

Breastfeeding or Formula?

Women's Infant Feeding Experiences
in North and Central Brooklyn



Brooklyn District Public Health Office
and Healthy Start Brooklyn



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Key Findings

1. Women believe that breastfeeding is the best option for their infants, but they have deep concerns about the safety of their breast milk.

- Women are concerned that their illnesses (e.g., a cold) and activities (e.g., eating unhealthy foods) are transmitted through breast milk and can compromise their infant's health.
- Infant formula is considered a trusted source of nutrition, reinforced by their families' formula use over generations.

2. Despite some support from partners, family and friends, women remain uncomfortable about the act of breastfeeding. As a result, breastfeeding is difficult to maintain.

- Their discomfort is, at times, heightened by negative views expressed by some family and friends.
- At home, women desire a private space for breastfeeding, which can be difficult to find in crowded apartments.
- Women feel that breastfeeding in public is embarrassing and improper, and fear potential reprimands by young men.

3. While promoting breastfeeding as the best way to feed infants, neighborhood health programs and hospitals also promote, subsidize and disperse formula – resulting in confusion in the minds of many women.

4. Women trying to breastfeed often experience practical challenges, due to information gaps, that interfere with their success.

- Despite breastfeeding promotion during pregnancy and some in-hospital support after delivery, women receive little or no hands-on training after their infant's birth.
- Women emphasized that with greater support, it might have been possible to continue to breastfeed.

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Editorial

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This Report

Breastfeeding has significant health, social and economic benefits for infants and mothers.^{1,2} The rate of breastfeeding among women in the United States has increased since the 1970s.³ Despite this increase, breastfeeding rates among poor women as well as black and Puerto Rican women are among the lowest in the US and New York City.^{4,5,6,7,8}

Breastfeeding education, typically provided during pregnancy and in the hospital right after their infant's birth, encourages women to breastfeed. Health care professionals who promote breastfeeding may encounter ambivalence among women for whom the practice is less common. These women may have beliefs about breastfeeding and formula-feeding that deeply affect—and may challenge—their decision to breastfeed. Moreover, women may experience mixed messages about breastfeeding from family and friends, staff at health care institutions and social contacts in their neighborhood that influence whether they breastfeed and for how long.

This report seeks to provide a greater understanding of women's experiences with breastfeeding. It explores how black and Puerto Rican women in the Brooklyn neighborhoods of Bedford-Stuyvesant and Bushwick think about and make decisions around infant feeding. Our goal is to increase breastfeeding rates in New York City through advocacy, policy changes and educational outreach.

Methods

The study took place in Bedford-Stuyvesant and Bushwick, Brooklyn, where black and Puerto Rican women's rates of breastfeeding are among the lowest in New York City.⁸ From March to August 2007, researchers conducted in-home interviews with 36 participants, including 28 women with infants and eight additional family members; each interview lasted approximately two hours.

Of the 28 key participants, 14 were black and 14 were Puerto Rican, with ages ranging from 17 to 35 years old. Most women had husbands or boyfriends, and about half lived with their partners. Most women worked inside the home; those who worked outside the home included a home attendant, security guard, bus matron, mental disabilities counselor, teaching assistant and salesperson. All women participated in their local Special Supplemental Nutrition for Women, Infants and Children (WIC) Program. The additional eight participants included two husbands, two grandmothers, two sisters, an aunt and a cousin.



1. Women believe that breastfeeding is the best option for their infants, but they have deep concerns about the safety of their breast milk.

Women considered breastfeeding the best option for their infants, but their ideas about breast milk, formula and other foods challenged that view. Women felt that their illnesses (e.g., a cold or bronchitis) and activities (e.g., eating unhealthy food, drinking coffee or smoking) could be transmitted through breast milk—posing a risk to their infants. Infant formula, in contrast, was viewed as a dependable source of nutrients and satisfaction for infants. Women also described a family history of formula use over several generations and recalled assisting their own mothers with feeding siblings. These formative experiences instilled a trust in formula.

