

2014 Cumulative Research on
Breastfeeding Disparities Impacting
African American & Hispanic Women

WIC

Texas Department of State Health Services

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suma
SOCIAL MARKETING

research + campaigns = behavior change

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Executive Summary

Introduction

The Texas Department of State Health Services' Special Supplemental Nutrition Program for Women, Infants and Children (WIC) commissioned SUMA Social Marketing Inc. (SUMA) to conduct research that explores issues impacting a woman's decision and ability to exclusively breastfeed for as long as possible – especially in the baby's first month.

The study focused on two populations, African Americans and Hispanics, because of each population's breastfeeding disparities. A total of 45 focus groups were held in eight Texas communities. At every location, two focus groups were held with mothers; and one each with dads, grandmothers, and nurses. One-on-one interviews or focus groups were held with WIC staff in every location. This report summarizes results of formative research designed to explore the following:

- Attitudes, barriers, and themes in order to develop culturally appropriate messages, communication, and programmatic strategies that will leverage community strengths, target relevant barriers, and address racial disparities in optimal infant nutrition and care
- Messaging with African American and Hispanic WIC families, health-care providers, hospitals, and community partners involved in the Texas Ten Step Star Achiever Breastfeeding Learning Collaborative
- Insights into whether current breastfeeding education and support are culturally sensitive, and in accordance with the Texas Ten Step Program
- Field-test original and revised African American breastfeeding promotion materials from the *Breast Milk: 100% Natural Ingredients* campaign and the Texas WIC Prenatal Breastfeeding Education bag's tip card, which illustrate how much a baby eats during the first week
- Determine relevant messages from the USDA Hispanic breastfeeding campaign, *Breastfeeding: A Magical Bond of Love*

See Appendix B for all focus group creative materials.



Background

African Americans. While breastfeeding has improved since the 2003 Texas WIC African American Breastfeeding campaign, African Americans are still the least likely group of women to breastfeed. Only about 74% of black mothers initiate breastfeeding, compared to 86% of Hispanic mothers and 81% of white mothers (Texas WIC Information Network [WIN] data, Sept. 2013).

Breastfeeding disparities in the early postpartum stage are striking. White infants born in 2009 were more than twice as likely (60.6% vs. 28.4%) to be exclusively breastfed at day two of life than black infants (Newborn Screening Demographic data, 2009). This disparity is brought on by both significantly lower rates of any breastfeeding (59.7% vs. 80.1%) and significantly higher rates of formula supplementation (52.4% vs. 24.4%) on day two of life among black – compared to white – infants.

Hispanics. Breastfeeding initiation rates among Hispanic WIC mothers are high, about 86% as of September 2013 (Texas WIN). However, significant disparities exist in exclusive breastfeeding rates. White infants born in 2009 were more than twice as likely (60.6% vs. 27.7%) to be exclusively breastfed at day two of life than Hispanic infants (Newborn Screening Demographic data, 2009). While there were only slight differences in the rates of any breastfeeding on day two of life between non-Hispanic white and Hispanic infants (80.1% vs. 76.4%), there are significant disparities in the rate of formula supplementation of the breastfed newborns (24.4% of non-Hispanic whites and 63.8% of Hispanics).



Summary of Findings

While knowledge about the benefits of breastfeeding has increased in recent years, as demonstrated by a national rise in breastfeeding rates, the focus group conversations revealed still-important aspects of breastfeeding that present challenges for both Hispanic and African American women.

The cultural differences between Hispanic and African American moms regarding breastfeeding were minimal. These differences were more pronounced between Hispanic and African American grandmothers and fathers. Differences may be a result of the deeply engrained tradition of breastfeeding among Hispanics, which naturally leads to higher breastfeeding rates and increased knowledge about the benefits.

Regardless of race or ethnicity, all groups (mothers, fathers, and grandmothers) were equally uninformed about the size of an infant's stomach and the amount of colostrum or breast milk needed during the first week of life. The belief that the mother does not produce enough milk was prevalent in all groups and, coupled with pain, was the main reason for formula introduction.

During a facilitated exercise, a majority of women said they planned to breastfeed but were unable to actualize that plan. Many encountered unexpected problems, which led to formula introduction.

Policies and protocols in hospitals that practice the Ten Steps to Successful Breastfeeding are more likely to result in exclusive breastfeeding than other hospitals, but many women still fail due to a number of challenges, including:

- Lack of knowledge about the size of an infant's stomach
- Lack of understanding of the impact of introducing formula to their milk supply
- Uncertainty about the amount of colostrum that is produced immediately after birth; and the amount of milk produced in the first few days and as time goes by
- A lack of understanding about how much milk the baby needs
- Limited knowledge about the "supply and demand" concept of milk production
- Unaware of the benefits of exclusive breastfeeding in the first month
- Challenges getting the baby to latch on
- Unexpected pain
- Unexpected complications during birth



Below is a summary of findings for each of the focus group populations. Each audience group is unique. Several of the findings are cross-sectional in the sense that more than one audience corroborates the findings. For example, nurses reported that many women are challenged to achieve a comfortable latch in the beginning of breastfeeding. This was corroborated by focus group findings among women, fathers, and grandmothers.

SUMA analyzed the audience findings both as independent subsections and as parts of the whole to develop comprehensive findings and recommendations.



Summary Findings: Moms

Many women, regardless of race or ethnicity, initially planned to breastfeed. Throughout the groups, most did not differentiate between exclusively breastfeeding and breastfeeding with some supplementation. The participants did not use the term “exclusive breastfeeding,” and the term and practice are not well understood. A disconnect exists between what educators mean by the term and the intent of the mothers who said they planned to “breastfeed.”

However, many of these plans changed after the baby was born due to the following unexpected circumstances:

- **Difficulty with the latch.** Some participants were unable to get the baby to latch on. Those who had persistent help at the hospital were often successful. Others believed their baby “didn’t want it” and gave formula.
- **Pain.** Many participants said they felt significant pain when trying to breastfeed. While some worked through it with the help of hospital staff or WIC, others gave up and introduced formula. Very few indicated they knew an incorrect latch could result in pain.
- **A widespread belief they were not making enough breast milk to satisfy the baby’s needs.** Many women did not know that their milk production changes as the baby grows and that only a small amount is needed during the first week. Some knew about colostrum, but others didn’t. Even among those who know of colostrum, confusion persists about how much is produced.
- **The introduction of formula by hospital staff.** Participants in nearly every group related stories of hospital staff giving their infants formula, even when they had specified a commitment to exclusively breastfeeding. Some believed this affected their ability to successfully breastfeed, but some were uncertain of the negative impact of introducing formula.
- **Premature births.** At least one woman in every group had a premature baby. Many of these pumped milk, but others did not – either because the hospital said the baby required special formula or because of birth complications that affected their ability to breastfeed.
- **Cesarean births.** C-sections represented a significant number of births in all groups. As a result, some women who had planned to breastfeed did not, because the baby was separated from them during recovery and given a bottle. Others were unable to breastfeed because of pain, sedation, or complications related to the procedure.



Therefore, by the time women were discharged from the hospital, many were not breastfeeding exclusively as they had originally planned, but were now feeding a combination of breast milk and formula – or, in fewer circumstances, only formula.

Other Findings

Women are generally knowledgeable about many breastfeeding benefits. Women of both groups were knowledgeable about the benefits of breastfeeding for mother and baby. Many said they were motivated to breastfeed their babies because of the health benefits.

Most expected to breastfeed and eventually supplement with formula, usually because they were returning to work. A significant number also breastfed and pumped their breast milk, either for future use or convenience.

WIC is the No. 1 source of breastfeeding information and support. WIC was the top-of-mind source of information and education about breastfeeding when women were asked where they learned about the practice. Their mothers, physicians, and to a lesser extent, other female relatives, were also important sources of information.

Without prompting, participants described what they learned in breastfeeding classes or from a WIC counselor. Many remembered the prenatal breastfeeding education bag and described educational contents they found helpful. Those who did not attend a breastfeeding class said they wish they had. WIC was also the main resource women sought if they had a breastfeeding challenge. The majority of women said nothing substitutes for personal contact when learning about breastfeeding or encountering challenges.

Breast pumps help moms breastfeed longer. Some who had latching challenges relied on pumping to make sure the baby got breast milk, until the mother was able to work through her challenge. Others described pumping and stocking their freezer with breast milk for convenience or when returning to work.

Hospital practices matter. Many participants gave birth at hospitals that are either Ten Step designated or working toward it. Others gave birth at hospitals that do not have as many supportive breastfeeding policies. Women were more likely to be satisfied with their hospital experience and have greater breastfeeding success at hospitals that were working on implementing the Ten Steps to Successful Breastfeeding. This holds true for women who had vaginal and Cesarean births. Rooming-in, skin-to-skin contact immediately after birth, and having nurses and lactation consultants who help, make a difference in a women's breastfeeding success.



The hospital practice most likely to disrupt breastfeeding plans is giving formula to the baby, even when the mother has indicated she is breastfeeding exclusively. In hospitals that do not follow the Ten Step protocol, giving formula was a common practice. Participants also reported formula in the baby's bassinet at some hospitals working toward the Ten Step designation.

Online support. Many participants in all groups said they use Google to search for information or to answer their questions. Some use Facebook, YouTube, or websites to help them navigate challenges.

Public breastfeeding challenges. Every focus group consisting of women, fathers, and grandmothers mentioned the challenge of breastfeeding in public and some specifically addressed not being able to breastfeed at Walmart.

Unique Cultural Findings

There were very few cultural differences related to breastfeeding that were specific to Hispanic and African American moms. Findings in both groups closely mirrored each other, however, Hispanic moms were slightly more likely to breastfeed. Many identified breastfeeding as part of the Hispanic culture, saying they grew up seeing other women breastfeed. To a lesser extent, African Americans did not share the same degree of cultural affinity toward breastfeeding. Some Hispanic women also cited a three-month milestone in regards to breastfeeding duration, but that was not as commonly mentioned in the African American groups.

In the Hispanic groups, participants reviewed the brochure, *You Have Everything Your Baby Needs*, and the video, *The Magical Bond of Love*, from the USDA's Hispanic breastfeeding campaign. The goal was not to determine if the materials were useful, but rather to identify new or motivating information. A notable number of women said they learned new information that was important to their understanding of breastfeeding, including:

- Introducing formula diminishes breast-milk production
- How many more benefits breast milk has than formula
- Feeding frequency when breastfeeding
- That breastfeeding can help protect against diabetes, obesity, and breast cancer
- The color, amount, and importance of colostrum
- To expect low quantities of milk for a "few days" before milk comes in
- That it helps reduce the size of the uterus back to its pre-pregnancy size
- That symptoms of pain can be alleviated by adjusting the baby's position or latch
- Pumping tips for mothers returning to work
- Size of an infant's stomach
- Advocating at the hospital to make sure your baby is just given breast milk



African American moms reviewed materials from the *Breast Milk: 100% Natural Ingredients* campaign. They consistently identified new and motivating information about breastfeeding, including that it can help reduce the chances of women developing breast cancer, heart disease, diabetes, and postpartum depression; and that it can reduce the baby's chances of becoming obese or developing asthma. They also cited learning about the Fair Labor Standards Act, which protects them if they want to breastfeed at work.



Summary Findings: Dads

Most dads support breastfeeding. Regardless of race or ethnicity, many dads in the focus groups supported breastfeeding and encouraged their partner to choose to breastfeed, but said the decision was ultimately up to the mother. Many were knowledgeable about the benefits of breastfeeding for mom and baby. Family history influenced many on whether to breastfeed.

Most dads were at the hospital for the birth of the baby and observed their partners initiating breastfeeding. Many of their partners were able to successfully initiate. Dads frequently described how their partners received help from a lactation specialist or nurse. Several dads felt emotionally moved and excited to experience skin-to-skin contact with the baby.

Dads echoed the findings from the mothers that hospital staff sometimes gave the baby formula without their consent. Other reasons for formula introduction included moms who had sore or bleeding nipples, could not get the baby latched on, believed they were not making enough milk to satisfy the baby, or had unexpected complications. Most dads had limited knowledge about how milk is produced, how much the baby needs, and how supply evolves. Dads largely did not express concern about the introduction of formula and appeared unknowledgeable about the benefits of exclusive breastfeeding.

Dads generally described how they helped with cooking, cleaning, and changing diapers when the baby came home from the hospital. Like the mothers, some expressed concern that the baby was not getting enough milk from breastfeeding, particularly when the baby cried.

Some discussed doing online research about breastfeeding before the baby was born. Those who attended a WIC session or received materials from WIC about breastfeeding found the information helpful. Hospital classes were also described as beneficial.

Unique Cultural Findings

Hispanic dads often referred to breastfeeding as a family or cultural tradition. Most had partners who planned to breastfeed and were quite knowledgeable about the benefits for mom and baby. Almost all discussed breastfeeding with their partners before birth. No negative attitudes about breastfeeding were expressed in the Hispanic dad groups.



The African American groups were more likely to contain a mix of fathers who did and did not support breastfeeding. The dads who supported formula feeding said it was because that is how they were brought up. There was a range of knowledge of the benefits of breastfeeding, and some did not view breastfeeding positively. While a minority opinion, it is important to note that a few African American dads called the practice of breastfeeding “nasty.”

Materials testing. Hispanic dads reviewed materials from the USDA campaign, *Breastfeeding: A Magical Bond of Love*. A majority found the illustration of the building blocks specific to nutritional differences between formula and breast milk as new, important, and motivating. They also identified showing appreciation to their partner as an important message.

African American dads reviewed the father’s brochure from the *Breast Milk: 100% Natural Ingredients* campaign and said they learned new, important information about breastfeeding’s benefits.

Both the Hispanic and African-American dads expressed disbelief in the validity of the handout on the infant’s stomach size and the amount of milk a baby needs during the first week.

It is important to note that some men changed their opinion about breastfeeding after reviewing educational materials and learning about breastfeeding benefits during the group discussion. Some of these men said they wished they had known the information before, because they would have encouraged their partners to breastfeed or been more supportive. This includes men who had previously expressed negative opinions of breastfeeding.

Cultural imagery in materials. Dads consistently commented that they appreciated seeing materials specifically designed for them, feeling included and more involved. However, what resonated with them in the materials was that it was specifically for dads, not just for African American or Hispanic dads. The majority did not think culturally specific materials were necessary.

WIC. These participants expressed a desire to learn more about breastfeeding and caring for their children in general. They would like to meet with other dads to learn about their experiences, but many also said more access to WIC classes or hospital classes would be beneficial as well. African American dads were more likely to feel ignored at both the hospital and WIC. Dads in both groups who attended breastfeeding classes, at either WIC or the hospital, spoke highly of the information and how it helped them.

Dads in both groups expressed concern about women breastfeeding in public. African American fathers were more likely to describe public breastfeeding as a barrier.



Summary Findings: Grandmothers

The majority of grandmothers across all groups were well informed about the advantages and challenges of breastfeeding. Many grandmothers supported breastfeeding and had breastfed themselves.

All of the grandmothers were at the hospital when their grandchildren were born. Regardless of race or ethnicity, most reported that their daughters received good care, and that they themselves felt respected by hospital staff. Some were able to make nuanced comparisons between various hospitals' breastfeeding practices, as they had attended several of their grandchildren's births at different hospitals over the years. Their experience enabled them to describe how some hospitals offer more breastfeeding care and encouragement than others. The positive care they described were Ten Step practices. Grandmothers also echoed that, in some cases, their grandbaby was given formula without the mother's consent.

Some participants had been WIC mothers and commented on how WIC promotes breastfeeding much more now than when they had children.

Unique Cultural Findings

African American grandmothers were more likely to have exclusively formula-fed their children, although many also breastfed. In every group, at least one grandmother said she would be the primary caretaker for the baby and therefore strongly encouraged her daughter to only use formula.

As for Hispanic grandmothers, hospital nurses consistently reported that they often pressure their daughters or the hospital nurse to give the baby formula in addition to breast milk, because they do not believe breast milk is filling enough for the baby. A belief in a number of myths was unique to Hispanic grandmothers. They often described women needing to eat oatmeal to produce milk, wear certain clothing to stay warm while breastfeeding, or avoid emotional turbulence, because it can spoil breast milk. Some also bemoaned women no longer following the Hispanic tradition of staying home for 40 days after giving birth.

Materials testing. African American grandmothers reviewed the *Breast Milk: 100% Natural Ingredients* campaign's brochure, *Support Your Daughter*, and some said learning that breastfeeding can help lower the chances of the baby developing obesity, diabetes, and other diseases later in life was new and motivating information. Others said the information was generally new and gave them a more positive outlook on breastfeeding.

Hispanic grandmothers reviewed the USDA brochure *Grandmothers Play an Important Role*. The vast majority said learning the size of the baby's stomach was new information. Some



also said they were unaware that breastfeeding reduces obesity, diabetes, asthma, and diarrhea.

Like the fathers and mothers, most grandmothers did not believe the information on the Texas WIC Prenatal Breastfeeding Education bag's tip card about the amount of food a baby needs during the first week.

Cultural imagery in materials. As with the fathers, grandmothers generally welcomed the information specifically designed for them. The majority did not think culturally specific materials were necessary.

Recommendations

Study findings support that the main reasons women, regardless of race or ethnicity, introduce formula is because they do not believe they make enough milk for the baby or because they experience pain while breastfeeding. WIC should create an internal campaign to address these two key issues. All efforts should extend the education to fathers and grandmothers by encouraging them to attend WIC sessions and classes. Encourage moms to take materials home or to tell fathers and grandmothers what they've learned.

