

Volume 5  
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# BFREE Newsletter

*Breastfeeding Resiliency, Engagement, and Empowerment*

*Empowering mothers to breastfeed every step of the way*

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## Letter from the Editor

Dear BFREE Coalition & Community Members,

Happy New Year! We hope you all had a wonderful holiday season. We are excited to share with you our January newsletter. In this issue, we focus on the severity of homelessness in the context of the COVID-19 pandemic, as the loss of stable jobs and income have left many people evicted and homeless. Over the past five years prior to the pandemic, unsheltered homelessness increased by 22%, and this upwards trend will only be exacerbated by COVID-19.<sup>1</sup> In Long Island specifically, there were a total of 9,687 people experiencing homelessness in 2019, and more than half of the families experiencing homelessness included children.<sup>2</sup>

With this rise in homelessness during the COVID-19 pandemic comes an increased risk of toxic stress among children, which occurs in the absence of buffering protection of supportive adult relationships during early childhood. Although this is one of the most detrimental forms of stress among children, a mother's decision to breastfeed can be absolutely pivotal in mitigating the harmful consequences of toxic stress, from the very first breath of life.

Please join us in learning about breastfeeding as an experience that not only empowers homeless mothers, but also provides buffering protection from toxic stress. Our newsletter highlights resources available in our Long Island community, as well as the strides being made in other communities. We hope to continue working together to make a difference to reduce breastfeeding disparities. We are so grateful for the several voices that have shared their insights and perspectives in this issue. First, we hear from Diane Spatz, PhD, RN-BC, FAAN and Patricia Shea, two women passionate about supporting homeless youth in their respective communities and promoting breastfeeding (pg 3). Then, Marissa Harrington, LMSW shares about the Family Service League, a local organization dedicated to underserved populations across Long Island (pg 5). Finally, we hear from Shari Jardine, MPH, MA and Diane Spatz about breaking barriers and changing perceptions of poor health among pregnant and breastfeeding mothers (pg 6).

As always, we are sincerely appreciative to this edition's contributors, to the entire BFREE Steering Committee for its active engagement and sage advice, and to each of you, our many collaborators, for your collective passion in support of breastfeeding.

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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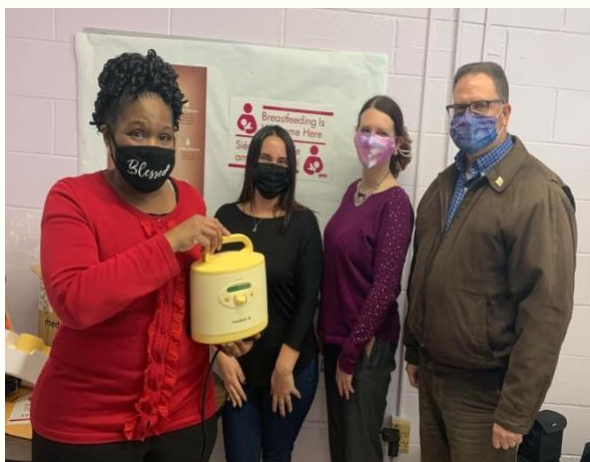
## Success Spotlight

Three day care homes in Islip have achieved Breastfeeding Friendly designation by the New York State Department of Health! We would like to thank the directors of these day care homes: Sandra Figueroa of Little Palace Day Care Inc., Elga Rodriguez of Kayla Group Daycare, Inc., and Beatrice Key of Key to Little Hearts. Despite the fact that we were no longer able to meet in-person, we worked with the directors of these day care homes over Zoom to initiate and complete the breastfeeding designation process. We would also like to thank the Child Care Council of Suffolk and 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/)

Additionally, we would like to spotlight Milton L. Olive Middle School of Wyandanch School District for achieving Breastfeeding Friendly recognition. Milton L. Olive Middle School is now the second school on Long Island to be recognized as Breastfeeding Friendly, joining Wyandanch Memorial High School. Three teachers at the school now have access to a lactation room and a hospital-grade breast pump. A special thank you to the school's principal, Dr. Darlene L. White, and Wyandanch School District facilities manager, Monty Granger, for working with our team to achieve Breastfeeding Friendly recognition and for their support of breastfeeding!