For most women, feeding their infants both breast milk and formula, along with other foods such as cereal, was an expression of good mothering. As a 25-year-old mother of two described her feeding approach, “They [infants] eat a lot. I mean, okay, breast is best, but then you still need more milk, because they keep on eating.” This feeding approach was reinforced by advice from family and friends, and by women’s own concerns about satisfying their infant’s hunger. For women who initially breastfed, feeding their infant formula frequently led to the early termination of breastfeeding—because formula comes out of the bottle more readily than breast milk from breasts, allowing the infant to bottle feed more easily. As formula feeding increased, a woman’s supply of breast milk diminished because there was less demand for it.

“I think formula is better because now they have all those added nutrients in the milk [formula], and not everybody eats healthy, like what they’re supposed to eat, so if you bottle feed, your child is getting all the nutrients it’s supposed to get. That’s the reason I went to formula, is because I wasn’t eating well.”

- 20-year-old mother of one

2. Despite some support from partners, family and friends, women remain uncomfortable about the act of breastfeeding. As a result, breastfeeding is difficult to maintain.

Women considered breastfeeding a private act, inappropriate for most to witness. Exposed breasts are considered sexual and especially unacceptable for children to view. Some women feared that children might imitate breastfeeding in front of others, an act seen as unsuitable for public display.

Some family and friends supported women who breastfed, while others condemned it. Amid these mixed messages, women breastfed at home, though rarely in common spaces such as their living room and kitchen. To breastfeed, most women retired to a private space in their home, sequestering themselves in their bedrooms. But some women shared bedrooms with their siblings, or lived in a part of an apartment without a door. A 23-year-old mother of one recalled her shame and embarrassment of breastfeeding when her teen brother walked into the bedroom they shared and said: “What are you doing? Put that thing away. I don’t want to see that.” Without a private space to breastfeed, the breastfeeding experience of these women was often shortened.

“No, no, no. That’s not something [breastfeeding] I want my kids to see...Some things they are just not ready for, because they are kids. You don’t want them to grow up too fast.”

- 28-year-old mother of three

Women considered breastfeeding in public unthinkable—embarrassing and improper. Black women reported never witnessing women breastfeeding in Bedford-Stuyvesant. Although breastfeeding was observed in public places in Bushwick, it was among women whom Puerto Rican mothers identified as recent Mexican and Ecuadorian immigrants—women viewed as different from themselves. Women also mentioned potential consequences of breastfeeding in public. They described incidents in which teenage boys taunted women who breastfed publicly, reinforcing the notion that breastfeeding in public is inappropriate.

3. While promoting breastfeeding as the best way to feed infants, neighborhood health programs and hospitals also promote, subsidize and disperse formula—resulting in confusion in the minds of many women.

The WIC Program was the primary site of breastfeeding promotion for women during their pregnancies. Obstetrics clinics also promoted breastfeeding, though not as consistently; clinic nurses promoted breastfeeding, but doctors rarely discussed it. In the hospital following delivery, many women who intended to breastfeed were encouraged to do so, either through hands-on assistance or during sessions with a lactation consultant. But about one third of women indicated that breastfeeding was not promoted or demonstrated after delivery, their wishes to breastfeed were ignored or hospital staff recommended that they postpone breastfeeding. During early visits to their pediatricians, women pointed out that neither breastfeeding promotion nor assistance took place.

“Initially I gave no thought to how I was gonna feed the baby. WIC promoted breastfeeding which made me think about it.”

- 22-year-old mother of two

In addition to promoting breastfeeding, WIC subsidizes formula, and hospitals disperse it to women upon discharge. This sends mixed messages from health institutions in authority to women about what is best for them and their infants. A 21-year-old mother of two explained: “I get WIC. You cannot tell me about WIC and then tell me to breastfeed because they give you baby milk [formula]...”

4. Women trying to breastfeed often experience practical challenges, due to information gaps, that interfere with their success.

Despite breastfeeding promotion during pregnancy and some in-hospital support after delivery, women received little or no hands-on training after their infant’s birth. When women arrived home, family members and friends—many of whom had little breastfeeding experience—were unable to teach them how to do it. Women described experiencing enormous pain during breastfeeding and were frequently unaware of the physical dynamics of breastfeeding, from engorgement (the hardening of breasts from an increase in breast milk supply) to the let-down reflex and infant latch-on. To deal with engorgement, women often suspended breastfeeding instead of feeding more frequently or using a breast pump to relieve the pain and pressure. This resulted in decreased breast milk supply and increased reliance on formula. Women emphasized that if they had been more prepared—or if more hands-on demonstration had occurred while they were establishing breastfeeding routines—it might have been possible to continue.

