Addressing Breastfeeding Disparities in the Black Infant Health Program

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California Breastfeeding Summit
Anaheim, CA
January 25, 2017

Acknowledgements

• The BIH State Team
  o Dr. Paula Braveman and University of California San Francisco Center for Health Disparities
  o Maternal Child and Adolescent Health Division-Maternal and Infant Health Branch
  o Maternal Child and Adolescent Health Division-Epidemiology, Evaluation, and Data Operations Section
• Dr. Ifeyinwa V. Asiodu, California Breastfeeding Coalition Board Member, Day 1 Chair

Funded by: Title V Federal Funds and State General Funds
Black Infant Health (BIH) Program Goal

- To improve health among African-American mothers/babies
- To reduce the Black/White disparities
- To facilitate and increase women’s empowerment

Health Disparity

“The differences in health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, education or income, disability or functional impairment or geographic location, or the combination of any of these factors.”

1 Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity
BIH Program

• Started in 1989 to address health disparities (black/white gap) and higher incidences in the African-American community of:
  o Pre-term birth
  o Infants small for gestational age
  o Infant mortality
  o Sudden Infant Death Syndrome (SIDS)
  o Sexually Transmitted Diseases
  o Hypertension
  o Diabetes
  o Obesity

Infant Mortality Rate by Race/Ethnicity, 2000-2013

- African-American
- White
- Hispanic
- California

Year

Prepared by the Epidemiology, Assessment and Program Development Branch, Maternal, Child and Adolescent Program, Center for Family Health
The BIH Program spans 15 jurisdictions where over 90% of African-American live births occur.

Service Criteria for Enrollment

- Self-Identified African-American woman
- At least 18 years of age
- Less than 26 weeks pregnant at the time of enrollment
Intervention Rationale

• “Singular Core Model”
  (Empowerment/Social Support) to promote:
  o Empowerment
  o Social Support
  o Stress Reduction
  o Health Education

Intervention Components

• Case Management/Life Planning
• Group Sessions
Case Management/Life Planning

- Participants receive individual, complementary case management during and after pregnancy
- Referrals for identified services (e.g., medical, dental, social)
- Guidance on family planning
- Identification of strengths & problem-solving skills
- Assistance with setting short and long term goals

Group Sessions

- Weekly group session topics:
  - Cultural Heritage as a Source of Pride
  - Healthy Pregnancy, Labor and Delivery
  - Nurturing Ourselves and Our Babies
  - Prenatal, Postnatal and Newborn Care
  - Stress Management
  - Healthy Relationships
  - Celebrating Our Families
LHJ Staffing Requirements

- BIH Coordinator
- Community Outreach Liaison
- Mental Health Professional
- Public Health Nurse
- Family Health Advocate
- Group Facilitator
- Data Entry Personnel

Breastfeeding Data Findings
Breastfeeding (BF) Data Collected in BIH

- BF disparity rates for AA women in California
- BIH program data collected
  - BF intention
  - BF initiation
  - Women receiving WIC services
- Quarterly and Annual Reports
  - Anecdotal participant success stories of BF practices

Methods

- For breastfeeding disparity rates
  - California Maternal and Infant Health Assessment Data 2013-2014
- BIH Program Data
  - Extracted from Efforts to Outcomes (ETO) data system on November 1, 2016.
  - Cohort of analysis: Women enrolled between July 1, 2015 to June 30, 2016
    - Comparison of responses to breastfeeding intention questions at
      - Assessment 1 - Enrollment (N = 938)
      - Assessment 2 - 33 to 36 weeks gestation (N = 410)
    - Women enrolled in WIC question asked during baseline assessment at enrollment.
The 2013-2014 MIHA Survey reported: Intended to breastfeed:
- 85.7% of African-American women
- 91.7% in Hispanic women
- 94.6% in White women

Percent of BIH Participants Intended to: breastfeed after delivery

<table>
<thead>
<tr>
<th></th>
<th>Initial Enrollment into Program</th>
<th>Follow-up at 33-36 Weeks Gestation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=938</td>
<td>N=410</td>
</tr>
<tr>
<td>88%</td>
<td></td>
<td>94%</td>
</tr>
</tbody>
</table>

