

BREASTFEEDING

## Efforts to Increase Breastfeeding in Arkansas Still Met With Resistance

# feeding frenzy

By Claudia S. Copeland, PhD

When nursing mother Rachel Muller of Jacksonville, Arkansas, heard that her artwork was accepted into Small Works On Paper, a traveling art show sponsored by the Arkansas Arts Council, she was looking forward to showing the accepted photograph, a portrait of her baby breastfeeding. Soon, though, she received news that the first venue, the South Arkansas Arts Center, refused to hang her piece.

She contacted the director, and was told that the reason it was being excluded was that "this is an educational facility located across the street from an elementary school that frequently utilizes our building." She wrote to the director, informing him that health professionals recommend teaching children about breastfeeding. "By excluding my piece," she continued, "you are perpetuating the social norms of breastfeeding as something that should be concealed from adults and children. If you display my nursing photo, you will find that children are curious and want to learn about breastfeeding. Please, include my piece in the show." When her request was again denied, she started a petition, and posted a link to the Arkansas Arts Council

Facebook page. For this, she was blocked from the page, a move upheld by the Arts Council executive director. After several dozen signatures on her petition, however, her piece was finally included.

The fact that Muller had to fight to get a portrait of a nursing baby in an art show provides a glimpse into the cultural stigma Arkansas women face for breastfeeding. The view that breastfeeding is somehow something to be hidden from view or done discreetly is not unique to Arkansas. It is, however, unique to our timepoint in history. The irony is that, while mothers in the past had little or no access to academic evidence supporting the benefits of breastfeeding, such evidence is abundantly available now. According to the World Health Organization, if every child was breastfed within an hour of birth, given only breast milk for their first six months of life, and continued breastfeeding up to the age of two years, about 220,000 child lives would be saved every year. Yet, as of July 2013, globally, less than 40% of infants under six months of age are exclusively breastfed.

Breastfeeding is associated with a broad range of benefits for babies, including lower rates of respiratory tract infections, ear infections, gastrointestinal tract infections, necrotizing enterocolitis, clinical asthma, atopic dermatitis, eczema, inflammatory bowel disease, type 1 and type 2 diabetes, and childhood leukemia and lymphoma. Preterm infants who receive human milk while in the NICU exhibit improved neurodevelopmental outcomes and immune development. In addition, breastfeeding during infancy is significantly associated with positive outcomes later in life, including higher IQ and teacher ratings, and lower rates of childhood, adolescent, and adult obesity. According to meta-analyses cited by the American Academy of Pediatrics (AAP), breastfeeding is associated with a 36% reduced risk of sudden infant death syndrome (SIDS), independent of sleep position. The increased rate of SIDS in infants who were never breastfed accounts for 21%

PHOTO BY RACHEL MULLER

## BREASTFEEDING

of U.S. infant mortality, leading the AAP to conclude that more than 900 infant lives per year might be saved in the United States if 90% of mothers exclusively breastfed for 6 months. In light of all of these benefits, the AAP recommends "exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant."

In addition to benefits to the baby, breastfeeding also confers significant benefits on the mother. These include immediate effects such as decreased postpartum blood loss, more rapid involution of the uterus, and decreased rates of postpartum depression, but also long-term effects, including decreased risk for diabetes, rheumatoid arthritis, cardiovascular disease, hypertension, and hyperlipidemia. Several studies have found associations with significantly lower rates of ovarian cancer and breast cancer in proportion to cumulative lifetime duration of breastfeeding. For breast cancer, this is particularly significant: each year of breastfeeding has been calculated to result in a 4.3% reduction in breast cancer risk.

Key to promoting breastfeeding is a good support network for nursing mothers. Whereas in the past, mothers were generally able to teach and help their daughters to breastfeed correctly, today, many breastfeeding mothers were never breastfed themselves. To help fill this need, the Arkansas Department of Health manages a Breastfeeding Peer Counselor Program. Peer counselors can be invaluable in helping new mothers with issues like pain and insufficient milk production by teaching their peers how to breastfeed correctly. The ADH is also addressing the issue of women not feeling comfortable breastfeeding in public. Through its Breastfeeding Welcome Here program, in which the ADH distributes signs with a symbol depicting a nursing mother and the words "Breastfeeding Welcome Here", the business community is included in the effort to encourage breastfeeding.

