THE breast feeding DICHOTOMY

PHYSICIAN PROMOTION BATTLES SOCIETAL ACCEPTANCE

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PHOTO BY JOSE TORRES-TAMA

IT IS WIDELY ACCEPTED AMONG American healthcare professionals that breastfeeding is the most natural and healthy way to feed most infants. The American Academy of Pediatrics (AAP), arguably the most important U.S. organization for policy direction regarding infants and children, 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." Breastfeeding is associated with a plethora of benefits for babies, including lowered 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.

The most striking benefit of breastfeeding, though, is in the arena of infant mortality. According to meta-analyses cited by the 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% 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. Worldwide, exclusive breastfeeding for 6 months and weaning after 1 year could prevent more than 1 million deaths per year, according to the World Health Organization; 13% of the world's childhood mortality.

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.

Breastfeeding leads to benefits in the realm of social/economic well-being as well. Nursing can strengthen the maternal-child bond, and the breastfeeding-associated release of the hormones oxytocin and prolactin has been linked to more relaxed and nurturing mothers. In addition, continued breastfeeding leads to increased child spacing secondary to lactational amenorrhea, considered a natural form of birth control aiding optimal spacing of babies. Finally, the simple savings of the cost of formula adds up to a significant sum, about $400 per year per baby after subtracting the cost of extra food required by breastfeeding mothers. In a study published in early 2012, Tulane researchers Ma et al. used cost analysis methods to estimate the economic impact of optimal breastfeeding in Louisiana. Considering four infant diseases, respiratory tract infections, gastroenteritis, necrotizing enterocolitis, and SIDS, they estimated that $216,103,368 could be saved and 18 infant deaths prevented if 90% of newborns in Louisiana were exclusively breastfed for the first 6 months of life.

With all these benefits, extended breastfeeding should certainly be the norm, not the exception. Louisiana's rate of infants who are ever breastfed, though, is just 53.5%, compared with the national average rate of 76.9%, according to the Centers for Disease Control and Prevention's 2012 Breastfeeding Report Card. This is up from 33% just six years ago, which is encouraging. However, many mothers start off trying to breastfeed, but quickly abandon the practice when it becomes too physically or socially difficult. The rate of breastfeeding in Louisiana at six months is 23.6%, breastfeeding at 12 months is 11.9%, exclusive breastfeeding at 3 months is 17.3%, and exclusive breastfeeding at 6 months, as recommended by the AAP and WHO, is just 9.6%. Dr. Theresa Dise, MD, a pediatrician at Tulane, has observed that "most of the southeast part of our country has poor breastfeeding rates compared to the rest of the country. Unfortunately, it seems to be deeply embedded in Southern culture to bottle feed, and it is quite challenging to get attitudes to change."

Several hospitals in New Orleans, however, are making efforts toward that goal. They provide a spectrum of breastfeeding support services, often with lactation consultants, education, and "warm lines" that mothers can call during business hours to ask questions or obtain advice

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regarding breastfeeding. The Parenting Center at Children's Hospital, as one example, provides support services, educational resources, and a toy-stocked center where parents can discuss concerns with other parents and staff while their children play. Particularly unique is a mother-to-mother group for those breastfeeding children between the ages of 6 months and 4 years, a rare resource supporting extended breastfeeding here.

New Orleans also harbors several organizations providing breastfeeding support, including La Leche League of New Orleans, the Greater New Orleans Breastfeeding Awareness Coalition, the Louisiana Breastfeeding Coalition, the Louisiana Lactation Consultant Association, and Partners for Healthy Babies, a list of Louisiana- and New Orleans-specific resources for nursing mothers. The Louisiana DHH has explicitly encouraged breastfeeding as well, including promotion of breastfeeding during National Breastfeeding Month last August. Together, these efforts have led to rising breastfeeding rates here. However, they are rising from a very low point, and have a long way to go.