The campaign should include posters, educational materials, models, and teaching points for classes or one-on-one sessions that do the following:

- Educate women about the size of a newborn's stomach and the amount of colostrum and milk mothers produce in the first week after giving birth. Models, such as belly balls, are most effective. Directly address concerns that mothers do not make enough milk to satisfy their infant.
- Expand education about how the breast makes milk, starting with colostrum and the initial letdown.
- Educate WIC mothers on how introducing formula diminishes their ability to make breast milk. Explain the law of "supply and demand." Promote the message that a mother will make all the milk their baby needs. Develop infographics to show how the breast works.
- Educate WIC mothers about the benefits of exclusive breastfeeding for the first month. Use simple, clear language such as, "Only feed your baby breast milk." Create large posters with the building block model that was tested in the focus groups. It clearly illustrates the benefits of breast milk versus formula. Have it front and center in the waiting rooms. Have all nutritionists and peer counselors display the model.



- Develop an educational component that addresses strategies to help C-section moms successfully breastfeed.
- Train local WIC staff on how to use Facebook to support and encourage breastfeeding. Moms viewed Facebook as a ubiquitous channel of information. Hold workshops at state meetings to teach local staff how to develop Facebook efforts modeled after the Beaumont Breastfeeding Coalition's discussion group (www.facebook.com/groups/BeaumontBreastfeedingCoalition/).
- Provide realistic education on the possibility that a woman may experience pain when she first breastfeeds; and that it is an indication the baby is not latched on correctly. Arm women with strategies to address pain and make sure they know it might be the result of an incorrect latch. Continue encouraging them to come to WIC if they have any problems.
- Provide more information about the Fair Labor Standards Act and what it means for breastfeeding moms who also work.
- Educate on baby behavior. Focus on teaching feeding cues and strategies to calm a crying baby.
- Partner with Wal-Mart to provide space for mothers to breastfeed. Many WIC mothers shop at Walmart, and families specifically cited the retailer's attitude toward breastfeeding as a barrier.
- Mandate a breastfeeding class or give incentives for attendance. Encourage attendance of fathers or other key family members.
- Continue to educate about all the benefits of breastfeeding, with special emphasis on messages identified as new for many focus group participants. For the mother, this includes that breastfeeding lowers a mother's risk of developing diabetes, heart disease, postpartum depression, and breast cancer. For the baby, many participants said learning that breastfeeding can reduce the risk of obesity and asthma was new and motivating information.
- Expand the peer-to-peer program. WIC is the go-to resource for breastfeeding education and help. Moms relate best to other women who have breastfed.
- Grow the dads' peer-to-peer program. Dads are eager to learn about breastfeeding and infant care. Learning from other dads is key to engaging them.



- Develop a special approach just for dads, with information that prepares them for their role as the mother and baby's most important ally at the hospital. Include information about the importance of exclusive breastfeeding; asking for help if mom is struggling; clearly communicating to the hospital staff not to give the baby formula, bottles, or pacifiers; and talking points for how to address staff when they want to give the baby formula.
- Repurpose the WIC video on latching so that it is composed of short video clips that mothers can access on their mobile phone at the hospital, if they encounter latch challenges. Actively promote the availability of the videos.
- Reinstate WIC crib cards that indicate a baby is to be breastfed only.
- Develop a WIC YouTube channel with breastfeeding, nutrition, and infant parenting tips.
- Create a special task force on breastfeeding education for African American men. The task force should work to develop and implement community-based strategies to educate fathers about breastfeeding benefits as well as other infant parenting information designed specifically for dads.



Summary Findings: Nurses

Texas Ten Step protocol helps mothers breastfeed. Following hospital protocols and policies as defined in the Texas Ten Step program is critical to increasing exclusive breastfeeding rates. Women need help with breastfeeding, and the first 24 hours after a baby is born is the most critical window for success. A mother must learn how to properly latch the baby and understand that the baby will need frequent feedings in small amounts. Women often experience pain because of an improper latch, and are unaware that in the beginning, they only produce a small amount of colostrum and milk. Without the help of nursing staff or a lactation specialist to help them succeed, they introduce formula.

Policies, priorities, and patient breastfeeding protocol differed significantly among the hospitals represented in the study. Some were Texas Ten Step designated, others were working toward it, and some did not practice the policies. The variation in adherence to the Ten Step protocol allowed researchers to note the program's impact on a mother's success.

Nurses who worked at hospitals practicing the Ten Step protocol described a team approach with trained nurses who have a consistent scripted approach to breastfeeding education. Some, but not all, have lactation consultants on staff, which they identified as critical to increasing breastfeeding rates.

Many nurses reported that it is standard practice for mother and baby to experience skin-to-skin contact immediately after birth. This sets the foundation for bonding and breastfeeding success. Several nurses in various locations emotionally recounted the dramatic impact of skin-to-skin contact on fathers. They said this experience is key to involving dads in the care of the mother and baby.

Removing the baby for transition is still common. Babies who are removed during transition are at higher risk of being given formula by the nursing staff. Rooming-in throughout the baby's stay should be the norm, not the exception. Also important are leadership supportive of breastfeeding, well trained nurses, limited access to formula, eliminating pacifiers, and having mothers sign a waiver defining the dangers of formula.

In contrast, some hospitals not involved in the Ten Step initiative admitted giving the baby formula is standard protocol at their hospital. Most nurses at these hospitals did not feel either empowered, motivated, or that they have the time to change or challenge hospitals practices that impede breastfeeding.



Caesarean deliveries negatively impact breastfeeding. Nurses in all hospitals also reported high C-section rates that interfere with breastfeeding success. Jaundice is often the cause of breastfeeding failure, because medical staff insists the baby have formula to remedy the situation.

Insufficient breastfeeding support after discharge. As with other care, the hospitals varied in the strength of their follow-up or outreach care for mothers after discharge; and some nurses admitted that the hospitals have weak relationships with community partners. A few hospitals had strong follow-up programs, but most relied on WIC to help women who had problems. Several groups were unaware of the range of services offered by WIC, including peer and lactation counseling, Baby Cafés, and offering breast pumps. Once they were told about WIC’s capabilities during the focus group, several nurses asked for more information and wanted to contact their local clinics.

Nurses said large numbers of family visiting the baby, which is particularly common in the Hispanic community, interferes with breastfeeding. A successful strategy was designating private time for breastfeeding after birth for bonding, sometimes referred to as the “miracle hour.” Nurses also consistently reported that grandmothers can be a challenge to breastfeeding success. They said Hispanic grandmothers often push formula because they fear babies aren’t getting enough nourishment from breast milk. On the other hand, nurses said it is often common in the African American community for grandmothers who will care for an infant to tell their daughters to formula-feed, believing it will be easier to care for the baby.

When nurses were asked about cultural differences that impact breastfeeding, they were more likely to identify socioeconomic factors as a greater influence on a mother’s breastfeeding success rather than cultural beliefs. Nurses reported observing socioeconomic, psychosocial, and ethnic factors that they said impact breastfeeding. Mothers of a lower socioeconomic level, young mothers, and African American mothers were said by the nurses to be less likely to breastfeed than other mothers. Nurses also noted that some Hispanic mothers would not breastfeed in the hospital, but were very likely to breastfeed once they returned home.



Recommendations

- Continue to promote systemic change in hospital breastfeeding policy and procedures by aggressive promotion of the Texas Ten Step program throughout Texas.
- Continue efforts through initiatives like Healthy Texas Babies to improve birth outcomes, so fewer women have C-sections, which will increase breastfeeding success.
- Continue to actively pursue strong relationships between WIC and hospitals. Knowledge about WIC services has increased, but some hospitals are still unaware of the range of services. Hospitals and WIC should work together to create community-wide partnerships to assist women with breastfeeding challenges when they leave the hospital.
- Make skin-to-skin contact standard protocol with fathers and mothers.
- Make classes for mothers and family members about breastfeeding standard protocol before they leave the hospital, just like learning how to use car seats safely.
- Promote the concept of the “sacred hour,” so that the mothers do not have guests when it is time to breastfeed the baby.
- Increase the number of WIC peer counselors who work at hospitals to assist mothers with breastfeeding.



Summary Findings: WIC Staff

Passionate professionals dedicated to helping all mothers breastfeed. Most WIC staff saw themselves as an important breastfeeding educator but sometimes felt they were alone in supporting families. While some did report having a good relationship with their local hospitals, others said they were the only source of breastfeeding education for their clients and did not view hospitals as partners. It is important to note that the nurses felt similarly alone in supporting breastfeeding. Many nurses did not know about the range of breastfeeding services WIC offers. WIC staff expressed a desire to work closer with hospitals to help more mothers be successful in breastfeeding.

Agency directors and other staff said at least one in-person breastfeeding class should be required. While online classes are convenient, they do not offer the same impact and sense of community that in-person, hands-on classes provide.

The vast majority of WIC directors said the best way to encourage exclusive breastfeeding in the first month is to not offer formula. These participants advocated a first-month food package that excludes formula, with the provision that WIC staff are empowered to give one can of formula if a mom comes to them with an emergency. Many mothers choose the food package that includes formula because they want to cover their bases by having formula on hand “just in case.” The ability of WIC staff to give those mothers peace of mind with an emergency can of formula could influence more mothers to try breastfeeding and choose the exclusive breastfeeding food package. Some saw the availability of formula in the current food packages as conflicting with WIC’s breastfeeding mission.

Peer counselors are the most important part of WIC’s breastfeeding mission. The hands-on, personal, and sustained support offered by peer counselors is unlike any help received by clients from any other source. While nurses might also offer hands-on, intimate help to breastfeeding mothers, that assistance largely ends after discharge. WIC peer counselors have a continued connection with mothers and can be reached whenever help is needed.

Family buy-in and support is essential for successful sustained breastfeeding, and WIC staff frequently cited use of current materials to educate their clients’ families. Specifically, they said the *Support Your Partner* and *Support Your Daughter* brochures are important tools for communicating the benefits of breastfeeding to fathers and grandmothers.



Recommendations

- Consider limiting the amount of formula women receive in the first month.
- Create a tool kit specifically designed for WIC staff to use in order to produce a community network of breastfeeding support for mothers. The lead organizations should be WIC and local hospitals.
- Model efforts throughout the state after communities who have WIC peer counselors working at hospitals.



Focus Group Methodology

Introduction

SUMA Social Marketing Inc. conducted 45 focus groups in eight Texas locations during July 2014. The study focused on two populations, African Americans and Hispanics, because of each group's breastfeeding disparities. At every location, two focus groups were held with mothers; and one with dads, grandmothers, and nurses. One-on-one interviews or focus groups were held with WIC staff in every location. The purpose of the research was to explore issues impacting a woman's decision and ability to exclusively breastfeed for as long as possible – especially in the baby's first month.

The objectives of the research project are as follows:

- Identify attitudes, barriers and themes in order to develop culturally appropriate messages, communication, and programmatic strategies that will leverage community strengths, target relevant barriers, and address racial disparities in optimal infant nutrition and care.
- Improve messaging with African American WIC families, health-care providers, hospitals, and community partners involved in Cohorts A and B of the Texas Ten Step Star Achiever Breastfeeding Learning Collaborative; and with Hispanic WIC families, health-care providers, hospitals, and community partners that will be involved in Cohort C of the Texas Ten Step Star Achiever Breastfeeding Learning Collaborative.
- Field-test original and revised African American breastfeeding promotion materials from the *Breast Milk: 100% Natural Ingredients* campaign.
- Determine relevant messages from the USDA Hispanic breastfeeding campaign, *Breastfeeding: A Magical Bond of Love*.
- Field-test Texas WIC Prenatal Breastfeeding Education bag's tip card, which illustrates how much a baby eats during the first week.



Methodology

To explore cultural factors that could possibly influence breastfeeding disparities, SUMA conducted research for Texas WIC to examine issues that impact a woman's decision to exclusively breastfeed. The study focused on two specific populations, African Americans and Hispanics. In Beaumont/Port Arthur, inner-city Houston, Bell County, and Dallas (Cohort A and B area) the study focused on the cultural norms, attitudes, and experiences that impact exclusive breastfeeding in the African American community. In Cameron County, Hidalgo County, El Paso, and San Antonio (Cohort C area) the study focused on Hispanics' cultural beliefs, attitudes, and experiences regarding exclusive breastfeeding.

The study included WIC moms as well as grandmothers and fathers, because previous research has shown that the immediate family in these communities can play an important role in a woman's decision to exclusively breastfeed. Research also included WIC staff and maternity and postpartum health professionals who can offer insights into whether current breastfeeding education and support is culturally sensitive; and is in accordance with the Texas Ten Step program. The research with health professionals was also used to determine if cultural assumptions exist and how they affect breastfeeding care and promotion.

A demographic and geographic breakdown of all focus group participants is illustrated in Tables 1 and 2.

Table 1
Hispanic Focus Group Participation

City	Mothers	Fathers	Grandmothers	Nurses
San Antonio	14	8	11	8
McAllen	19	12	11	10
Harlingen	23	13	9	10
El Paso	23	8	7	12

Table 2
African American Focus Group Participation

City	Mothers	Fathers	Grandmothers	Nurses
Killeen	18	6	6	9
Beaumont	16	5	7	10
Houston	14	10	8	10
Dallas	18	12	13	8



Research Locations

Geographic locations were chosen based on their involvement with the Texas Ten Step Star Achiever Initiative and the demographics of WIC participants. This initiative uses a quality improvement model that offers collaborative learning, training, ongoing technical assistance and tools for hospitals to improve policies; and processes that impact breastfeeding outcomes. Participating hospitals implement the Ten Steps to Successful Breastfeeding to first become Texas Ten Step designated and, eventually, achieve Baby-Friendly designation. Conducting research in these geographic areas provided insight into the impact of hospital practices that promote breastfeeding and contrasted with participating hospitals not in the initiative.

Table 3
Geographical Locations for Focus Group Research

Cohort A: African American Research	Cohort B: African American Research	Cohort C: Hispanic Research
Dallas	Beaumont/Port Arthur	Cameron County
N/A	Houston	Hidalgo County
N/A	Killeen/Ft. Hood	San Antonio
N/A	N/A	El Paso

SUMA recruited 168 participants for 45 focus groups in Houston, San Antonio, Dallas, Lubbock, McAllen, and Tyler. Forty-two of the groups were conducted in English, and four in Spanish. All focus groups were audio recorded and transcribed verbatim. Quotes from participants included in this report are verbatim from the audio recordings.

Participant Recruitment Criteria

SUMA was provided a database of WIC clients from which participants were recruited.

Participants were screened and chosen based on the following criteria: African American and Hispanic WIC populations who have given birth in the past eight months, maternal grandmothers and fathers of babies delivered by WIC participants in the past eight months, WIC staff, delivery room nurses, and postpartum nurses. Mothers were screened to determine if they had attempted breastfeeding with their youngest child, so that focus groups comprised of mostly mothers who had tried to breastfeed and a few mothers who had not breastfed.



To learn more about the typical hospital experience of WIC participants when they deliver their baby, participants were also screened for their delivery at specific hospitals, which were also represented in the nurses' focus groups.

Screeners used to recruit participants reflect the specific ethnic, parental, and breastfeeding status of the participants. Additional explanations about each focus group population are provided in the individual focus group report sections, in order to detail the diversity and unique characteristics of each group.



Lines of Inquiry

Researchers developed interview guides for use during the focus groups (See Appendix A for all guides). General lines of inquiry for each population are listed below.

Families

Questions explored each mother's breastfeeding intentions, outcomes, and factors that influenced the decision to introduce formula – either at the hospital or after returning home. Research on fathers and grandmothers targeted their breastfeeding knowledge, attitudes, behaviors, and personal breastfeeding history, as well as their breastfeeding support for their daughter or wife/partner during pregnancy, at the hospital, and postpartum. Culturally specific attitudes toward breastfeeding were also explored. Participants were screened to ensure they had delivered at a hospital represented in the health-care provider focus groups, which enabled researchers to compare findings between WIC moms and nurses.

Lines of inquiry included the following:

- Breastfeeding perception
- Breastfeeding knowledge
- Reflections and breastfeeding experiences (Mothers and Grandmothers only)
- Role in the decision to breastfeed
- Experience with WIC
- Experience at the hospital
- Role at home with the newborn
- Reaction to educational materials
- Recommendations to better support exclusive breastfeeding

Nurses

Research among registered nurses in hospital labor and delivery, nursery, and postpartum offered insights into current practices that impact breastfeeding care and promotion. Each research location included focus group participants from hospitals that have initiated breastfeeding-friendly policies based on the Texas Ten Step Star Achiever Program and those that have not initiated these changes. Questions explored local hospitals' practices and how they affect exclusive breastfeeding, as well as their adherence to Texas Ten Step protocol.



Lines of inquiry included the following:

- Breastfeeding support and education
- Breastfeeding practices in hospitals
- Cultural specifics
- Breastfeeding support and education after discharge
- Recommendations to better support exclusive breastfeeding in the future

WIC staff

Key WIC staff participated in one-on-one interviews or focus groups that explored clinic protocols for breastfeeding education; and thoughts and observations on culturally specific attitudes toward breastfeeding for African Americans or Hispanics based on location.