Support groups outside of government do

much to promote breastfeeding in Arkansas. La Leche League groups can be found throughout the state, and are, as elsewhere in the U.S., a great resource for nursing mothers. Another non-profit organization dedicated to protecting and promoting breastfeeding is the Arkansas Breastfeeding Coalition. Besides providing a forum for members to share experiences and find support, they also actively sponsor events, such as a full-day annual lactation conference in Little Rock. This conference is co-sponsored by the Arkansas Department of Health and ANGELS (Antenatal and Neonatal Guidelines, Education, and Learning System), a consultative service of the University of Arkansas for Medical Science for Arkansas physicians. (This year's conference is tentatively scheduled for August 8, 2014).

Support from organizations like this can make a huge difference in helping nursing women to overcome common, but unexpected, hurdles—like jury duty. When Ms. Muller asked to defer her jury duty to avoid being separated from her baby, who was being exclusively breastfed at the time, it was a position statement from the Arkansas Breastfeeding Coalition that finally convinced the court to grant the deferral. The Coalition "supports providing exemptions for prospective jurors who are breastfeeding, to protect babies and small children who are dependent upon their mother for nutrition." The American Academy of Pediatrics defines breastfeeding as a medical necessity, and asserts that separating the mother from the child will therefore jeopardize the child's health.

In spite of the efforts of these programs and organizations, in Arkansas the percentage of babies who were ever breastfed is only 58%, compared with a national average of 77%. Breastfeeding at 6 months drops down to 25%, compared with the national average of 49%, and exclusive breastfeeding at three months is 23%, compared with a national average of 40%. The rate of exclusive breastfeeding for 6 months, as recommended by the WHO, is a mere 9.2%. Of the states bordering Arkansas (Louisiana,



PHOTO BY LEAH WILLIAMS

Mississippi, Tennessee, Missouri, Oklahoma, and Texas), only Mississippi has lower breastfeeding rates than Arkansas.

While efforts to support nursing mothers will help mothers continue breastfeeding, it is postpartum hospital practices that have more influence on whether mothers start breastfeeding. Arkansas has low rates of "baby friendly" (promoting a breastfeeding relationship) practices like ensuring skin-to-skin contact between mother and baby after birth, and having the mother and baby room together rather than placing the baby in a nursery. None of the hospitals in Arkansas have yet been designated as "Baby-Friendly" by the accrediting body Baby-Friendly USA, but several hospitals are implementing services to support and encourage



Terrie Bell, Breastfeeding Counselor at Craighead County health dept. in Jonesboro, provides guidance on breastfeeding to a new mom.

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breastfeeding. Chief among these is access to lactation consultants. Muller recalls, "I was planning on giving [my son] bottles. I bought bottles, pacifiers. I had never even heard the term 'exclusively breastfeeding' until a lactation consultant visited me in recovery after he was born. When I was pregnant, my OB asked if I was breastfeeding and I think mentioned a breastfeeding class once, but it wasn't stressed as being important."

Arkansas Children's Hospital and Baptist Health in Little Rock, Conway Regional, and Washington Regional Medical Center in Fayetteville are among the hospitals that provide lactation specialists and telephone lines patients can call to get help with breastfeeding. In addition, Baptist Health offers an

outpatient breastfeeding center that mothers can turn to, Expressly For You. Expressly For You provides a toll-free warmline, hosts a monthly support group, and makes outpatient appointments with International Board Certified Lactation Consultants (IBCLCs).

Jessica Donahue, RN, a lactation consultant at Baptist Health for 16 years, believes that, in Arkansas and particularly in Little Rock, "people, including the vast majority of healthcare providers, are supportive regarding breastfeeding." However, she continues, "While I believe the majority of healthcare providers in our area are very knowledgeable and supportive of the

benefits of breastfeeding, and encourage moms to begin, moms should seek out providers that have an IBCLC on staff or one that they regularly refer patients to. Many new moms face typical challenges when they begin breastfeeding: pain, low supply, returning to work, and nursing in public. These challenges often cause moms to stop breastfeeding too early. Follow-up with an IBCLC-certified lactation consultant is the key to helping women face breastfeeding challenges and continue to nurse for the one year or more that the AAP recommends."