Why do so many Louisiana mothers choose to limit or eschew breastfeeding their babies? Breastfeeding mothers interviewed for this article felt that the officially expressed support by organizations like the AAP and DHH is contradicted by the real reactions and attitudes in the community, including those in medical institutions. In daily life, they feel that breastfeeding is frowned upon as something negative or something to be hidden from view because it is somehow sexual or inappropriate. This creates a conflict for mothers, who may think that breastfeeding is healthy and they should do it, but feel, on an emotional level, that it is an unwelcome practice. As of 2001, breastfeeding has been explicitly legal in Louisiana in any public place, so mothers cannot be prosecuted for feeding in public, but the lack of community support can be discouraging.

Sunshine Bond, a breastfeeding mother living in the Lower Garden District, is "constantly amazed at how many women I speak to who give up on it so early and easily. I wish they had more support." She feels that, while institutions are trying

to implement lactation-friendly policies, "the community at large lacks dialogue about the issue of breastfeeding altogether...in a town with such laid back attitudes towards life and the human body, and a bit more whole-family-oriented lifestyle than we see elsewhere in this nation, it's a bit surprising we don't celebrate breastfeeding more, and protect moms and babies more in that realm." Another mother thought that "It's in part our (breastfeeding moms) own skittishness though. The last time I went to a breastfeeding support group (in 2010) at the parenting center, most mothers were hiding their babes under those nursing covers, although there were only new parents in the room. If you are shy in that company you won't boldly feed your hungry child in a restaurant..."

Uncovered nursing seems to be particularly problematic. This timidness is unique, even compared with cultures that are generally much more conservative in terms of cultural dress codes. Andrea Young, a New Orleans poet and mother currently teaching rhetoric and composition at the American University in Cairo, reflected on the different attitudes towards public nursing in Egypt vs. America: "In the U.S., there is this pressure to

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cover up when feeding one's child, this always-present feeling of the breast being sexualized. Here in Egypt, where the social norm is to be modest in clothing and to keep most skin covered, I never felt like I had to think twice about making someone uncomfortable when I was feeding our children. There is an unspoken understanding that breastfeeding is natural and practical, so that even the most covered women very comfortably feed their babies in public without any sense of shame. That always felt liberating when we traveled here and my babies were hungry."

Some nursing women may simply feel more comfortable covering up or going to a private place, but a cultural milieu that impels women to breastfeed in private or covered up implies that there is something wrong with the practice. This is a fundamental issue that can thwart top-down attempts to encourage breastfeeding. For example, Surgeon General Regina M. Benjamin has officially endorsed breastfeeding through a number of means, including proper training of clinicians so they can promote breastfeeding to pregnant patients and paid maternity leave and lactation support from employers. These steps, however, will not persuade mothers who feel an intrinsic sense of mortification regarding nursing because of a perception that there is something wrong with it. Dr. Dise, who actively tries to encourage breastfeeding in new mothers and support them in extending breastfeeding time, feels that a big root of the problem is our culture's view of breasts as objects rather than functional organs. "Our society doesn't value breastfeeding and this is another reason that women don't value it. As long as breasts are used to sell cars, liquor, cigarettes and whatever else, they are not viewed as important organs that serve an important function … breasts are the only organs that, when operated upon, the surgeon is not concerned about the function of the organ after the operation…only how it "looks." This underscores this culture of "breasts are for show, for looking at, not for function." This is an extremely hard attitude to change. This is why people are uncomfortable with babies breastfeeding in public, why women don't feel comfortable doing it; and the older the child, the more uncomfortable people are when they see this happening in public. It is supposed to take place behind closed doors, out of sight."

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Even efforts made specifically to support breastfeeding can include inherently contradictory messages. For example, commercial establishments such as department stores sometimes provide nursing rooms in which mothers can breastfeed their babies in private. While such efforts are well-intentioned, and surely appreciated by some women, they send mixed messages about the nature of breastfeeding. Some may take this to imply that nursing should take place only in these rooms. Given the strength of the cultural taboos against it, the legality and acceptance of public breastfeeding needs to be specifically emphasized alongside the provision of private lactation spaces or supplies like nursing "curtains" for women who feel too shy to openly nurse in public.

