birth, help them make a plan for breastfeeding and suggest ways to address potential obstacles with family or at work.
- Provide adequate support to women after giving birth to help them initiate breastfeeding, especially after challenging birth circumstances. Don't administer formula to a newborn baby unless medically necessary.
- Include doulas, breastfeeding peer counselors and community health workers as a legitimate part of the hospital team in labor and delivery and postpartum units to allow for intensified guidance and continuity of breastfeeding support.
- Use patient-satisfaction surveys and existing community advisory committees so families can share their experiences and provide recommendations for improving breastfeeding support in medical care.
- If associated with a New York City hospital, encourage it to join the NYC Breastfeeding Hospital Collaborative (BHC) and pursue a Baby-Friendly® designation. Contact the collaborative at bfc@health.nyc.gov for technical assistance and guidance in this process.



COMMUNITY AND HEALTH ADVOCATES

Help build a community that supports breastfeeding.

- Help breastfeeding mothers feel comfortable feeding their babies in public by advocating for safe and family-friendly public spaces and showing your support to breastfeeding mothers in public spaces.
- Encourage local businesses to support breastfeeding by displaying “Breastfeeding Welcome Here” decals in their storefront windows; decals can be ordered by calling 311.
- Help pregnant women, partners and family members prepare for the potential challenges they may face in the hospital. Build their skills to advocate for Baby-Friendly® practices.
- Work with local fatherhood or male-partner coalitions and initiatives to educate fathers about their important role as breastfeeding champions.
- Work with local small businesses and faith-based organizations to organize community events that help normalize and celebrate breastfeeding.

HOW NEW YORK CITY MAKES BREASTFEEDING POSSIBLE

As part of its efforts to protect and promote the health of all New Yorkers, the New York City Health Department supports breastfeeding through initiatives by the Center for Health Equity and the Bureau of Maternal Infant and Reproductive Health, as well as through legislation.

The Center for Health Equity's BFEZ initiative works in historically under-resourced neighborhoods to overcome barriers and nurture communities so breastfeeding becomes the norm. BFEZ trains community members to become lactation counselors and doulas, and engages fathers, faith-based organizations, policymakers and local businesses through

breastfeeding education and promotion – with the aim of creating breastfeeding-supportive neighborhoods.

The Bureau of Maternal Infant and Reproductive Health coordinates the Newborn Home Visiting Program, Nurse-Family Partnership and the NYC Breastfeeding Hospital Collaborative, which helps NYC maternity facilities achieve the Baby-Friendly® designation.

To reduce barriers to breastfeeding, Mayor Bill de Blasio signed a bill in August 2016 requiring certain New York City offices and service centers to provide lactation rooms for mothers to express breast milk.



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RESOURCES

New York City Department of Health and Mental Hygiene, Breastfeeding Action Kit
www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-breastfeeding.page

New York State Breastfeeding Mothers' Bill of Rights
www.health.ny.gov/publications/2028.pdf

New York State Department of Health, Breastfeeding Friendly Child Care Resources
www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingspon.htm

New York State Ten Steps to a Breastfeeding Friendly Practice
www.health.ny.gov/publications/2972.pdf

New York State WIC Association, Breastfeeding Partners
www.breastfeedingpartners.org

BROOKLYN BREASTFEEDING EMPOWERMENT ZONE

This study was conducted by the Center for Health Equity's Brooklyn Neighborhood Health Action Center (formerly a DPHO) to inform its BFEZ initiative.

For more information or to contact this office or initiative:

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CITATION

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