

# BFREE NEWSLETTER

## *Breastfeeding Resiliency, Engagement, and Empowerment (BFREE)*

*"Empowering parents to breastfeed every step of the way"*

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### Letter from the Editor

Dear BFREE Coalition & Community Members,

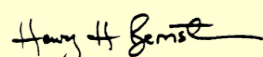
As winter turns into spring, our BFREE Team hopes that you and your families are remaining safe and well. We are excited to share with you our April newsletter, in which we focus on breastfeeding in the Latinx community and the barriers that lead to decreased exclusivity and duration of breastfeeding. Throughout the newsletter, you will see different terminology used: Latinx, Latino/a, and Hispanic. We recognize that no term is perfect, and different people self-identify as one over the other. Some find "Latinx" to be more gender-inclusive, while others perceive it as an anglicism of the Spanish language.<sup>1</sup> We also want to emphasize that these communities are not a monolith and that these labels can mask the unique cultural backgrounds and identities of individuals. The use of any term is an individual decision, and we wanted to stay true to the unique voices that have graciously shared their perspectives and insights in this edition by including all the terms they used.

We are so thankful to everyone who contributed to our latest newsletter. First, we hear from Fadhylia Saballos-Tercero, MPH, RDN, CDN, IBCLC, about different reasons and barriers that explain high breastfeeding initiation but low exclusivity and duration among Latina mothers (pg 4). We also hear from Ana Cerna-Helfer, MD, a pediatrician in Glen Cove, and Marleny Taveras, a WIC peer counselor, who further discuss their personal experiences with supporting parents in their breastfeeding journeys and highlight the importance of early education during the prenatal period (pg 5). Finally, we hear from Zamantha Colon, a previous WIC counselor and a mother of 3 children, about her personal breastfeeding journey (pg 7). Please join us in learning from them, as we continue in our efforts to advance our cultural competence and support of Latinx communities.

As always, we are sincerely grateful to this edition's contributors, to the entire BFREE Steering Committee for its active engagement and sage advice, to the new BFREE Subcommittee for Spanish-Speaking Communities for its valuable input and support, and to each of you, our many collaborators, for your collective passion in support of breastfeeding. We would also like to give a special thank you to Naomi Robbins and Paola Assone for all their hard work in translating this newsletter into Spanish and for all the ways they support the BFREE Team in reaching Spanish speakers.

Please email us at [BFREE@northwell.edu](mailto:BFREE@northwell.edu) to share feedback and any potential contribution ideas for future newsletters!

Sincerely,



Henry Bernstein, DO, MHCM, FAAP  
Principal Investigator  
Creating Breastfeeding Friendly Communities



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\*The BFREE Team understands that the language around breastfeeding can be very gendered and risks alienating marginalized populations. While we are encouraging more inclusive language, such as "parents" over "mothers", "partners" over "fathers", and "human milk" over "breast milk", we also wanted to stay true to the voices that generously contributed to this newsletter. We hope to continue educating ourselves and expand the inclusivity of our work to promote healthy infant feeding for all parents.

# Success Spotlight

The BFREE Team is happy to celebrate East Islip Public Library and Central Islip Public Library for achieving Breastfeeding Friendly recognition! We would like to thank our site champions Lauren Scottaline of East Islip Public Library and Lili-Ane Niemczura of Central Islip Public Library for working tirelessly to support their employees and members of the community during these difficult times. Despite the challenges that both libraries faced with sustaining operations in the midst of COVID-19, they have remained committed to promoting breastfeeding.



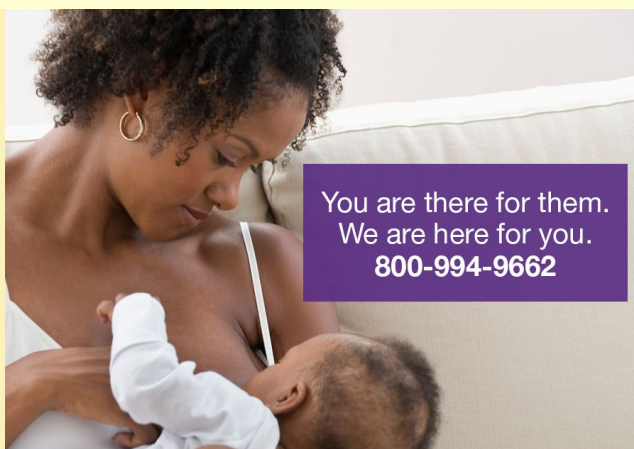
Left to right: Tara Kohles, Chisom Chigozie-Nwosu, Anastasia Schepers, Gloria Zhao, and Lili-Ane Niemczura at East Islip Library