Lines of inquiry included the following:

- Staff's role in breastfeeding education
- Culturally specific education, strategies, and messages
- Barriers to exclusive breastfeeding
- Staff's relationship with area hospitals
- Client's experience with WIC
- Recommendations to better support exclusive breastfeeding in the future

Print materials developed by private, nonprofit, and governmental organizations such as the Texas WIC, USDA, and the March of Dimes were tested for acceptability, relevance, persuasiveness, comprehensibility, and attractiveness among the mothers, fathers, and grandmothers. Each of these materials is discussed in the appropriate section(s) of this report.



Findings: Hispanic Mothers

Introduction

Seventy-eight Hispanic mothers who receive WIC benefits and have infants 8 months or younger participated in eight focus groups, which took place in San Antonio, McAllen, Harlingen, and El Paso in July 2014. Of the eight, six were conducted in English, and two were conducted in Spanish. Table 4 reflects the attendance for the Hispanic mothers.

See Appendix A for all focus group guides.

Table 4
Total Hispanic Mothers (N=79)

Location	Number of Participants
San Antonio	10
San Antonio	5
McAllen	11
McAllen	8
Harlingen	12
Harlingen	10
El Paso	11
El Paso	12

These groups presented an opportunity to begin exploration of the specific knowledge, attitudes, behaviors, and needs of the Hispanic community, which has significantly disparate breastfeeding rates compared to the white population.

Breastfeeding initiation rates among Hispanic WIC mothers are high, about 86% as of September 2013 (Texas WIN). However, significant disparities exist in exclusive breastfeeding rates. White infants born in 2009 were more than twice as likely (60.6% vs. 27.7%) to be exclusively breastfed at day two of life than Hispanic infants (Newborn Screening Demographic data, 2009). While there were only slight differences in rates of any breastfeeding on day two of life between non-Hispanic-white and Hispanic infants (80.1% vs. 76.4%), there are significant disparities in the formula supplementation rate of the breastfed newborn (24.4% of non-Hispanic white, and 63.8% of Hispanic breastfed newborns received formula supplementation).



In these focus groups, lines of inquiry included:

- Perception of breastfeeding
- Pre-pregnancy vs. post-pregnancy feeding plan for baby
- Influences and sources of information
- The hospital experience
- The transition to home
- Sources of support for solving common problems
- Reaction to educational materials
- Participant recommendations



Perception of Breastfeeding

A Unique, Emotional Bonding Experience With Unexpected Challenges

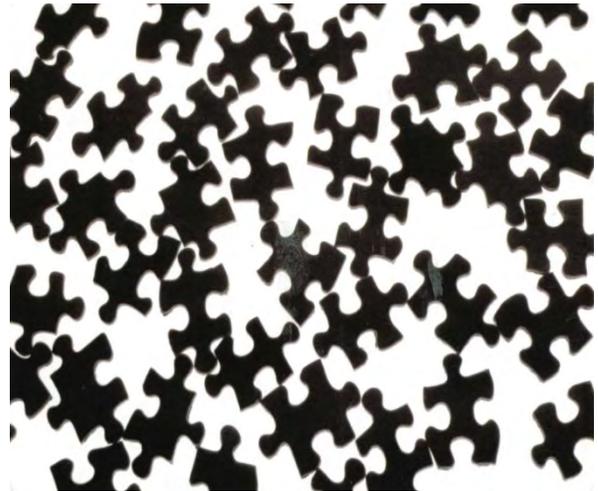
In an icebreaker discussion at the beginning of each focus group, the moderator spread out a deck of Visual Explorer™ cards on the table containing images of different people, places, and situations. Participants were instructed to browse the cards and select the image that best illustrates how they feel about breastfeeding. This warm-up exercise introduced the topic of breastfeeding and set the tone for the rest of the discussion, creating an atmosphere of intimacy and open sharing.

The following themes emerged from the focus groups after the moderator prompted this exercise:

- A beautiful, peaceful bonding experience
- Creates better health for the baby
- Difficult and requires hard work
- Painful and stressful

To me, I think it's just a puzzle you put together. [...] I just think it's a puzzle that you've got to put together, see what you like, what kind of position you like.

- San Antonio



It's like, when you breastfeed, they grow better and healthier.

- San Antonio



I choose this one because they are putting on a roof and they are working hard. To me, when I started breastfeeding, it was hard work. I couldn't – it was hard, I couldn't get her to latch on, and I would get frustrated – not with her, but with myself because I couldn't.

- Harlingen



Mine is a girl looking through a window. She's kind of sad. Yeah, well, hurts me too much to breastfeed, so I kind of feel bad that I never did it. I only did it once and that was it.

- El Paso



Pre-pregnancy vs. Post-pregnancy Feeding Plan for Baby

After the opening icebreaker, the mothers were asked how they had planned to feed their baby and compare to what actually happened. The vast majority of participants said they planned to breastfeed. Many of them indicated they were going to breastfeed exclusively, some said they planned to combine breast and formula, and very few said they were going to exclusively use formula.

My plan was both. Give her both formula and breast milk.

- El Paso

Since, with my first son, I breastfed, but I kind of goofed it. I didn't know what I was doing. I tried my best, but my second one, my plan was to breastfeed as long as I could. That was for three months.

- Harlingen

The information in Table 5 is typical of how most women responded when asked how they planned to feed their babies and how that plan changed and why (See Appendix D: Qualitative Baby Feeding Plan charts for the entire survey of responses for the Hispanic focus groups).

Table 5
07/09/14 San Antonio 4 p.m.

Respondent	Plan	Action	Why?
1	Breastfeed	Breastfeed, formula	"Mine changed because of the engorgement..."
2	Breastfeed	Breastfeed, formula	"I had stopped producing after a month. Even when I would try to latch him one, he wouldn't; he was used to the nipple on the bottle, so he wouldn't latch on."
3	Breastfeed	Breastfeed	"I'm just going to do it. I'm going to just take it and prime it. You don't actually just plan. Because you're a mom, that's your first instinct, is to breastfeed."
4	Breastfeed	Breastfeed, formula	"Bottle-fed, because she was too busy. Making formula is so much quicker."
5	Bottle-feed	Formula	Due to medications and elevated health risk for the baby
6	Bottle-feed	Formula	"When my baby came, he was premature; he had bilirubin or something like that, so he had to take a formula so he could get vitamins from the formula. For it to go away, he needed the formula."
7	Breastfeed	Breastfeed, formula	"Yeah, she never got filled up, so I just gave her a bottle."
8	Breastfeed, pump	Breastfeed	"Pumping is so hard; it's not easy, so it's strictly breastfeeding."
9	Breastfeed, bottle-feed	Breastfeed, pump	"I was able to get the time off, and now he doesn't want the bottle at all."



The Decision to Introduce Formula

Across all focus groups, the majority of mothers planned to breastfeed. Of those who planned to breastfeed, fewer than half were successful at continuing exclusive breastfeeding.

Most of these mothers experienced a variety of obstacles to breastfeeding, many of which were described as unexpected or underestimated. These obstacles frequently served as factors in the decision to introduce formula. They included:

- Perceived lack of milk production
- Pain
- General stress
- Perception that the baby does not want breast milk
- Issues with latch
- Cesarean births
- Baby admitted to NICU
- Formula introduced by hospital staff
- Returning to work
- Need for convenience

My plan was to breastfeed but since she stayed in the hospital, they gave her formula, so when I brought her home I would try to breastfeed, but it was a struggle and I still struggle a lot. Because she lets go, she moves...

- El Paso

The C-section changed my plan dramatically. She latched on, but I was in so much pain, and I just told my mom just give her a bottle, because I can't and I couldn't. Then I was alone. I didn't have anyone helping me, so I just did the bottle, because that was easier.

- Harlingen

Many of the mothers who described challenges expressed frustration or disappointment that they were not able to successfully breastfeed as long as they had hoped. During the focus groups, a few participants requested information about how to re-initiate breastfeeding. WIC contact information was provided to these participants after their focus group ended.



Obstacles That Impacted Breastfeeding Plans

Perceived lack of milk production. In every focus group, many participants attributed formula introduction to concerns of low milk production.

My baby was always eating. [...] Once it got to the one-month appointment, the doctor told me to try pumping, which I hadn't done, just to see how much I was producing. When I did that – the amount I produced – she still wasn't full. I realized, okay, I'm not producing enough, and the doctor had me supplement with formula.

– McAllen

Yeah, I tried, but it wouldn't come out. I got really disappointed in myself. I tried and tried. Hot shower, massage, and everything – and it didn't work.

– Harlingen

The plan was to breastfeed, but unfortunately I had to do both because I didn't produce enough milk.

– El Paso

In some cases, this concern was exacerbated by the hospital's instructions to feed the baby at specific time intervals, such as every three hours. When their baby wanted to be fed more often or did not adhere to the hospital schedule, mothers assumed there was something wrong with their milk production, and that the baby must not be getting enough.

The hospital tells you one thing, 'Okay they're supposed to drink 2 ounces. Don't feed them more because so and so,' When I went to WIC, the baby keeps crying. They're like, 'Have you tried giving them more [breast] milk?' I was like, 'No.' They were like, 'Try that.' Sure enough, they needed more milk.

– San Antonio

Many mothers lacked an understanding of milk production and the negative impact of introducing formula. Knowledge was mixed about how milk is produced and how supply evolves and is influenced. A few participants accurately understood what contributes to milk production, but the majority did not. Many were unaware of formula introduction's impact on their milk supply.

Some participants mentioned that milk production is related to skin-to-skin contact, to hearing their baby cry, or to hormones, but only a few said that it relates to how often the baby nursed.



Those who did understand attributed that awareness to nurses who explained the impact of formula feeding on milk production; WIC; reading online and printed resources on how to increase breast-milk production; or personal experience.

Yeah – just feeding on demand – that is pretty much the only way that your body knows, and your brain connects that you need to be making more.

– El Paso

When I asked [WIC] about breastfeeding, and I also said, ‘I want to give formula, what do you think about it?’ The lactation person is the one that tells you, but they don’t tell you you’re going to stop making milk. ‘Don’t give them the bottle, because they’re going to see the difference in the bottle and your nipple, and they’re not going to want it.’ They don’t tell you all that.

– San Antonio

When asked how they knew their child was not receiving enough food, the majority of participants responded that their baby would cry from hunger. Additionally, when asked what crying signifies, many mothers responded that hunger is a reason.

You have to listen to the way they cry, because it’s different when they’re hungry, when they’re wanting to sleep, or constipation.

– McAllen

Pain. Many participants experienced pain due to cuts and cracks at the nipple and/or engorgement. Participants seemed unaware that the pain could be alleviated by a better latch or different position. Many participants reported the pain simply caused them to give up.

For the first time you just don’t know what to expect. You have no idea about what it is going to feel like, about how much it hurts.

– El Paso

My plan was to do both, but I didn’t do the breastfeeding at all. I just did the bottle. I tried to do the breastfeeding twice. She latched on, but then I was just in too much pain, so I just did the bottle.

– Harlingen

Mine changed because of the engorgement, and then trying to pump it out made it worse, because I started getting cuts. God, it was just painful, and then having the baby still latch on – I just couldn’t. It was really painful.

– San Antonio



General stress. While it was not always explicitly listed as a disadvantage of breastfeeding, stress played a significant role in the decision to introduce formula, often in conjunction with other factors such as a perceived low production of breast milk. Frequently, stories included being overwhelmed, stressed, frightened, and unsure of how to help crying babies other than to feed them. Often the introduction was not a conscious decision, but a reaction to an overwhelming moment for a mother and sometimes her partner.

I had a screaming baby. I quit producing milk, and my nipples were bleeding. We made a run for Walmart at 2:30 in the morning.

- McAllen

I got a lot of anxiety. I felt that he would choke on it when he got too full. With the breast milk, they choke, so I became really afraid to breastfeed too. And so I think it was easier, because they can suck on the bottle, and you can see how much they drink.

- El Paso

I told the nurses. One was just getting mad at me that I wasn't doing it. She was getting – it just seemed like she was getting impatient with me, so I just told her that I thought nothing was coming out. She said, 'Just keep doing it. Just keep doing it.' Never said how, never said nothing. She was getting mad at me, so I literally got really frustrated. I said, 'Just give him the bottle.' I gave up.

-Harlingen

Perception that the baby doesn't want breast milk. Despite the pre-birth choice made by the mother, many participants credited the baby with determining whether they would breastfeed. When either breast milk or formula was introduced, the baby expressed a strong preference or rejection of one option, and participants felt they could not persuade their baby otherwise.

He wanted the formula. To me – breastfeeding or formula – it's all up to them.

- Harlingen

She wanted the formula. I tried giving it to her, but she got the taste of the formula, and that's what she wanted.

- San Antonio

Issues with latch. Participants described latch issues more frequently, which arose not only while at the hospital, but also in later months. Latch issues in later months were just as likely to contribute to formula introduction as they did in the first days of life.

Neither of my boys wanted to latch on.

-McAllen



Cesarean births. Many women had unexpected C-sections that made it more difficult for them to breastfeed.

The C-section changed my plan dramatically. She latched on, but I was in so much pain and I just told my mom, 'Just give her a bottle, because I can't,' and I couldn't. Then I was alone. I didn't have anyone helping me, so I just did the bottle because that was easier.

- Harlingen

You know that normal and C-section are way different. You don't produce the same way as a normal birth. I had a hard time producing after the C-section.

- Harlingen

Baby admitted to NICU. In every focus group, at least one participant had a baby who was admitted to the NICU. This disrupted or shortened duration of breastfeeding in some cases.

Formula introduced by hospital staff. Many women shared stories of the baby being given formula at the hospital, often against their wishes.

By the time I came back, when I went and showered and everything, came back in two hours, they had given her the bottle already when they knew that I was already breastfeeding.

- Harlingen



Returning to work. Work influenced breastfeeding decisions, initiation, exclusivity, and continuation. Several mothers did not breastfeed or discontinued breastfeeding because they had to return to work. Two participants expressed surprise and interest when pumping and storing were discussed, as they did not know this was an option.

My two first girls, they were breastfed for one month; at one month I had to go back to work. With this one, I was able to take time off work and just breastfeed. I do enjoy breastfeeding, even though it's been – it's already six months. ...It's just wonderful.

- San Antonio

I went back to work after four weeks, and there was no way. I worked nine-hour days.

- Harlingen

I was going to see how much I could pump when I would go to work, but I knew I wasn't going to pump enough throughout the day, so I planned on giving as much breast milk as possible, but it wasn't sufficient.

- Harlingen

In my case, because of work and school and didn't have enough time. I was always running around and I didn't have enough time to pump. I tried to breastfeed when I was at home, but when I didn't have time I used formula.

- El Paso

Limited time and the need for convenience. The majority of participants have more than one child, and some of them work as well. They explained that making a bottle was easier than pumping and that they needed on-the-go milk available.



Influences and Sources of Information

The moderator probed to determine who influenced the participants' decisions about feeding their baby. Family members, especially grandmothers and fathers, were highly influential, and WIC was cited as an enthusiastic source of breastfeeding information and support.

WIC clinics and resources. Participants frequently said WIC was heavily influential in their decision to breastfeed. They recounted stories of WIC staff describing the importance of breastfeeding; citing specific physical health and emotional benefits; as well as personal, fond experiences with breastfeeding. Additionally, WIC staff cheered and encouraged participants who told them they planned to breastfeed. A couple of participants said the enthusiasm and focus on breastfeeding education had dramatically increased with their most recent child, compared to their WIC experiences in previous years.

We had gone to a WIC class; my husband had gone with me. That day, they were doing the breastfeeding and what kind of nourishment you were going to give your baby from breastfeeding and bottle-feeding. That's what made us go for breastfeeding.

- San Antonio

When I had my first son [born years earlier], WIC never said anything about [breastfeeding].

- San Antonio

My plan was to not [breastfeed]. I heard a bunch of horror stories so I planned to not breastfeed. I went to a WIC class, and they pretty much showed me the difference, so I gave it a shot and enjoyed it.

- El Paso

WIC - they're the ones that insisted more than the doctors. The doctors did, too, but the ones that insist are WIC.

- San Antonio



WIC breastfeeding classes. The delivery of breastfeeding classes ranged from a classroom environment or video for some participants, to online courses or printed worksheets for others. Additionally, some participants said the class was required, while others said it was optional. Participants said the information was valuable, especially when it was hands-on and set in a classroom.

Moderator: *What was your breastfeeding class like?*

Participant 1: *She showed me how to hold the baby, the different positions.*

Participant 2: *They have a little padded boob and they have a fake baby. They tell you how to take care of the milk, what to do with the milk, how to refrigerate it, how to store it.*

- San Antonio

In the hospital they just hand you the papers. At WIC, the breastfeeding class, they'll actually read over the pamphlet with you. They show you how you are okay.

- El Paso

WIC's Prenatal Breastfeeding Education bag. Most participants remembered receiving a bag from WIC containing materials specific to breastfeeding. Many said the contents were helpful. Specific contents recalled by one or more participants included an educational DVD, music CD, pads, and samples of numbing creams, burp cloths, storage bags, and an informational key chain. Some said the pamphlets with phone numbers and links to websites were helpful. Some also shared the information for dads with their partners. Other comments include:

- Some participants would like to see information provided on how to address breastfeeding pain, such as nipple bleeding and engorgement.
- One participant recalled the contents of her bag, which led her to research pumping online. She was previously unaware that milk could be pumped and saved.
- Some participants said that though this would be her third baby, the information was a good reminder.

