Maternal and child health journal

Coulibaly, Ramata, MD, MSc; Seguin, Louise; Zunzunegui, Maria-Victoria; Gauvin, Lise (2006) " Links Between Maternal Breast-Feeding Duration and Quebec Infants' Health: A Population-Based Study. Are the Effects Different for Poor Children?" Maternal and Child Health Journal. 10: 537-543.

Coulibaly, et al. examine breast feeding patterns for mothers based on family income and then examine the data for effects on children's health. The results are in-line with other studies which show that women from higher income groups are more likely to breast feed their babies and to breast feed them for longer durations. Further, the study found that breast feeding regardless of income group, reduced the number of chronic health problems in the infant children and the number of hospital visits.

The benefits of breast feeding are well documented with regards to infants' health, growth, immunity, and development. According to data assembled by Healthy People 2010, breastfeeding decreases the number of cases and severity of diarrhea, respiratory infections, and ear infections. Further, breast feeding saves mothers and families the additional costs of infant formula and thus is more economical than bottle feeding. Despite these advantages Coulibaly et al. and other authors frequently show that low income households and demographics that traditionally are indicators of lower incomes (African Americans and lower educated women) have lower rates of breast feeding than higher income families and demographic groups traditionally associated with higher incomes (white non-hispanics and college educated women). Healthy People 2010 aims to increase rates of breast feeding to 75% in the early postpartum period, 50% for the first 6 months, and 25 percent for the first year. To meet these goals, more lower income women will need to breast feed their infant children.

The facts uncovered by the article and also those cited by Healthy People 2010 with regard to breast feeding rates and income status are counter intuitive. On the surface it would seem that poor women and families would not be able to afford the convenience of bottle feeding and would therefore have higher rates of breastfeeding than their higher income counterparts. However, this is not the case and therefore breastfeeding rates must not be directly related to income. Instead other variables must be restricting lower income women from breastfeeding.

It is commonly believed that the benefits of breastfeeding may not be widely understood and that educational efforts would increase breastfeeding rates. This has likely been true and advertisements on city busses and involvement of community health workers and social workers are likely largely responsible for the increase in breast feeding rates that have been documented by healthy people 2010. However to meet the goals of Healthy People 2010, I believe that more action is required to address issues that are likely holding back many mothers from breast feeding their infant children.

It is my belief that one of the main impediments for mothers thinking about breastfeeding is their job. The data by healthy people 2010 that shows over 60% of women currently breastfeed their children during the postpartum period – when they are most likely to be on maternity leave – as well as the precipitous drop in breast feeding rates to 29% at 6 months and 16% at 1 year – after mothers have gone back to work – support this hypothesis. I also believe that lower income earning women are more hampered by their jobs then women from higher incomes. I believe this to be the case since many lower income work in service related industries as cashier’s or other

industries where there are limited private spaces for them to use a breast pump or refrigerate their pumped milk. Further, lower income women are more likely to be considered “ expendable employees” due to their lack of work place skills. In comparison, many women working in office settings have access to quiet rooms with refrigerators and are working on important projects to their employers and cannot be easily replaced.

Thus, to meet the goals of Healthy People 2010, health professionals need to work with governmental leaders to help them understand the importance of this issue in reducing our nation’s health care costs. All places of business should be forced to establish a “ quiet room” where a women can use a breast pump in privacy and then store her milk until her shift is complete. Further, mothers that return to the work force must be guaranteed work brakes at appropriate intervals to the age of their infant children to maximize the milk pumped. Many employers of low income women will likely never establish a environment that is friendly to the breastfeeding mother without both governmental penalties for failure to comply and incentives to encourage compliance.

This article prompted me to think about the data on breastfeeding versus economic level and reflect on my own observations. As a immigrant to this country, I have many friends that at times tried to balance raising a small infants while working a low paying jobs. I have observed their work facilities in parking garages, retail stores, etc. and now understand that they did not have proper facilities for them to operate a breast pump in privacy and store the product milk. Also, because I also have worked some of these same jobs, I know that often I was grateful to have the job and often felt intimidated to

ask my manager, many times as that was what the manager wanted me to feel, for anything special. Thus, I understand how difficult it is for women struggling in these jobs and trying to support their baby to ask for things not available at their work place.

Because of these experiences, I believe that that many of the restrictions to breastfeeding by low income mothers will not go away without government regulations and protections. Healthy People 2010 is right to set the goals to increase breastfeeding, but to achieve it health professionals like ourselves now need to educate our government leaders.