

# Breastfeeding & Racial Equity

Breastfeeding has important health benefits for children and families, and many parents want and intend to breastfeed their children. But many parents fall short of their breastfeeding goals. Time, money, and professional and social support are each key predictors of breastfeeding success. Racial inequities in access to these factors may contribute to racial inequities in breastfeeding outcomes.

**BARRIER:** US women of color are disproportionately less likely to have access to paid maternity leave through their employer. Researchers have noted significant racial inequities in access to paid leave nationwide; Latinas are the least likely to have paid leave or workplace flexibility.



**SOLUTIONS:** Governments can create and fund a paid family leave program that applies to all employees, including low-wage and hourly workers. Employers can allow paid breaks for workers who are breastfeeding.

**BARRIER:** There are racial inequities in access to maternity care practices known to support breastfeeding, such as rooming in, initiating breastfeeding within 1 hour of birth, and limiting the use of supplemental (formula) feeding. Black women are significantly more likely than white women to have formula introduced to their babies in the hospital.



**SOLUTIONS:** Governments can create requirements or incentives for hospitals to institute practices that support breastfeeding, including funding for the Baby-Friendly Hospital certification process. Hospitals can replace gift bags from the formula industry with gifts that support breastfeeding (eg, manual breast pump, nipple cream, or breastfeeding pads).

**BARRIER:** Black women are less likely to receive encouragement to breastfeed from their medical providers and more likely to receive information about formula. Black women are also less likely to see a certified lactation consultant. Very few women of color are lactation consultants, suggesting a lack of culturally competent care in this field.



**SOLUTIONS:** Insurance companies can expand the network of covered lactation support practitioners. Professional organizations can diversify the pipeline of certified lactation counselors by offering scholarships or recruiting doulas or community health workers of color.

**BARRIER:** For low-income mothers, WIC is an important source of information about breastfeeding. Supportive WIC counselors can improve breastfeeding self-efficacy. However, WIC sites that serve a high proportion of black mothers are less likely to offer clinic-based breastfeeding support services.



**SOLUTIONS:** Governments can scale WIC's successful state and local breastfeeding interventions to the national level through incentives or requirements, and train or recruit more breastfeeding peer educators in black communities.