I got it, but I didn't read it. I was super busy and didn't have time to read it.

- Harlingen

I like where they had for grandparents and for the father. I had them read that stuff.

- Harlingen

Moderator: *How much of what influenced you was what you read in the breastfeeding bag?*

Participant: *It was a big influence.*

- San Antonio



WIC breast pumps. The availability of breast pumps from WIC made the difference for some mothers, who would have stopped breastfeeding otherwise. Having a breast pump helped women who had a hard time latching, those returning to work, and some who were experiencing low milk supply.

I had my appointment the second day out of the hospital. I was talking to the consultant there at WIC. They gave me a pump. I said, 'I want to breastfeed but I don't have that much milk.' They gave me a pump right away. They'd call my house once a week [and ask] 'How're you doing?'

- San Antonio

Mine didn't want to latch on, so I would pump it out for two or three months.

- McAllen

Promotion of exclusive breastfeeding. When asked, most mothers did not recall receiving information about or encouragement to breastfeed exclusively. Participants in only a few groups recalled WIC or their physicians recommending exclusivity.

Only one participant recounted that she received printed information with challenges to expect. The information was about mastitis, and it was in a brochure she received in her WIC bag. A few participants said WIC counselors or health-care providers informed them of challenges.

Family. Family played an influential role in the decision to breastfeed at two points in life: childhood and/or after learning they were pregnant. The primary familial influencers are grandmothers and fathers. Many mothers discussed experiencing a family culture that was accepting of breastfeeding at an early age. Breastfeeding was a typical and salient part of life; they frequently witnessed breastfeeding and sometimes discussion of the practice. For this reason, many participants entered pregnancy with little to no thought about breastfeeding; they consider it the typical thing to do. This was especially true of participants in the Spanish focus groups; they had seen it among family and friends.

It's in my background. We're Hispanics. It comes natural to us.

- Harlingen

For me, it was a natural thing. I saw my mother doing it and my relatives doing it whenever they had a kid... Breastfeeding was just something that the mother has to do because it is healthy.

- McAllen

My mom and my mother-in-law, because both of them did it. My mother-in-law is from Mexico, and she just said that most of the moms – 99 percent of the moms – breastfeed.

- San Antonio



Grandmothers. The majority of participants cited their mothers or mothers-in-law as the primary source of information and opinions when deciding how to feed their babies. Most participants affirmed they were breastfed by their mothers when asked. Most, but not all, participants received encouragement from their mothers or mothers-in-law to breastfeed. To a lesser extent, others received advice to breastfeed and supplement with formula. A few were discouraged from breastfeeding entirely.

My family was like, 'You're going to do it [breastfeeding], right?' After I said, 'Yeah,' then they pretty much said – the issue was dropped.

– McAllen

I was kind of like – most of the women in my family, they did both [breastfeeding and formula-feeding]. They told me breastfeeding is good, but don't feel pressured to do it if the baby doesn't latch, and don't feel pressured like you have to do it. Formula or breastfed, the baby is still going to grow healthy and all that other good stuff.

– McAllen

My mom would tell me to not breastfeed him but to pump. She would always tell me, 'You're not going to be in your house. What if you go to a store? You'd have to pick up your shirt.' She would always tell me to breastfeed, but in a bottle.

– Harlingen

My family was – they didn't – they were like, 'No, don't breastfeed; that's weird. You're not going to be able to breastfeed in public.' My family is very conservative.

– San Antonio

Fathers. Some participants identified their child's father as an important influence in their decision to breastfeed. Many described how they discussed the decision with their partners, and some did online research together.

My husband was always online Googling 'breastfeeding.'

– Harlingen

Mine was my husband. We basically did our own research and read several articles. We decided to breastfeed.

– Harlingen

Common knowledge. Occasionally, participants cited common knowledge or “everybody” as influential in the decision to breastfeed. Sources included TV, books, and friends and acquaintances. Common knowledge included improved health, losing weight, and the convenience of night feeding.



Obstetricians and Pediatricians. Doctors were not the top-of-mind response for most women when asked who influenced their decision to breastfeed, but a few participants named them as an influence. In one group, eight participants' doctors did not say anything about breastfeeding beyond asking if they were going to do it.

Some mothers did say they received encouragement from their doctors who educated them about the benefits of breastfeeding, such as fewer ear infections, the nutrients and antibodies in colostrum, improved immunity, and improved intellect. Some doctors warned women about obstacles they might encounter at the hospital, such as bottles and pacifiers.

The doctor would always say, 'Breastfeed, breastfeed, breastfeed. Like WIC said, breastfeed, breastfeed.'

- McAllen

In my case, also, my pediatrician recommended it. Every appointment he was, are you still – are you breastfeeding? He strongly recommends it.

- San Antonio

I remember how my doctor, they would tell me, 'You need to tell them [hospital staff] you're going to exclusively breastfeed.' If not, they're going to choose the bottle. Sometimes they don't even ask.

- Harlingen



Online resources. Online resources were typically found after a specific keyword search via Google or YouTube. Participants recalled using these online sources: The Bump, The Stir, BabyCenter.com, mommy blogs, and La Leche League.



Other Influences

Cost. Even with assistance, formula is more expensive than some mothers can afford, driving them to breastfeed.

Past experience. After experiencing problems with breastfeeding previous children, some participants chose to exclusively formula-feed a new baby. Moms mostly worried about latch, pain, and sometimes, low milk production. Others described just the opposite, stating that they had been unsuccessful previously or had to breastfeed for a short duration because of work – and were now looking forward to a more successful experience with their new baby.



The Hospital Experience

All participants had family present at the hospital on delivery day. In most cases, it was the grandmother, father, or both. Grandmothers and fathers were described as immensely helpful during the hospital stay, and the majority described grandmothers and fathers as strongly encouraging of breastfeeding, even when the mother herself was not planning to breastfeed.

Some of the women had delivered at Texas Ten Step designated hospitals, and others delivered at hospitals that are applying; and still others delivered at hospitals not part of the program. As a result, participant responses varied widely concerning each hospital's policies and dedication to supporting breastfeeding.

Many participants described hospital experiences that were conducive to breastfeeding, while other shared stories about experiences that challenged or disrupted their breastfeeding efforts.

I called the lactation consultant. She was there with me, and we tried. ...The breastfeeding consultant came back to me maybe two times, and I requested the pump to start stimulating. She brought it. She was great, I'll tell you. Great. She asked me – she asked me 12 times, 'Can we feed the baby?'

- San Antonio

My nurse was an angel... She would come in, and she would make sure that everything was going right. She's the one that told me, 'Even though you're getting frustrated, still keep trying.' 'Do this to get more milk, or do this, or do that, do that.' She helped me so much.

- Harlingen

If the nurses would have helped me, I would've done more at the hospital. Instead of giving her the formula, I would keep doing it and doing it.

- San Antonio

They didn't listen when you say no pacifier. They don't listen. I told them no pacifier, and they brought him with one that night. I threw it in the trash...I was there for three nights because of my C-section, and they would bring it back. I threw them away every single time, and they would keep giving them to him.

- Harlingen

The difference between hospitals involved in baby-friendly programs was obvious – with nurses or lactation counselors available to help, offers of rooming-in, and significant curbing of formula usage.



Hospital Experiences That Facilitated Breastfeeding

Skin-to-skin. Participants in almost every focus group and most hospital locations experienced skin-to-skin interaction with their infant immediately after birth. In many participant experiences, the father was also encouraged to practice skin-to-skin interaction.

Supporting mother's request to exclusively breastfeed. In some hospitals, participants expressed the desire to breastfeed, and hospital staff made sure their infant did not receive formula. In some hospitals, nurses or lactation consultants visited the mother when it was time to breastfeed in order to provide encouragement or support.

I told them beforehand that I wanted to breastfeed. No bottle ever went in my baby. Since everything was okay with my baby, as soon as I was able to grab her to bring her to me, I was able to start feeding. Even though I was still out of it, I was able to have the baby latch onto me.

- McAllen

My doctor she would always say, 'You're going to breastfeed,' and she would just tell the nurses, 'Don't give them a bottle. Have her latch on.'

- El Paso

Rooming-in. At hospitals practicing breastfeeding-friendly policies, the baby's roomed in with the mother, so she could more easily breastfeed the baby.

I had her there 24 hours. Since she was born, she does not leave my sight. That's why I like them.

- San Antonio

Providing support and encouragement for breastfeeding to mothers who had surgery or an infant in the NICU. At hospitals that were working on implementing the Ten Steps to Successful Breastfeeding, participants were more likely to feel encouraged to breastfeed after Cesarean delivery or tubal ligation, and to pump breast milk that could be bottle-fed to their baby in the NICU.

All they would talk about is breastfeed, breastfeed, breastfeed. They would time you to do it. They would say, 'It's two hours. Go and breastfeed.' They would say it was really important, so that's why I wanted to breastfeed my little one.

- Harlingen



Promotional messages and posters. Some participants remembered seeing positive images of breastfeeding and pro-breastfeeding messages throughout the hospital.

In the hospital where I was, they have posters that show the stomach is the size of a marble and then they have a slightly bigger ball they show you – especially in the NICU – they’re like, ‘Whatever you bring is more than enough for the baby.’

– Harlingen

Limited access to formula. In hospital experiences supportive of breastfeeding, free formula was limited and typically only available by request. In some cases, a physician must prescribe it. When requested, nurses encouraged “one more try” at breastfeeding, which a few patients reported as helpful in their efforts to stick to a plan to breastfeed.

They didn’t let me give him formula because he was crying. My other two babies, they gave them formula, but this one they did not. They would bring him to me, and I would breastfeed. They said to breastfeed as long as I could, but he didn’t want to at first. Nurse after nurse would come, and finally he did latch on, so I didn’t give him formula until about six months.

– El Paso

Hospital Experiences That Impeded Breastfeeding

Women described a number of hospital experiences that contributed to the baby receiving formula and affected a mother’s original plan to exclusively breastfeed.

Separating infant from mother in the first hours of life. Women whose babies were separated from them shortly after birth were more likely to report that their infant received formula from hospital staff. The longer the baby was away, the greater chance the baby was given formula.

Participants said babies were taken for one-to-three hours because of general testing (especially among premature babies), checking oxygen levels, checking glucose levels, and ensuring the baby could swallow.



Reported reasons participants did not see their infant for four-to-12 hours primarily included recovery from a Cesarean delivery, or their infant was admitted to the NICU. Less frequent were situations where mothers underwent surgery immediately after delivery, were admitted to the ICU, and in one case, was too drowsy due to magnesium supplements.

I had him at 6, 7 in the morning, and I didn't see him until that afternoon. I told them, 'I want to breastfeed him. I want to breastfeed him.' They had already given him three bottles.

- San Antonio

When I went to my WIC appointments, they would tell me you have to tell them, 'Bring me the baby so I can breastfeed him,' because that's important. I asked [hospital staff] for him a few times. They said they couldn't because they had to keep him there blah, blah, blah [infant had high blood pressure].

- Harlingen

Separation for longer than the first 12 hours. In some situations, infants were separated for more than 12 hours because they were hospitalized in the NICU due to complications related to a premature birth, pneumonia, heart ailments, or other illnesses. In most of these situations, participants were not breastfeeding when they were discharged from the hospital; however, many bottle-fed breast milk for several more weeks.

Most mothers who had babies in the NICU recalled a nurse or doctor who suggested pumping breast milk for the infant's health or to maintain milk production, and some mothers were successful. In a few cases, the baby was given formula.

With my daughter, she was also in the NICU. It was really weird because with her, I was able to produce while I was in there so I just kept on pumping the whole time she was in there. And they store it.

- El Paso



Active introduction of formula. At least one participant in each group reported that the hospital introduced bottles, even when they told staff they planned to breastfeed; or requested the infant remain in the room so that they could breastfeed. The introduction of formula was often done without the prior knowledge or consent of the mother and frequently contradicted direction she had provided at admissions and post-delivery. This occurred in many hospital experiences, even some practicing the Ten Step protocol.

It was confusing for her. With the bottle, they don't have to suck as hard, so when I would latch her on, she just didn't want to. I knew that they had fed her formula by the time they brought her [...].

- McAllen

When they took him, they told me that they were going to give him formula, which my mom told me, 'Don't let them give them formula, because then the baby will want the formula instead of your breast milk.' I wasn't very happy when they told me.

- San Antonio

A couple of women lamented that WIC does not provide a sheet to give to hospital staff, which says their baby is to be breastfed only. They said with past births, it made a difference.

With my first one I really liked that WIC gave me a sheet that you turn in before you give birth. I will say, 'exclusively breastfeeding,' so my first one they brought her straight to me... My second one, I didn't get that sheet and I didn't tell them so they gave her a bottle. They didn't even ask me.

- Harlingen

Mothers stated that when doctors and nurses gave formula to an infant, they provided reasons such as bilirubin, the need to produce a bowel movement, a premature birth, lack of milk production from the mother, jaundice, crystallized urine, and crying because the baby was hungry. Participants most frequently mentioned jaundice.

My daughter had jaundice so [...] Like she was fine, and then it was like two weeks later when it started going high. So they told me to stop breastfeeding, because it would bring up the jaundice higher.

- El Paso

Passive introduction to formula. Formula was frequently introduced to a breastfeeding infant simply by providing the mother with easy access to formula bottles.

Thank God, my baby had those little Similac bottles. Oh my God, those are lifesavers.

- Harlingen



Across focus groups, participants repeatedly shared stories about receiving one-to-three bottles of formula, sometimes just placed in the crib, after communicating to hospital staff that they wanted to be with their child and/or breastfeed.

I remember how my doctor, they would tell me, 'You need to tell them you're going to exclusively breastfeed.' If not, they're going to choose the bottle.' Sometimes they don't even ask. They just assume, I guess.

- Harlingen

[The nurse] came. She was just, 'Here, try the bottle,' because the baby was crying and was all red. That was my last resort. I really wanted to breastfeed.

- Harlingen

Perceived lack of milk production. One of the most commonly mentioned barriers was discouragement due to a perceived lack of milk production. Most frequently, participants said doctors and nurses offered no explanation or education about milk production in the first few days. However, some participants recalled nurses explaining that, initially, low production was normal and that it would increase, but these participants did not appear to believe this. They insisted their production was abnormally low, and that their baby was not getting enough milk.

Cesarean births. Cesarean deliveries represented a large number of births among these groups. This was especially true in Harlingen, where nine of the 12 focus group participants had a Cesarean delivery with their most recent birth. Some participants believe that having a C-section impacted their ability to breastfeed.

After anesthesia, most mothers who gave birth by Cesarean section were separated from their babies to recover for about three to four hours. During this period, doctors frequently directed staff to feed these babies a bottle of formula, sometimes in situations when the mother explicitly requested no formula. Reasons for this included the need for the baby to produce a bowel movement, blood sugar testing, and in one case, stridor. However, at a couple of the hospitals, participants were asked before delivery if they wanted to breastfeed exclusively, and even though they delivered via C-section, their request was honored. A few nurses supported the mother by reuniting the child with the mother quickly and helping to establish a latch.



Other reasons C-section mothers did not breastfeed initially included pain from the surgery, drowsiness from the anesthesia, drowsiness from medicine used to treat high blood pressure, and pain or difficulty visiting the NICU or nursery.

I didn't breastfeed because I had an emergency C-section, also. She latched on good, but I just couldn't. I was in too much pain, and then after that, she just didn't want to.

- Harlingen

The baby was born with low blood sugar, so they had to keep him under constant feedings. They had to do a test every whatever hours. I couldn't see him until after 24 hours. [...] I couldn't get up and go get him. They had to give him the formula.

- Harlingen

I had a C-section, so they don't bring them to you right there and then; there's a time you have to – recovery time, so he's not producing any poop because he's not eating, so they had to give him a bottle.

- San Antonio

Reasons for C-sections included mother's high blood pressure, baby's blood pressure, baby's heart rate, gestational diabetes, request from a patient, breach position, estimated size of the baby, and previous Cesarean deliveries. Some participants said the doctor decided to deliver by C-section, but they did not know the reason for this decision.



The Transition to Home

Many mothers were committed to and successful at breastfeeding when they got home, but a significant number found it challenging. Some participants described the transition home as very difficult for various reasons, making breastfeeding especially hard in the first-to-third weeks. These challenges often led to introduction of formula.

Common Breastfeeding Challenges After Returning Home

The most prevalent reasons participants did not continue exclusive breastfeeding after they left the hospital were: a belief their milk supply was running out, latch problems, pain and discomfort, and having to return to work.

Concerns about milk production. Other mothers worried about their milk production in the early stages when they returned home. Many of them sought help to understand what was happening.

When it was just the yellow stuff coming out – it wasn't food coming out. It wasn't milk. It was just the colostrum thing. Finally I went to the doctor, I was like, 'What do you do?' He was getting mad and he's fussy. Then she goes, 'Oh don't worry. The milk is going to come in soon.' I went back home, and the milk came in.

- McAllen

Latch problems. Many participants cited problems with getting the baby latched on as the reason they stopped breastfeeding when they returned home.

It was the first week. In the hospital I breastfed him and it was all good, and then we went home, and he wouldn't latch on right. Then I started to pump and I started to bleed, so I freaked out and I stopped. I was like maybe he's going to drink it and blood is going to come out. I was like, 'No, I'll stop.' That's why I chose formula.

