

Racial & Ethnic Disparities in Breastfeeding

Erica H. Anstey, PhD, MA, CLC

Division of Nutrition, Physical Activity, and Obesity

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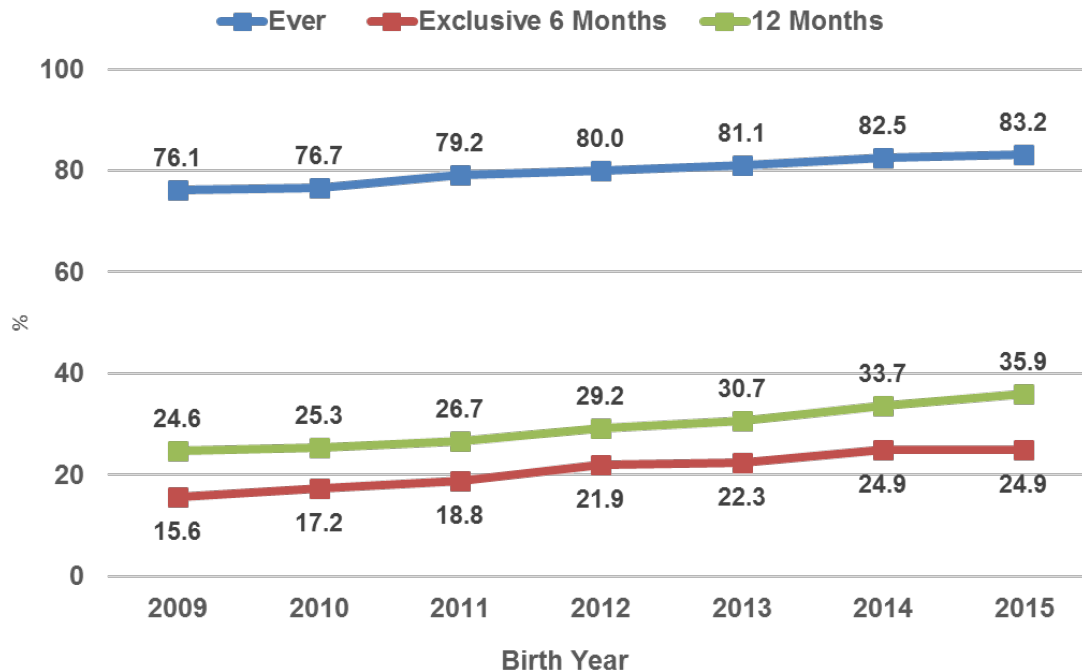
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Disclosures - None

- I have no financial or other relationships to disclose.
- The information in this presentation is that of the authors and does not necessarily represent the official position of the Centers for Disease Control and Prevention

U.S. Breastfeeding Rates



Healthy
People
2020
Targets

81.9*

34.1*

25.5

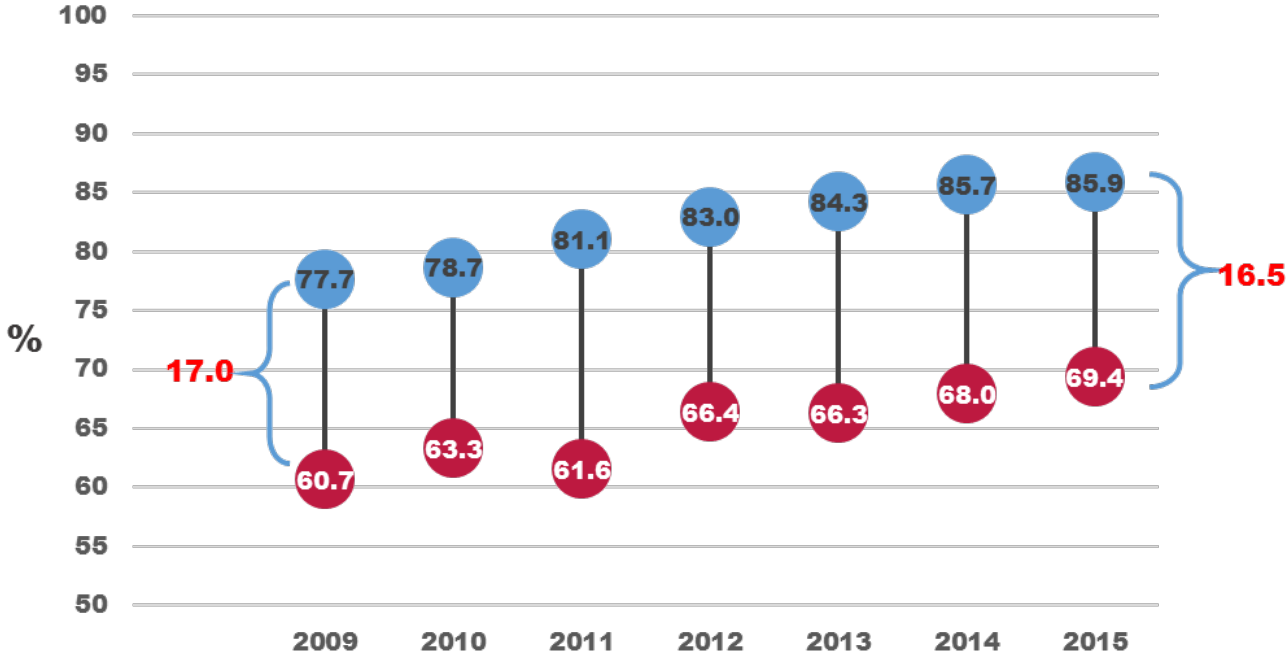
Racial/Ethnic Disparities in Breastfeeding Rates