Additionally, we would like to spotlight Gift of God Daycare and Kids Place Day Care. Though we were unable to collaborate in-person, we worked with the directors of these day care homes (Juana Ramos and Angelica Pitty-Beitia, respectively) via Zoom to initiate and complete the breastfeeding designation process. We would also like to thank the Child Care Council of Suffolk and the New York State Department of Health's Division of Nutrition - Child and Adult Care Food Program (CACFP) for their help and unending support of the BFREE Team! A list of child care centers and day care homes that are Breastfeeding Friendly and participate in CACFP in New York State can be found at: [https://www.health.ny.gov/prevention/nutrition/cacfp/breastfeeding\\_homes/](https://www.health.ny.gov/prevention/nutrition/cacfp/breastfeeding_homes/)



**Office on Women's Health**  
**National Breastfeeding**  
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Call anytime M-F 9am-6pm to talk with a health information specialist in English or Spanish



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The BFREE Team is also excited to share that starting March 2nd, we have launched Baby Cafes (our virtual breastfeeding support groups) led entirely in Spanish by bilingual lactation professionals! We are immensely grateful to Yezenia Chaparro (CBC), Paola Duarte (CLC), Sandy McCabe (IBCLC), and Fadhylla Saballos-Tercero (IBCLC) for participating in this new initiative to promote services that are culturally and linguistically competent. We would also like to thank our new Subcommittee for Spanish-Speaking Communities for recommending this valuable initiative and for working tirelessly to advocate for the community! The BFREE Team established this cross-collaborative subcommittee last November to actively engage our community members, partners, and stakeholders in an effort to improve our outreach strategies and cultural competence toward Latinx communities. Finally, we would like to spotlight Sandy McCabe and Lizeth Villa for participating in radio show interviews about breastfeeding in Spanish with La Fiesta 98.5! We are grateful for their valuable insight and for our partnership with La Fiesta 98.5, that expands our capacity to promote healthy infant feeding among Latinx communities across Long Island. If you would like to listen to their interviews, please click on their names.

This work is supported by a NYSDOH “Creating Breastfeeding Friendly Communities” grant, which aims to expand community-based breastfeeding partnerships and reduce disparities in the rates of breastfeeding across New York State. Congratulations to all for being recognized for your hard work, and we thank you so much for collaborating with our team!

## Subcommittee for Spanish-Speaking Communities

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Edgar Cerna  
Paola Duarte  
Julia Chachere  
Yezenia Chaparro



La Fiesta radio show interview with Lizeth Villa about her personal breastfeeding experience and common cultural misconceptions

Check out our website for more resources: <https://www.bfreecoalition.org>

Visit us on Facebook at: <https://www.facebook.com/BFREE.Coalition/>

This project is supported by NYSDOH Grant #530390. The content of this newsletter is the responsibility of the Contractor and does not necessarily represent the opinions and interpretations or policy of the New York State Department of Health.



Creating  
Breastfeeding Friendly  
Communities

# Why Does Breastfeeding Exclusivity and Duration Decrease Among U.S. Latina Mothers?

By: Fadhylla N. Saballos-Tercero, MPH, RDN, CDN, IBCLC

Director of Nutrition and Outreach Programs at Montefiore Bronx Health Collective

When it comes to answering this question, I reflect on my time as a WIC nutritionist, navigating cultural norms of different Latina women in different neighborhoods in New York City. Although Latin America is not a monolith, it is safe to say breastfeeding is part of the rich family traditions Latinx's share,<sup>1</sup> but there are changes in breastfeeding rates as populations assimilate into a more Americanized culture.<sup>2</sup> While there are many barriers preventing moms from breastfeeding, some are unique to Latina moms.

