

Insights

Cultural Sensitivity for Better Breastfeeding Outcomes



My baby always seems hungry, so I must not be producing enough milk.

A fat baby is a healthy baby.

My milk doesn't look right; I've heard it can be dirty for the first couple of days.

A decision regarding whether or not to breastfeed or chestfeed almost always comes from a place of concern and a desire to provide the best possible nutrients to ensure a baby's health. Many factors can influence this decision. The AAP, the U.S. Surgeon General, the CDC and the Joint Commission have [recommended breastfeeding](#) as an important contributor to support the health of both mother and baby, yet national breastfeeding rates remain low, especially among people of color. Latino and Hispanic families are more likely than others to use formula in the first two days of life; and African American families have the lowest rates of breastfeeding initiation and continued breastfeeding among all ethnic and racial groups. Addressing these disparities means acknowledging cultural differences and then prioritizing education.

“A lack of education for mothers is the biggest challenge to reducing the racial breastfeeding disparity gap,” Stacy Davis, BA, IBCLC, executive director of [National Association of Professional and Peer Lactation Supporters of Color](#), shared with the NICHQ-led New York State Breastfeeding Quality Improvement in Hospitals ([BQIH](#)) Collaborative. “To change this, we need to provide educational and support services and resources that meet the social, cultural and linguistic needs of each family.”

There is a balance between respecting cultural beliefs while educating and supporting families to consider evidence based best practices. This balance is difficult but essential to master. It relies on forming relationships, slowing down the conversations to uncover the beliefs and circumstances unique to each mother, and utilizing a series of small steps of change to uncover what might be possible.

To help hospital staff manage this balancing act, we've compiled a list of best practices from Davis, who possesses 17 years of community-based health experience.

Above all else, empower mothers and birthing people. Mothers want to do what's best for their babies. But for mothers with limited lactation education and experience, this desire can make them vulnerable to a lack of self-efficacy; trusting a long-standing cultural tradition or the experience of their peers makes more sense than trusting their bodies' abilities to produce milk. Empower each mother by:

- Describing the specific and important impact of her milk: explain that she is the only person who can provide this milk for her baby, milk that is specifically made to keep her baby healthy.
- Recognizing that each mother has a different view on breastfeeding and setting manageable goals that she can accomplish. If she had not planned on breastfeeding at all, set a small attainable goal to breastfeed for two weeks, then discuss and extend once she reaches that first milestone. Any mother who attempts breastfeeding should walk away feeling that she has accomplished at least one goal.

Remember to practice compassionate, mother-centric counseling. Acknowledge that we each come from diverse backgrounds and bring with us our own beliefs and cultural preconceptions. Because of this, genuinely connecting with a mother from a different ethnic background can be difficult; at best, she may feel there is no common ground; at worst, she may feel judged. Look for a shared experience—whether that is a shared love of chocolate or disliking crowds—and build from there. Bring lessons alive by using analogies that connect with the mother's experiences, and practice [active listening](#) so she feels affirmed, respected and heard.

Adapt to cultural beliefs rather than dismiss them as irrelevant. While some cultural beliefs may go against breastfeeding best-practices, steamrolling over them is never effective. Instead, look for ways to compromise. For example, if a mother's culture excludes breastfeeding in the first two days, explain that early nipple stimulation will increase her future milk supply and suggest pumping for the first few days. In doing so, you respect her cultural wish while still encouraging healthier future breastfeeding habits. Similarly, if a mother is not comfortable breastfeeding at work, discuss whether pumping might be an option. Remember, success does not need to be defined in absolute terms.

Create support groups within ethnic communities. Community champions influence prenatal breastfeeding education and help sustain breastfeeding habits post-birth. A support group can help ensure access to these champions, but if an outsider implements it, the group can feel forced or alien to the community. Before jumping in, host a focus group where you speak informally to the community and invite them to engage in the effort. Together, consider the

community's scheduling, values and needs and then outline an initiative that make sense for everyone.

Make sure post-birth resources are culturally sensitive. Access to post-birth resources is essential for helping mothers continue to follow breastfeeding best-practices. However, these resources can easily become ineffective if they are shared without considering cultural sensitivities and relevance. For example, in some cultures, mothers do not leave their homes for six weeks post-birth. Because of this, care must be taken to direct these mothers to resources they can access, such as websites, online forums and home visiting programs. Similarly, recommending a support group that caters to a mother's ethnicity might make her feel more comfortable than one filled with women who look different and have different priorities and experiences. Make a point of learning about different cultural needs and discussing preferences with each new mother.

Interested in finding out more about working to improve breastfeeding rates? [Read our case study](#), or [contact one of our experts](#) to find out more.