Hispanic women face a unique set of challenges when it comes to breastfeeding, including overcoming longstanding cultural beliefs, such as views on healthy baby weight, and dealing with language barriers. When compared to all other ethnic groups, Hispanic mothers are most likely to supplement breastmilk with formula within the first two days of life. One hospital on the Texas-Mexico border, serving a nearly 100 percent Hispanic population, has introduced a variety of interventions aimed at closing the breastfeeding disparity gap, specifically as it relates to exclusive breastfeeding.

“We’re working with an isolated community who do not have access to the resources available in larger cities, such as public health fairs or even informative commercials. Instead, we have a population with less exposure to breastfeeding messages, many of whom believe that formula has the same benefits as breastmilk,” says Julie Munoz, RN, MSN, CLC, who is leading improvement efforts at Fort Duncan Regional Medical Center in Eagle Pass, TX. “This belief is often coupled with cultural misconceptions—such as what constitutes a healthy baby weight—which encourages new mothers to turn to formula because they can see it and measure it; they know exactly what is going in their babies’ stomachs.”
Munoz says previous efforts to reassure new mothers about the benefits of breastmilk were often lost after mothers returned home, due to doubt and misinformation about the lessons-learned at the hospital. Armed with knowledge of what has limited the successful adoption of breastfeeding by Hispanic women in their community, Fort Duncan has leveraged a multi-pronged strategy to address the health disparities, and has several lessons to share including:

**Encourage Staff Buy-In**
Living and working in isolated regions affect the hospital staff as well as the patient population. Access to innovative healthcare practices are not readily available, which means hospitals need to proactively educate staff about updates to breastfeeding data and trends, as well as evidence-based approaches on how best to teach and promote behaviors that lead to the best outcomes for exclusive breastfeeding. Fort Duncan spent countless hours on staff education because, as Munoz puts it, progress was not possible without complete staff buy-in.

**Commit to Accessible and Face-to-Face Bilingual Education**
Many families living in the Fort Duncan catchment area do not speak English. Because mothers need visual, hands-on feedback to help them learn about getting their baby to latch-on, a phone interpreter won’t cut it during breastfeeding classes or bedside care, Munoz explains. Along with prioritizing access to Spanish-speaking breastfeeding classes, Fort Duncan ensures pre-natal sessions are free and offered in the evenings.

**Understand Your Population’s Educational Pitfalls**
Recognizing that cultural differences can result in common misunderstandings or knowledge gaps can help hospitals adapt their approach to educating new mothers, shifting their focus to proactively address those gaps. For example, mothers at Fort Duncan were more susceptible to misunderstanding baby behavior—believing their baby was hungry when the baby’s behavior suggested otherwise—because of their lack of exposure to educational materials and a tendency to rely on traditional stories. Recognizing that this misinformation exists reminded hospital staff to prioritize education about baby behavior, mothers’ bodies and breastmilk production.

**Identify Community Champions**
The Fort Duncan effort is confirming that one of the best resources for new mothers, particularly when living in an isolated minority community, are mothers, sisters and relatives who have breastfed before. Empowering their voice can have a significant impact because they are a trusted resource after the mothers return home, are already validated within the community and can provide additional confirmation and reassurance.

**Leverage Digital Support**
Online forums can help address access and language barriers, as well as provide post-hospital support and guidance. Women in the Fort Duncan community can take advantage of a “by invitation only” Facebook group that supports new mothers by connecting them with other breastfeeding mothers, as well as Munoz and a fellow lactation resource.

**Connect with the Culture**
Located just across the river from Mexico, Fort Duncan has formed a small international community between breastfeeding mothers on either side of the border. The Mexican partners offer guidance on the language used in informative materials shared in the U.S., such as
confirming consistency with colloquialisms and navigating cultural differences. And, along with improving the informative materials for the U.S. Spanish speaking population, joining with Mexican mothers helps amplify the pro-breastfeeding voice.

The efforts at Fort Duncan are outcomes from the Texas Ten Step Star Achiever Breastfeeding Learning Collaborative, a quality improvement project that helps participating birthing hospitals follow the evidence-based Ten Steps to Successful Breastfeeding as outlined by WHO/UNICEF to improve their maternity care practices. Working alongside representatives from the Texas Department of State Health Services (DSHS) Nutrition Services Branch (Texas WIC) and NICHQ, hospital staff like Munoz are leading a breastfeeding initiative to change their hospital’s birthing practices to better support breastfeeding mothers.

Data reported since Fort Duncan joined the project in 2016 shows a downward trend in the number of breastfeeding babies supplemented with formula. These results are promising but, as Munoz notes, the hospital's improvement work needs to continue.

“Our classes, messaging and follow-up instructions are effective but still depend on access,” says Munoz. “We need to put more practices in place that help educate mothers about breastfeeding before birth. This early education paves the way for mothers to understand how to respond to their newborn's needs, breastfeed with knowledge and confidence, and continue to reduce the rates of formula supplementation.”

Keeping reading to learn how NICHQ can help with improving maternity care practices in your community or hospital, and about our multiple projects supporting breastfeeding. Then email us to learn how we can work together on your systems change project.