Breastfeeding rates vary among Latin American nationalities. While overall breastfeeding initiation and duration is high among Latinas in the US,<sup>3</sup> an analysis comparing eight Latin American countries showed there are differences in breastfeeding rates among rural and urban populations, and poor vs the "well off". Between 1986 and 2005, positive breastfeeding rate increases were seen in urban women, women who sought prenatal care, and the "well-off",<sup>1</sup> whereas rural, uneducated women showed the largest decrease in breastfeeding rates during the same period. This indicates some moms might have poor knowledge of the value of breastfeeding prior to immigrating to the US; on the other hand, some moms assimilate to the culture. Research has shown that as immigrants assimilate to new social norms (so as immigrant moms assimilate to the lifestyle in the US), breastfeeding duration and exclusivity decrease to match that of the general population.<sup>2</sup>

In Latin America, it is common to see moms breastfeed on demand, at home, at the market, on the bus and at the park. It is safe to say breastfeeding is so common that one doesn't bat an eyelash when someone starts to breastfeed in front of others, but that's not the case in the United States. Unfortunately, breastfeeding has been sexualized in the US in a way that it is not in Latin America. Mothers often feel uncomfortable and judged while breastfeeding in public and often introduce formula as a way to avoid feeling embarrassed.<sup>4,5</sup> This, in turn begins the cycle of supplementation, which then leads to a decrease in milk supply. Without normalizing breastfeeding and proper breastfeeding support, it is difficult to assume that mothers will follow the recommended exclusivity and duration guidelines.



Prior to the pandemic, Latinas were considered one of the fastest growing members of the workforce, with projections forecasting they would make up nearly 10% of the total labor force by 2028.<sup>6</sup>

As more Latinas enter the work setting, it's important to reflect on how work policies hinder breastfeeding, including lack of paid maternity leave. Pressure to return to work can lead to early formula supplementation,<sup>5</sup> which negatively impacts milk supply. Now as the pandemic puts people out of work, Latinas have been significantly impacted. In fact, Latina workers experienced the largest increase in unemployment between February and April 2020.<sup>7</sup> As some of these factors are compounded, it is no surprise that the rates of breastfeeding duration and exclusivity decrease.

So, what can we do about it? We can begin by following the socioecological model, providing individuals the lactation education needed to prepare them for breastfeeding success. We can build relationships and community around breastfeeding, normalizing the practice among our families and friends, and provide support groups. We can collaborate, organize and build power to advocate necessary policy changes for families to be able to follow the recommended breastfeeding guidelines.

Breastfeeding friendly policies have been shown to increase duration and exclusivity of breastfeeding. Scandinavian breastfeeding rates increased significantly after adopting radical breastfeeding friendly policies, banning formula advertisements, and enacting extensive paid maternity leave and pump breaks at work.<sup>4</sup> Ultimately, the goal is to implement policies that benefit all moms, including Latina moms.

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# Ask the Expert

For this quarter's newsletter, our BFREE Team asked two more experts about their personal insights and experiences with supporting breastfeeding in the Latinx community. Dr. Ana Cerna-Helfer (ACH) is a pediatrician at ProHEALTH Pediatric Healthcare Solutions in Glen Cove. Marleny Taveras (MT) is a breastfeeding peer counselor at Stony Brook WIC.

## What has been your experience with supporting parents in their breastfeeding journeys?

ACH: My experience with breastfeeding has been both rewarding and challenging. The other providers at the practice and I work very hard to educate parents and to clearly explain the benefits of breastfeeding to our patients, especially our Latina mothers. We used to see the newborns in the nurseries at the hospitals but we are no longer doing rounds. We used to emphasize, during that first encounter with the newborns and their mothers, the importance of breastfeeding during those crucial first days of life, when initiation and continuation of breastfeeding is so important for the establishment of their milk production. Unfortunately, now we see the newborns for the first time at our office two to four days after their hospital discharge. Sadly, at that point, some moms have already introduced formula to the baby and it is a challenge to convince them to stop the formula and exclusively breastfeed.

MT: As a WIC peer counselor, my goal has been to give that extra support to parents and remind them that they can get through the challenges of parenthood and breastfeeding! I'm honest with all my moms, and I tell them that breastfeeding isn't meant to be easy. It's hard, but definitely possible. I breastfed all my kids, mostly until they were 2 years old, so I understand what the moms are going through and reassure them that we can work together, from part A to B, then B to C, and so on to target smaller goals and to not overwhelm or bombard them. And I love the job that I do! I want every mom to have a special connection and to know that there are people who do take the time to hear you out. When they hear that you're so genuine in what you're doing and that you're taking the steps to be helpful, it becomes a beautiful relationship with that mom. Even now during the COVID-19 pandemic, though you don't actually see the other person since we're speaking over the phone, you can still feel that connection and I love it. I have moms who tell me, "Thank you so much. Because of you, I'm actually doing it and haven't given up."