“I don’t think I was as prepared as I thought I was, as far as knowledge on exactly how to latch the baby on and stuff like that. I mean you read stuff in books but to have someone there guiding you there step by step is different. I think that if someone came home and showed me what to do, it would have been different.”

- 22-year-old mother of two

Recommendations

Community organizations, health care institutions and city agencies must work together to promote breastfeeding across New York City. Here are some recommended strategies:

- **Address competing messages about infant feeding in women's lives.**
 - Counsel women about the health, social and economic advantages of breastfeeding for both infants and women.
- **Offer practical breastfeeding assistance to women, especially in the postpartum period.**
 - Focus on how to breastfeed, what happens during lactation and how to cope with breastfeeding difficulties. Provide educational materials and supplies (breast pumps, breast pads).
 - Demonstrate technique with breastfeeding women.
 - Discuss privacy concerns related to breastfeeding, and suggest strategies for doing so discreetly, such as wearing clothes specially made for breastfeeding.
- **Enhance existing breastfeeding programs and establish new ones.**
 - Train staff to offer hands-on support through home-visiting programs and breastfeeding support groups, particularly in neighborhoods with low breastfeeding rates.
 - Establish breastfeeding-friendly clinics and program sites which provide breastfeeding promotional materials (e.g., breast pumps and breast pads, educational materials) and other resource materials (where to receive breastfeeding assistance and where to purchase breastfeeding-related items).
- **Encourage greater cultural acceptance of breastfeeding.**
 - Launch media campaigns both locally (e.g., through posters and brochures distributed to hair salons and barber shops, supermarkets and bodegas, pharmacies, etc.) and citywide (e.g., through bus and subway campaigns).
 - Work with local businesses to provide women with a space to breastfeed in their establishments. Women who feel uncomfortable breastfeeding in public may then breastfeed more privately during shopping or other activities in their neighborhoods.

References

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Breastfeeding Resources

SUPPORT GROUPS

WIC Program

Breastfeeding education and demonstration during pregnancy and after an infant's birth. Many WIC centers provide breast pumps (hand and electric) for use, and have staff who can help demonstrate how to breastfeed. Call (800) 522-5006 for the nearest WIC location. See also: www.breastfeedingpartners.org

Kings County Hospital Center (KCHC)

Marie Garcon, Breastfeeding Coordinator
451 Clarkson Avenue
(718) 245-4743
*Breastfeeding clinic for KCHC patients only
Tuesdays, 1:00pm - 4:00pm, E building, Suite A*

Bushwick Impact/NYC DOHMH Newborn Home Visiting Program

Sylvia Cruz
69 Central Avenue, ground level
(718) 381-1035
*Fridays, 10:00am - 1:30pm
All pregnant women and postpartum (up to 3 months)
mothers welcome. Support is also available in Spanish.*

SCO Family of Services: Early Childhood Center/NYC DOHMH

Florence Chery-Antoine, Lactation Consultant
1221 Bedford Avenue, 3rd Floor
(718) 574-8289
*Tuesdays, 10:30am - 12:00pm
All pregnant women and postpartum
(up to 3 months) mothers welcome*

Pam Potischman, LMSW
*Tuesdays from 12:30pm - 1:30pm
All mothers welcome*

New York Methodist Hospital

Sam McDevitt and Patty Koup,
Lactation Consultants
506 6th Street, Wesley House, 3rd Floor, Room 3KC
(718) 780-5078
*Tuesdays, 2:30pm - 3:30pm
All mothers welcome*

State University Hospital @ Downstate

Denise Lewis, Lactation Consultant
445 Lenox Road, Suite D, 1st Floor
(718) 270-2088
*Mondays, 9:30am
All mothers welcome*

Coney Island Hospital

Karen McGratty, Breastfeeding Coordinator
2601 Ocean Parkway, 1st Floor (WIC office)
(718) 616-5740
*Fridays, 10:00am - 11:00am
All mothers welcome*

