



Listening to Women

Latina Women's Experiences with Breastfeeding Care in New Haven and Recommendations for Improvement

Background on the Problem

There are large racial/ethnic breastfeeding disparities in the United States including Connecticut (Chiang et al., 2021; Li et al., 2019). For example, compared with white women, a higher percentage of Hispanic women intend to breastfeed (Hamner et al., 2020). Yet, Hispanic women are less likely to meet their breastfeeding goals than white women (Hamner et al., 2020).

Our Work with Partners

To promote equity in breastfeeding in the New Haven area, the Community Alliance for Research & Engagement (CARE) and the Yale-Griffin Prevention Research Center (PRC) are teaming up with their Community Advisory Board, the New Haven Breastfeeding Task Force, and New Haven Healthy Start to move forward local efforts to enable birthing people to meet their breastfeeding goals. As part of this work, we are informing and supporting quality improvement of breastfeeding care in healthcare systems.

Study Objectives

- To understand Latina women’s breastfeeding care experiences in hospitals and clinics in the New Haven area
- To describe their recommendations for quality improvement

Methods

Following principles of community-based participatory research, we conducted in-depth interviews with 21 Latina women with low incomes in Connecticut about their breastfeeding care experiences during prenatal, birth, and postpartum visits at New Haven area hospitals and clinics, as well as ways to improve their care experiences. Interviews lasted approximately 60 to 90 minutes and were conducted in English and Spanish. Data were analyzed using thematic analysis.

Research Findings

Women shared both positive and negative experiences with breastfeeding care, as well as a range of recommendations for improving breastfeeding care quality for Latina women. We organized findings into 6 key themes:

Quality Time & Relationships with Healthcare Team	Respectful Breastfeeding Care	High-Quality, Timely Breastfeeding Care
Consistent Breastfeeding Information & Continuity of Care	Culturally Inclusive Care	Referrals to Community Resources

References

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2. Li R, Perrine CG, Anstey EH, Chen J, MacGowan CA, Elam-Evans LD. Breastfeeding Trends by Race/Ethnicity Among US Children Born From 2009 to 2015. *JAMA Pediatr.* 2019;173(12):e193319. DOI: [10.1001/jamapediatrics.2019.3319](https://doi.org/10.1001/jamapediatrics.2019.3319)
3. Hamner HC, Beauregard JL, Li R, Nelson JM, Perrine CG. Meeting breastfeeding intentions differ by race/ethnicity, Infant and Toddler Feeding Practices Study-2. *Matern Child Nutr.* 2021 Apr;17(2):e13093. DOI: [10.1111/mcn.13093](https://doi.org/10.1111/mcn.13093)



Women's Experiences and Recommendations

Theme #1

Desire for Quality Time and Relationships with Their Healthcare Team

Women want to spend quality time with members of their healthcare team, build relationships with them, and have person-centered conversations about breastfeeding during the prenatal, birth, and postpartum periods.

Women's Experiences

Most women reported that they received little or no breastfeeding information from their obstetricians and pediatricians. To women, physicians simply asking if they plan to breastfeed is not enough. Women also felt rushed during prenatal visits.

Women's Recommendations

- Start and revisit conversations about breastfeeding during prenatal visits for each pregnancy regardless of a woman's past infant feeding experience
- Build relationships and trust with women by:
 - Engaging in in-depth conversations about breastfeeding (e.g., ask open-ended questions to explore women's breastfeeding beliefs, plans, and barriers to breastfeeding)
 - Maximizing opportunities for women to receive care from the same obstetricians and pediatricians whom they trust
 - Creating care models that enable women to have in-depth breastfeeding conversations with breastfeeding peer counselors, doulas, and other non-physician healthcare professionals with lactation expertise across the continuum of maternity and newborn care, so that women can receive additional breastfeeding education and support beyond what is feasible to cover during doctor visits



I feel good when my doctor says, "Look, let's talk about breastfeeding because it's really important" whether I was thinking about breastfeeding my baby. I wish they would have talked to me—she was my trusted doctor, where I went every month.

Theme #2

Need for Respectful Breastfeeding Care

Women want a healthcare team that respects and supports their decisions to breastfeed, as well as provides respectful verbal and hands-on breastfeeding care.

Women's Experiences

While some women felt respected by members of their healthcare team, others reported instances of disrespect – for example, when they felt pressured to formula feed against their wishes to breastfeed, or members of the healthcare team using a “rude” tone or being “rough” when providing lactation management support.