Characteristics associated with low breastfeeding rates:

- Non-Hispanic black
- Younger age
- Lower education
- Lower income
- Participating in WIC

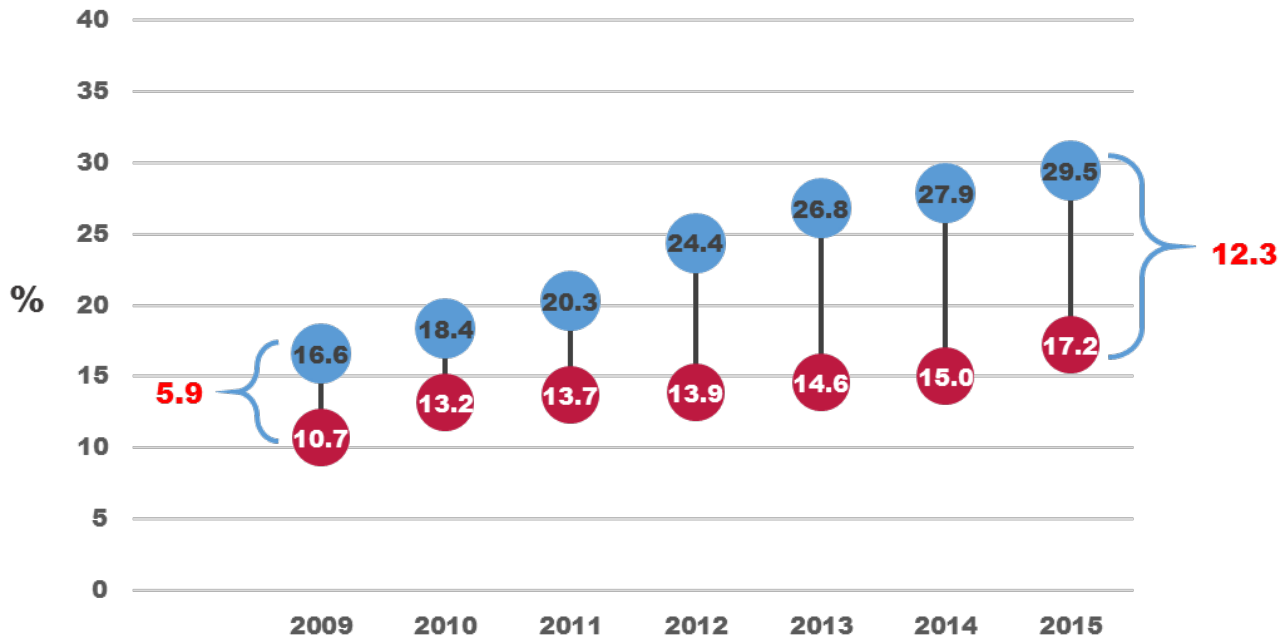


The percentage point gap between **white** and **black** infants who are ever breastfed remains wide.