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 Little Palace Day Care Inc., Kayla Group Daycare, Key to Little Hearts, and Milton L. Olive Middle School on being recognized for all your hard work, and thank you for collaborating with the BFREE team!



Check out our website for more resources: <https://www.bfreecoalition.org>  
Visit us on Facebook at: <https://www.facebook.com/BFREE.Coalition/>

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# Profile of Two Women: Committed to Supporting Homeless Youth While Sharing Passion for Breastfeeding

By: Anastasia Schepers, MS, RDN, CDN, CLC

## A Long Island Story.

“Almost 27 years ago, Pat Shea visited me in the hospital after having my daughter and I was homeless. If she did not take me into MOMMAS House my life would have been so different.”

“This place is amazing. I live here with my son and when I first had him, I had no idea where to go. I ran out of options fast until I stumbled upon MOMMAS House. The staff is phenomenal.”

These accounts represent just two from hundreds of young Long Island residents who found themselves experiencing a housing crisis while pregnant or parenting a child. Women and children in the Long Island metro area represent the fastest growing groups of the homeless population. About 4,000 people experience homelessness on Long Island, and almost 3/4 of this population is made up of homeless families. Thirty-eight percent of these homeless families represent young, single mothers with little to no financial or emotional support, one of the most vulnerable segments of the population.<sup>1</sup>

Patricia Shea always had a soft spot in her heart for mothers. After returning from a missionary trip to Mexico during her college years where she witnessed poverty, desolation and its effect on children, she felt determined to make a difference. She became a social worker, and in 1970, established a branch of Birthright of Nassau/Suffolk where she and volunteers helped provide women with access to prenatal care, pregnancy and parenting resources. But Pat felt the critical need for housing was not being addressed, and for about ten years she sheltered young mothers in her own home. After realizing that “a lot more was needed than just a roof over their heads,” in 1986, Pat, friends and family created a program. Today, Pat is the Executive Director of MOMMAS House, which consists of four mother-child transitional housing residences located in family-oriented communities throughout Nassau County. Young women between the ages of 18 and 24 who find themselves experiencing a housing crisis while pregnant or parenting a child can find help and resources and a safe and secure place to live at MOMMAS House for up to two years.

Each house is run by a caring staff of professionals 24 hours/7 days a week. With guidance and direction, young mothers learn to support themselves and their children independently. Having breastfed all five of her own children, Pat believes breastfeeding education is an important part of the prenatal care and counseling all the girls receive. “All the girls say they want to breastfeed but they are not prepared for the ‘on demand’ part,” explains Pat. “Some of them follow through and continue to breastfeed but most do not. There are a lot of obstacles ... for one thing, they are not prepared to transition to being parents. Many of them feel insecure about not knowing how much milk the baby is getting.” Lastly, Pat continues, “they don’t get support from family or friends. If only they had someplace to call with a question that may arise.”

While rates of teen pregnancy on Long Island are declining, they are still high in many communities and significantly higher than the national average. For example, in 2017 a total of 194,377 babies were born to young women in the US between the ages of 15-19, for a birth rate of 18.8 per 1,000 for this age group.<sup>2</sup> The teen birth rate in select Long Island communities, based on 2018 data, ranged from 30.3 to 48 births per 1,000.<sup>3</sup>

The BFREE team hopes that as a result of speaking with Patricia Shea, learning about MOMMAS House and sharing information about our Baby Cafes, an important relationship can be fostered. We hope to plan and provide a future training session for house managers and staff about the basics and benefits of breastfeeding; the team will provide MOMMAS House staff a community-specific resource list; explore the possibility of breastfeeding friendly recognition and a possible future space for a Baby Café in the church adjacent to the Glen Cove residence.





## Philadelphia Stories.

The City of Brotherly Love seems to have a special devotion to some of its most vulnerable residents: pregnant, parenting and homeless youth and their infants. Diane Spatz, PhD, RN-BC, FAAN, has dedicated her professional career to advocating for and supporting young women through her teaching and research. She contends that breastfeeding, through responsive caregiving and human milk provision, can offer a buffering effect to mitigate the effect of toxic stress – the harshest type of stress often experienced by adolescent females who find themselves pregnant and homeless. With toxic stress, there is a convergence of social, economic, biological and physical stress which is triggered by severe, frequent and long-lasting adversity without any buffering protection from supportive adult relationships, she explains.