- Harlingen

In the beginning she was latching on in the first week. I was giving her breast milk and then all of a sudden I wasn't getting any and she just didn't want to latch on.

- McAllen



Stress and anxiety. Some described being overwhelmed and crying frequently, and many said they were tempted to give their infant a bottle, even if they intended to breastfeed exclusively.

I always wanted to breastfeed but then I got to a point where I think that I just wanted to throw in the towel ...My family and my husband was like, 'We'll try one more thing and if it doesn't work, we'll say no,' but thank God it did.

- El Paso

I was just really nervous because my boyfriend worked at night. I was going to be alone. Thank God I had his mom there, but it was still really scary, because I was always afraid I was going to roll over, or didn't put her down right, or didn't wrap her right, or if she was wet too long she was going to get a rash.

- Harlingen

It was the first week. In the hospital I breastfed him and it was all good, and then we went home and he wouldn't latch on right. Then I started to pump and I started to bleed, so I freaked out and I stopped. I was like maybe he's going to drink it, and blood is going to come out. I was like, 'No, I'll stop.' That's why I chose to give him formula.

- Harlingen

Father's concerns. Rarely did participants describe a partner as not supportive of breastfeeding, but when they did, they attributed it to a lack of knowledge about breastfeeding, a concern that the baby was not getting enough, or worries about a mother in pain.

My boyfriend, when the baby would cry at first, he was like, 'Just give him a bottle, just give him a bottle.' He didn't understand that it took time to latch on and to learn breastfeeding. Now [that we're home from the hospital], he totally understands, and he's all for it. But at first, he didn't want to hear the baby cry.

- San Antonio

He felt bad for me, watching me in pain, crying, cracked nipples, and everything...He wanted to help, and give her a bottle, and let me sleep. I told him, 'No, no, no. I'm going to stick through until I can't.'

- McAllen

We took only eight bottles home from the hospital, and my husband wanted to give him one every time he cried. I'm like, 'Just let me try.' Now he totally understands and he's all for it, but at first he didn't want to hear the baby cry.

- San Antonio



Balancing other responsibilities. Some mothers found it challenging to breastfeed while also caring for other small children and returning to work.

I was up with him all night and then still keep going to the next day with my 2-year-old. Tired. Then I had to go back to work. I was just tired.

- Harlingen

Once I got out of the hospital, I would breastfeed, but I also had to take care of my two other children, so I had to supplement with formula.

- McAllen

A three-month milestone. While mothers were not asked about recommendations or personal goals specific to how long they should breastfeed, three months frequently served as a mile marker in their breastfeeding experiences. That is, mothers explained their intention to breastfeed until three months; that it was at about three months when they introduced formula or solid foods; or that they discontinued breastfeeding completely at about three months

I didn't supplement. I did breastfeed him for the first three months.

- Harlingen

It was really, really painful for me. I breastfed for about three months. She wasn't latching on, though, as she was supposed to. I tried pumping, but that was really, really hard. It takes too much time.

- Harlingen

I was only able to for three months, and then I was planning for six. Usually when they don't latch correctly with their bottom lip, that's easier to help them by pulling on their chin. Hers was her top lip, so to get in between, it was hard. That's when I started pumping. It was going good, until it started getting really painful. My breast felt really, really heavy, and I couldn't take it. I wasn't used to having my breast so full.

- Harlingen

When he was around 3 or 4 months, which was when I stopped breastfeeding and I was having a lot of problems, I didn't feel like he was getting enough. He was always latched on, always crying.

- McAllen

My doctor said at least three months for me to be pumping out my breast milk; give them at least three months. It's when they get the most nutrients from those first months.

- McAllen



Sources of Support for Solving Common Problems

Many mothers lacked solutions for common breastfeeding problems. Breastfeeding problems such as pain and milk production were unexpected. When participants encountered these problems, most participants turned to one of three resources:

- If the issue began while the mother was at the hospital, she asked a nurse or lactation consultant.
- If the issue occurred after leaving the hospital, the participant researched the issue online or asked a WIC counselor for assistance.

The most effective of these three resources in solving issues appears to have been WIC counselors. Unfortunately, some participants did not seek assistance and reduced or discontinued breastfeeding.

Post-Delivery Support

WIC. The primary resource participants turned to for breastfeeding support after leaving the hospital was WIC. Participants described this help as immensely beneficial, especially when a mother had trouble with latching or milk production. WIC counselors were informative; provided tools and resources such as take-home electric pumps; and were emotionally supportive and encouraging.

They even loaned me one of those industrial-sized breast pumps, because my son was in the NICU for about three weeks. The experiences I've had with them – both offices that I've been to – they're very pro-breastfeeding. They have pamphlets and CDs.

– McAllen

At the hospital she would latch on and everything. As soon as we got home, she stopped. She didn't want to latch on or anything. Formula wasn't even an option for me, because it's expensive. I wanted to do breastfeeding, but she wouldn't latch on, so I went to the WIC center and I tried to find out how I could give her breast milk without latching on. They gave me a pump, and I started pumping. Every night I would pump – every three hours so I could produce more. Now I have my whole freezer full.

– Harlingen

[With] my peer consultant, I was actually able to get one-on-one time. One time I went and I think that I stayed – it was like maybe two hours in there with her... And she would say, 'No, no, no, it's okay, come back as much, as many times as you need'... I felt like she did give me the personalized one-on-one from my peer consultant.

– El Paso



Participants knew to call WIC if they experienced any problems or concerns with breastfeeding after returning home from the hospital – and some did. Others said WIC called them to check on how breastfeeding was going.

...I was talking to the consultant there at WIC. They gave me a pump. I said, 'I want to breastfeed but I don't have that much milk.' They gave me a pump right away. They'd call my house once a week [and ask], 'How're you doing?'

– San Antonio

They [WIC] tell you as soon as you have the baby and you think you can't [breastfeed] or whatever, go ahead and give us a call.

– San Antonio

I would just call WIC, and WIC would call me to check up on how things were going.

– Harlingen

Online support resources. Some participants talked about using YouTube videos or social media networks for support.

I had this group on Facebook where, it's like mothers that have babies around the same time as you do, so it's kind of like where you are about to ask questions or when you were due and, you know, stuff like that.

– El Paso

I went to my BabyCenter; I believe that's the website. It's a bunch of moms that blog. It's good, because you think you're alone, but you're not. I think they even have apps. I remember having an app on my pregnancy, and they would tell you each week how it would progress.

– Harlingen

I would tell my husband, 'Oh it's hurting,' or whatever. He'll go and Google it and try to show me how.

– Harlingen

I think it's [a Facebook page] called the Leaky Boob, and there are moms posting pictures, or posting questions about breastfeeding. Whoever likes the page goes and answers a question, and that was helpful.

– McAllen



Pride Among Those Who Succeed

Many participants described pride and happiness in their success with breastfeeding, given the many benefits they believe it offers their children. Some also described their decision as requiring determination and persistence due to factors such as unsupportive family, public embarrassment, or pain.

I just think breastfeeding is the best thing I have ever done. It makes me feel good that I am feeding my own child and that I am giving them the best nutrition that I can.

- El Paso

And everyone was like, 'You need to stop, you need to stop.' But I was like, 'Shut up, I'm making them healthy!'

- El Paso

All of my husband's family – nobody had ever breastfed, and everybody was freaked out like, 'You're going to breastfeed?!' Now a lot of people breastfeed in his family because they're like, 'I love it.'

- San Antonio

I got stares and looks [...] People just look at it like it's wrong, but it's not; it's right.

- San Antonio



Reaction to Educational Materials

In all eight groups, mothers were shown existing USDA WIC materials from the *Breastfeeding: A Magical Bond of Love* campaign, which is specifically designed for Hispanics. Participants reviewed the brochure, *You Have Everything Your Baby Needs*, the accompanying video, and the building-block image that was picked from the father's brochure in the same series. They also reviewed a one-sheet page with an illustration of an infant's growing stomach size in the first months. The goal of showing these materials was to determine if participants found specific information motivational, educational, or new.

Our mothers and grandmothers are right when they tell us that breast milk is the best food for the baby.

Breast milk:

- has all the nutrients your baby needs for proper growth and development
- may reduce the risk of ear infections and colds
- may reduce the risk of obesity, diabetes, and other diseases
- is easier for your baby to digest
- is always the right temperature, never too hot and never too cold

Did you know that breastfeeding is healthier for you, too?

Breastfeeding:

- helps shrink your uterus to pre-pregnancy size
- helps prevent excessive bleeding
- may help you lose weight faster
- helps you bond with your baby
- reduces hormones to help you relax

How will I know my baby is getting enough?

You can be assured that the baby is getting plenty of milk in a number of ways, including counting the number of wet diapers and poops. The color, texture, and frequency of your breastfed baby's poops will change as your baby grows. The chart below offers a guide for the frequency and color of your baby's daily poops and wet diapers.

The boxes show the smallest number of diapers for most babies. It is okay if your baby has more diapers than what is shown.

Your baby may have more than 6 poops a day after the first week. Do not worry if your baby loses a little weight in the first few days. After about 5 days, the baby should gain 4-8 ounces or more per week with breast milk. After 6 weeks, there may be fewer dirty diapers.

Baby's Age	Wet	Poops
DAY 1 (partway)	1	1
DAY 2	2	2
DAY 3	3	3
DAY 4	4	4
DAY 5	5	5
DAY 6	6	6
DAY 7	6	6

Breastfeeding: A Magical Bond of Love

You Have Everything Your Baby Needs

While some participants said the information was not new, others said they learned from the brochure or video, and that some information helped them better understand issues related to breastfeeding.

Specific information identified by participants as “new”:

- Feeding frequency when breastfeeding
- That breastfeeding can help protect against diabetes, obesity, and breast cancer
- To expect low quantities of milk for a “few days” before milk begins to come in
- That it reduces the size of the uterus back to its pre-pregnancy size
- That symptoms of pain can be alleviated by adjusting the baby's position or latch
- Pumping tips for mothers returning to work
- Introducing formula diminishes breast milk production
- The comparison of breast-milk benefits to formula



Right here, where it says newborn babies eat frequently, about every one-and-half-to-three hours. When I was in the hospital with my baby...they were telling me she had to eat this much; she can't eat in between that. I guess that is one of the reasons I thought she wasn't eating enough.

- San Antonio

Now I'm reading here that it says the first month is when, if you mix formula, is when your supply goes down. I didn't do that the first month, but I did it the second month when I did half and half. After the second month was when I just stopped breastfeeding and just exclusively did formula. Maybe that could've changed my mind.

- McAllen

Where it tells you that if you go back to work, ask them if they have some place to store your milk and if you can pump.

- San Antonio

The part about work, how it says to pump a week before. I think it should say a month before, because you can freeze your milk for up to six months.

- El Paso

Moderator: Would it have changed your mind?

Participant: It would've mine because I didn't think my baby was getting full...It says that what I produce is enough.

- San Antonio

It mentioned the breast cancer...If it runs in your family, that important. That's huge. I think I would have tried a lot harder, even through all the pain.

- Harlingen

Some participants felt the brochure was missing the acknowledgement that breastfeeding and new motherhood can be extremely overwhelming. Participants would have liked being better prepared for this, to understand it was normal to experience challenges, and to receive guidance on how to overcome it.



You Have Everything You Need Video. While some said the information was not new, others viewed it as informative, comprehensive, and beneficial to new mothers. The findings were similar to the reaction to the brochure. Participants identified the following as new or helpful.

- To expect low quantities of milk for a “few days” before milk begins to come in
- Size of an infant’s stomach
- Breastfeeding prevents obesity with children
- The “supply and demand” concept of milk production
- Advocating at the hospital to make sure your baby is only given breast milk

They are telling you go ahead and tell them you don’t want formula.

- San Antonio

Be more patient in the beginning. I guess because when it comes to the milk we...think it has to be white to be good milk. In the beginning when we start producing it, it’s not white.

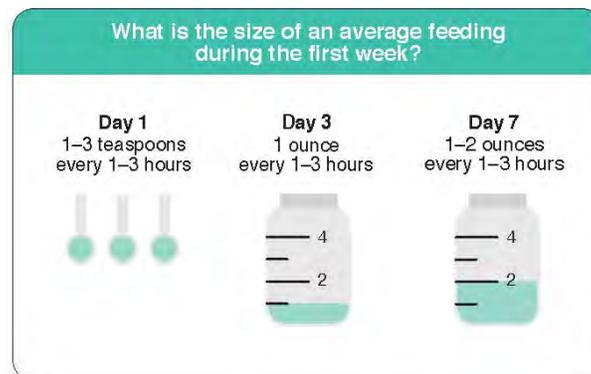
- McAllen

If my mother would’ve watched this, she would’ve been more for [breastfeeding].

- San Antonio

It was my first baby. I didn’t know the colostrum...I didn’t know it was going to be sticky. When it was sticky, I was like, ‘What the heck?’

- McAllen



Infant Stomach Size Handout. Several participants described this information as new, and many viewed it as helpful. However, some said they believe the amount a baby eats varies from baby to baby. Often groups were split on whether they believed the information. For instance, four participants in McAllen said the information was wrong, and six said they would believe it if it been distributed by WIC.



Participant Recommendations

At the conclusion of each focus group, participants were asked to share their recommendations to improve breastfeeding initiation and what could be done to help women exclusively breastfeed longer. The following recommendations were consistently mentioned across the groups.

Face-to-face help is best. The majority said that while some of the resources discussed in our focus groups – such as Facebook pages, apps, and toll-free numbers – would be useful, nothing offers as much support as face-to-face interaction.

Increased access to lactation consultants or nurses trained in lactation support. Access to a lactation consultant 24 hours a day is needed during the hospital stay. Participants and their partners look to nurses first if they choose to seek help with breastfeeding during the hospital stay. Participants who received help with breastfeeding issues, whether it was a nurse or a lactation consultant, were very pleased and grateful for the assistance and encouragement. Unfortunately, very few had the opportunity to work with a lactation consultant, and even fewer had that opportunity at the moment of need. Additionally, many nurses were unable to provide the necessary support, which participants attributed to limited availability, limited interest, or limited education.

I think someone has to be there and show you [...] how to hold the baby. If you can't do it, just show you the way you need to have the baby.

- Harlingen

I think because the counselor – they have a schedule – because the day after, she told me, 'I'm going to leave at 5.' I delivered my baby at night. It was almost midnight. I think that's why there was no help for me until next day. From the moment I delivered, I couldn't breastfeed him, so they gave him the bottle.

- Harlingen

Follow-up phone calls and home visits. One of the most popular needs mothers shared was breastfeeding consultation after returning home. In McAllen, participants mentioned a program called Nurse Family Partnership, where nurses make home visits to assist new mothers with issues like breastfeeding. It is worth noting that the majority of participants were aware they could call WIC and discuss breastfeeding issues over the telephone, but only some actually called. Participants were more likely to visit the clinic, which may be due to the appreciation they expressed for the interaction, tools, and demonstrations available in face-to-face meetings.

Websites and online videos. Participants cited informative websites and online videos as the most helpful resources available outside of a doctor's office, the hospital, or a WIC clinic.



Provide a pump before delivery. Immediately after returning home from the hospital, some participants needed a pump to help them produce milk but were unable to secure or attend a WIC appointment.

Provide information via a WIC Facebook page. Participants viewed Facebook as a ubiquitous channel of communication among mothers and, therefore, agreed it would be helpful. However their interest in a Facebook page appeared lower than in informative reference websites.

Provide a toll-free number for breastfeeding support. When asked if a 1-800 number would be helpful for addressing breastfeeding issues, some participants agreed it would be helpful. However, some mothers also emphasized that a phone conversation is significantly less effective in breastfeeding support than a face-to-face interaction, as a phone call lacks the hands-on educational experience many mothers find most helpful.



Conclusion

The vast majority of Hispanic mothers had a strong positive perception of breastfeeding. They planned to breastfeed before their baby was born and many successfully initiated breastfeeding. These mothers introduced formula after they encountered barriers to success such as pain, engorgement, the need to return to work, and caring for their other children. Most fathers were said to be supportive and in favor of breastfeeding.

WIC's breastfeeding education and support was highly valued by Hispanic mothers, who reported overwhelming positive experiences at the clinics and with the peer counselors.

Many wished they had had more breastfeeding education before the baby was born and more supportive with latch and positioning while they were breastfeeding. The mothers identified the need for better support for addressing common issues, and recommended more lactation consultants and a toll-free number.



Findings: Hispanic Fathers

Introduction

Forty-two Hispanic fathers of infants 8 months or younger participated in four focus groups, which took place in San Antonio, McAllen, Harlingen, and El Paso in July 2014. The McAllen group was conducted in Spanish. A summary of the total number of participants from the Hispanic fathers focus groups is reflected in Table 6.

Lines of inquiry included the following:

- Breastfeeding perceptions
- Breastfeeding knowledge
- Dad’s role in the decision to breastfeed
- Dad’s experience with WIC
- Dad’s experience at the hospital
- Dad’s role at home with the newborn
- Reaction to educational materials
- Recommendations to better support exclusive breastfeeding

See Appendix A for all focus group guides.

Table 6
Total Hispanic Fathers (N=41)

Location	Number of participants
San Antonio	8
McAllen	12
Harlingen	13
El Paso	8



Breastfeeding Perceptions

As with the other groups, the discussion began with an icebreaker exercise using Visual Explorer™ cards spread out across the table. Participants were instructed to browse through the cards and select the one image that best illustrates their feelings about breastfeeding.