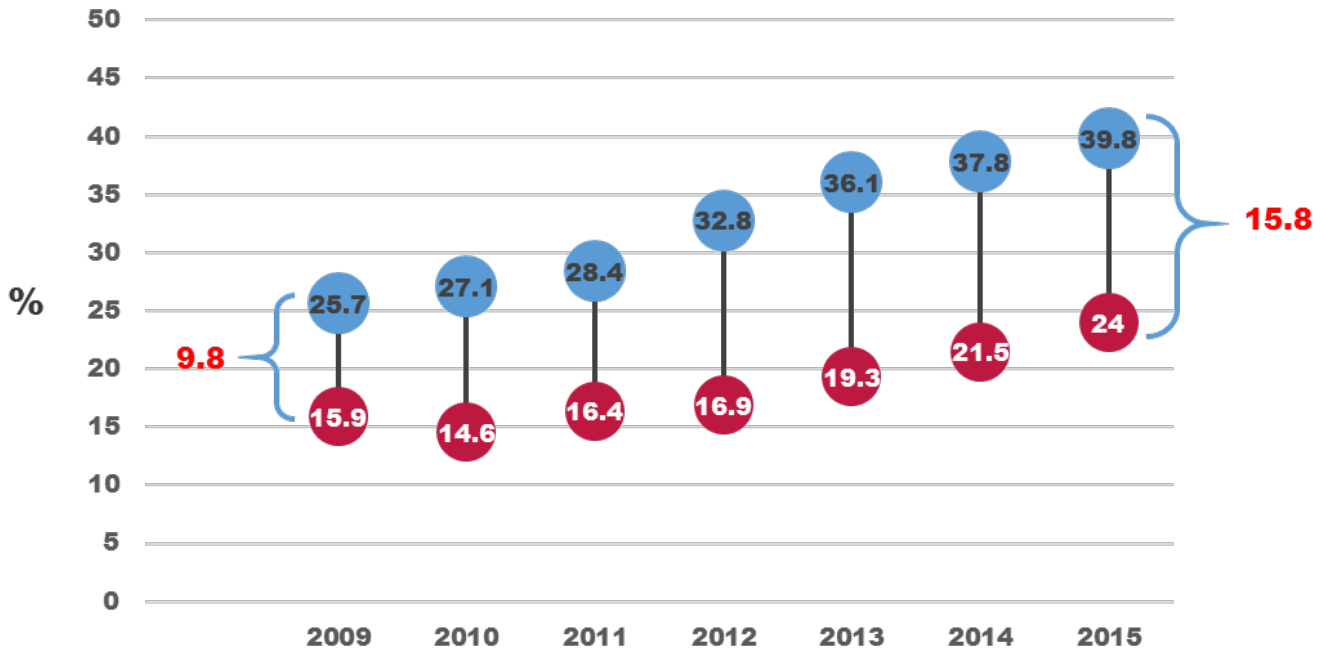


National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2015
https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

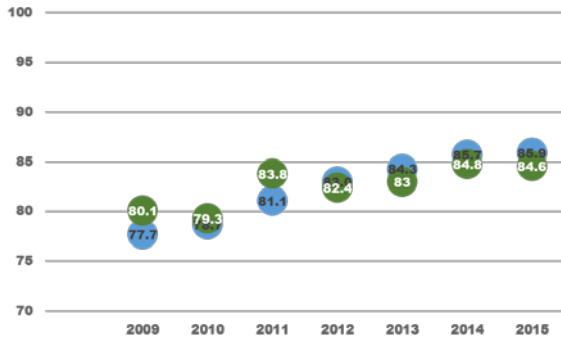
The percentage point gap between **white** and **black** infants who are **breastfed exclusively at 6 months** remains wide.



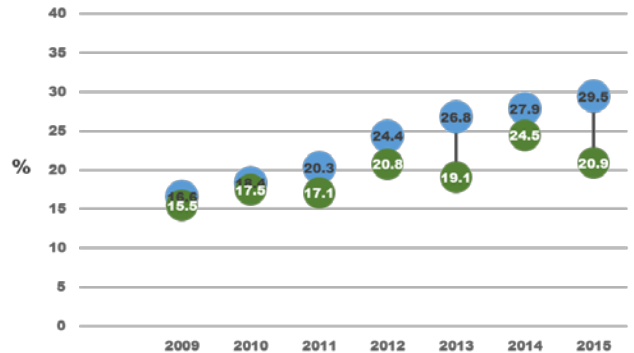
The percentage point gap between **white** and **black** infants who are **breastfed at 12 months** remains wide.



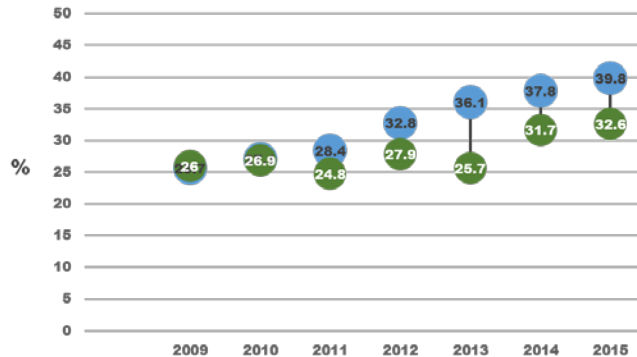
Rates of **ever breastfeeding** among **white** and **Hispanic** infants.