Diane Spatz, Professor of Nursing and the Helen M. Shearer Professor of Nutrition at the University of Pennsylvania is credited with developing the Ten Steps for Promoting and Protecting Breastfeeding for Vulnerable Infants, a model of care that has been implemented in hospitals throughout the United States and abroad to educate health professionals on the best practices for the use of human milk and breastfeeding in vulnerable infants.<sup>4</sup> Dr. Spatz shares a joint appointment at Children’s Hospital of Philadelphia (CHOP) as a nurse scientist and founder of the lactation program and CHOP’s Mothers’ Milk Bank.

For decades, Dr. Spatz’s nursing students, as well as nurses and medical residents, have played a significant role in educating and supporting Philadelphia’s pregnant and homeless teens.

- For the past 25 years, Dr. Spatz has taught a whole semester course on human milk and breastfeeding for undergraduate nursing students (28 hours of lecture and 14 hours of clinical experience). One of the course assignments is an advocacy project.
- For advocacy projects over the years, her students have chosen to work with both homeless shelters as well as adolescent mothers. They provide young mothers with basic education on breastfeeding and other childcare topics, as well as help set up breast pumps in shelters.
- Dr. Spatz’s students also work with adolescents in the Philadelphia public school system through a state initiative called Education Leading to Employment and Career Training (ELECT). The program’s goal is to enable school districts to help

pregnant and parenting teens earn a diploma, or equivalency diploma, therefore enabling employment, career training or further education. In 2018, the School District expanded and adopted a policy requiring each school to designate a Teen Parent Student Liaison to help pregnant, parenting and married students navigate the system and learn their rights. Additional and critical components of the program include allowing students to take pumping breaks during the school day and have access to electric hospital- grade Symphony pumps, donated by Medela. Pump kits and milk storage bags are provided by the ELECT program. “Hospital grade pumps make a big difference,” explains Dr. Spatz. “You can empty both breasts in 10-12 minutes compared to standard pumps which could take 20-30 minutes or more.” Adolescent parents are also often embarrassed about breastfeeding and not having to transport a personal use pump to school and put that through the metal detectors every day allows the teen parent to maintain their privacy.

- For more than 30 years, volunteer medical residents and nurses from CHOP provide care to families experiencing homelessness through the Homeless Health Initiative (HHI). Out of the HHI grew a Breastfeeding Shelters Initiative in 2014 where HHI staff work with shelters to increase breastfeeding support. By partnering with a lactation consultant at the Maternity Care Coalition, staff were able to provide mom-baby educational/supportive sessions for women living in the shelter. In addition, they obtained refrigerators for storage of expressed milk that can only be used by pumping mothers, and they empowered staff to create private lactation spaces within the shelters. HHI also provided funding for shelters to purchase double electric hospital-grade breast pumps and kits, which significantly reduce pumping time for young mothers going to school or work.

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# A Grassroots Organization on Long Island Dedicated to Helping Those Who Need It Most

By: Marissa Harrington, LMSW

*Marissa Harrington is Program Coordinator for Community Health Care Collaborative (CHCC) at Family Service League (FSL). The BFREE Team helped establish a Baby Café at a FSL site in 2017 and we are grateful for our continued partnership!*



Family Service League (FSL) is a non-profit human service agency whose mission is to help individuals, children, and families mobilize their strengths and improve the quality of their lives at home, in the workplace, and in

the community. During the COVID-19 pandemic, FSL continues to provide for the underserved by remaining as a resource for food, assisting with rent and utilities, and offering comprehensive behavioral and physical healthcare.

Individuals that face housing insecurity are an extremely resilient, adaptable group. They endure a trauma that often goes unaddressed and is rarely highlighted in popular or psychological culture. However, FSL identifies this vulnerability and works to heal and recover those in this vulnerable group through trauma-informed care at every level. Maslow's Hierarchy of Needs identifies physiological necessities (food, water, shelter) and safety as basic human needs required for us to thrive. Those living with housing insecurity find themselves with their basic needs in danger and at times taken from them completely. This results in a unique type of trauma and can be especially hard on caretakers of children. Generally, it can become difficult for mothers experiencing homelessness to breastfeed for a number of reasons. These include access to proper milk storage methods, decreased support networks, difficulty to maintain access to healthcare providers, and the availability of necessary equipment. With the addition of COVID-19 this year, these difficulties were significantly exaggerated for the housing insecure population. While these mothers face greater disadvantages, which may make breastfeeding more difficult, FSL seeks to mend disparities and provide consistent support to all.

