

In honor of **Pride 2018**, the BFREE Team
highlights the theme of **diversity** in this issue.

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BFREE E-Newsletter



Spotlight: Diversity in Breastfeeding

The BFREE Coalition aims to create a culture of inclusion, diversity, and equity and to improve breastfeeding care for all individuals. Diversity encompasses many forms including, but not limited to, race, ethnicity, sexual orientation, gender identity, ability, socioeconomic status, and age. Unfortunately, breastfeeding health disparities exist across these different groups.

Black and Latina mothers face structural inequities in housing, healthcare, and employment that impede their abilities to achieve their breastfeeding goals. Compared with all other racial/ethnic groups, Black women have the lowest rates of breastfeeding initiation and continuation at 6 months and 12 months ([Jones, Power, Queenan, & Schulkin 2015](#)). Additionally, there is very little research on access to lactation support for the LGBTQ+ community.

The following is a spotlight on resources specific to various groups. The BFREE Coalition hopes that these resources can help all individuals access breastfeeding support specific to their needs.

If you have any additional resources for the diverse families we serve that you would like to share please let us know!

Black Families:

- [Mocha Moms](#)
- [Black Mothers Breastfeeding](#)
- [Office on Women's Health: It's Only Natural](#)

LatinX Families:

- [Latino Best Start](#)

LGBTQ+ Families:

- [HappyMilk Resources for LGBTQ+ Families](#)

Native American Families:

- [Center for Health Equity, Education, and Research: American Indian/Alaska Native CHAMPS](#)
- [Native American Breastfeeding Coalition of Washington](#)
- [Native Breastfeeding Coalition of Wisconsin](#)

Families with Disabilities:

- [Disabled Parenting Project](#)
- [National Research Center for Parents with Disabilities](#)

While access to resources is important for mothers, implementing changes to neighborhoods and policies is also critical to confront the structural barriers that face communities of color. The Center for Social Inclusion’s Report proposes interventions including incentivizing Baby-Friendly designation for hospitals located in neighborhoods in underserved communities, advocating for paid maternity leave at the federal level, and fostering breastfeeding support across multiple institutions in neighborhoods ([“Removing Barriers to Breastfeeding” 2015](#)). One example of multi-institutional support is the Brooklyn Breastfeeding Empowerment Zone, a neighborhood initiative funded by the Kellogg Foundation that works with faith-based providers, small businesses, policy makers, mothers, and partners to normalize breastfeeding in the predominantly Black neighborhoods of Bedford-Stuyvesant and Brownsville in Brooklyn ([“Breastfeeding Empowerment Zone”](#)).

All babies deserve to have a chance at the best start in life regardless of their background. As advocates of breastfeeding, we hope that this sparks conversation among our coalition and supporters.



Original artwork by Dondei Dean



Creating Breastfeeding Friendly Communities

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LETTER FROM THE EDITOR

Dear BFREE Coalition Members,

Welcome to our July BFREE Newsletter!

This special issue centers the theme of diversity in honor of Pride Month 2018. We share a spotlight article on breastfeeding resources that are specific to diverse populations. Next, our very own lactation consultant and associate program coordinator write an op-ed article about how breastfeeding advocates can support the specific needs of the LGBTQ+ population. Additionally, we are delighted to share the important perspectives of mothers who have experienced unique breastfeeding journeys.

We are hugely grateful to our writers and editors for their contribution to this issue, to the BFREE Steering Committee for their leadership and guidance, and to each of you for your enthusiasm and support for breastfeeding. If you have any feedback for us or would like to contribute to future issues, please email us at BFREE@northwell.edu.

Thanks again for reading!



Henry H. Bernstein, DO, MHCM, FAAP
Principal Investigator

THE NEED FOR LGBTQ+ INCLUSION IN BREASTFEEDING

June is Pride Month and celebrates the LGBTQ+ population. When referring to this population, it is important to use the correct terminology. LGBTQ+ is an acronym that refers to the lesbian, gay, bisexual, transgender, and queer communities. Queer is an umbrella term that encompasses all communities who are not part of the heterosexual, cisgendered population. Cisgender is a term for individuals whose gender identity aligns with their sex at birth. For example, a cisgender woman may be an individual who was assigned as female at birth and self-identifies as a woman. Transgender people have a gender identity that differ from their sex at birth. A transgender woman may self-identify as a woman, but was considered male at birth.

The LGBTQ+ population faces obstacles to accessing appropriate healthcare, and there is very little research on lactation support for the LGBTQ+ population. Much of the breastfeeding literature includes heteronormative and cisnormative images and language. These manifest in assumptions that families solely consist of a man, woman, and child, and exclude transsexual individuals from the topic of breastfeeding. It is also important to consider how LGBTQ+ individuals who belong to different minority groups may be subjected to additional intersectional barriers to breastfeeding. A Black transgender woman may face different obstacles to breastfeeding than those experienced by a Native American queer individual.

Medical providers should be aware of the LGBTQ+ population and increase their use of inclusive, non-gendered language for these individuals. At visits, medical providers can ask for an individuals' preferred pronouns. This is an immediate way of increasing access to breastfeeding support for these individuals, especially as they may be reluctant to disclose their sexual orientation or gender identity due to fear of discrimination. Medical providers can refer to a lactation specialist for LGBTQ+-specific infant feeding concerns such as co-nursing, feeding after chest reduction (top-surgery in transgender men), and breastfeeding after breast augmentation in transgender women ([Farrow 2015](#)).