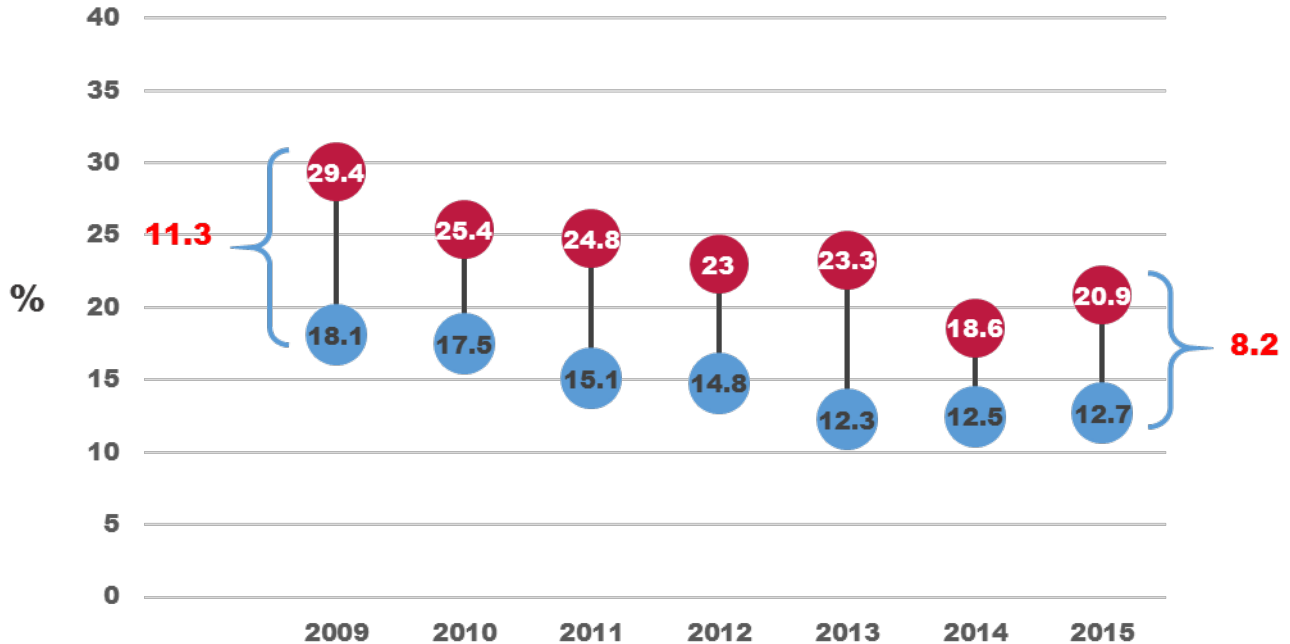
Rates of **exclusive breastfeeding** at 6 months among **white** and **Hispanic** infants.



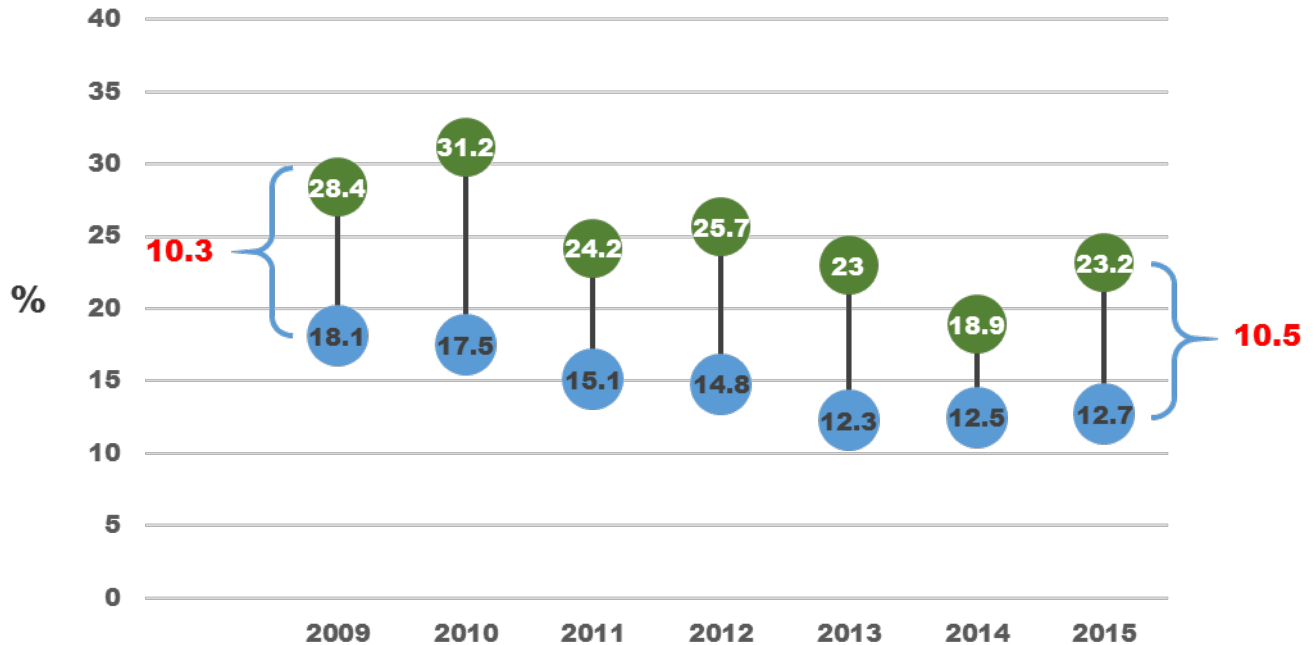
Rates of **breastfeeding at 12 months** are slowly, but steadily increasing among both **white** and **Hispanic** infants.