## Many research studies have shown that Latina mothers have high rates of breastfeeding initiation, but low rates of exclusive breastfeeding. What do you think are some factors, barriers, or misconceptions around breastfeeding that lead to this pattern?

ACH: I can think of several. What we have seen especially in the Latino community is that the girls tend to get pregnant at a young age. In Glen Cove High School, there was a time when there were a lot of teenage pregnancies. Breastfeeding is a little harder for teen moms and they do tend to use more formula. With that also comes the risk of poverty and lack of education because once they become moms, it becomes very difficult to continue with school or college. Another major misconception is that formula is better than breast milk. Many people in the Latino community are immigrants and come from poor areas in their countries in Latin America. In those countries, breast milk is the only source of food for the newborn, so they associate exclusive breastfeeding with being poor, which we all know is not the case.

Another pattern I've observed is that many families and extended relatives live together in one house, so there's not a lot of privacy for breastfeeding. There's a component of embarrassment and many don't feel comfortable with breastfeeding in public. On the other hand, there are also moms who are alone and don't have a lot of family support because they immigrated to the U.S. from their home country. The saying, "It takes a village to raise a child," is definitely true.

Another factor is the need to return to work, especially among low-income parents who have to go back to work much faster and sooner. By law, their employers should be allowing them to pump and be able to continue that as long as they want, but I've found that many are afraid that they might lose their job if they ask for those accommodations. I would say those are the things we've found more common in our practice.

MT: One major factor I've noticed, especially when I compare my experiences living in the U.S. vs. the Dominican Republic, is the lack of time and how life can get very fast-paced here. It feels much slower-paced in the Dominican Republic, whereas time seems to fly by in the U.S. When you have a family, you have to wake up, make breakfast, get the kids ready for school, prepare lunch, and so many other responsibilities. Everything is so fast-paced that even for working individuals, not even that 30-minute lunch break is enough time to eat a good meal. So imagine being a mom who's already spread thin with taking care of a new child and other responsibilities at home, and also planning to go back to work. Formula can seem tempting as the easier or less time-consuming option. There is also the fear that if the mom has been exclusively breastfeeding and is planning to return to work soon, their babies won't take formula.

Influences from others can also play a big role. From my personal experience, though I exclusively breastfed my children for the most part, what interfered with that was actually my mother. She was the type of person to say, "The baby isn't full yet, just give the baby the bottle so they can get full."

## How is formula supplementation perceived among Latinx communities? What about the association between formula and WIC?

ACH: As I mentioned, there's an association that formula feeding is better than breastfeeding. The WIC program is big in the Latino community, especially in our area in Glen Cove, and many depend a lot on it. But instead of preparing to breastfeed, I feel like many parents prepare more to get formula ready right after their baby is born. When we were still rounding and seeing the newborns, the first thing the parents would give me is their WIC form. The baby wasn't even hours old, but they were already predisposed to the idea that they wanted to formula feed. Now that we're no longer rounding, I see moms about 3 days after the birth of the baby, and most of them are either exclusively formula feeding or supplementing - it's less common for me to see moms who are exclusively breastfeeding.

MT: For a lot of moms, formula represents a little breacktime. I feel like many use that to their advantage, especially at night. I get the same story from a lot of Latina mothers I work with, which is that they breastfeed during the day and formula feed through the night. They want to be able to get in a bit of rest throughout the night because they might be overwhelmed with everything that happens during the day. I've also seen parents who think breastfeeding is too time-consuming and they think, "We have formula. Why even try breastfeeding?" In regards to formula and WIC, formula itself is expensive, so I think the fact that WIC is able to provide this extra help is great. But when people refer to WIC, they don't realize the other components that we provide or that if they exclusively breastfeed, they will receive a full breastfeeding food package that contains more food with a larger variety than food packages that include infant formula.

## What are some factors that contribute to breastfeeding success with the parents you work with?

ACH: The most important factor that I've seen at my practice is the mom's determination to breastfeed. Once they have decided that breastfeeding is what they want to do, they will work very hard to do it. Another factor is the support of family, especially partners. When you're nursing, that's your only job at the moment and you can feel completely separate from everything else, so partners should be understanding of that and support the breastfeeding mother. Family support besides the partner, such as sisters or mothers with breastfeeding experience, is very important as well.