The Center on Budget and Policy Priorities reported the COVID-19 pandemic saw increased hardships among renters, especially those living with children, to maintain their monthly rent payments. The report also identified greater food insecurity among those living with children. Thus, American mothers are facing the greatest housing and food insecurity during the pandemic. While FSL has witnessed a slight decrease in the shelter populations during the height of the pandemic, we were also met with many families that struggled to keep up with rent. Greater insecurity can mean even greater stress. The weight on mothers and families to ensure their housing remains permanently, can create toxic stress levels, and initiate trauma responses, especially when simultaneously faced with the threat of a deadly virus and political unrest. High levels of stress can preclude the ability to feed or produce milk. At FSL, integrated care models allow for workers to connect with healthcare providers and mental health professionals to help address a mother's concerns. Physicians and social workers generate comprehensive care plans to address barriers and aid in overcoming hardship. During lockdown, many of our programs remained accessible through virtual outlets such as telehealth. By following suggested health safety protocols, FSL has continuously staffed its emergency shelters and has been addressing the needs of residents.

Many FSL programs directly impact maternal health, including Healthy Families New York and co-located Woman Infant and Children (WIC) centers. FSL addresses some of the most prevalent and pressing human needs facing our Long Island communities. It delivers tangible help and crisis intervention across a spectrum of service areas including mental health conditions, addiction treatment, homelessness, job training, computer literacy, trauma counseling, and support services for children, families & seniors. In all, FSL offers over 60 programs at 20 locations throughout Long Island. Visit our website for additional information <https://www.fsl-li.org/>.

#### References

<https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>

## Breaking Barriers and Changing Perceptions

By: Gloria Zhao, BA & Anastasia Schepers, MS, RDN, CDN, CLC

Anyone with housing insecurity lacks the basic human right of shelter. This creates a convergence of social, economic, biological, and physical stress. In addition to housing insecurity, women, in particular, may also be experiencing job and food insecurity, along with other social determinants that affect health. This makes it imperative that housing insecure women be educated on the science of human milk and the physiology of lactation. It is imperative they understand the impact that the provision of human milk and breastfeeding has both on their health and their child's health for a lifetime. They also need to learn how to effectively establish lactation so they can meet their personal breastfeeding goals.

Women experiencing housing insecurity often lack the resources to engage in healthy behaviors, such as optimal dietary intake and access to adequate medical care, resulting in negative health outcomes that can be exacerbated during pregnancy. When giving birth, housing insecure women often require significantly longer stays in hospital and have a higher risk of needing intensive care. They are also less likely to have a prenatal visit during their first trimester, have a well-baby checkup, and to breastfeed their child.<sup>1</sup>

Studies have found that the stress of prenatal and postnatal homelessness is associated with an increased risk of adverse pediatric health outcomes.<sup>2</sup> Infants are at greater risk of developmental delays, having low birth weight, and staying in the NICU.<sup>3</sup> As they grow, homeless children are more likely to have developmental delays, asthma exacerbations and admissions, obesity, mental health problems, and an increased risk of many infections.<sup>4</sup> The most harmful form children feel is toxic stress, a prolonged activation of stress responses in the body due to ongoing stressors that occur in the absence of buffering protection of supportive adult relationships during early childhood.

Toxic stress interrupts developing brain circuitry in infants which can lead to potentially permanent changes in learning, behaviors, and physiology, resulting in higher levels of diseases, such as cardiovascular disease, asthma, autoimmune diseases, and depression.<sup>5</sup> Breastfeeding is an intervention that can result in outcomes that function as a series of buffers around the detrimental biological consequences of toxic stress. Breastfeeding provides an opportunity for mothers to consistently respond to their infant's stress, which can foster a more secure infant-maternal attachment.<sup>6</sup>

A mother's perception of her own health plays an enormous role in her decision to breastfeed. Women who are homeless have social determinants that can result in self-perceptions of poor health. Women who apply for food insecurity programs like WIC and SNAP may doubt their own ability to breastfeed when in fact, there are many benefits in doing so. Shari Jardine, MPH, MA is currently the Assistant Director at the Center for Global Health at Northwell Health. In her former role as Program Manager of the Social Health Alliance to Promote Health Equity (SHAPE) outpatient screening and referral program at Northwell, she found it imperative "to change perceptions of poor health among pregnant women and mothers facing food insecurity and housing insecurity" because "a mother's own perception of poor health ... will often deter her from initiating breastfeeding because she herself doesn't think she's eating well enough to produce quality milk for her child, even though we know scientifically that's probably not the case."

