Social Determinants of Breastfeeding: Policies, Trainings, and Programmatic Strategies

EVERY WOMAN SOUTHEAST
WEBINAR
AUGUST 20, 2015
Thank you for joining us for the first webinar in our series.

This webinar is being recorded, and will be archived.

If more than one person is viewing this webinar from the same computer, please include the name of your agency and the number of participants in the chat.

Q&A will take place after all speakers have presented.

Please send us your questions via the chat function at any time.
Who We Are

A coalition of leaders in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee to build multi-state, multi-layered partnerships to improve the health of women and infants in the Southeast.
What We Do

- Build synergy and networking opportunities across states
- Provide leadership development and support
- Amplify women’s voices and perspectives
- Open the door for key conversations
- Engage in disruptive and innovative thinking
- Disseminate preconception & women’s health information and resources through webinar series, monthly newsletters, our website, blog, & social media platforms and presentations at conferences.
Webinar Objectives

- Discuss the sociocultural, economic, and political impacts of women's infant feeding decisions;
- Identify national and regional resources to advance breastfeeding-friendly healthcare initiatives;
- Describe lessons learned from effective program strategies in promoting breastfeeding among young moms; and
- Identify ways to support and participate in the 2016 Breastfeeding and Feminism International Conference
Speakers

- **Paige H. Smith, MSPH, PhD** – Professor, Public Health Education and Director, Center for Women’s Health and Wellness, UNC Greensboro; Co-Director, Breastfeeding and Feminism International Conference

- **Catherine Sullivan, MPH, RD, LDN, IBCLC** – Director of Training, Carolina Global Breastfeeding Institute

- **Jamarah Amani, CLC** – Licensed Midwife and Certified Lactation Consultant, Southern Birth Justice Network – Circle of Mommas Program
Paige H. Smith

PROFESSOR, PUBLIC HEALTH EDUCATION & DIRECTOR, CENTER FOR WOMEN’S HEALTH AND WELLNESS, UNC GREENSBORO; CO-DIRECTOR, BREASTFEEDING AND FEMINISM INTERNATIONAL CONFERENCE
Breastfeeding & Feminism

Paige Hall Smith, MSPH, PhD
Director, Center for Women’s Health and Wellness
Professor, Public Health Education
UNC Greensboro
Presentation

- Feminist perspectives on breastfeeding
- Tensions and dilemmas women have to navigate while breastfeeding
- Constraints to breastfeeding and some solutions
- Conclude with perspective on developing a breastfeeding friendly community
Breastfeeding and Feminism International Conference (BFIC)

- BFIC begun in 2005 [UNCG & UNC-CH]

- Designed to bring feminist theory and feminist research on breastfeeding, together with research and practice illuminating women’s experiences with breastfeeding

- To stimulate a new feminist voice informing, in supportive ways, breastfeeding research, practice, promotion and support.
Traditional Feminist Perspectives

Historically feminist theory and perspectives were not very supportive of breastfeeding.

Breastfeeding ➔

- Maternal caregiving behavior that demands too much of women’s time and energy and keeps women out of the workplace.

- Constraint on women’s liberty that has the potential to undermine their social and economic advancement.
Emerging Feminist Perspectives

- The feminist scholarship and voices at the BFIC are advancing an alternative feminist perspective that we believe will also lead to an improved public health and social framework for breastfeeding protection, promotion and support.

- Rather than focus on *breastfeeding as a constraint*

- The feminist voices that are emerging from the BFIC focus the *constraints to breastfeeding*
Feminist Perspectives: Elements

1) Values women’s experiences with breastfeeding
2) Recognizes that women’s experiences are shaped by gender but also by race, class and sexuality and other identities
3) Believes we must analyze the meaning of women’s experiences with breastfeeding in the context of the many norms and structures that shape those experiences
4) Believes that women’s experiences need to be identified and taken seriously in public health responses
5) Focuses our solutions on the constraints to breastfeeding that undermine not only breastfeeding but economic and social status of mothers as well
6) Seeks to lower the costs to women of breastfeeding by reducing the constraints on breastfeeding
7) Advocates going beyond promotion and education aimed at individual women
8) Advocates using the social ecological model as a framework for building solutions while being attentive to gender
Research and Voices at BFIC

- Address the many constraints, injustices and inequities that prevent all women from being able to mother as they want, feed their babies the way they want, and live the life that supports them economically and nourishes their soul.