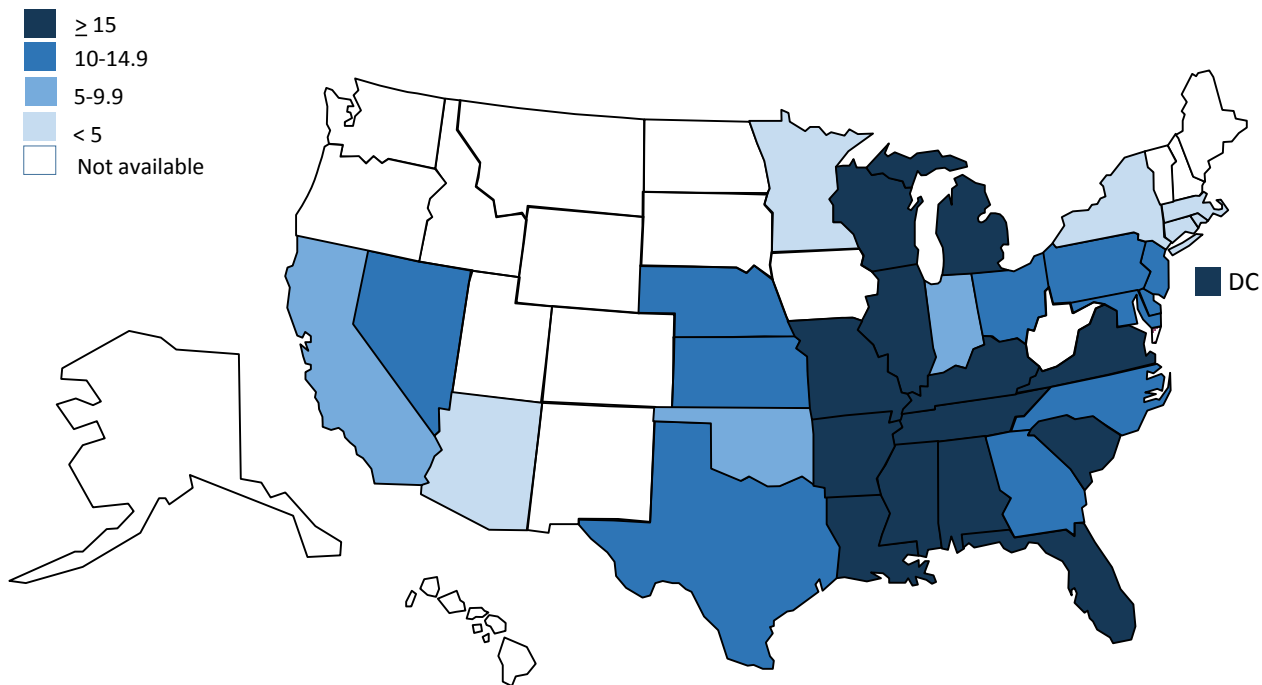
The percentage point gap between **white** and **black** breastfed infants who are supplemented with formula 2 days.