Most of the comments prompted by the cards consistently expressed a strong, positive attitude toward breastfeeding and an appreciation for partners. They emphasized the emotional benefits to mother and infant as much as they focused on health benefits.



I just appreciate all she does, because she works and she is breastfeeding, and it's really difficult for her. The love she has for our child is bigger than all the hours she works, all the time that she wakes up to use the pump machine and at work. She could be doing something else with those minutes, seconds, hours but she prefers to breastfeed. I think it's really beautiful, the love that she gives her, and I can feel that.

– McAllen



There's a bird with its head hanging low, and it looks like it's asleep, and the other one, it looks like it's flying. The one that looks like it is flying is the breastfed one.

– McAllen



While the tone remained positive, some comments alluded to challenges such as: the pain mothers experienced; latching challenges; lack of sleep; the great amount of time and energy needed to manage the household and other children; and for some fathers, a feeling of being left out.



The polar bears...I feel like that's a daddy polar bear with his baby...I feel it's a bond between the mother and the baby, but I feel like I'm left out of it. I've got to try to participate as much as I can

- San Antonio

I chose lightning, because my wife went through hell when she was breastfeeding. I know she suffered a lot...She said it hurt.

- McAllen



Breastfeeding Knowledge

Perceived Advantages and Challenges of Breastfeeding

The participants were asked to list the pros and cons of breastfeeding in their groups, and the moderator would write them on a flip chart at the front of the room. Participant feedback is reflected below.

Perceived Advantages of Breastfeeding

- Free, saves money
- Nutritional value, vitamins
- Immunity
- Bonding, skin-to-skin contact
- Development, brain development
- Natural
- Breast cancer prevention
- Mothers lose weight faster
- Shrinks uterus
- Natural contraceptive
- Easier to feed during night than bottle
- Easier for infants to digest
- More filling or satisfying for babies
- Emotionally comforting for babies
- Convenience, no need to make bottles

Perceived Challenges of Breastfeeding

- Breast irritation, painful for mother
- Leaking
- Baby has trouble latching
- Public embarrassment
- Challenges producing enough to feed infant
- Mothers must watch what they eat
- Requires a significant time commitment to maintain milk production
- Lack of sleep
- Stress at work for working mothers
- Stress of inadequate milk production
- Pumps expensive and difficult to clean, storage bags expensive
- Medications may affect baby
- Inconvenience, disruptive for working mothers and date nights



The dads often described benefits associated with nutrition and general wellness. Often the benefits were emphasized by how healthy and “big” the baby is compared to children raised with formula – either their siblings or others.

Our other little daughter, she just got formula. We see a difference that our daughter right now, she doesn't get sick at all and my first one did most of the time.

- McAllen

I had an experience with my eldest kid and he didn't like breast milk and he got so sick...My daughter she is very healthy, but she liked breast milk.

- Harlingen

Of specific note, the challenge of breastfeeding in public sparked discussion in every group. Most dads expressed empathy and concern and were prepared to help.

They get stressed out because the baby needs to be fed and request the breast milk in places where they can't do it in public. People look at them ugly.

- McAllen

When my baby wanted to be breastfed in public, I stood there and helped her out, get covered, and get him what he wanted.

- San Antonio

I've noticed there has been a change, as if it were unnatural to breastfeed in public.

- McAllen



Dad's Role in the Decision to Breastfeed

Most fathers discussed breastfeeding with their wives. Many said they decided whether to breastfeed with their partners by weighing the pros and cons prior to birth. The majority encouraged their partners to breastfeed, and most did.

Participants said they believe breastfeeding is the mother's decision. While many factors influence the decision to breastfeed – including knowledge of the benefits and a family history of breastfeeding – participants ultimately said the mother makes the decision, with the father's role limited to supporting the mother's decision.

She made the decision what she was going to do. She also made the decision that I was going to wake up with her. When the baby started crying, I would get up and hold him while she prepared herself to get ready.

– San Antonio

It's just to respect the woman's decision. We just support the women. They make the decision.

– El Paso

Many fathers said their conversations prior to birth about breastfeeding also focused on making plans for how they could best support the mother's efforts. Some couples discussed how long they intended to breastfeed (typically three to 12 months) and how household responsibilities would be managed between the two parents.

There is a discussion I had with my wife before the baby, or when she was pregnant, was how long she wanted to breastfeed before she went back to work. We only did it for four months. That's when she stopped, because she had to go back to work. We were shooting for three months, so we actually got an extra month in there.

– San Antonio

The majority of these participants encouraged their partners to breastfeed, but several emphasized that the need to be supportive is more important than expressing their preference for breastfeeding.

I wanted for her to breastfeed but whatever she said, that's what happened. She made the choice, yeah. In the end, it's her body, so I couldn't go against that even though I wanted...

– McAllen



In the decision to breastfeed, few participants discussed exclusivity with their partners. Based on the father's comments, a lack of distinction exists between the practice of exclusive breastfeeding and breastfeeding supplemented with formula. Fathers referred to both approaches simply as "breastfeeding." When responding to focus group questions, fathers were periodically asked to specify which of these breastfeeding practices their partner chose - and they frequently struggled to distinguish between the two.

While participants positioned mothers as responsible for decisions regarding breastfeeding, they were quick to protect their partners and said mothers were not responsible when breastfeeding was unsuccessful. Fathers whose babies were not being breastfed frequently defended their partners, explaining that the mother tried very hard to breastfeed but was unsuccessful due to factors beyond her control, such as rejection of breast milk, lack of milk production, excessive pain, and direction from doctors regarding low weight or jaundice.



Influences and Sources of Information

The moderator probed to determine who influenced the participants' decisions about feeding their baby. Family members were highly influential, and doctors were cited as the ultimate authority on what is best for mom and baby. African American fathers were less likely to mention online research or common knowledge as influences compared to the Hispanic father focus groups.

Family. Many participants said that they made the decision to either breastfeed or use formula based on family history and personal experience. A family history of breastfeeding was a strong influencing factor for participants who planned before birth to breastfeed, and the same holds true for those who selected formula.

Breastfeeding is openly discussed and practiced in some participants' families, specifically among the grandparents, aunts, and sisters. Fathers often described breastfeeding as a "tradition" and encouraged it before and after their children were born. This was particularly true in the McAllen group, all of whom were born in Mexico. They described breastfeeding as what most people did, because it is "natural" and, in Mexico, formula is unaffordable.

Her mother, her sister-in-law – everybody was breastfeeding, and she wanted to go with that.

- McAllen

Personal experience: I was breastfed as a baby. I got a lot of nutrients and all the vitamins so I wanted my baby to grow up healthy too.

- Harlingen

All her family breastfed. She wants to continue the tradition.

- McAllen



Grandmothers, especially maternal grandmothers, were described as playing a significant role in the decision of whether to breastfeed, using their own experience and influence on the baby's mother. This corroborates findings from WIC staff and nurses, who noted the significant influence of grandmothers on a mother's feeding method.

[Grandmothers and great-grandmothers] have all done it, and they've all said it's good, so what is daughter going to do? The same thing.

- El Paso

My grandmother and my aunt, they say, 'Don't give them formula, and wait for her to get hungry to latch her on.' It's just that with mother's milk, they don't get constipated. With formula, their stool is very hard.

- McAllen

My mother-in-law, she was like, nowadays the formula does the same thing as breastfeeding, so just use the formula. We just went with formula.

- Harlingen

It was our first child, so we asked my family for some information, and my sister and mother told us that I wasn't breastfed as a child; I was on the bottle, so we went ahead and tried going that route, because that's all we knew since it was our first child.

- Harlingen

A few participants said the grandmothers' preference for formula or shame of breastfeeding could be attributed to aspirations of a higher socioeconomic class.

They kind of viewed it as more like a class thing. It's like, well, only low-class people [breastfeed].

- Harlingen

Common knowledge. One of the most common influences cited in the decision-making process is simply that the benefits of breastfeeding are common knowledge in the Hispanic culture. Many men said breastfeeding is the common expectation and practice in their culture.

Everybody talks about the positives rather than negative about breastfeeding...

- El Paso

To me, it's part of nature. Breastfeeding is part of life.

- Harlingen



Obstetricians and pediatricians. Doctors were mentioned as having some impact when mothers and fathers were deciding whether to breastfeed. Some fathers said doctors explained that breastfed babies have fewer health problems and they are more likely to see formula-fed babies who are sick.

They said that most babies that are formula-fed, they see them more times in the year than they do babies that are breastfed.

- Harlingen

The pediatrician told us, 'Breastfeed. It's better.'

- McAllen

Online research. When prompted, some fathers said that when making a decision about how to feed their child, they researched breastfeeding online and then, based on their findings, encouraged their partner to breastfeed. Few fathers could recall the websites they visited, but they did recall that breastfeeding was consistently recommended. Social media did not appear to play a significant role in educating, informing, or influencing fathers. One father described an app that he and his wife found helpful but he couldn't remember the name.

We had a pregnancy app that actually followed us through the whole pregnancy. We both had it on our phone and it told everything from two months pregnant...to producing milk; how she's producing the milk and how everything came about. It even talked about her breasts are more sensitive now, the part hurting her, which was exactly what was going on at the moment. The app was kind of great for all that information.

- El Paso

Educational classes. Few participants attended a class specifically about breastfeeding, but some did meet with WIC peer counselors or nutritionists, where they learned about benefits and positioning the baby. Others discussed hospital classes they attended, where they learned about breastfeeding, CPR, and infant car seats. One hospital required the class. Those who had attended a class or consulted with WIC found it helpful, and many who had not said, in retrospect, they would have attended and benefited from a breastfeeding class.

My wife, she took a class and then she gave me the information, and I read it.

- Harlingen



Dad's Experience With WIC

WIC was cited as an important factor in the decision to breastfeed. In most groups, participants mentioned WIC as an influence without prompting. Most participants described WIC as heavily promoting breastfeeding and providing support and positive encouragement for mothers who choose to breastfeed.

They tell my wife in WIC, the same nurses in WIC, they applaud them and they try to congratulate them because they're doing a good job in breastfeeding, because we all know it's natural and it really helps the baby more.

- McAllen

She needed someone to teach her how to hold the baby. She wanted to breastfeed her, but she was really irritated. She didn't have anyone at home to teach her – no grandmother, nobody. WIC...showed her how to hold the baby, and they gave her tips...she is still breastfeeding now.

- San Antonio

WIC, the information that they provide you, I read it and all the information about baby brain development and immunity with breastfeeding; it helps a lot.

- Harlingen

Many fathers remembered WIC messages or materials. For instance, when the fathers in one group were asked if WIC talked to them about colostrum, a father responded, "That's what helps babies. The first days that they're born, it's the first thing that they drink. It gives them the best defense."

Some fathers in all of the groups remembered receiving the breastfeeding bag. In Harlingen, nine of the 14 participants remembered receiving it.

Another participant said the information about skin-to-skin contact is important. A few described the bags as containing information not related to breastfeeding (e.g., immunizations) or including multiple resources dedicated to fathers. One described a magnet with a schedule for immunizations, which they found helpful and hung on the refrigerator. Some fathers remembered the bag but could not remember specific contents.

A backpack with a lot of paperwork, a lot of pamphlets, information, and everything. When I got home I read it over with my wife.

- Harlingen



It is important to note that some of the comments made by fathers about WIC were informed by what their partners said and the materials they brought home from WIC; and not from a direct experience at a clinic. In every group, some fathers went to WIC with their partners.

Other fathers were not able to visit WIC clinics with their partners due to work or the need to remain home with other children. Others simply waited for their partners in the waiting room or outside. As with the African American fathers, but to a lesser extent, some fathers said they did not perceive WIC as a place for the fathers, and a few said WIC is just for women.



Dad's Experience at the Hospital

Fathers played a significant role during labor, delivery, and the postpartum hospital stay. With the exception of a couple of military fathers who were deployed, all participants were present at birth, and all babies were delivered in a local hospital.

It is worth noting that this active role is inconsistent with some experiences described in focus groups with grandmothers and nurses, who often had a different impression of the fathers' involvement at the hospital.

Although description of care varied from hospital to hospital, fathers' description of the care mothers and babies received at specific hospitals was consistent. This suggests that hospital leadership, policy, staff education, and culture heavily influence the breastfeeding experience.

Some fathers described positive, successful outcomes for birth and breastfeeding. Most were attentive and supportive when the mother first breastfed the baby. Several participants said they had lactation consultants who helped their wives with breastfeeding. Participants were more likely to describe a positive experience at hospitals that, based on their descriptions, were practicing the 10 Steps to Successful Breastfeeding protocol, such as skin-to-skin contact and rooming-in.

Right when the baby came out, they automatically put the baby on top of her and within an hour, they were trying to already get the baby to latch on.

- McAllen

She latched on really well the first time, but the nurse was there guiding her, as well, making sure that the milk was coming out, and the baby was actually eating.

- San Antonio

They tell you to breastfeed because the first milk that the woman produces is the most important. As soon as they are born, they give the baby to the mother and say, 'Here, have your baby latch on: the colostrum, it's the first milk.'

- McAllen

Even at the hospital they pushed the breast milk. They have little signs everywhere.

- San Antonio



The majority of fathers were encouraged by hospital staff to participate in skin-to-skin contact, usually after the mother. With Cesarean births, some fathers participated in skin-to-skin contact immediately after delivery, while the mother was recovering.

Take off your shirt, you're going to put your baby against it, and you're going to lean back in the sofa, you're going to be there with the baby and caressing him so the baby can get your body heat.

- San Antonio

Hospital Experiences That Led to Formula Introduction

Fathers' comments echoed the mothers regarding staff giving the baby formula or making formula readily available. Some fathers said that despite expressing the desire to breastfeed one or more times to hospital staff, workers either provided bottles in a bassinette or recommended a bottle when mothers faced challenges with latching or when families or nurses doubted that the child was receiving enough food. However, they did not express frustration or concern over how this impacted breastfeeding. Their reaction suggests a lack of awareness about the differences between exclusive breastfeeding and combining breastfeeding with formula.

The doctor told my wife that if it hurts, it shouldn't be hurting. That's why they told her to stop.

- Harlingen

The bottles were already packed up in the crib. They rolled them in, and the nurse said, 'This is his bottle...If mom can't feed at this specific time, every two hours you've got to give him 2 ounces.'

- San Antonio

My wife still blames the hospital for her not being able to breastfeed, because of that first day when they took him they were feeding him the bottle.

- San Antonio

Cesarean deliveries were common across all focus groups: often at least half, if not more, of the women had Cesareans. The early use of formula was frequently attributed to the mother having a C-section. NICU experiences were less frequent, but were also described as a reason for introducing formula.

For me, when we left the operating room and then followed the baby back to the nursery, they checked his feet and all that stuff, then the nurse or the pediatrician asked me if it was okay to give him a bottle, because he was fussy and seemed like he needed some food.

- San Antonio



Some fathers questioned why their partners had to have a Cesarean.

To what I understand, I think it was greed. Doctors try to fit in as many pregnant ladies as they can to their schedule...She got a really small cut, the other ladies [with another doctor] got big old gashes.

- Harlingen

She was actually 39 weeks. We thought everything was going smooth. We went to the doctor and she said we would have the baby on February 4th because that was the day she was working... We had an emergency C-section.

- Harlingen

Other hospital practices that fathers said led to the introduction of formula include:

- Doctor or nurse recommendations related to nutrition, such as limited milk production or low glucose levels
- Long separation between the baby and mother after birth
- Lack of availability of a lactation consultant

She fed the baby, but then they said the sugar level went down so they had to give her formula. I don't know why that was. They were going to do a test, so they were giving her formula.

- Harlingen

Fathers said other factors that led to formula introduction at the hospital included sore or bleeding nipples, exhausted moms, latch problems, and the belief that moms were not producing enough milk to satisfy the baby.



Dad's Role at Home With the Newborn

Fathers consistently said their primary responsibility at home is providing support, which includes:

- Lifting self-esteem about capabilities as a mother, specifically breastfeeding capabilities and body image
- Housekeeping, including cooking and cleaning
- Caretaking of other children in the household

She told me, 'I'm ready to sacrifice. Are you ready?' She was going to need me more, like cleaning the house or taking care of my other daughter with the homework and school.

- Harlingen

Many participants said they enjoyed participating in breastfeeding in any way they could, including supporting their partners by relieving them of household responsibilities, changing diapers, providing encouragement, and holding the baby.

A few fathers did express feeling "left out" and, in a few cases, this led to an earlier introduction of formula.

I was kind of waiting for her to get off breast milk, because I could actually start feeding the baby and be closer with the baby...I did the changing but I wanted to feed her to.

- San Antonio

In some cases, fathers described themselves as taking an active role to ensure that their child received enough food. Some concerned participants encouraged their partners to add formula or increase the amount of formula fed to their infants, even when that contradicted a doctor's instructions.

I had to tell her to give him formula, because the baby looked always hungry.

- El Paso



While Hispanic fathers were extremely supportive of breastfeeding when their partners experienced challenges – either at the hospital or at home – they lacked the critical knowledge of how to help them overcome breastfeeding challenges. Many said they were not prepared to help their partner if she thought she couldn't produce enough milk or experienced pain, or if the baby had trouble latching. They frequently lamented these challenges as obstacles that led to the introduction of formula. This suggests that they lacked the necessary knowledge or support, not motivation, to overcome them.

We decided we would try breastfeeding. It was successful, so we stayed with it.