ANGIE LEE, CLC.

Angie Lee is an associate program director for the BFREE team and research assistant at Cohen Children's Medical Center.



MOTHERS' PERSPECTIVES:

The Journey of Mommy and Momma Breastfeeding

By: Susan and Regina Ely



In 2014, when my wife and I were trying to conceive our first son, we spoke about whether or not she would breastfeed. While I was okay with either way, I ultimately left the decision to her since it was her body. We decided to try breastfeeding for six months. In June of 2015, our gorgeous son arrived and minutes after he came into this world, I was lucky enough to experience skin-to-skin bonding while waiting for my wife to come to the recovery room. Seeing my wife nurse was one of the most beautiful experiences I have ever had. That being said, as a female in a same sex marriage I did have some unexpected feelings. Upon reflection, I completely admit that some of these issues I had were more selfish. Perhaps it was because I was not his “birth mother,” but I could not picture myself breastfeeding. One colicky night, after my limits had been reached, I latched my son onto my breast. Although it looked natural to watch my wife breastfeed our son, it felt unnatural to do so myself. The experience was not for me. Even though Regina was the only one physically nursing him, we were both involved which only strengthened our bonds to our son. From the daily bedtime routine of mommy (me) reading while momma (Regina) nursed him, to mixing in some breastmilk bottle feedings, we found ways to incorporate both of us into the bonding and comforting of our son. To this day, we still continue our tradition of finding ways to be involved in his day-to-day care. Of course, there were some definite struggles along the way, but we supported each other and eventually found a lactation consultant who enhanced our breastfeeding journey even more to become not only a learning experience, but also a bonding one. We persevered with breastfeeding our son until he was over two years, surpassing our original expectations. I am so proud of Regina for her determination to continue with our breastfeeding journey, as I know the road was long and sometimes uncomfortable. It was such a memorable and incredible experience, one we are looking forward to repeating when our second son arrives this August.

Regina Ely/Momma is an assistant director at Long Island Adolescent and Family Services. Susan Ely/Mommy is an insurance agent and world's best stay at home Momma!

My Incredible Journey

By: Nikesha Duncan

I was born in Jamaica, where breastfeeding is encouraged and widespread as it is throughout the Caribbean where formula is expensive. It was an easy choice for me to make breastfeeding a priority. When I think back on breastfeeding both my son and my daughter, it was one of the most incredible journeys of my life.

My first breastfeeding experience started with my first born, Jayvian. The fact that I was able to nourish my baby from my own body was truly amazing, although it was a bit uncomfortable at times. I was happy to keep breastfeeding as long as my baby was tolerating it. I had a lot of encouragement from my OB and my baby's pediatrician, so I was more than happy to continue. Although I truly wish I could have breastfed longer, I had to stop after six months because I was working two jobs.

I never expected breastfeeding to be so different between two babies. This past March, I gave birth to a beautiful baby girl, Hailey. I knew that I was going to breastfeed because I wanted to give my daughter the same experience as my son. It took about four days after my cesarean section for my milk to come in, so we started off with the bottle in the hospital. When I left the hospital, I started breastfeeding my daughter. When she had a hard time latching, I received help from Nurse Toni and my baby's pediatrician. My daughter was not such a fan of breastfeeding, but I still breastfed her for a whole month because I knew about its benefits. After returning to work, I decided to pump. Unfortunately, my milk flow slowed down, so I had to stop.

I adapted to this journey for the benefit of my babies. Although it was very challenging, the experiences were worth it. I also had a great support system; my husband made sure that I was always relaxed and prepared. He was 100% supportive from the beginning. For example, he would bring my daughter to me at night in bed while I was still healing from the cesarean section. I do wish that it lasted longer, but I am pretty happy with the outcome. Hopefully by sharing my own story, I can encourage someone else to continue breastfeeding as much as they can.

Nikesha Duncan is a Medical Office Assistant for General Pediatrics at Cohen Children's Medical Center and a mother of two beautiful children.

UPCOMING EVENTS

The Big Latch On 2018

Fri, August 3rd 9:30 - 11:30AM

H. Lee Dennison Building
100 Veterans Highway, Hauppauge

Peconic Bay Medical Center
Northwell Health (Main Lobby)
1300 Roanoke Ave. Riverhead

Sister's of St. Joseph
1725 Brentwood Rd, Brentwood

Stony Brook WIC Program
Percy Raynor Park
98 Lucille Drive, South Setauket

Suffolk County Department of
Health WIC Locations Across Suffolk
County Including:
Amityville, Brentwood, Coram,
Greenlawn, Patchogue, Riverhead,
Shirley, &Wyandanch

Sat, August 4th 9:30 - 11:30AM
Tanner Park
Baylawn Ave, Copiague

Baby Café Hours

Southside Hospital Baby Café

Every Tues 1:30-3:30PM

301 East Main St
Bay Shore, NY 11706

Wyandanch Baby Café

July 14, 28

Aug 11

Sept 8, 22

11:30AM - 1:30PM

Community Nazarene Church
58 Cumberbach St.
Wyandnach, NY 11798

Email BFREE@northwell.edu if
you have an upcoming event you
would like to share!



BFREE Coalition

410 Lakeville Road, Suite 311
New Hyde Park, NY 11042

Phone: 516-838-6416 | E-mail: BFREE@northwell.edu
For archived newsletters, visit BFREECoalition.org