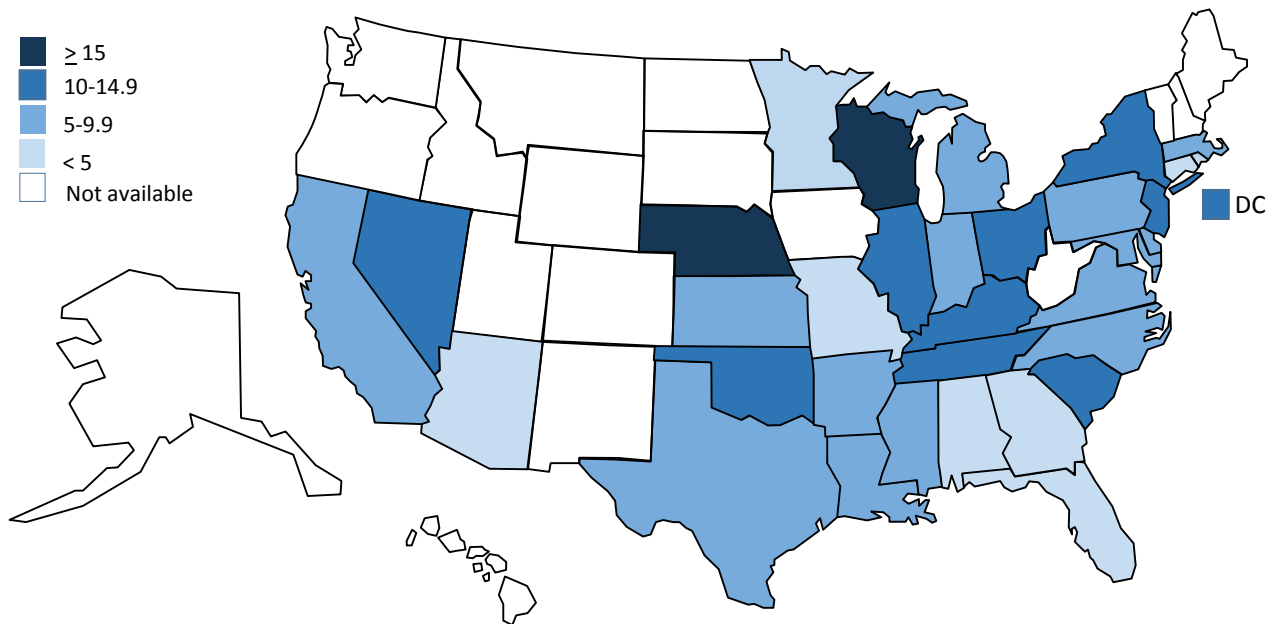
The percentage point gap between **white** and **Hispanic** breastfed infants who are **supplemented with formula within the first 2 days.**



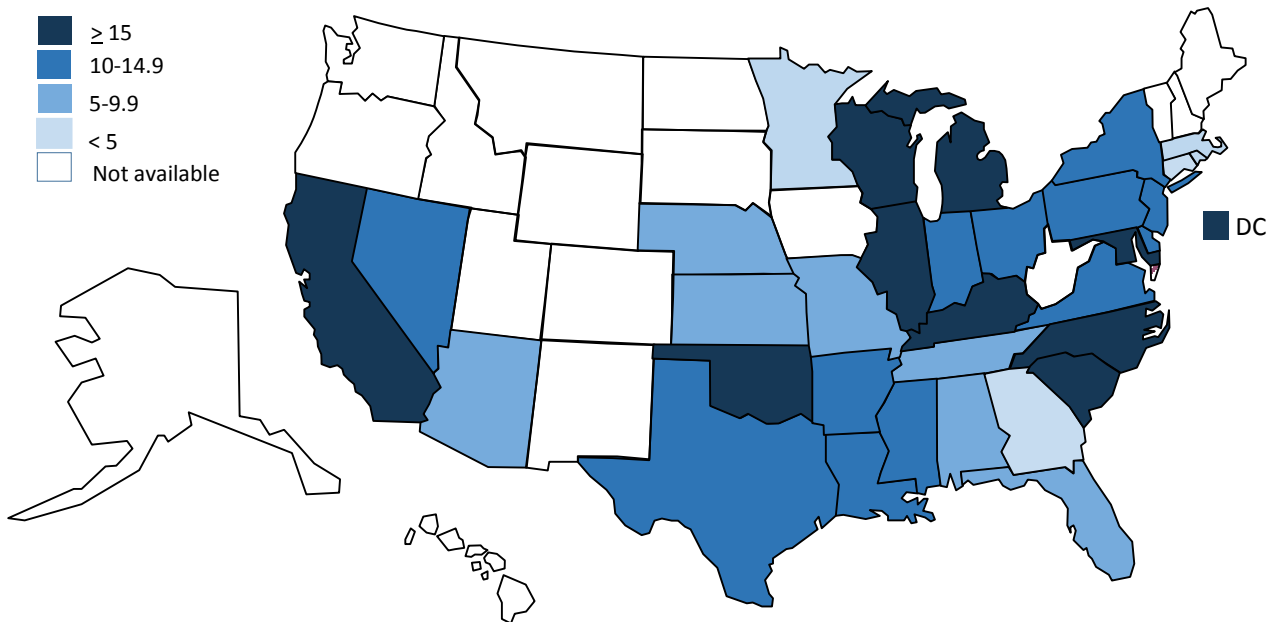
Percentage Point Difference – Non-Hispanic Black and Non-Hispanic White Infants: Ever Breastfed



