

# BFREE E-Newsletter

October 2019

## Family, Work, and the Law: My Experience

### Breastfeeding as a State Legislator

**By: Kimberly Jean-Pierre, New York State Assemblywoman, 11th District**



I am the proud mom of a 3-year-old daughter named Gia. Thankfully, Gia is an extremely healthy girl. When I look back at my journey as a new mom and a recently elected state legislator, I ask myself: How was all this possible? How did I stay disciplined? How did I manage to dodge the negativity?

Both of my parents immigrated from Haiti as young adults. My siblings and I were born and raised in the USA, but our Haitian culture and traditions were a large part of our upbringing. My mother never breastfed any of us. There is a negative stigma that seems to be associated with breastfeeding. I heard it all: “your breast will drop,” “that’s not enough food for the baby,” “you can’t do it in public, it’s inappropriate.” Despite these statements, I remained steadfast in my desire to breastfeed and was grateful for my external relationships and the education that I acquired throughout my career as a community liaison for elected officials.

I was especially inspired by one of my best friends, who now owns a blogging company called “Thirty Mommy,” and who breastfed all three of her sons. When my daughter was born, I knew the health benefits of breastfeeding, but I did not realize the difficulties one can encounter and what a dark place it can be when you are alone on that journey. My daughter was born in November and our state legislative session began in January; so much for three months maternity leave! The first thing my family said was: “Okay, you will now be traveling—you have to give her formula.” One thing I learned quickly as a new mom was that everyone has their own opinions when it comes to being a good parent. But I listened to each and every opinion so I could figure out and use what was helpful for me.

When the second week of January arrived, meaning that the new legislative session was starting up, it was time for a road trip. I took my daughter to Albany on a weekly basis, regardless of the weather, and loaded the car with everything I could think of that would make Gia comfortable while we were away. Thankfully, I had the help of a close aunt who traveled with us. In between committee meetings, long legislative sessions and conferences, I would run to the nurse’s office or my own office to pump. Many times, I would even run to my hotel. This was extremely difficult, and I shed many tears along the way. Google was very helpful in navigating me through these tough times by answering questions like: “Why am I not producing enough milk?” and “What are the best foods to help with milk supply?” When I was able to produce enough milk, I would leave Gia home for two days. I actually remember sending milk home with one of my male colleagues because I had to stay an extra day.

There’s a lot that goes into breastfeeding, especially when you’re a working mom and always on the go. So many factors can influence your ability to be successful: support, discipline, stress, a healthy diet, and hydration. I breastfed for 6 months and cried when I couldn’t continue. During my time as a legislator, I have proudly supported various pieces of legislation regarding breastfeeding. Just this year, the legislature passed a bill providing an exemption from jury duty for breastfeeding women. It is critical that mothers spend as much time as possible with their newborn babies. The legislature also passed a bill that requires New York State Department of Health to conduct a study of the effects of racial and ethnic disparities on breastfeeding rates and prepare and submit a report to the governor and the legislature. The information that we will gain from such a study will be crucial for writing future legislation. And just this year, I joined one of my colleagues in encouraging the MTA to install a new lactation pod at the Long Island Rail Road waiting room at Penn Station. We just recently cut the ribbon, which will be a gamechanger for those moms who need to breastfeed and cater to their infants’ needs while using public transit. Additionally, I truly believe that a hyper-focus on racial and ethnic disparities will shed more light on breastfeeding and help future mothers from all walks of life for years to come. In the meantime, I will happily continue to share my own personal experiences as a way to help other young mothers as they embark on their own breastfeeding journeys.



Original artwork by Dondei Dean



**Creating Breastfeeding Friendly Communities**

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### **Baby Cafés**

#### Wyandanch Baby Café:

Community Nazarene Church  
(Lower Level) 58 Cumberbach St.  
Wyandanch, NY 11798

#### Southside Baby Café:

Every Tuesday 1:30-3:30pm 301  
East Main St. Bay Shore, NY 11706

#### Brentwood:

Pronto Long Island, Inc. 128 Pine  
Aire Dr. Bay Shore, NY 1106 Time:  
TBD

#### Southampton:

Childcare Center of the Hamptons  
502 N Sea Rd. Southampton, NY  
11968 Time: TBD

## Letter from the Editor

Dear BFREE Coalition Members,

Happy October! We hope you had a great summer and that you and your families are getting ready for the holidays. Our team delighted to share our October newsletter with you.