Women's Recommendations

- Make sure all members of the healthcare team treat women with respect while providing breastfeeding care (e.g., use a respectful tone, make eye-contact, be “gentle” when providing lactation management support)
- Create healthcare teams that prioritize breastfeeding for women who wish to breastfeed. For these women, suggest formula only when necessary; when formula supplementation is necessary, educate them on how to build and maintain their milk supply



Theme #3

Need for High-Quality, Timely Breastfeeding Care

Women want increased access to high-quality and timely breastfeeding education and support.

Women's Experiences

Most women wanted more breastfeeding support around delivery and during the postpartum period. Some women had to advocate for themselves to get breastfeeding support. For example, they had to request referrals for lactation assistance, ask to receive a breast pump and education on how to use it, and push back when providers ignored their wishes to breastfeed.

Women's Recommendations

- Provide in-depth training to healthcare teams on how to offer high-quality breastfeeding education and support, especially nurses who closely care for women during the birth hospitalization period
- Make sure all women have a breast pump before discharge and receive education on how to use it
- Ensure women have timely access to lactation counselors and consultants during birth hospitalization and into the postpartum period, especially the first few weeks after delivery
- Provide and review breastfeeding support resources based on women's individual needs to help address barriers to breastfeeding care and help them navigate the healthcare system
- Build in in-person and/or virtual follow-up with women during the early postpartum period to check in on breastfeeding progress and proactively address their concerns

Theme #4

Demand for Consistent Breastfeeding Information and Continuity of Care

Women want consistent breastfeeding information and advice offered by members of the healthcare team and integration of a provider or peer counselor who can provide breastfeeding education and support from pregnancy to postpartum.

Women's Experiences

Women reported that the breastfeeding information and advice that members of their healthcare team provided were inconsistent, changing from shift to shift, and from provider to provider. This often led to feelings of confusion and frustration.

Women's Recommendations

- Improve consistency of breastfeeding messaging and staff expertise across the healthcare team to allow for less variation in the encouragement and counseling received between shifts, types of providers, and the prenatal and postpartum periods
- Integrate lactation consultants and/or breastfeeding peer counselors into the healthcare team early in the prenatal period to offer women consistent breastfeeding anticipatory guidance, education, and support throughout the maternity and newborn care continuum
- Have healthcare teams stress the benefits of and provide a strong recommendation for breastfeeding early in pregnancy to help encourage and educate parents who are perhaps open to but do not feel strongly about the plan to breastfeed



When the moms go to the [prenatal] appointments...there should be someone else who can support the doctor for the service to be more complete. Someone who can talk about breastfeeding education, and for them to use all those nine months to educate the mom about so many things...they must educate, they must genuinely go deeper!

Theme #5

Need for Culturally Inclusive Breastfeeding Care

Women desire and feel they would benefit from culturally inclusive breastfeeding care.

Women's Experiences

Women reported a lack of racial, ethnic, and language concordance between themselves and members of their healthcare team. They also observed that informational materials on breastfeeding were sometimes only offered in English and did not include images of Latina women breastfeeding.

Women's Recommendations

- Hire more healthcare providers who identify as Latina and/or speak Spanish
- Offer interpreters to all women with English as a non-primary language
- Educate the healthcare team on how to be culturally responsive (e.g., to understand the important role of families, friends, and partners in breastfeeding decisions and practices)
- Offer informational materials in Spanish to supplement breastfeeding conversations
- Offer additional opportunities for breastfeeding education and support that are inclusive and accessible (e.g., videos with people of all races/ethnicities and subtitles in several languages, breastfeeding peer groups)

Theme #6

Interest in Referrals to Community Resources

Women want their healthcare team to proactively refer them to community breastfeeding resources during pregnancy, before hospital discharge, and postpartum before breastfeeding challenges arise.

Women's Experiences

Women looked favorably upon providers who asked if they needed breastfeeding support and gave them resources before difficulties with breastfeeding arose.

Women's Recommendation

- Be proactive in referring women to community resources that can meet their individual needs and preferences (e.g., WIC, breastfeeding peer groups, breastfeeding peer counselors)



Everything you see, breastfeeding pictures...it's all...majority white moms, white babies. You know, it's not really promoted... for minorities I guess. You don't really see, you know, signs in Spanish of breastfeeding or like...at the hospital, there was really no, like Hispanic [lactation] consultant. I mean, there wasn't any there when I was there, but there was—even the one that is there, like, if they're Hispanic or just to make someone feel—you know, you can relate to someone when they're coming from your background.