Percentage Point Difference – Non-Hispanic Black and Non-Hispanic White Infants: Exclusive Breastfeeding Through 6 Months



Percentage Point Difference – Non-Hispanic Black and Non-Hispanic White Infants: Any Breastfeeding at 12 Months



Why is breastfeeding a health equity issue?

- Social determinants of health influence breastfeeding outcomes
- Disparities in breastfeeding rates continue to persist
- Barriers to breastfeeding for women of color:
 - Socio-cultural acceptance
 - Institutional embeddedness of racism
 - Inadequate support - healthcare and community
 - Workplace and employment barriers



Health Disparities and Breastfeeding

- Women of color experience higher rates of certain diseases and conditions:
 - Some types of breast cancer
 - Hypertension (high blood pressure)
 - Type-2 Diabetes
- Recent AHRQ review:
 - women who breastfeed have a reduced risk of some types of breast cancer, ovarian cancer, hypertension, and type-2 diabetes.



Feltner C, Weber RP, Stuebe A, Grodensky CA, Orr C, Viswanathan M. Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries. Comparative Effectiveness Review No. 210. AHRQ Publication No. 18-EHC014-EF. Rockville, MD: Agency for Healthcare Research and Quality; July 2018.

<https://effectivehealthcare.ahrq.gov/topics/breastfeeding/research>

https://www.cdc.gov/bloodpressure/family_history.htm

<https://www.cdc.gov/diabetes/basics/quick-facts.html>

Breastfeeding and breast cancer risk reduction: Implications for black mothers

- Black infants have lower rates of breastfeeding than white infants.
- Black women have nearly 2X the rates of triple-negative breast cancer (an aggressive subtype) compared with white women.
- Studies show that among parous black women, ever breastfeeding was associated with a reduced risk of certain subtypes of breast cancer.
- Breast cancer rates for some aggressive subtypes in premenopausal black women could be greatly reduced by increasing breastfeeding.



Citation: Anstey, EH, Shoemaker, ML, Barrera, CM, O'Neil, ME, Verma, AB, Holman, DM. (2017). Breastfeeding and Breast Cancer Risk Reduction: Implications for Black Mothers. *American Journal of Preventive Medicine*. 53(3S1):S40-S46.

[http://www.ajpmonline.org/article/S0749-3797\(17\)30317-3/pdf](http://www.ajpmonline.org/article/S0749-3797(17)30317-3/pdf)

Racial Disparities in Access to Maternity Care Practices that Support Breastfeeding

- **Facilities in zip codes with > 12.2% of black residents were less likely to meet 5 indicators for recommended maternity care practices supportive of breastfeeding**
 - Early initiation of breastfeeding
 - Limited use of breastfeeding supplements
 - Rooming-in
 - Limited use of pacifiers
 - Post-discharge support