La Leche League of Brooklyn

Meetings in Canarsie, Fort Greene,
Kensington and Park Slope
See: www.llusa.org/NYE/Kings/brooklyn.HTM

Brooklyn Alliance for Breastfeeding Empowerment (BABE)

Eileen Buckner
St. Phillips Episcopal Church Conference Center,
2nd floor
270 Decatur Street (between Lewis and
Stuyvesant Aves.)
(917) 902-2599
*1st Tuesday of every month, 6:30pm - 8:00pm
All pregnant women and postpartum mothers welcome.*

HOME VISITING/CASE MANAGEMENT PROGRAMS

DOHMH Newborn Home Visiting Program

Home visits to mothers after the birth of their child; lactation consultant on staff for consultation with mothers who breastfeed. North Central Brooklyn: (646) 253-5700 East and Central Harlem: (212) 360-5942 South Bronx: (718) 579-2878

DOHMH Nurse-Family Partnership

Nurse home-visiting program for low-income, first-time mothers, their infants and families in select neighborhoods. Call 311 for information.

Healthy Start Brooklyn

Outreach, case management, education and training, serving women from pregnancy until their child's second birthday. Call (646) 253-5700 for information.

HELPLINES

African-American Breastfeeding Alliance

www.aabaonline.com
Help line: (877) 532-8535
9 to 5, Monday to Friday

Growing Up Healthy Hot-line

(800) 522-5006

La Leche League

www.lalecheleague.org
(800) Laleche / (800) 525-3243

The National Women's Information Center

(Department of Health and Human Services)
www.4woman.gov
(800) 994-woman / (800) 994-9666

INFORMATION, BROCHURES AND POSTERS

NYC Department of Health and Mental Hygiene

• Breastfeeding Your Baby
www.nyc.gov/html/doh/downloads/pdf/ms/ms-bro-breastfeeding or call the Women's Healthline at 311.

• Yes, You Can Breastfeed in Public (palm card).
Call the Women's Healthline at 311.

National Women's Health Information Center

• Breastfeeding – Best for Baby. Best for Mom.
www.4woman.gov/breastfeeding

• An Easy Guide to Breastfeeding
(800) 994-9662

All women (English):
www.4woman.gov/pub/BF.General.pdf

African American women:
www.4woman.gov/pub/BF.AA.pdf

Spanish-speaking women:
www.4woman.gov/espanol/publicaciones/lactancia.pdf

Chinese-speaking women:
www.4woman.gov/pub/BF.Chinese.pdf

U.S. Department of Health and Human Services/Ad Council

• Breastfeeding posters for offices
www.4women.gov/breastfeeding/index.cfm?page=adcouncil

Centers for Disease Control and Prevention

• www.cdc.gov/breastfeeding

American Academy of Pediatrics

• Ten steps to support parents' choice to breastfeed their baby
www.aap.org/breastfeeding/tenSteps.pdf

For electric breast pumps and supplies:

• Medela, Inc. (800) 835-5968
• Hollister/Ameda-Egnell (800) 323-8750



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A Neighborhood Report from the

Brooklyn District Public Health Office

New York City Department of Health and Mental Hygiene

April 2009

Neighborhood Reports

To help reduce health disparities and improve the health of all New Yorkers, the New York City Department of Health and Mental Hygiene established **District Public Health Offices (DPHOs)** in 2003. These offices target public health efforts and resources to New York City neighborhoods with the highest rates of illness and premature death: North and Central Brooklyn, the South Bronx, and East and Central Harlem.

An important part of our work is collecting and interpreting neighborhood health data. We hope this report fosters dialogue and collaboration among our many partners: other city agencies, community-based organizations, hospitals and clinics, businesses, and, most important, the New Yorkers who live and work in North and Central Brooklyn. **For more information on the District Public Health Offices, visit: nyc.gov/health/dpho**

Healthy Start Brooklyn provides outreach, case management, education and training aimed at improving the health of women, infants and their families in Central Brooklyn. It is a collaborative effort of the NYC DOHMH, the Fund for Public Health in New York, SCO Family Services, Bedford-Stuyvesant Family Health Center and CAMBA. **For more information on Healthy Start Brooklyn, visit www.fphny.org/p_healthy_start.php**



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