Health care providers play a pivotal role in supporting a mother in her breastfeeding goals. They have the ability to instill confidence and focus on the benefits of breastfeeding regardless of one's housing situation or socioeconomic status. Health care providers exist in a unique position where they have the ability to educate and empower women to breastfeed for the optimal health for both mother and baby. Breastfeeding should be taught during pregnancy before giving birth. Diane Spatz, PhD, RN-BC, FAAN is a Professor of Nursing and the Helen M. Shearer Professor of Nutrition at the University of Pennsylvania. She believes that the current prenatal paradigm is unacceptable -- "we spend all this time in prenatal care preparing for birth, but we don't talk at all about anything after that ... we need to be talking about human milk and breastfeeding at every single prenatal care visit."

COVID-19 has impacted families' ability to pay rent and afford the usual quality and quantity of food. Health care personnel should recognize this fact and appreciate that pregnant women may doubt their ability to breastfeed due to elevated amounts of stress. It should be emphasized that breastfeeding helps to solve many other barriers to nourishing infants during the pandemic, similar to other disasters and natural emergencies. Breastmilk requires no refrigeration (if used immediately), can be available on-demand, has no cost, and does not require a steady source of clean water. Don't forget that breastmilk is the perfect nutrition for baby. Mothers may be unaware of these benefits and may assume that breastfeeding is expensive

and requires complicated technologies; many “moms don’t know you can hand express your milk, so you don’t need a pump ... these are things that mothers are not taught,” Ms. Jardine states.

The way that education is delivered can influence how receptive mothers are to breastfeeding. A study was conducted at a maternity shelter, where supportive housing is provided to pregnant women. It was found that young mothers were most likely to breastfeed when care was delivered in a friendly, respectful, patient, and personal manner, and when they felt nurses were genuinely interested in their well-being.<sup>7</sup> In her own research and experience working as a lactation counselor at a Brooklyn homeless shelter, Shari Jardine found that mothers “wanted folks to educate them factually and speak to them clearly and respectfully and that was linked to ‘oh yes, I’m definitely going to breastfeed.’”

During the COVID-19 pandemic, it is especially important to educate and empower women experiencing housing insecurity to breastfeed, which ensures optimal health for themselves and their babies. Ms. Jardine’s message that she wishes she could share with pregnant women facing homelessness or housing insecurity, particularly now in the face of the COVID-19 pandemic, is that “regardless of

where you are living now, or where you might be living a few weeks/months from now, there may be some positive things that you haven’t thought about as to why breastfeeding may be a great choice for you and your family.” Dr. Spatz has found that once you teach mothers about the science of human milk and tell them “that it not only helps them and it helps their baby, it is a transformative experience.”

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## Join us for BFREE Baby Cafes!

**Tuesday**

1:30-3pm (English)\*

<http://bit.ly/sshbabycafe>

**Tuesday**

7-8pm (English)

<http://bit.ly/bfreebabycafe>

**Thursday**

10-11 am (Spanish)

11am-12pm (English)

<http://bit.ly/bfreebabycafe>

**Prenatal Classes**

**(Caring for Two)**

**1<sup>st</sup> Thursday of Every Month**

10 am-12pm

(English, Spanish Translation available)

<http://bit.ly/bfreebabycafe>

## Call to Action

Breastfeeding empowers and motivates pregnant women and new mothers, who deserve every chance to be successful. For a homeless mother, breastfeeding can offer buffering protection from the myriad of adverse life experiences and stress she faces. Everyone should keep in mind that:

- Health care personnel can instill confidence and emphasize the benefits of breastfeeding, regardless of a woman’s current housing situation, income, or hardships.
- Prenatal and postnatal education should focus more time on presenting factual information about breastfeeding in a simple and clear manner, describing how breastfeeding helps both mother and baby.