- Discuss and describe a wide variety of social, economic, legal, political, and medical inequities that make breastfeeding inaccessible to so many women.

- Address the way these inequities lead to persistent disparities in breastfeeding rates by race, class, education, gender, and sexuality.

- Consider solutions that recognize the value of women’s whole lives and the importance of the mother-child relationship.
Breastfeeding is a maternal caregiving behavior that demands a lot of the mother’s body, energy and time.

Lactation has certain biological requirements that must be met if breastfeeding is to be successful.

- Good access to their babies when they are at home, at work and in community.
- When separated or if the number of feedings reduced = milk supply may drop

Most women today are not able to breastfeed exclusively for very long and most combine breastfeeding with pumping and formula.

The annual CDC “breastfeeding report card”

- 80% ever breastfed
- 40% exclusively breastfeeding at 3 months
Contradictory Realities

- Examination of women’s experiences with breastfeeding reveals two important yet contradictory realities that help to shape the pattern of breastfeeding we see in society today:

1. **For breastfeeding to be successful mothers and babies must be together.**

2. **Being with babies reinforces gender inequities in ways that undermine women’s economic, political and social development.**

- The tension between these two realities is one reason why breastfeeding is a contentious emotion filled issue and why the rates are lower than desirable.
Navigating Contradictions

- Biological necessity that mothers and babies to be together is difficult given the structures and policies affecting how we work, caregive, and live today.

- Navigating between these two realities is more difficult for women and families with fewer economic resources.

- Thus in the US and other countries, women who are more marginalized find it more difficult to breastfeed;
  - Women who have more control over their body, their time, their space are able to breastfeed longer than women who have less control.

- For this reason we now have uncomfortable and unacceptable disparities in breastfeeding by race, class, culture, sexuality and health status.
  - In the US African-American women are less likely to initiate breastfeeding and less likely to still be breastfeeding at 6 and 12 months than either White or Hispanic women.
Increasing Protection, Promotion & Support

- The **CDC annual breastfeeding report card** describes many of the improvements we have seen in the U.S. More:
  - hospitals that are baby friendly
  - breastfeeding friendly maternity care practices
  - LLL leaders and lactation consultants
  - child care centers that are able to support breastfeeding mothers
  - state laws that support public breastfeeding and pumping at work

- **Affordable Care Act** provisions require:
  - Workplaces to provide a time and space for hourly workers to pump; and the
  - Coverage of [preventive health services for women](https://www.preventiveservices.gov/index.cfm?Field=Preventive+Services&Code=bb), including "breastfeeding support, supplies, and counseling," further defined as “comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment."

- **2011 Surgeon General Breastfeeding Call to Action** outlines 20 different actions to make breastfeeding easier for women
Tensions & Contradictions Remain

- Difficulty reconciling the biological imperative of lactation with the realities of the lives of mothers who participate in the labor force and are active in public spaces.

- We are now a society where most people know that breastfeeding is the healthier choice and “try” breastfeeding.

- While women want to breastfeed most find feeding at the breast to be so challenging that they pump as well or even instead.

- Pumping is normative and a solution to what might be called a “breastfeeding problem”.
Women pump because it helps them navigate the dilemmas that come from the varying cultural pressures and contradictions they experience when trying to be good breastfeeding mothers, good workers, good partners and have good lives (Sally Johnson, 2010 BFIC).

The dilemmas, pressures and contradictions that come from trying to integrate breastfeeding and mothering with paid employment and breastfeeding in public while maintaining status and quality of life have been resistant to change.

We have however implemented solutions that make it easier for some women to pump at work.
Examining the Constraints

- Caregiving (unpaid labor)
- Paid labor
- Sexuality
- Health Systems
- Commercialization
- Accessing human milk
- Gender-based violence
- Fathers and families
Caregiving: Unpaid labor

- **Caregiving is gendered**
  - Women do more than men.
  - Type of labor that receives fewer resources and has lower social status than forms of work that are paid.
  - This imbalance reduces the social and economic value of caregiving.
  - Challenging for women to choose or sustain breastfeeding.
  - Impediment to women’s full equality.