MT: Above all else, when a mom is ideally determined to breastfeed, she will do it. When there is a lack of confidence or education, the moms are prone to crack at least 3 or 4 weeks down the line. I've seen how a lack of education can play a big role with the moms I speak to at WIC, as many of them think that milk produces itself and aren't aware of the work that needs to be done to sustain that production. They may think that the minute their baby is born, the milk is supposed to be there and come out easily, but unfortunately that's not how it works. Some moms only see a tiny bit of milk come out and become discouraged because they don't think they have enough milk. Some moms don't know how to latch the baby on properly or aren't patient with understanding that latching is something new that their baby has to learn. Some babies pick it up quickly, but others don't and need extra patience or support. Having a supportive family is also very important.

## What are some ways to combat the barriers and misconceptions that lead to decreased exclusivity and premature cessation of breastfeeding?

ACH: To me, education is extremely important - learning about the benefits of breast milk, how it's the optimal nutrition for the infant, how it's cheaper than formula, how breastfeeding can be easier and more convenient in the long run once milk supply has been established, and other topics like that. In particular, I would say that before delivery is the best time to focus efforts on breastfeeding education and promotion. It may seem like the best time to talk to moms is after the baby is born, and while there can be really great support from nurses and lactation counselors at the hospital, not all moms experience that. I strongly believe that this timeframe of breastfeeding education from the moment that moms get pregnant is an ideal approach, especially with the Latino community, to really target those parents who have already pre-planned to formula feed before the baby is even born. This component of education applies not only for parents, but also for providers in trying to understand other cultures better and what the parents believe so that they can better tailor their discussions around breastfeeding and medical care in general. There can also be a language barrier that makes it difficult to understand explanations of why breastfeeding is important, which highlights the need for linguistically and culturally competent services and care.

MT: Many moms unfortunately don't have the right education or support, and I believe that help really needs to start from the minute they have an OB/GYN appointment. If providers introduce breastfeeding early on and target it as something important that moms can do for their infant's optimal health, that can go a long way in addressing barriers and misconceptions around breastfeeding. After giving birth, having nurses or lactation counselors that dedicate those extra minutes to educate and support the moms with breastfeeding can really make a difference, too. But it's much harder when you're trying to target a mom who's already had her baby, is 2 months into parenthood, and has already decided not to breastfeed or to supplement with formula.



# Mother's Perspective

By: Zamantha Colon

*Zamantha Colon is a Puerto Rican-Italian mom of 3 children and previously worked as a WIC peer counselor at Stony Brook after having her second child. Although she no longer works at WIC, she still serves as a breastfeeding peer counselor for anyone, from people she knows to people referred to her by word of mouth.*

I have a family of 5: my 5-year old daughter (Nataliya), 3-year old son (Alijah), 7-month old son (Kristoph), my fiance, and me. From day one, I had already decided that I wanted to exclusively breastfeed. I'm a frugal person and dislike spending money where it doesn't need to be spent, and there are so many other expenses when it comes to having children, such as diapers, clothes, and so on. I saw formula more as a luxury than a necessity, so I was determined to breastfeed. But there were certainly challenges and obstacles along the way, and I had no one to turn to for advice or help. Although it was known that I was planning to breastfeed, even my own mother bought me a baby formula Keurig for my baby shower. Many others in our family didn't have great success with breastfeeding, so she thought the Keurig was a great gadget to make a perfect bottle every time. I'm happy to report that I never ended up using it - all three of my children were breastfed, and my experience with each of them was such a journey.

After my daughter was born, she was immediately whisked away to the NICU. Nataliya had breathed in amniotic fluid containing meconium (also known as meconium aspiration syndrome), and I had a fever when she was born. During the 4-5 hours that we were separated, I was flipping out! After we were finally reunited, the first latch was great...but every latch after that was a challenge. I was lucky because I had overproduction and didn't need to worry about my milk supply, but getting her to latch was a struggle so I also pumped and bottle fed my milk to her while I continuously tried to nurse her. Even when she did latch, she never emptied me or even came close, so I had to always follow up with pumping. I returned to work after 3 months, and my job was very nice in providing me with a space to pump. I also had an adaptor in my car, so I would pump on my way to work and not have to use up as much work time to pump.

Because I had already breastfed my daughter, I had no major issues with breastfeeding my second child and hoped that pattern would continue with my youngest, but it definitely did not. My youngest, Kristoph, has been the most challenging because he was both tongue-tied and lip-tied, resulting in a shallow latch. I always tried to fix his lips after he latched and make sure they were flanged properly. But even when giving the bottle, half of it would spill because he wasn't latched on properly. By two weeks postpartum, I had severe pain and my nipples were destroyed. Kristoph also had a lot of issues with gas, and I knew the root of all the problems was the poor latch. Thankfully, his suction improved after the tongue/lip-tie revision so breastfeeding has been much better, but his colic remained from the gas issues. He cries all the time and no one other than me and his father can handle him. This means that it is unfortunately rare for me to get a break, unless his dad is home from work.



