A Closer Look at Racial/Ethnic Disparities in Breastfeeding

Commentary on "Breastfeeding Advice Given to African American and White Women by Physicians and WIC Counselors"

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Extensive research documents that human milk is the most beneficial choice for infant feeding.[1] Breastfeeding confers many advantages to both infants and mothers. These include social, economic, nutritional, developmental, immunological, and other health benefits.[2,3] Although the incidence of breastfeeding has increased since 1990,[4] significant disparities exist across racial/ethnic groups.

Healthy People 2010 goals for breastfeeding are to increase to 75% the proportion of mothers who breastfeed their infants in the early postpartum period, and to increase to 50% the proportion of mothers who breastfeed their infants through 6 months of age.[5,6] The Department of Health and Human Services' *Blueprint for Action on Breastfeeding,* the American Academy of Pediatrics, and the World Health Organization recommend exclusive breastfeeding for the first 6 months after birth.[1,2,7]

In 2001, 69.5% of women in the U.S. breastfed and 46.3% of women exclusively breastfed their infants in the early postpartum period.[4] In the same year, only 32% of mothers were still breastfeeding and 17.2% were exclusively breastfeeding at 6 months postpartum.[4] In 2001, only 52.9% African American women breastfed their infants in the early postpartum period, compared with 73% of Hispanic mothers and 72% of white mothers.[4] The proportion of African American mothers continuing to nurse 6 months after birth was only 22%, compared with 33% of Hispanic mothers and 34% of white mothers.[4] These rates underscore a significant racial/ethnic disparity in breastfeeding rates.

Several factors influence a mother's decision to breastfeed. These include the media, public marketing of formula, hospital policies, work environments, social and personal support networks, cultural and individual beliefs, and breastfeeding advice by clinicians and non–health care professionals.[8] The article by Anne Beal and colleagues in this issue of the journal[9] uses data from the 1988 National Maternal and Infant Health Survey to provide some insight into factors that may account for the comparatively low breastfeeding rates among African American women. Beal and colleagues found African American women were less likely to recall receiving breastfeeding advice from clinicians and WIC

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counselors than white women. Furthermore, mothers reported that WIC counselors were more likely to advise African American women to bottlefeed than white women. The potential impact of WIC counselors on infant feeding decisions among African American women could be significant, given that African Americans account for 22% of the 7.8 million WIC participants in the U.S.,[10] and warrants further study.

The task of closing the racial/ethnic gap in breastfeeding rates is likely to require a multifaceted approach targeting health care providers, communities, families, and workplaces. It is known that women who are encouraged by a health care provider are more likely to initiate breastfeeding.[11] Thus, it is critical that clinicians promote breastfeeding as the optimal source of infant nutrition. Additionally, mothers need access to providers skilled in the culturally appropriate management of breastfeeding problems. Research suggests that peer counseling and support from other non–health care professionals can impact infant feeding decisions in African American women.[12–14] Thus, continued expansion of WIC's national breastfeeding and education campaign is critical.[12] Focusing breastfeeding marketing campaigns on social supports such as close friends and extended family may also influence breastfeeding initiation rates within the African American community.

The majority of mothers in the United States return to work between three to six months after birth. In contrast, African American mothers are more likely to return to work earlier (i.e., two months) and to work in environments that do not facilitate breastfeeding.[15] Evidence has shown that full-time employment is associated with early weaning.[4] A workplace environment that accommodates nursing mothers may mitigate this effect.[1,2]

Further research and collaboration among key stakeholders is needed to better understand and address the multiple barriers to initiation and continuation of breastfeeding among ethnic minority women.

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