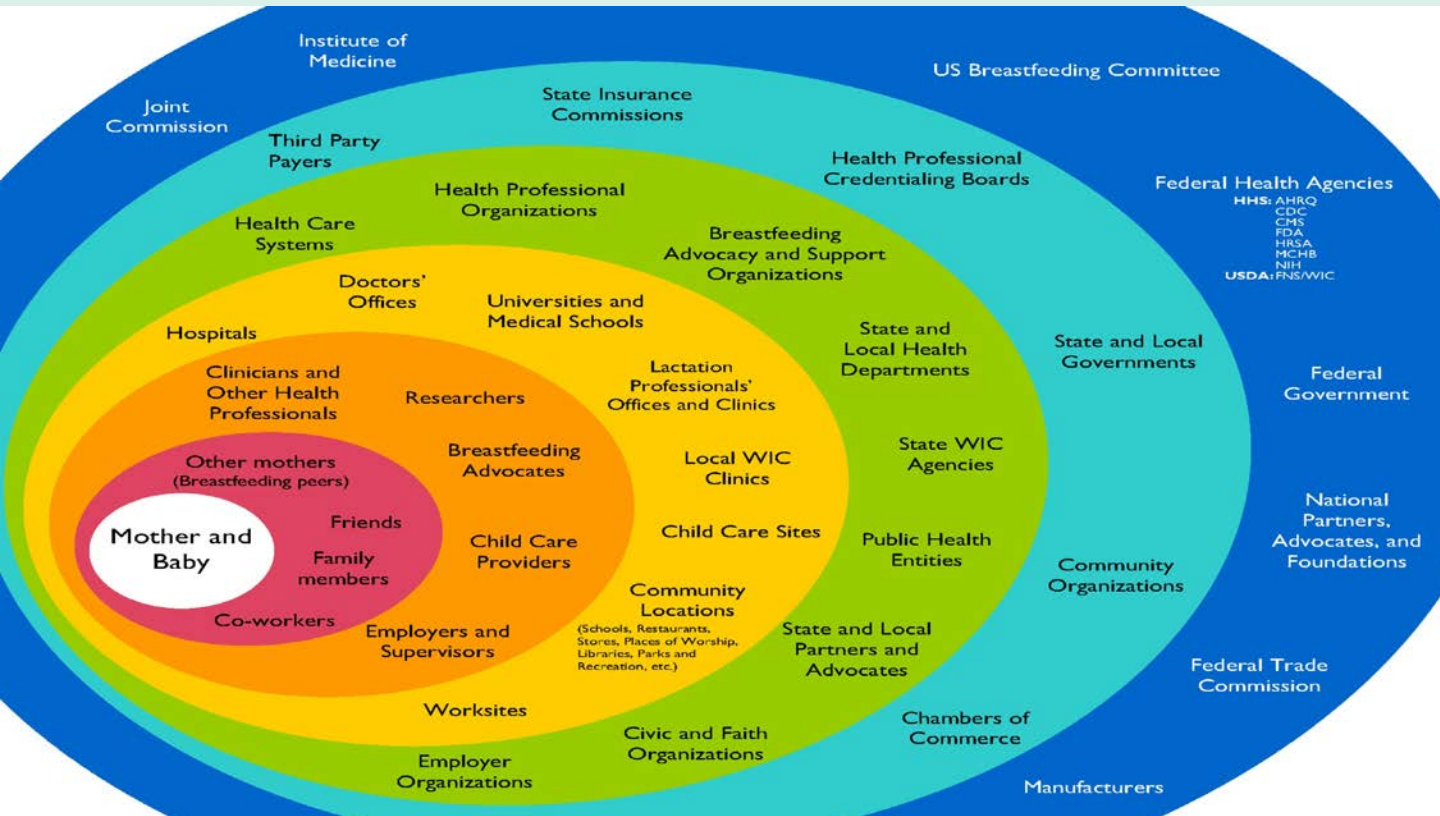


A woman with curly hair, wearing a grey and white patterned blazer, a white collared shirt, and black trousers, is climbing a yellow ladder. She is holding a black briefcase in her left hand and looking upwards. The ladder is positioned diagonally from the bottom left towards the top right. The background is plain white.

Employment barriers to breastfeeding among black mothers

- Return to work earlier
- Shorter maternity leaves
- Less flexible work hours
- Insufficient break time

A Socio-Ecological Approach to Breastfeeding Support



CDC's Three Strategies to Support Breastfeeding

1

Improve Hospital
Support for
Breastfeeding

2

Improve Support
for Employed
Women

3

Improve
Community
Support for
Breastfeeding

Our Goal



We want to ensure that if a mom wants to breastfeed, she has the supports in place to start and continue to do so



What's the Evidence?

- Breastfeeding initiation and duration outcomes improve when:
 - Hospital **policies** support breastfeeding
 - Hospitals implement The Baby Friendly Hospital Initiative's **Ten Steps to Successful Breastfeeding**
 - Infants do **NOT** receive non-medically indicated **supplemental formula**
 - Mothers have **access to community care** that is **coordinated** and **fully supportive** of families .



What's the Evidence?

- Breastfeeding initiation and duration outcomes improve when:
 - Employer **policies** support breastfeeding mothers
 - Employers offer **paid maternity leave**
 - Employers provide **flexible schedules**
 - Employers provide mothers with the **time** and a **private space** to breastfeed or express breast milk during the workday



Together we can. . .

- build awareness about implicit and institutional racism and continually work to improve
- tailor support to address the individual needs of women of color
- address health inequities in breastfeeding through practices and policies



Contact:
Erica Anstey
yhm7@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