Beyond the technical problems I faced with latching and oversupply, there were issues with family and societal pressures. The male figures in my family didn't feel comfortable around me nursing. Even when I would cover up and try to make the nursing unnoticeable, they would still leave the room if they found out. Hispanic culture is very family-oriented and it's common for large families and extended relatives to live together, so having that discomfort and judgment around breastfeeding can definitely be a deterrent that discourages moms from breastfeeding or leads them to pump and bottle feed. But I'm a strong-willed person and never left the room if anyone was uncomfortable - I made them deal with it! Over time, with three kids down the line, I still have some family members who feel uncomfortable when I breastfeed, but others don't pay it any mind now. I think part of that discomfort stems from the fact that breasts and women's bodies in general are overly sexualized, especially with the hypersexual representation of Hispanic women in media, with perfectly curvaceous bodies, large and exposed breasts, and firm butts. Breasts are seen as a sex body part, but they were made to produce milk and feed babies - that is their natural function. I wish we could reinforce that perception more because breastfeeding is so important - a mother is nourishing and nurturing her child with optimal nutrition.

Another obstacle that my family and other Hispanic families face is overfeeding the baby. A major way to show love and affection is to feed the baby, especially among older family members like grandparents who clamor about how the baby is too skinny and needs to eat more. If other family members are overfeeding when giving the bottle or not doing paced bottle feeding, then that's setting the mom up for future problems and failure because it can be very difficult to match that level of milk when breastfeeding. I was fortunate in that supply wasn't an issue for me, but I can see and have heard about how that is a challenge for others.



It's interesting because everyone wants you to breastfeed when the baby is born, but once they reach 6 months or 1 year of age, they're expected to stop breastfeeding and start consuming other types of milk. People simply think, "That's it, breastfeeding stops after you introduce other milk and complementary foods." But that wasn't the case for me - I continued for two years and supplemented here and there with almond milk, pea milk or

homemade hemp milk. There were definitely people who felt awkward when I was still breastfeeding my children at 1.5 or 2 years of age. In public spaces like Walmart, I would have my baby strapped so that it looks like they're just sleeping - you wouldn't even be able to tell that they were nursing. But when people do see or find out that they're breastfeeding, they then ask how old the baby is. It's hard when you constantly hear comments such as "go to another room" or "cover up more," but I throw those comments right back at them. I am quick to put them in their place and don't hold my tongue.

Overall, I'm incredibly passionate about breastfeeding and will advocate for myself and for other moms, regardless of what the societal perspectives of breastfeeding are or what others think of me. While I was working at WIC as a peer counselor, I really focused on helping other moms be stronger and determined in their goals. While they were still pregnant, I listened to what they wanted to accomplish with feeding their infant and explained to them different ways to achieve those goals. After they gave birth, I continued to give support and prepare them for any obstacles that may come their way. A lot of this involved building up their self-esteem and ability to fight off any negative energy and comments. Though I'm no longer at WIC, I'm still supporting so many of my friends through their experiences with parenthood and breastfeeding. I talk to some of them every single day and give them breastfeeding knowledge each time, and I'm willing to stay on a phone call with anyone as long as needed. I'm not going to sugarcoat things - breastfeeding can be really hard and there can be negative experiences, but I strongly believe anyone can get through it with the proper support. I have made it my mission to be there for moms during their pregnancy and the postpartum period, and my end goal is to become a postpartum doula or a CLC (Certified Lactation Counselor) to continue supporting others through the rollercoaster ride of parenthood.

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## Join us for BFREE Baby Cafes!

### Tuesdays

**1:30-3pm (English):** <http://bit.ly/sshbabycafe>

**6-7pm (Spanish):** <http://bit.ly/bfreebabycafe>

**7-8pm (English):** <http://bit.ly/bfreebabycafe>

### Thursdays

**10-11am (Spanish):** <http://bit.ly/bfreebabycafe>

**11am-12pm (English):** <http://bit.ly/bfreebabycafe>

## Prenatal Classes (Caring for Two)

1st Thursday of Every Month

10am-12pm

(English, Spanish translation available)

<http://bit.ly/bfreebabycafe>

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