In addition, said Donahue, "Baptist Health recently received a grant from the Blue And You Foundation for a Healthier Arkansas to provide telephone triage assistance and basic breastfeeding education to our state's healthcare providers. This was a competitive grant process and [Baptist] was chosen out of a field of many worthwhile statewide health initiatives.

We believe this program will help physicians' offices around the state to be more supportive of mothers who are breastfeeding, because they will have access to the expertise needed to support them. Physicians' offices are encouraged to contact us if they would like to be part of this program."

She also points out that the ADH is regularly and actively working to develop new strategies to raise breastfeeding rates. "The Arkansas Department of Health has a dedicated task force that meets monthly to come up with ways to improve our state's breastfeeding rates. This task force will establish a pilot program to be implemented in one Arkansas county and will learn which initiatives make an impact on breastfeeding

## BREASTFEEDING



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rates. The effective initiatives will then be spread statewide."

Clearly, the healthcare establishment in Arkansas is pro-breastfeeding and actively trying to raise breastfeeding rates in the state. This sense of support may be contradicted, though, by a lack of societal support outside healthcare circles. Might the low rates be related to an irrational, but stubborn, stigma against breastfeeding? While it is expressly legal to breastfeed a baby in public in Arkansas, the sight of breastfeeding mothers is not common. Muller, who lives about 15 minutes north of Little Rock, rarely sees other mothers nursing in public. "My son is almost three and since he was born I have seen two women (on separate occasions) nursing in public (other than at a La Leche League meeting). One woman was using a cover and the other was nursing in her car. That shows how unaccepted it still is

even though I think most people understand that it's the healthy option."

Ignorance about breastfeeding can in fact reach shocking levels, with dire consequences, as in the case of Tasha Adams, who was arrested for breastfeeding her baby while eating a dinner that included beer at an Arkansas pizzeria. Over the course of the dinner, she had had two glasses of beer (the amount has been confirmed by her servers and the other people at her table), and was not intoxicated. However, a woman in the restaurant saw Adams drinking beer and breastfeeding at the same meal, and called the police, who then arrested the nursing mother for endangering the welfare of a minor. Her baby, who was being exclusively breastfed at the time, was taken away from her while she was handcuffed and brought to jail. (Luckily, she was able to post bond quickly; as no one else could feed her baby,

the baby had to go hungry while her mother was waiting in a jail cell.)

Biomedical research overwhelmingly indicates that there is no reason to believe that this level of alcohol consumption is harmful to a breastfed baby, and in fact dark beer is traditionally recommended for breastfeeding mothers to promote milk production. Adams' attorney, Reggie Koch, believes that the reason for the arrest is pure, negative stigma rather than any real concern about the welfare of the baby. In an argument to drop the charges, he warns of the consequences of such actions: "Efforts to place restrictions on mothers about how and when they may breastfeed—including trying to use criminal statutes to regulate what they eat, what they drink, etc.—has the net effect of "chilling" or discouraging breastfeeding, which is in direct conflict with the stated [by health authorities] goal of encouraging breastfeeding. The message we are sending to breastfeeding mothers with arrests like this one is clear: The authorities are watching you; if you choose to breastfeed your baby, beware! If you engage in any behavior that other people find offensive—morally, religiously, or otherwise—you will be arrested and taken to jail. It is much 'safer' to simply use formula instead of breastfeeding."

While bottle-feeding may seem safer and more acceptable today, it is actually a very odd practice (albeit a very useful one, when it is necessary). Breastfeeding, in contrast, is a fundamentally normal activity; mothers have been doing it since the dawn of humanity, women's bodies are optimized for it, and many feel that the experience of breastfeeding is a profound and primordial part of babyhood—a link between emerging from the protection of the womb and entering into relative independence after toddlerhood. In the words of Muller, "I don't think most people understand that breastfeeding is a relationship. It's not just about the milk. I didn't understand that before I had my son." Certainly, the physical health benefits of breastfeeding are reason enough to support the practice, but if extended breastfeeding is to once again become the norm, the practice will need not only to be allowed, but respected and celebrated as well. ■