- **We need social agreement** that breastfeeding is a socially valued activity,
  - “worthy choice” for its own sake.

- **Caregiving is a “is a virtue that is choiceworthy”**
  - Because it is a context within which we become most fully human. Therefore, it should be chosen for its own sake.”
  
  *(Hollie Sue Mann, 2015 BFIC)*
Although societies need for women to work and mother they maintain polices and practices that make it difficult for them to do both;

Most working women return to work soon after birth, do not have access to paid or even unpaid maternity leave, or childcare at the workplace.

Thus many women must make choices that undermine both breastfeeding and/or their own economic progress;

We need to make it possible for women to successfully integrate their maternal and occupational roles.

We need to encourage unions, workers and employers to advocate for

- paid maternity leave
- workplace-based child care, paid sick leave
- flex time
- workplace lactation rooms and polices that support women taking the breastfeeding or pumping breaks they need
Sexualization

- We all know that the sexualization of women’s bodies and breasts is pervasive in our society.

- This sexualization sits alongside the dismembering of mothers as sexual beings.

- We have this dichotomy between the sexual breast and the nurturing breast.

- Our society approves of public images of the sexual breast yet many are uncomfortable with seeing nurturing breast in public.

- National data
  - 50% of adults feel uncomfortable when women breastfeed near them in public.
  - About 1/3 believe women should only breastfeed in private.

- Consequently, women are still asked to leave public spaces and many opt to pump at home so they can feed with a bottle in public rather than risk being uncomfortable, or making others uncomfortable.
Sexualization cont.

- Most states have laws to clarify that women have a right to breastfeed in public.

- Incumbent on all of us to make it clear that women’s breasts are belong to themselves not to men or to babies.

- We need to encourage community settings to make it clear that “breastfeeding women are welcome.”

- The more we see women breastfeeding the more comfortable we will be with it.

- Breastfeeding promotion has tended highlight the Madonna image.

- This approach contributes to us seeing breastfeeding as the behavior of the “good dutiful mother” the idea that breastfeeding is a moral choice and very serious business.

- Yet breastfeeding can be joyful, fun, and sensual—many are arguing that we need to reveal these more playful aspects of breastfeeding in our promotion and education.

- This way of promoting and exploring breastfeeding might help women to integrate their material and sexual selves in public spaces.
Health Systems

- Our health care providers and institutions continue to support practices that undermine breastfeeding and support formula use.

- More breastfeeding friendly hospitals are emerging and are improving practices.

- Hospitals located in areas with greater percentages of black residents are significantly less likely to meet the CDC-recommended maternity-care practices that support breastfeeding.

- The majority of professionally trained lactation consultants are white.

- There is national effort underway to address the cultural and classist barriers to the IBCLC profession.

- We need to advocate for health care facilities in minority communities to improve their practices and we need IBCLC training programs that are able to attract students from more diverse communities.

- And we also need to encourage women from minority populations to consider lactation consulting as a profession.
Commercialization

- We live in a society that favors commercial activities and infant feeding is big business.

- Nestle alone spends between $50-100 million each year in marketing formula, they have a large on-line presence and still market to health care providers who, in turn, market to women.

- The pervasiveness of formula and bottle feeding may be one reason why,

  - although women believe that breastfeeding is the healthier choice,
  
  - most people don’t believe that formula actually causes any harm.

- Concern that breastfeeding is too commercialized; women believe they need “products” in order to breastfeed, which increases the cost.

  - Electric pumps
  
  - bottles for pumped milk,
  
  - special clothing and covers
  
  - gels and lotions.

- Commercial practices are designed to make money not help women.

- Formula Co. marketing strategies of formula companies do undermine women’s bodies, decisions and success with breastfeeding.

- Breastfeeding products not usually necessary [exception may be good pump].
Accessing Human Milk

- Accessing donor milk from milk banks may not be possible.