Social pressure regarding breastfeeding also varies greatly between different economic, racial, and sociocultural groups. For example, one mother, a government biologist, felt completely supported in her efforts to breastfeed, while another mother had to leave her customer service job due to complaints about her feeding her baby at her workplace. Such discrepancies in cultural support may be partially responsible for differences in breastfeeding in different economic groups; the rates of breastfeeding initiation are 67.5% for low-income (WIC-eligible) American mothers vs. 84.5% for higher income (WIC-ineligible) mothers. Age-related disparities in breastfeeding initiation are even larger: 59.7% for mothers younger than 20 years compared with 79.3% for mothers over 30. Practices such as the provision of commercial infant formula in the first 48 hours after birth (general practice in 24% of maternity wards, according to the AAP), may disproportionately affect younger and lower-income women, who may feel less empowered to actively resist subtle pressure to formula-feed.

Social factors against breastfeeding may be particularly strong for African-American women. According to the AAP, while the U.S. rate of breastfeeding initiation was just over 75% for all mothers, and just over 80% for Latinas, it was just 58.1% for non-Hispanic African-American mothers. Initiation was even lower

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for such mothers with low-income; just 37%. In a 2012 study of breastfeeding support for African-American women in Louisiana hospitals, LSU researchers Gee et al. found that, compared with women of other races, African-American mothers were 60% less likely to initiate breastfeeding or pump milk. They were also less likely to receive breastfeeding instruction and support from healthcare professionals while in the hospital and less likely to have their baby remain in the hospital room with them. These results suggest that racial disparities in Louisiana may be even greater than those in the United States at large.

Pediatricians are a major force encouraging breastfeeding, but their influence on nursing mothers may in practice arrive too late. It is crucial to breastfeeding success, according to Dr. Dise, to be vigilant "while the baby and mom are still in hospital; because if problems are beginning already, they must be seen sooner rather than later. There is an old custom of the first visit after birth being at two weeks old, but if you do this with breastfeeding dyads, especially first time dyads, by the time you see them at two weeks they may have already quit for various reasons." Support from other healthcare professionals is therefore very important. "Lactation consultants are wonderful adjuncts because they really have the time to spend an hour or two with a mom when there are problems, which is difficult for a busy pediatrician to do." Education and support by prenatal care providers are extremely important as well.

While support in the hospital is crucial to breastfeeding initiation, maintaining breastfeeding involves different factors. Dr. Dise believes that "the biggest reason that women stop breastfeeding sooner is because of return to the workplace...many women are overwhelmed by thinking about how they will express their milk at work, and see this as such a huge barrier, [feeling] defeated before they even start." Louisiana appears to be making progress in this realm, though. In 2011, the Louisiana legislature passed HB 313, a bill requiring buildings to provide suitable areas for breastfeeding and lactation. Even before this, Tulane University, a major employer in New Orleans, started a breastfeeding support program, one of the first of its kind in universities across the country. It began in 2004 when Jeanette Magnus, then Dean of the School of Public Health, installed a breast feeding and pumping room in the school after being approached by mothers struggling to balance work and breastfeeding. Tulane has now opened eight "lactation stations" across the campus, a very important step forward, particularly for women who need to pump breastmilk while their babies are in daycare. Eight other employers have been recognized by the Louisiana Breastfeeding Coalition for their support of breastfeeding employees: the Louisiana Office of Public Health, the LSUHSC School of Nursing-New Orleans, New Orleans City Hall, New Orleans Marriott Hotel, Paragon Casino Resort, St. Catherine of Siena School, the University of Louisiana at Lafayette, and WIC Clinics.

Such support, along with increased education and in-hospital programs, including the critical work of lactation consultants, appears to be raising the rates of breastfeeding in Louisiana. Greater numbers of breastfeeding mothers, in turn, may serve to provide the cultural changes needed to help other mothers feel more comfortable breastfeeding. With continued education and support, at some point, this should reach a tipping point, when breastfeeding becomes "normal", requiring no explanations and eliciting no raised eyebrows; just smiles and congratulations on the sweet, healthy baby in its mother's arms.

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