- Harlingen

We made the decision to try to breastfeed, and she, unfortunately, didn't produce very much milk. After about three days of trying to breastfeed we tried pumping but that didn't work. So we had to go with formula.

- El Paso

The woman is a zombie... They are trying to breastfeed with their eyes closed.

- Harlingen

We planned to breastfeed. The baby did latch on a couple of times; sometimes she didn't want to, so eventually we had to pump, and eventually she just stopped producing. Right now, we're on formula.

- San Antonio

Most fathers had limited knowledge of how milk is produced, how much the baby needs and how supply evolves. They often shared a common concern that their child was not receiving enough milk during breastfeeding or a belief that their partner did not produce enough milk.

My wife she said, 'I'm going to breastfeed.' I just supported her but she had a hard time. She didn't produce enough milk.

- McAllen

Across all four groups, a few participants expressed the belief that milk supply varies from one mother to the next; some mothers produce more than an infant needs, while other mothers do not produce enough. These participants attribute production to the mother's body, with no connection to the child's need. The belief that the mother was not producing enough milk often led to the introduction of formula.

Women are different. Mine produced only what was needed. His produced a lot, and there are some women that don't produce.

- McAllen



As with the African American fathers, many participants often explained that their partners breastfed frequently but could not keep up with their child's needs, which led to introducing formula.

When prompted to describe how they knew their child was not receiving enough milk, fathers most frequently provided one of two reasons: their infant cried excessively, or mothers decided supply was inefficient after pumping and measuring their milk.

Moderator: *What was the indication that they're not filled?*

Participant: *They were crying.*

- McAllen

Once we got home, my wife would breastfeed and since it wasn't enough, she gave an ounce of formula or something.

- Harlingen

Similar to findings from mothers, many fathers described a scenario in which the final feeding choice was based on the baby's actions. Despite the pre-birth choice made by the mother, some dads said the baby's reaction determined if the baby was breastfed. If the baby expressed a strong preference or rejection of either breast milk or formula, participants felt they could not persuade their baby otherwise.

She didn't want [breast milk]. It was formula that the baby wanted.

- El Paso

[Unlike previous children], he didn't latch on, my son. He didn't want to, and we ended up putting him on formula.

- San Antonio

I wanted my baby to breastfeed exclusively, but my daughter didn't want it.

- McAllen

Some fathers said their partners sought help when they experienced challenges. Mothers went to Ask a Nurse online or WIC for concerns such as painful latching. Some talked to other mothers or relatives, or used online information.

WIC actually ended up sending somebody over to the house to help her again...to see if she was doing everything. She also had an appointment at WIC, and they went over some steps there with her too.

- San Antonio



Reaction to Educational Materials

In all four focus groups, fathers were shown a USDA-developed brochure for fathers, *Dads Play an Important Role*, from the *Breastfeeding: Magical Bond of Love* campaign. They were also shown a one-sheet page with an illustration and information about the size of an infant's stomach during the first weeks, as well as the amount of food the baby needs (referred to here as the "Infant Stomach Size Handout").

The goal of the exercise was to determine what information participants identified as new or motivational. Some participants said the content was not new to them, but others identified information that was new or would motivate them to support breastfeeding exclusively or longer.



Participants reported that the building blocks illustrating the nutritional differences between formula and breast milk were “astounding” and the most valuable information in the brochure.

You read the label of the can, and it says it's comparable to mom's breast milk. And that's not comparable [referring to building blocks]. That kind of surprises you, because of the money that you pay for it, when you do have to pay for it. It's not even half of what breast milk is. Yeah, that is surprising.

- San Antonio



Several participants said they appreciated that the father's role was addressed. They liked the suggestions on how to support their partners' efforts. Fathers specifically liked the suggestion to give support to the mother with positive encouragement to continue breastfeeding and by reducing stress in her environment. Some said they were going to do this as soon as they got home.

...Letting your partner know how proud of her you are. I think that was a big deal, because they go through a lot of stuff...

- San Antonio

I was awestruck that it was mentioned at all, because most of the brochures aim towards women. As a matter of fact I feel excluded from a lot of stuff. I was grateful that they okay the dad's role... Here is a little bit for you. That's good.

- Harlingen

Those who understood the benefits of colostrum encouraged their partner to breastfeed, although prior to reviewing the brochure, they could not recall details such as the name, what it looks like, or specific benefits.

I didn't know it was called colostum.

- El Paso

The colostrum. That kind of refreshed everything, too, how important that was in the beginning.

- San Antonio

A couple of fathers suggested the brochure needed more information about breastfeeding challenges, like pain or "trouble with milk coming in."

A few fathers said the information would have influenced their decision about breastfeeding.

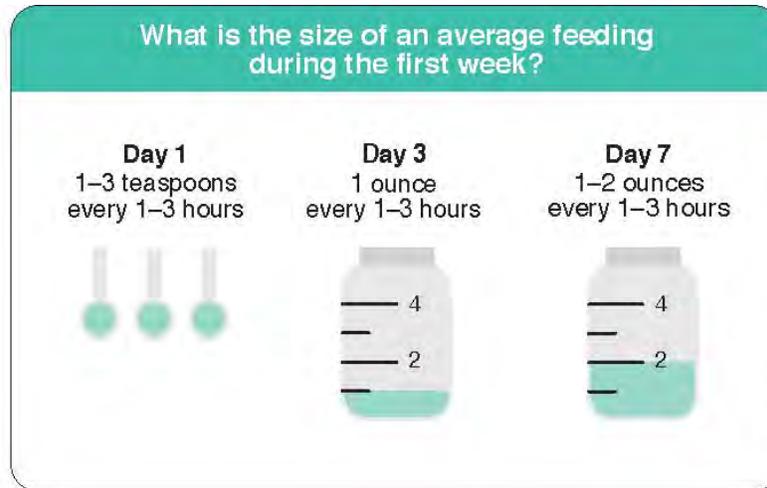
It would have been good if we had this before we had the baby; that way it would have been more important to me, a better decision.

- San Antonio

We would try to breastfeed exclusively. If you're seeing the comparison between the formula and the breast milk, aside from the money you save, look how much more you show you love your child.

- El Paso





Infant Stomach Size Handout. As with African American fathers, most participants expressed disbelief in the validity of this brochure and insisted that their child, or all children, required more milk than described in the brochure. Even if WIC, USDA, or the Department of State Health Services published the brochure, some participants said they would not believe it and would disregard it.

It's just an average, because in truth, the one that knows how much they're eating is your baby. You don't know.

– McAllen

What it says right there, I think it's too little.

– San Antonio

The majority of participants found this information surprising, even unbelievable, but stated that they would appreciate a better understanding of how much milk the baby needs and how it is produced. Some participants share a common concern that their baby is not getting enough milk, since they cannot see it and think that if the baby is crying, they are hungry.

Hispanic imagery. Participants of the McAllen focus group conducted in Spanish received Spanish-language versions of both materials. They said that Spanish-language materials were important for people who do not speak English but, overall, participants did not feel it was important to only feature Hispanic people in the brochure imagery.



Recommendations to Better Support Exclusive Breastfeeding

When participants were asked for their ideas about how to better support families, their top-of-mind response was that WIC is the most important organization supporting breastfeeding, and additional strategies should build on what they already do.

Education and counseling specific to fathers would also be helpful, and they said it was especially nice when the information came from another father. A large majority of the participants would like to meet with other fathers in a setting similar to the focus groups to learn about caring for their baby and to discuss fatherhood. Some participants also said that attending WIC appointments or classes would benefit them. Some fathers said this is especially important for first-time fathers. As one participant said, “We could support our wives more by being informed.”

I think I would have been more, better connected, if somebody would have spoken with me, like a WIC counselor. I would have felt more that it's us three, and I'm not being left out. Because I felt left out.

- El Paso

[What would be helpful] Other people's experience that already went through this to support you, to teach you more because there is a difference between reading it and hearing it from others... You soak it up more and you pay more attention.

- McAllen

If WIC or anybody in general would set up a class like, 'Hey, this is a class for you and your husband to go to. It's 30 minutes long.' And go through the benefits of breastfeeding. It might open up our eyes a little bit more to the idea of breastfeeding.

- El Paso

I think all first-time dads would for sure jump at the opportunity to take a class.

- El Paso

The most frequent suggestions for ensuring breastfeeding success were a 24-hour phone line for lactation consulting, formally organized group conversations that included fathers, a mobile phone app, and in-person infant-feeding classes.



Conclusion

While Hispanic fathers were extremely supportive of the practice, they lacked critical knowledge of how to help their partners overcome breastfeeding challenges. Based on the fathers' comments, a lack of distinction exists between the practice of exclusive breastfeeding and breastfeeding supplemented with formula. Fathers referred to both approaches simply as "breastfeeding." The fathers seemed unaware of how introducing formula negatively affects milk production.

Fathers cited WIC as a primary factor in the decision to breastfeed. Participants in most groups mentioned the program as an important influence without prompting.

Most participants were present at the hospital during birth and reported that they played an active role in supporting their partner. Some fathers said despite expressing the desire to breastfeed one or more times to hospital staff, workers either provided bottles in a bassinette or recommended a bottle when mothers faced challenges with latching; or when families or nurses doubted the child was receiving enough food.

A sizable majority of the participants identified a need to be better educated about breastfeeding, and would like to meet with other fathers in a setting similar to the focus groups to learn about caring for their baby and generally discuss fatherhood.



Findings: Hispanic Grandmothers

Introduction

Thirty-eight grandmothers of infants who received WIC benefits and are 8 months or younger participated in four focus groups, which took place July 2014 in San Antonio, McAllen, Harlingen, and El Paso. Table 7 reflects the total number of participants. The focus group in McAllen was conducted in Spanish.

Lines of inquiry included the following:

- Perception of breastfeeding
- Breastfeeding knowledge
- Grandmother's reflections and breastfeeding experience
- Grandmother's experience with WIC
- Grandmother's role in the decision to breastfeed
- Grandmother's experience at the hospital
- Grandmother's role at home with the newborn
- Reaction to educational materials
- Recommendations for how to better support exclusive breastfeeding

See Appendix A for all focus group guides.

Table 7
Total Hispanic Grandmothers (N=38)

Location	Number of Participants
San Antonio	11
McAllen	11
Harlingen	9
El Paso	7

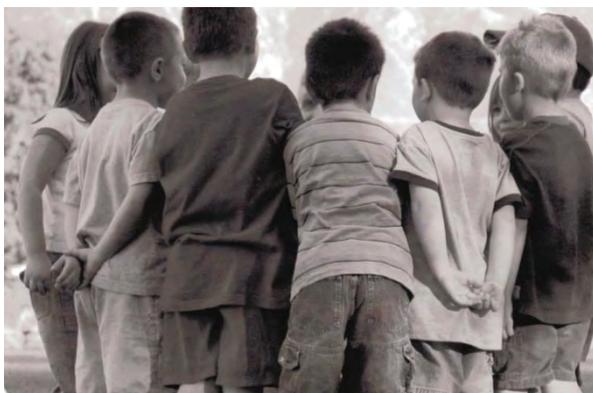
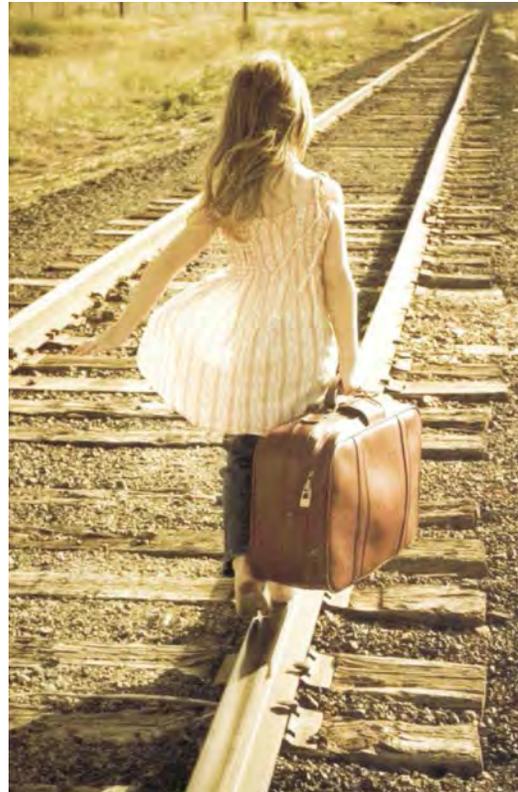


Perception of Breastfeeding

As with the other groups, the discussion began with an icebreaker exercise using Visual Explorer™ cards spread out across the table. Participants were instructed to browse through the cards and select the one image that best illustrates how they feel about breastfeeding. The grandmothers consistently expressed positive associations with breastfeeding, describing both the emotional and health benefits for mother and baby.

It's a little girl who's walking. She walking on train tracks...Breastfeeding is you avoid[ing] a lot of sickness...I was giving them all the love I had inside.

- McAllen



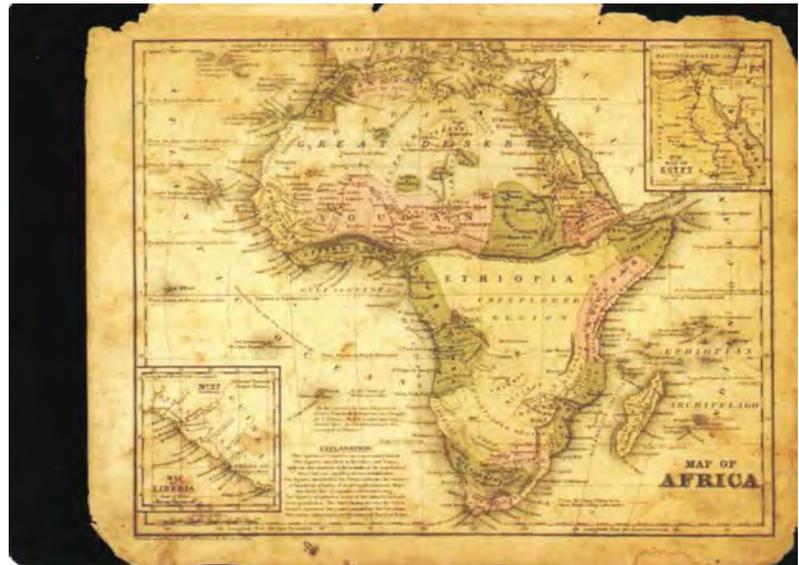
What I see with this picture – there are some children that are standing in a circle, and they're all united in a circle. For me, it means communication. When you breastfeed you have a better life. They get calcium, magnesium, all of that, and colostrum as well...This helps the mind a lot.

- Harlingen



*[Breastfeeding] connected me to all the women on the planet who were doing that. As a woman, it is a gift that we can give to our child. [...]
From a very deep level, it connected me to a lot of that essence of who we are.*

- San Antonio



Breastfeeding Knowledge

Participants were asked to list the pros and cons of breastfeeding in their groups, and the moderator would write them on a flip chart at the front of the room. Across all focus groups, the majority of grandmothers were well informed of both the benefits and challenges of breastfeeding. Several participants knew the importance of colostrum, maintaining supply, and how to address pain; and the benefits of weight loss, nutrition, and improved health. They also discussed these aspects of breastfeeding with their daughters. Table 8 reflects the most common themes that emerged from the participant responses.

Perceived Advantages and Challenges of Breastfeeding

Table 8
Perceived Advantages and Challenges of Breastfeeding

Advantages	Challenges
No expiration date (milk spoils in a bottle)	Pain - breasts hurt, bleed
Cleaner, more hygienic - no need to clean bottles	Engorgement
Fewer cavities	Leakage
Vitamins, more complete nutrition that makes child stronger, strong bones	Inconvenient because you can't separate from the baby - vacation, work
Reduces allergies	Inconvenient because some breastfed babies won't take a bottle
Tightens your uterus	Difficulty latching
Lose weight faster	Baby doesn't want to breastfeed, doesn't like breast milk
Less expensive, saves money	Challenges producing enough milk
More convenient - no need to carry milk cans	Challenges of taking medication (e.g., cannot use oral contraceptives)
Improved health of infant	Public disapproval; shame
Healthy digestion, less colic, and less gas	Weaning is difficult
Immune system, sick less often	Mothers must watch what they eat while breastfeeding
Emotional security	There are some places a mother cannot breastfeed



While several participants listed breastfeeding's health benefits for the baby, many of the advantages named were for the mother, such as convenience, saving money, and losing weight more quickly.

Participant 1: *You don't have to carry milk cans with you.*

Participant 2: *It's cheaper.*

Participant 3: *Bonding.*

- San Antonio

I was encouraging the benefits to breastfeeding the kids, because you get back to your weight faster. Your organs get – every time you're breastfeeding, you feel like all your insides, stomach, and in your uterus, contracting is getting faster to the normal size that it should be, and then everything is going to function better on you and on your baby if you breastfeed.

- El Paso

The challenges of breastfeeding generated by the participants also largely centered on convenience. Many grandmothers noted that breastfeeding is difficult to do modestly in public, and thus restricts when and where a mother is able to feed her baby. Some participants said that weaning a child from the breast can be difficult and, in cases where parents plan to eventually switch to exclusive formula feeding, breastfeeding might not be worth the pain and hassle.

She has to stay stuck home all the time breastfeeding.

- El Paso

It's hard to wean them off the breast.