In this issue, we first celebrate the formal designation of three new practices as “Breastfeeding Friendly.” These practices should be acknowledged for their commitment to breastfeeding promotion and support. First, Assemblywoman Kimberly Jean-Pierre share a touching piece about her experience breastfeeding and the amazing efforts made by her to change policy regarding breastfeeding! As the theme of the newsletter is racial disparities in breastfeeding, the next piece is from an amazing mom about her personal experiences breastfeeding, as well as a highlight from a documentary screening during Black Breastfeeding Week and its impact. Finally, we feature an article on the perspectives and rates of breastfeeding brought about by cultural assimilation, and share resources that will be useful to moms from different backgrounds!

As always, we are so grateful to the contributors to this edition, to the BFREE Steering Committee for their advice and engagement in our efforts, and to each of you for your passion for breastfeeding support. Please share any feedback and contribution to future newsletters! Please email your ideas to us at [BFREE@northwell.edu](mailto:BFREE@northwell.edu).

Many thanks for your time and support, and Happy Halloween and holidays!



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

## Success Spotlight: First Long Island Municipality and 3 HRHCare Practices Receive Designation

**By: Michelle Chen, BA, CLC**

In early August, Southampton Town Hall became the first municipality in Long Island to be recognized by the New York State Department of Health (NYSDOH) as a “Breastfeeding Friendly” worksite. Thanks to the efforts of Southampton Town Human Resources director Sandra Cirincione and employee relations technician Jacqueline Thornton, who worked closely with the BFREE Team and the NYSDOH, Southampton was able to develop a breastfeeding friendly policy and offer a private space for mothers to express milk. The Town Hall also provides break time, education about breastfeeding rights, and support for mothers who return to work and continue to express milk. BFREE team members Anastasia Schepers, Maggie Sherin, and Yingna Wang were interviewed and featured in Newsday and News12 for their integral role in facilitating this process and developing the breastfeeding policy that was presented to the Board on July 23.

HRHCare Wyandanch, Brentwood and Southampton also earned Breastfeeding-Friendly designation in July. All three practices joined together at HRHCare Coram to celebrate this achievement and to receive their Breastfeeding Friendly Practice designation plaques. These practices are extremely supportive of breastfeeding promotion initiatives and worked closely with the BFREE Team and VP of Operations Women’s Health and Nursing Susan Amos to meet the NYSDOH ten steps to a breastfeeding friendly practice. Additionally, HRHCare is committed to connecting mothers with local breastfeeding resources such as Baby Cafés, which we have helped established at Southside Hospital, the Childcare Center of the Hamptons, Brentwood Pronto, and the Community Nazarene Church of Wyandanch. Many thanks to the team who worked tirelessly to create the practice site breastfeeding policy, which will help moms meet their breastfeeding goals and create healthier families.

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 Southampton Town Hall and HRHCare Brentwood, Southampton and Wyandanch on being recognized for all your hard work, and thank you for collaborating with our team!

A list of Breastfeeding Friendly Practices in New York State can be found at: <https://www.health.ny.gov/prevention/nutrition/cacfp/bfpraclst.htm>

## Mother's Perspective

### Learning Curve

By: Melanie English



Going into the birth of my first baby, Zen, I knew I wanted to breastfeed. But no one ever told me it would be so hard! I thought that breastfeeding would come naturally and it would mean that I didn't have to buy infant formula. But almost immediately after I started breastfeeding, I got discouraged because I felt a lot of pain, I didn't think I was making enough milk, and my baby wasn't gaining weight. I was given basic instructions at the hospital for how to latch, but I didn't feel like I was getting any personalized care or assistance.

Luckily, I had a ton of support from everyone around me. My mom, mother-in-law, and Zen's dad all knew I wanted to breastfeed, and my mother-in-law took me to see a WIC peer counselor to get advice. The lactation specialist at WIC was the person who gave me the advice and confidence I needed to succeed at breastfeeding. She taught me that the more my baby removed my milk, the more milk I would make. She showed me how to establish a feeding pattern and to manually express to keep my milk supply up when my baby wasn't eating. With her help and education, my breastfeeding journey became easy!