5 California Maternal and Infant Assessment 2013-2014
Preliminary data of participants that were assessed at baseline and follow-up (approximately 33-36 weeks of pregnancy)

The 2013-2014 MIHA Survey reported: Intended to exclusively breastfeed:
- 57.5% of African-American women
- 57.2% in Hispanic women
- 81% in White women

Percent of BIH Participants that: Intend to exclusively breastfeed after delivery

<table>
<thead>
<tr>
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<th>Follow-up at 33-36 Weeks Gestation</th>
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<tbody>
<tr>
<td></td>
<td>N=938</td>
<td>N=410</td>
</tr>
<tr>
<td>59%</td>
<td></td>
<td>69%</td>
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5 California Maternal and Infant Assessment 2013-2014
Preliminary data of participants that were assessed at baseline and follow-up (approximately 33-36 weeks of pregnancy)
Health Knowledge: Breastfeeding

BIH participant intended length of breastfeeding:

<table>
<thead>
<tr>
<th>Planned Breastfeeding Length</th>
<th>At Initial Enrollment into Program N=826</th>
<th>Follow-up At 33-36 Weeks Gestation N=385</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>6 to 11 months</td>
<td>35%</td>
<td>42%</td>
</tr>
<tr>
<td>12 months or longer</td>
<td>33%</td>
<td>38%</td>
</tr>
<tr>
<td>Not sure yet</td>
<td>16%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Preliminary data of participants that were assessed at baseline and follow-up (approximately 33-36 weeks of pregnancy).

BIH Participants Receiving WIC Services

Are you currently receiving any WIC services for yourself or your children?
Total=901

- Yes: 77%
- No: 23%

Preliminary data of participants that were assessed at baseline and follow-up (approximately 33-36 weeks of pregnancy).
Local Collaboration Efforts

• Collaboration occurs during prenatal and postpartum series
• Sites collaborate with local agencies to support breastfeeding by:
  o Having nurses available to support breastfeeding efforts and attend groups
  o Partnering with local Women, Infant and Children (WIC) programs
  o Partnering with coalitions to obtain current breastfeeding information

State Collaboration Efforts

• Partnerships with
  o WIC
  o March of Dimes
  o Alameda County Breastfeeding Coalition
Breastfeeding Topics for BIH Sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic Information</th>
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<tbody>
<tr>
<td>Session 3</td>
<td>• Advocating for Services: breastfeeding support</td>
</tr>
<tr>
<td>Session 6</td>
<td>• Infant feeding (will review in detail)</td>
</tr>
</tbody>
</table>
| Session 7 | • Review from session 6  
| | • Safe Sleep Video: breastfeeding plan |
| Session 8 | • Lifestyle Quiz Questions (True/False)  
| | • Breastfeeding and formula-feeding are equally good for your baby. (FALSE)  
| | • Breastfeeding is good for your baby but not good for you. (FALSE) |
| Session 9 | • Paternal breastfeeding support |

Breastfeeding Resources

- Each group session is accompanied by a facilitator guide and participant handbook
- The participant handbook contains:
  - More information and resources
  - Breastfeeding infographics
- BIH staff utilize MCAH-BIH BF resources to provide to participants

Source: http://womenshealth.gov/itsonlynatural/
Black Infant Health Group Session 6

Kwanzaa Principle Kujichagulia
To define ourselves, name ourselves, create ourselves and speak for ourselves.

Baby’s First Food In Africa

- This activity will help us learn more about infant feeding and where to find support
- Pregnancy, birth and breastfeeding were sacred in many African tribes, and mothers were nurtured and supported for weeks after giving birth
  - Birth was an important time—not just for women, but for the entire village
  - Breastfeeding was viewed as part of the overall birth process
  - Breastfeeding was always part of the bonding process
Baby’s First Food In Africa

- In BIH, breastfeeding is considered normal infant feeding and not a lifestyle choice.