- Peer networks, whereby mothers can share milk with other parents, are emerging;
  - a form of social justice practice and resistance to the medicalization of infant feeding and third party regulation of human milk.

- Many health-related organizations reacted negatively to peer milk sharing out of concern that the milk might not be safe.

- And many people believe that contamination could result if the milk is not expressed or stored correctly.

- More research is emerging on the safety of sharing milk.

- Highly publicized studies reported “microbial contamination” of milk sharing; used a study design that milk purchased anonymously online, which is not really what people are doing in real life or recommended.

- The pathogens transmitted via expressed milk are few.

- Now many organizations are developing their own protocols to promote safer milk sharing.

- In working with families who need additional human milk there is a growing number of protocols you can investigate.
Gender-based violence

- Gender based violence is very high and is experienced by pregnant women and mothers.

- Know little about how women’s past and current experiences with violence affect their breastfeeding practices.

- Consequences of violence are factors that undermine breastfeeding:
  - isolation from family and friends
  - poor partner support
  - delayed prenatal care,
  - reduced access to resources
  - poor health including depression, anxiety and pain.

- Those working with reproductive age women need to also become familiar with best practices in clinical and community response to violence against women.

- Best practices recognize that abused women are the best judges of what is and is not safe for them and this would apply to their decisions about how it is best for them to feed their baby.
Fathers and Families

- Many men and family members do not have good information about breastfeeding, have not had experience, and/or are not supportive of breastfeeding for a wide variety of reasons.

- Many believe that breastfeeding prevents them from engaging with the baby because they can’t feed the baby.

- This lack of support makes breastfeeding more difficult for many women.

- It is important for family members and partners to understand all the other ways they can engage with babies.

- In working with pregnant and breastfeeding women it may be very helpful to, if they agree, talk with their family members and partners about how breastfeeding works and how they can be supportive.
Conclusion: Supporting women

- Most people know that breastfeeding is the healthier choice.

- In developing programs and strategies
  - Focus on supporting breastfeeding women and families
  - Not just breastfeeding

- Go beyond the developing strategies that just seek to promote the health benefits of breastfeeding.

- Use the social ecological model as a framework for building solutions while being to gender

- Direct attention on building norms, practices, and polices that make it possible for all women to be able to breastfeed.
Breastfeeding Friendly Community: 8 Key Goals

1) Enable mothers and babies to stay together, particularly for the first 6 months of life.

2) Improve women’s ability to successfully integrate their mothering and occupational roles.

3) Advance women’s status and gender equity.

4) Ensure good maternal breastfeeding quality of life.

5) Ensure that babies have access to human milk.

6) Advance the capacity of the health sector to promote and support breastfeeding.

7) Increase community support for breastfeeding as the social norm.

8) Reduce health and social inequities.
Excellent Resources

Save the date for BFIC 2016
March 20-22, Chapel Hill NC

BOOKS

- *Beyond Health Beyond Choice: Breastfeeding Constraints and Realities*. Edited by Paige Hall Smith, Miriam Labbok and Bernice Hauman (2010 Presentations)


- Books based on Presentations from 2014 and 2015 conferences are forthcoming
Thank you
Catherine Sullivan

DIRECTOR OF TRAINING, CAROLINA GLOBAL BREASTFEEDING INSTITUTE
BREASTFEEDING ADVOCACY AND ACTION IN NORTH CAROLINA

Catherine Sullivan, MPH, RD, LDN, IBCLC, RLC
Clinical Instructor/Director of Training
NCBC Perinatal Regional Rep
NCLCA Co-Chair
Catherine_Sullivan@unc.edu
Carolina Global Breastfeeding Institute
breastfeeding.unc.edu

- Research, Training, Service
- Focus on the 3B’s: Birth Practices, Birth Spacing, Breastfeeding
- Major Projects
  - Breastfeeding Friendly Child Care
  - Ready, Set, Baby Prenatal Curriculum
  - National Collaborative for Advancing the Ten Steps
  - National Collaborative for Advancing BF Child Care
  - Mary Rose Tully Training Initiative
  - John Rex Grant-Messaging/Outreach
  - EMPower
Assessing the Breastfeeding Landscape