Even after understanding the logistics of breastfeeding, it took a while to adapt to some of the social norms of breastfeeding. For example, I was initially a little embarrassed to breastfeed in public because I wanted to be modest and hide my breasts. Eventually, however, I realized that breastfeeding was natural -- I was feeding my baby! I knew my rights in public and I felt comfortable breastfeeding wherever I was- in restaurants or outside. I also had to become comfortable with asking for help and having the lactation counselor use hands-on assistance. I have always been independent, but asking for help with breastfeeding was a humbling experience and ultimately made me a more open person. I learned to let others support me!

I often tell my breastfeeding group in Harlem that breastfeeding takes time, and it's okay if you don't know what you are doing. It's okay to ask for help! Lactation counselors are out there, they know that breastfeeding is what's best for your baby, and they want to help you succeed at breastfeeding. I had a great experience with breastfeeding overall, but I couldn't have done it without the support from those around me.

*Melanie is mom of Zen, 1. Melanie breastfed for 11 months before Zen weaned on his own, but she says she would have loved to breastfeed for a full year, just like Melanie's mom did with her.*

## Chocolate Milk: The Documentary shown during 7th annual Black Breastfeeding Week

By: Julia Feinstein, BA, CLC

Throughout August, which is National Breastfeeding Month, Long Island holds many events to support and normalize breastfeeding, such as The Big Latch-On. Although these events are great at engaging the community, some awareness must also be brought to the disparities in breastfeeding, such as the fact that breastfeeding rates are the lowest among African American women. Indeed, there are many people, including even those that work with women during the perinatal period, that are not aware that breastfeeding outcomes vary significantly by race. Seeking to do something to show their support for their black colleagues, patients, and families that breastfeed and their allies and to raise awareness of the inequities, Rachel Cascone MS, RN, IBCLC, the Lactation Coordinator at Katz Women's Hospital at North Shore and Cohen Children's Medical Center at North Shore and her team of Lactation Consultants collaborated with the Center for Diversity, Inclusion, and Healthy Equity to provide a Northwell system-wide screening of *Chocolate Milk: The Documentary* to celebrate Black Breastfeeding Week, celebrated during the last week of August. Another screening of the film took place that week in Wyandanch, organized by Ellen Higgins and Adesuwa Watson of Suffolk County Dept. of Health Services

According to the film's website, "*Chocolate Milk: The Documentary* is an exploration of the racial divide in breastfeeding. Told through the narratives of three African American women: a new mother, a midwife and a WIC lactation educator, the film seeks to answer the longstanding question of why more African American women are not breastfeeding. By creating an engaging narrative centered around the challenges of breastfeeding, *Chocolate Milk* will spark public discussion on how communities can better support black mothers."

The reasons for breastfeeding disparities are varied and complex, explains Cascone. Systemic racism, lack of education of healthcare providers, cultural norms in different communities, socioeconomic issues, among other reasons, all contribute to the gap in breastfeeding rates. However, there is increasing evidence that disparities can be diminished through hospitals' commitment to best practices for breastfeeding. According to the National Institute for Children's Health Quality (NICHQ), "by increasing breastfeeding rates, hospitals are catalysts for change."

It is Cascone and the BFREE team's hope that the screenings and celebration of Black Breastfeeding Week will help bring attention to and educate colleagues across Northwell and our partner organizations about the racial differences in breastfeeding outcomes. She and her team hope to make the celebration of Black Breastfeeding Week an annual event.

## Resources for Breastfeeding Moms

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/Resources-to-Support-Breastfeeding-Families.aspx>

<https://www.womenshealth.gov/breastfeeding>

### Community & Cultural Groups:

*Mocha Moms of Long Island*

<https://www.mochamoms.org/14a/pages/index.cfm?pageid=3327>

*Spanish Breastfeeding Resources*

<https://www.spanishforbreastfeedingsupport.com/breastfeeding-resources-i.html>

*Asian Breastfeeding Task Force*

<http://www.breastfeedla.org/asian-breastfeeding-task-force/>

*Breastfeeding Resources for Indian Mothers*

<http://www.bsim.org.in/about-us.html>

*Additional Resources*

<http://med.stanford.edu/newborns/professional-education/breastfeeding.html>

<https://www.breastfeedinginc.ca/>

# Cultural assimilation associated with racial and ethnic disparities in breastfeeding rates

By Pearl Subramanian, BA, CLC

Breastfeeding has many benefits for mothers and babies. However, national breastfeeding rates among minority groups remain low in the United States. No racial/ethnic group is currently meeting all of the Healthy People 2020 objectives for breastfeeding, including continued breastfeeding at 6 months (61%) and 12 months (34%) and exclusive breastfeeding at 3 months (46%) and 6 months (26%).

