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

https://www.cdc.gov/breastfeeding/data/nis_data/index.htm
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.

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.

[https://www.cdc.gov/breastfeeding/data/nis_data/index.htm](https://www.cdc.gov/breastfeeding/data/nis_data/index.htm)
The percentage point gap between white and black infants who are breastfed at 12 months remains wide.

https://www.cdc.gov/breastfeeding/data/nis_data/index.htm
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.


https://www.cdc.gov/breastfeeding/data/nis_data/index.htm
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.

https://www.cdc.gov/breastfeeding/data/nis_data/index.htm
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.


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.

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
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
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
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.