• Pitch—what is important in your state?
• Data review
• Identify partners with common interests
• Guiding documents
• Assess access to care
• Other systems
  – Hospital support: state recognition program, Baby Friendly Hospital Initiative
  – Peer support: 71/86 WIC Agencies
• Expansion state
• Cost Benefit
• Recommend policy
Making the Case for Coverage
Breastfeeding as Public Health

• Important Public Health Concepts:
  – Breastfeeding is a short term health care intervention that can benefit both mother and child immediately and for the duration of their lives
  – Breastfeeding, unlike other health care practices, is extremely vulnerable to disruption if problems are not addressed rapidly and appropriately
Identify and Engage Partners

- NC Child Fatality Task Force (NC CFTF)
- Perinatal Quality Collaborative of NC
- NC Pediatric Society
- NC Child-Action for Children
- NC Cancer Society
- NC Institute of Medicine
  - *Promoting Healthy Weight for Young Children: A Blueprint for Preventing Early Childhood Obesity in North Carolina*
    - [http://www.nciom.org/publications/?childhoodobesityprevention](http://www.nciom.org/publications/?childhoodobesityprevention)
    - Policy Strategy #6
Evolution of the NC Blueprint
Insurance Coverage for Lactation Support

• Insurer specific under ACA
  – Most private will reimburse in-network providers only
  – Provide variety of equipment mainly through in-network DME companies

• Medicaid pending (not required)
  – MD, NP, PA, CNM, and IBCLC coverage supported by the NC Child Fatality Task Force
  – No equipment, items are provided by WIC
IBCLC Growth in NC

Year | Number
---|---
2007 | 356
2008 | 374
2009 | 411
2010 | 456
2011 | 532
2012 | 557
2013 | 588
2014 | 601
GIS Mapping of IBCLC’s in NC

Map created by Katie Houk, MS, Doctoral Candidate
NC Breastfeeding Landscape

Map created by Katie Houk, MS, Doctoral Candidate
Data as of July 2014
IBCLC Hot Spots, Maternity Centers, and WIC Agencies in North Carolina

Legend
- WIC Agencies
- Maternity Centers

IBCLC Kernel Density
- High: 0.035094
- Low: 0

Map showing the distribution of IBCLC hot spots, maternity centers, and WIC agencies in North Carolina.
Maternity Practices and Infant Nutrition and Care Survey (mPINC) N.C. Scores 2007-2013
North Carolina
Bag Free Maternity Centers ~82% of live births
July 2014

* Indicates Counties with more than one bag free maternity center
North Carolina Maternity Center Breastfeeding-Friendly Designation Awardees and BFHI

Counties highlighted in heavy black border have at least one maternity center that has achieved fully Baby Friendly Designation from Baby Friendly USA

- Counties with no Maternity Center
EMPower Breastfeeding
Enhancing Maternity Practices

- CDC Funded
- EMPower Team: Abt Associates, Carolina Global Breastfeeding Institute, Center for Public Health Quality
- Goal: Up to 100 hospitals in the US achieve Baby Friendly Designation in three years
- www.EMPowerBreastfeeding.org
North Carolina WIC Breastfeeding Peer Counselor Programs and Regional Breastfeeding Coordinators by Perinatal Region*

FY 2012 Funding
August 2012

* Breastfeeding Peer Counselor Programs utilizing North Carolina WIC funds are highlighted in solid color and Perinatal Regions are delineated by bold line

Region I Western
Georganna Cogburn
Georganna.Cogburn@buncombecounty.org
828-250-5172

Region II Northwestern
Alison Moore
ACMoore@novanthealth.org
336-486-7428

Region III Southwestern
Margaret Davis
Margaret.E.Davis@carolinashealthcare.org
704-575-8959

Region IV Northeastern
Jam Gourley
Jam.Gourley@wakegov.com
919-280-8684

Region V Southeastern
Norma Escobar
NEScobar@nhc.gov.com
910-798-6542

Region VI Coastal Plains
Hannah Edens
EDENSH@ecu.edu
336-339-0361

* Breastfeeding Peer Counselor Programs utilizing North Carolina WIC funds are highlighted in solid color and Perinatal Regions are delineated by bold line.
NC Kids Eat Smart Move More