Currently, Asian women are the only racial/ethnic group meeting the Healthy People 2020 goal of breastfeeding initiation of 81.9%, and Hispanic women are close behind. However, Hispanic families are more likely than other groups to use formula in the first two days of life. African American families have the lowest rates of breastfeeding initiation and continued breastfeeding among all racial and ethnic groups.

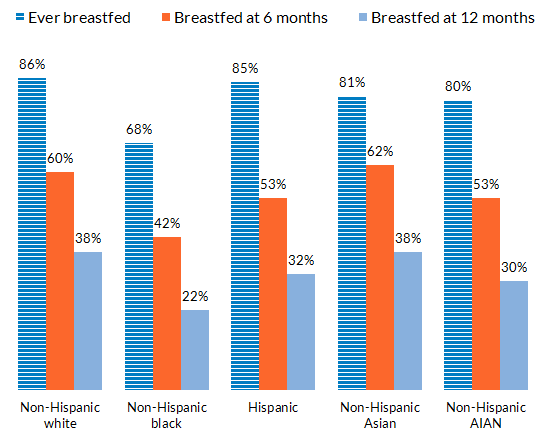
Breastfeeding rates are especially influenced by the amount that families are assimilated into American society. Surprisingly, studies have shown that families that are more assimilated have lower rates of breastfeeding. For example, a study by Rassin et. al found that Mexican Americans who were not very assimilated into American culture had the highest rates of breastfeeding initiation (52.9%), while those who were most assimilated had the lowest rates of initiation (36.1%).

Breastfeeding rates may differ based on cultural and social norms surrounding breastfeeding, varying levels of support for breastfeeding in the country of origin, poor family and social support, lack of education or knowledge about breastfeeding, concerns about milk supply, unsupportive workplaces and childcares, and earlier return to work. Additionally, differing levels of support from hospitals may influence breastfeeding rates for minorities. For example, one study on hospital support for breastfeeding found that hospitals in zip codes with higher percentages of black residents than the national average were less likely to meet the five indicators for supportive breastfeeding practices than hospitals in zip codes with lower percentages of black residents. These practices included early initiation of breastfeeding, limited use of breastfeeding supplements, rooming-in, limited use of pacifiers, and post-discharge support.

Breastfeeding is beneficial to almost all mothers and infants, but the benefits may be significantly greater for minority women. Therefore, efforts to increase breastfeeding rates among minority women even more important. Compared to white women in the United States, African American and Hispanic women have higher rates of obesity, diabetes, and cardiovascular disease, which can all be lowered with breastfeeding. Minority women also have greater rates of rapid repeat pregnancy, which may be prevented with continued exclusive breastfeeding on a strict, routine schedule for six months. The lactation amenorrhea method reduces fertility by delaying ovulation and increasing the interval between offspring.

In order to reduce the cultural differences in rates of breastfeeding, it is crucial to educate women on breastfeeding across all races/ethnicities. Clinicians, lactation specialists, and community organizers should make sure that breastfeeding resources are culturally sensitive and relevant. For example, in some cultures, mothers will not leave their homes for 6 weeks after birth so efforts should be made to provide resources at their home. Similarly, each mother should have access to a support group that caters to her ethnicity, so she can feel comfortable and relate to the other mothers' experiences. Finally, by learning about and understanding each mother's cultural needs and preferences, specialists can help create a personalized plan. In order to meet our collective goal of creating healthier children, we must empower mothers from all backgrounds to meet their infant-feeding goals and provide for their babies (**Figure & Article Reference: CDC 2017 data**)

## Percentage of Infants Breastfed, By Race/Hispanic Origin: Infants Born in 2014



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2017). Breastfeeding among U.S. children born 2002–2014. CDC National Immunization Survey. Atlanta, GA: Author. Retrieved from [https://www.cdc.gov/breastfeeding/data/nis\\_data/results.html](https://www.cdc.gov/breastfeeding/data/nis_data/results.html).

childtrends.org

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The BFREE Team is now on Facebook! @ facebook.com/bfreescoalition

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