- We also believe in SELF-DETERMINATION—you know what is best for YOU!

- Watch Growing a First Food Movement
  https://www.youtube.com/watch?v=Zhx-R6p1xAQ

- What’s something NEW you learned?

Breastfeeding

- What’s recommended: Breastfeed your baby for at least one year, and exclusively breastfeed your baby (breast milk only) for the first 6 months.

- The more closely you can follow these recommendations, the greater the benefits—but any breastfeeding is good for both the health of you and your baby.
Breastfeeding Intention vs. Breastfeeding Practice

What stands out to you in this table?

Women in every group have higher rates of intention than practice.

African Americans have the lowest rates of both intention and practice.

Benefits and Challenges

Watch Overcoming Breastfeeding Challenges

Brainstorm the BENEFITS and CHALLENGES of breastfeeding

**Benefits**

Short-term
- Provides the best nutrition for your baby
- Protects your baby from life threatening ailments (e.g., respiratory infections, gastrointestinal infections, SIDS/SUID)
- Faster weight loss for you

Long-term
- Your baby is less likely to develop childhood obesity and other diseases like asthma and diabetes
- You may be at lower risk for developing breast cancer, ovarian cancer, or diabetes

**Challenges**

- Pain
- Latching problems
- Lack of family or community support
- Limited access to lactation consultant
- Lack of breastfeeding role models

Source: http://womenshealth.gov/itsonlynatural/
Breastfeeding improves overall health for both you and your baby!

Breastfeeding Quiz

Instructions: Thumbs up for TRUE
Thumbs down for FALSE

1. Breastfeeding helps prepare the baby’s digestive system for handling solid food.
2. Babies who are breastfed have more frequent doctor visits.
3. Breastfeeding saves less than $100 per month.
4. Moms who breastfeed lose weight faster.
5. Breastfeeding is good for the environment.
6. Breastfeeding moms sleep less at night.

Infant Feeding Plan

Whether you choose to breastfeed or formula feed, we want you to be successful.

What do you need to be successful?

- Before your baby is born, tell your partner, family, and friends how you plan to feed your baby.
- If you choose to breastfeed, ask for support from family and friends, connect with other breastfeeding mothers and discuss any problems with a lactation consultant.
- Tell your doctor that you want to breastfeed, and make sure it’s part of your Birth Plan.
- Breastfeeding experts are available to answer your questions — just ask!
- Complete your Infant Feeding Plan.

Reminder

- Read Chapter 6
- Remember that labor and delivery and infant feeding require support — please ask us for help!
- If you have questions about any of the topics we covered today, please ask one of us.
- Session 7 will cover information to help you when you bring your baby home.

Have a great week!
How You Can Help

**Site Support**

- Train staff at BIH sites to become lactation experts
- Provide additional workshops (between group sessions)
- Present during breastfeeding session
- Availability of lactation expert available during postpartum sessions/home visits

How You Can Help

**Referral Assistance**

- Refer eligible women to BIH
- Talk to community partners about BIH
- Develop formal and informal agreements
- Assist with distributing BIH messaging materials
How You Can Help
*Community Engagement*

• Identify Breastfeeding champions at the state and local level
• Establish local Breastfeeding coalitions
• Conduct presentations with community partners
• Identify success stories
• **Celebrate successes!**

For More Information

• State BIH Page
  - [http://www.cdph.ca.gov/programs/BIH/Pages/default.aspx](http://www.cdph.ca.gov/programs/BIH/Pages/default.aspx)

• BIH Coordinator Directory

• Black Infant Health Profile
  - [http://www.cdph.ca.gov/programs/bih/Documents/Profile%20BIH.pdf](http://www.cdph.ca.gov/programs/bih/Documents/Profile%20BIH.pdf)
References


3. California Birth Statistical Master Files, 2006-2008, Non-Hispanic African-American resident mothers, age 18 years or older, excluding foreign-born mothers. Analysis by CDPH MCAH EAPD.


5. California Maternal and Infant Health Assessment 2013-2014


Thank You

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