Special Nutrition Programs

North Carolina Breastfeeding-Friendly Child Care Designation
Eat Smart North Carolina: Business Leading the Way in Support of Breastfeeding

NC CFTF Actions on Breastfeeding

• Administrative Support: Medical Lactation Services coverage by Medicaid and other insurers
• Support: Adoption of workplace lactation policies by local and county government agencies
• Track and Monitor: IBCLC Licensure
## Cost Calculations

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina Births</td>
<td>~120,000</td>
</tr>
<tr>
<td>Births Covered by Medicaid</td>
<td>61,200 (51%)</td>
</tr>
<tr>
<td># of Women on Medicaid initiating breastfeeding (Assuming 80% initiation goal is met)</td>
<td>48,960</td>
</tr>
<tr>
<td>Estimated Number of women who need lactation support visit (Estimated at 75%)</td>
<td>36,720</td>
</tr>
<tr>
<td>Estimated number of lactation support visits (1.3 visits)</td>
<td>47,736</td>
</tr>
<tr>
<td>Estimate cost of visits (assuming $100/visit)</td>
<td>$4.77 Million</td>
</tr>
</tbody>
</table>
## NC Medicaid Savings

<table>
<thead>
<tr>
<th>Condition</th>
<th>NC Medicaid Cases Averted</th>
<th>Estimated Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Respiratory Illness</td>
<td>500</td>
<td>$2.5 Million</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>6000</td>
<td>$2.5 Million</td>
</tr>
<tr>
<td>Necrotizing Enterocolitis</td>
<td>10</td>
<td>$2.1 Million</td>
</tr>
</tbody>
</table>
## Medicaid Coverage of Lactation Support

<table>
<thead>
<tr>
<th>Estimated Annual Cost of Service</th>
<th>$4.77 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Infant Deaths Prevented</td>
<td>14-18</td>
</tr>
<tr>
<td>Estimated Annual Medicaid Savings</td>
<td>$7 million</td>
</tr>
</tbody>
</table>
Stayed tuned....
Jamarah Amani

LICENSED MIDWIFE
AND CERTIFIED
LACTATION
CONSULTANT,
SOUTHERN BIRTH
JUSTICE NETWORK –
CIRCLE OF MAMAS
PROGRAM
Circle of Mamas
BIRTH JUSTICE IN ACTION
What is Birth Justice?

Birth Justice is a mother’s and parent’s right to ensure our and our baby’s well-being; it intersects with all aspects of our lives- social, political, economic, emotional, and spiritual. Birth Justice recognizes that all peoples can birth and be parents; People of color, immigrant peoples, and LGQBT communities in particular have survived a history of trauma and oppression around our decisions to have and not have babies. We know that when we, mothers and parents, are empowered, our community is transformed. If we bring our babies into the world, with justice, in the natural way, without anyone telling us how to do it, then it nurtures our innate power as mothers and parents to create a free world for our children to play and learn and grow.
Birth Justice includes access to health care during the childbearing year that is holistic, humanistic, and culturally centered. This health care is across the pregnancy spectrum including: abortion, miscarriage, prenatal, birth, and postpartum care. Birth Justice includes the right to choose whether or not to carry a pregnancy, to choose when, where how, and with whom to birth, including access to traditional and indigenous healers, such as midwives and other birthworkers, and the right to breastfeeding support. The complete range of pregnancy, labor, and birth options should be available to everyone as an integral part of reproductive justice. These are our rights as mothers and parents.
Heath Disparities are Power Disparities
Power disparities are the observable and unobservable differences in access, opportunity and participation in decision making and can be measured by the indices of health, education, economics, and prison. Power is never individually based, it is inherently collective. Power codifies its essence within societal institutions. Thus, the discussion of health disparities needs to assess more carefully the function of macrosystems and the through historical and contextual factors that influence and determine power, and subsequently health. – The Fanon Project
8 reasons to do prenatal preparation for breastfeeding with teens:

- Normalize. Know your rights.
- Educate. There are very few medical reasons not to breastfeed.
- Address stigma specific to teen culture
- Involve family
- Identify concerns and issues early
- Connect to support and intervention
- Visualize relationship between mom and baby. Begins bonding process.
- Research and develop plan within school policies
The Circle of Mamas program brings this nurturing care and wisdom back into our communities by exposing teen mothers (ages 13-19) in the public school system to the midwifery model of care through popular education, storytelling, “know your rights” training and doula support. We share culturally centered health care information, including birth options and breastfeeding, in respectful, nonjudgmental language with pregnant teens, using role-play and interactive discussion. Through Circle of Mamas, young mothers receive sisterhood and support in their choices as they prepare for their rite of passage into motherhood, not only positively impacting racial health disparities, but also planting a seed to spread the word into our communities about midwifery care.
Circle of Mamas Program

Values of the program:

- Autonomy
- Participation
- Collaboration
- Creativity
- Justice
- Tradition
- Healing
- Community
- Celebration
Young Mothers

“Promoting health and parent-infant bonding in communities of color is a radical act of resistance.”
What support do young mothers need?

http://youtu.be/QVMGfpAYhcI
(3:06 to 4:20)
From birth to breastfeeding

- Ideally, childbirth goes according to plan and the baby is delivered naturally, in a safe, relaxed environment celebrating the positive power of normal childbirth. Breastfeeding begins as a natural progression from the satisfying calm after the birth.

- Knowing your rights, doula support, lactation counselor, skin to skin

- Importance of natural birth
School Policies

- Involving administration
- Day care coordination with teachers
- Attendance
- Educating young mothers on their rights and responsibilities
Role play

- Breastfeeding in public
- Family scenarios
- Those my breasts (FOB)
- Fussy baby
Don't we have the RIGHT to be treated with Dignity and Respect

Judge

Respect and Dignity
Is what I deserve!

Help me be the mother/proud of my baby

I am young, please don't judge

Prenatal care, education, see, teach, speak, parenting, child, baby

Respect, mom, baby daddy

Baby

Safety

Access Information
Babywearing

In this conversation about ancient child-care practices that women of color still practice today in every part of the world, our voice has been co-opted and whitewashed by all-white speakers, as have our voices throughout most of Western feminism. –Hope Wabuke
Benefits of Babywearing

- Facilitates bonding
- Supports breastfeeding
- Self-care for mom while taking care of baby
- Affirms parental confidence
- Babies cry less
- It's convenient
- Connects young mothers to the ancient practice of what is now called attachment parenting.
WE HAVE BEEN ABLE TO SECURE BABY CARRIERS FOR 10 OF OUR 17 MAMAS THIS YEAR. THESE CARRIERS ARE OFTEN COST-PROHIBITIVE AND AVAILABLE TO MIDDLE CLASS AND WEALTHY WOMEN ALTHOUGH THIS PRACTICE IS ANCIENT AND ORIGINATES IN COMMUNITIES OF COLOR.
Circle of Mamas webinar training

- Thursday, November 5, 2015
- 3-5pm eastern time
- Southern Birth Justice Network on Facebook
- birthjusticenetwork@gmail.com
Questions and Answers

Input your questions in the chat section
Additional Resources

- Access our August 2015 newsletter on the Politics of Breastfeeding at http://archive.constantcontact.com/fs191/1110472552145/archive/1121753201990.html or visit our website (http://everywomansoutheast.org/resources/newsletters) for past newsletter topics
Stay Connected with Us!

- Bookmark our Website! | [www.everywomansoutheast.org](http://www.everywomansoutheast.org)
  - Sign-Up for our monthly newsletters and join a committee
- Read, Share, Comment, and Write for our Blog | [blog.everywomansoutheast.org](http://blog.everywomansoutheast.org)
- ‘Like’ us on Facebook | [https://www.facebook.com/everywomansoutheast](https://www.facebook.com/everywomansoutheast)
- ‘Follow’ us on Twitter | [https://twitter.com/EveryWomanSE](https://twitter.com/EveryWomanSE)
- Email us at [everywomansoutheast@gmail.com](mailto:everywomansoutheast@gmail.com)
Thank You!

Every Woman Southeast Coalition

If you have any questions, please contact us at everywomansoutheast@gmail.com