- San Antonio



Hispanic grandmothers were the most likely participants to mention myths. This was also reflected in the mother's focus groups, as they told stories about hearing the myths from their mothers. The most common myths included:

- There are particular foods that breastfeeding mothers cannot or should not eat. Some participants mentioned spicy foods; some mentioned that certain foods could harm a baby.
- There are particular foods, such as oatmeal, that a breastfeeding mother must eat to produce enough milk.
- Breastfeeding mothers should wear socks to keep warm in order to produce enough milk.
- Anger spoils breast milk.
- Mothers must choose between continuing to breastfeed and returning to work.
- Mothers should not breastfeed with some illnesses, even minor illness such as a cold.
- Some mothers cannot produce enough milk to satisfy the needs of their children. This sometimes relates to the size of the mother.
- Science has improved the quality of formula, and today's formula is "like mother's milk."



Grandmother's Reflections and Breastfeeding Experience

All participants experienced breastfeeding, either directly with their own children or indirectly when their daughters or daughters-in-law breastfed their grandchildren.

With the exception of the one Spanish-dominant group in McAllen, participants were evenly divided in breastfeeding versus formula-feeding their children. Of those who breastfed, the majority did so exclusively in early months. Those who continued beyond two-to-five months began supplementing with formula.

In McAllen, all participants exclusively breastfed their children for at least one month. The majority exclusively breastfed for about six months, before switching to a combination of breast milk and formula until eight months to two years.

When participants looked back on their time as the mother of an infant, many described their mother helping and educating them about breastfeeding. In all groups, the women shared stories about what they learned from their mothers. The stories in the McAllen group demonstrated how myths have been passed down through the generations. On the other hand, some of the information passed down by the grandmother's mothers is still used to promote breastfeeding.

My mom told me that you are going to lose weight.

- McAllen

She would say, 'Just cover your ears. Cover your back, because if you don't cover your back, your breast will dry up.' Even if it was very, very hot, I had to be wearing a sweater.

- McAllen

The focus group participants also described themselves as being in the minority of women who breastfed compared to other new moms at that time.

Participants said that doctors and nurses were very encouraging of breastfeeding and even consulted with them about how to breastfeed.

In San Antonio and McAllen, women told stories about bad experiences they had while breastfeeding in public. One participant explained that when she breastfed, mothers didn't typically breastfeed in public; they brought bottles. A participant in McAllen described never knowing what public opinion of breastfeeding was until she did it at a restaurant and was shamed to the point that she immediately switched to formula.

In El Paso, participant experiences as a young mother were primarily positive, which was attributed to public knowledge that breast milk was more beneficial to a baby's health than formula.



Some participants said they believe the number of mothers who choose to breastfeed is increasing, which was attributed to greater social acceptance and the increased cost of formula.

I read somewhere in a magazine breastfeeding is up 80 percent nowadays. I think that is what I read.

- El Paso

Several participants described their surprise as much as delight when they learned that their daughters or daughters-in-law had decided to breastfeed.

I was ecstatic to know that my daughter-in-law [chose to breastfeed] because like I said, they're in the generation where I didn't even expect that they were going to even do it, and they did. They breastfed!

- El Paso

Some grandmothers described a societal perception that access to formula is a blessing not available in Mexico and other Latin American countries.

San Antonio grandmothers described public opinion as much warmer and accepting today. However the grandmothers consistently agreed that it is still a challenge for women to breastfeed in public. Many talked about public places where a mother cannot breastfeed; some retailers have policies against breastfeeding and/or pumping. Multiple participants mentioned this across focus groups, specifically noting Walmart, grocery stores, and restaurants.

Some participants volunteered that their daughters received encouragement from health-care professionals while pregnant. This, in turn, directly influenced their decision to breastfeed their child.

She goes more for what the doctors say, and then after the doctor, if it doesn't work what the doctor told her, that's when she comes to me, but rarely.

- Harlingen



Grandmother's Role in the Decision to Breastfeed

The grandmother's role before and after birth, specifically in the choice to breastfeed, is strong but limited. As in the African American grandmother focus groups, most participants with daughters said they encouraged them to breastfeed. These grandmothers described their relationships as very close but they ultimately left the final decision to the mother.

Participants often described not only encouraging their daughters to breastfeed – explaining the emotional and health benefits to mom and baby and the conveniences – but also setting expectations about common problems like pain and how to address them.

However, grandmothers emphasized that the decision of whether to breastfeed ultimately belongs to the mother.

I've always been real close to my daughter, and so I really encouraged her and I told her my whole experience and what I've read and what I inherited from my family.

– El Paso

When she was pregnant, and I was asking, 'Are you planning to breastfeed the baby?' She said, 'I don't know, I'm thinking about it.' I started explaining, 'I did with you, and it's very nice to do it. Especially the relationship; when you're breastfeeding, you get more attached to your baby. The love is more strong when you are breastfeeding your baby.' [sic]

– San Antonio

With sons and daughters-in-law, participants were less likely to discuss breastfeeding. Other participants described themselves as not having a role, sometimes because the mother was their in-law and in very rare cases because they did not have a relationship with their child.

My son-in-law, he's a very good man. He's wonderful with my daughter. He helped her a lot. They already had two and he helps her with the others...He is the one that changes the diapers.

– McAllen



Grandmothers said their role was to support breastfeeding, which included:

- Relieving mother of household duties (e.g., cooking)
- Caring for mother as she recovered from delivery (e.g., administering pills, bringing the mother water)
- Provide advice about infant feeding, including how to breastfeed and when and how to incorporate formula/solid foods
- Provide support for working moms, such as caretaking and feeding bottled breast milk
- Remedies to increase breast-milk production, reduce pain, and encourage the baby to feed



Grandmother's Experience With WIC

Participants said WIC and doctors most influenced their daughters' decision to breastfeed. They consistently described WIC services as well received by daughters and very encouraging of breastfeeding to pregnant women. Several grandmothers attended WIC with their daughters. Some had also gone to WIC when they were young mothers.

Even at the WIC, they show you how to breastfeed the baby the right way. Now they got pillows and everything that you can sit the baby on there right.

- San Antonio

The first time I went, when she had her first baby – and it's the only daughter that I have – so I wanted to be with her wherever she went. She said that she was going to WIC, so I told her, 'I'll go with you.' I would help her carry the diaper bag. We got there to WIC, and I told her, 'Daughter, remember the first time we came here at WIC?' She said, 'Yes.' I said, 'The last time we came was with your youngest brother, and now I'm coming with my grandchild.' She turned to me and she said, 'You're getting old.'

- McAllen

Support was described as including:

- Classes
- Providing a pump
- Demonstrations of how to breastfeed
- Education about benefits of breastfeeding: healthier, less colic, and greater immunity

Grandmothers said their daughters' WIC experiences varied among clinics, even clinics within the same city. They said a majority of clinics encouraged mothers to breastfeed, but a few reflected on their own experience and questioned WIC's advice against what they personally believed. In addition to WIC, grandmothers described how mothers also used resources such as the Internet and Facebook groups for breastfeeding support.

She had a good support, my daughter, and then after she got a lot of training, and so she was hearing it from both sides. Then she joined the support group of all these mothers online who are feeding their babies, and so they exchange information. One of them is having problems with a baby latching on, then the other ones encourage her and tell her what to do.

- San Antonio

The perspectives grandmothers provided varied based on the WIC experiences with their daughters.



Grandmother's Experience at the Hospital

While experiences varied between hospitals, individual experiences within each hospital were consistent, suggesting that the opportunity to initiate breastfeeding successfully is heavily influenced by hospital leadership, policy, staff education, and culture. Based on the grandmother's descriptions, women were more likely to have a positive experience at hospitals that appear to practice the Texas Ten Step protocol.

She had her baby at 'x' hospital. That hospital, what I've realized – the three children that she had there – they motivated them. They say breastfeeding is the best thing to do...they work hard at it. The nurses work hard at it. The other one – the 'y' hospital – they don't really motivate you. If you tell them, 'I can't,' or the baby doesn't want to breastfeed, they'll just take the baby away. At the 'x' hospital, they motivate the mothers to want to breastfeed.

– McAllen

The majority of grandmothers were present during delivery or immediately afterward. In situations where a father was not present, the grandmother took a more involved role.

In some hospitals, grandmothers said their daughters received breastfeeding support. Examples included:

- Doctors and nurses who helped the mother breastfeed.
- Visits from WIC counselors and/or lactation consultants.
- Pumping and then bottle-feeding breast milk was encouraged with Cesarean deliveries.
- Classes offered to new parents during their hospital stay.
- Even after Cesarean deliveries, many mothers were given an opportunity to breastfeed soon after the delivery.

Yes, the staff helped a lot...My son-in-law took a class there with them...I would question something, and my son-in-law would say, 'The doctor said this, or the doctor said that.' Yeah, both of my children took the classes as to how to breastfeed...They told her, 'If you don't come to the class, you won't be released.' They have to take the class, both the father and the mother.

– McAllen

This baby, it was different because they always left the baby with the mother...Ever since she was born, they left the baby with her. She's been breastfeeding and giving him formula, but she has to go back to work.

– McAllen



Grandmothers described the following hospital practices as not supportive of breastfeeding, including:

- Cesarean deliveries, for unknown reasons, and Cesarean deliveries where the baby and mother were not allowed an opportunity to breastfeed for a long period of time after delivery
- Baby was separated from mother for a long period after delivery and not provided an opportunity to breastfeed before being given a bottle of formula
- No skin-to-skin contact immediately after delivery

They leave them two hours and then take them away to the maternity ward. They're the ones that start giving them formula right there. They shouldn't give formula. [sic]

- Harlingen

In the case of my granddaughter, in the hospital, they were the ones that gave formula.

- McAllen



Grandmother's Role at Home With the Newborn

Grandmothers shared a wide variety of stories about what happened when their daughters returned home. Some thought being in the comfort of their own home helped their daughters breastfeed.

Some had stories about challenges women faced, such as illness; leaking breasts that interfered with returning to work; and pain or lack of milk production that interfered with successful breastfeeding. Some had daughters who were still breastfeeding their babies at 2, 3, 4, and 6 months old. Only a few were exclusively breastfeeding.

Grandmothers said their daughters were most likely to introduce formula after they got home for the following reasons:

- Introduction of formula while nursing
- Introduction of solid food
- Lack of support from partner or family
- The time constraints related to working
- The functionality of pumping
- Pain or latch challenges
- The mother's belief that she was not producing enough milk

My daughter stopped at 4 months old because she preferred to eat vegetables or yam. It is good from them to learn how to chew.

- McAllen

The child didn't want it anymore. Maybe the milk didn't come...

- McAllen

When asked what factors or reasons influenced their daughters' feeding plan for the first few weeks of the baby's life, many participants reported that their daughters encountered issues during that time, which caused them to stop breastfeeding. Several participants cited problems with low milk supply, latching, and pain.

My daughter was like, 'He's not getting full enough.' My daughter didn't think she was getting enough milk, and then my daughter's C-section opened from one side, because they cut her all the way from one side to the other, and it opened from one side, so she was in a little bit more pain.

- San Antonio



Many described the daughter's husbands as very involved and helpful in caring for the mother and infant, as well as other children.

I have two sons-in-law that are very helpful. They do good. As fathers, they have to learn to encourage mommy to do this, but there's times that we have to encourage my sons-in-law. It's not just mom. You play a role here, too. Mommy does the feeding and everything. You can do it, too.

- El Paso



Reaction to Educational Materials

In all four focus groups, participants reviewed the brochure, *Grandmothers Play an Important Role*, from the USDA campaign for Hispanics, *Breastfeeding: A Magical Bond of Love*, and a one-sheet page with an illustration of an infant's growing stomach size in the first months (referred to here as the "Stomach Size Brochure"). The goal was to determine if the information was new, motivational, and resonated with the audience.



Grandmother's Brochure. Participants said the brochures offered beneficial information that was a good reminder of breastfeeding's benefits. Although much of the information was not new, many grandmothers said learning the size of the stomach was new information. Other information they identified as new or especially valuable includes:

- Illustration of how to gauge healthy feeding by reviewing dirty diapers
- Breastfeeding's reduction of obesity, diabetes, asthma, and diarrhea
- The best breastfeeding being exclusive breastfeeding; no formula or water for the first four weeks
- Breastfeeding's stimulation of milk production, and formula-feeding's interruption of that process

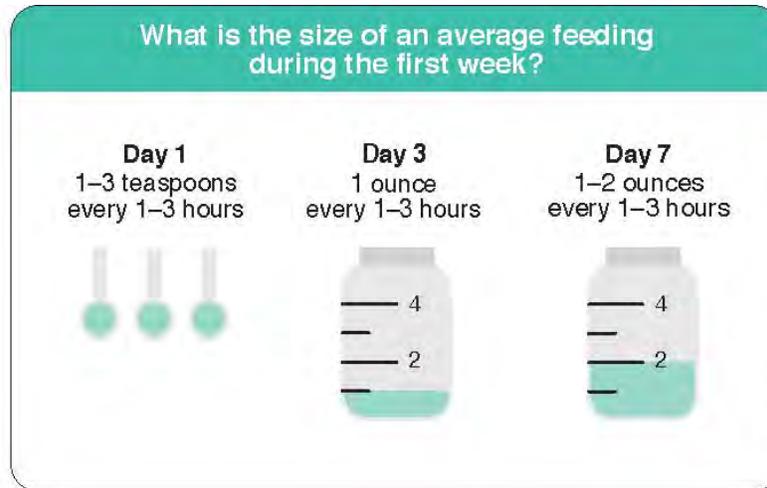
One of the things [new information] is the stomach size. Maybe that's why they vomit. They have 2 ounces, and then you want to give them more, and they spit it up.

- McAllen

Moderator: How many of you thought this is new information, the thing about the size of the stomach that was the size of a marble or a nut? All of you, all 10 of you.

- McAllen





Infant Stomach Size Handout. With very few exceptions, participants said this was new information to them. Many expressed disbelief in the validity of this brochure and insisted that their grandchild or all babies required more milk than described in the brochure. A few participants even described the brochure as “crazy,” even if published by the Department of State Health Services or WIC.

I think 1 to 3 teaspoons is not enough milk for a newborn.

- El Paso

Hispanic imagery. Participants had mixed opinions about the importance of materials that contain just images of Hispanics. San Antonio grandmothers liked it and said it was important, but not all groups agreed. Some participants said including a cultural mix in promotional efforts was more important.



Recommendations for How to Better Support Exclusive Breastfeeding

At the conclusion of each focus group, participants were asked for their recommendations to improve breastfeeding initiation and what could be done to help women exclusively breastfeed longer. The following recommendations were consistently mentioned across groups.

Participants viewed WIC and doctors as the best channels for providing information about breastfeeding. Participants suggested that grandparents and schools also serve a powerful role in educating mothers and fathers at an early age.

Participants recommended educating women about breastfeeding as early as possible, even before pregnancy and perhaps in school. They also suggested more involvement of fathers, so that they are better educated about breastfeeding.



Conclusion

While they overwhelmingly regarded breastfeeding as a positive and healthy practice, grandmothers stood evenly divided in breastfeeding versus formula-feeding their own children. Previous generations have passed down both myths and pro-breastfeeding messages to the Hispanic grandmothers, making them breastfeeding advocates but sometimes misinformed about which factors actually affect milk production.

Based on the grandmothers' descriptions, women were more likely to have a positive experience at hospitals that practice the Texas Ten Step protocol.

Some participants said they believe the number of mothers choosing to breastfeed is increasing, which they attributed to greater social acceptance and the increased cost of formula. Grandmothers said WIC and doctors were the greatest influence on their daughters' or daughters'-in-law decision to breastfeed, and that these were the best channels to provide breastfeeding information.



Hospital Findings: Hispanics

Introduction

Forty nurses participated in four focus groups in San Antonio, McAllen, Harlingen, and El Paso in July 2014. Participants included those who specialized in labor and delivery, postpartum, newborn/Well Baby/nursery nurses, and mother/baby nurses. NICU nurses were not included in the study. A summary of the total healthcare professionals in attendance for four focus groups is depicted in Table 9.

Table 9
Hispanic Nurses (N=40)

Location	Number of participants
San Antonio	8
McAllen	10
Harlingen	10
El Paso	12

DSHS provided a list of hospitals from which to recruit participants at each research site. The hospitals were selected because they deliver babies for a high percentage of WIC maternity patients. See Appendix A for all focus group guides.

- Southwest General Hospital, San Antonio
- Renaissance, McAllen
- Mission Regional Medical Center, McAllen
- Valley Regional Medical Center in Brownsville
- Valley Baptist Medical Center in Harlingen
- Harlingen Medical Center
- Providence Memorial Hospital, El Paso
- Sierra Medical Center, El Paso
- Sierra Providence Eastside, El Paso

In these focus groups, lines of inquiry included:

- Breastfeeding support and education
- Breastfeeding practices
- Cultural specifics
- Breastfeeding support and education after discharge
- Supporting exclusive breastfeeding in the future



Some of the hospitals at each research site are Texas Ten Step designated or working toward the designation. There was a spectrum of adherence to the Ten Steps to Successful Breastfeeding, as different hospitals were at different stages of adopting these practices. The Texas Ten Step Program provides resources and a framework to help birthing facilities improve breastfeeding outcomes through incremental adoption of evidence-based practices. The designation recognizes hospitals as implementing policies that are addressing 85% of the Ten Steps to Successful Breastfeeding and encourages continued progress in full adoption of the Ten Steps and pursuit of the Baby-Friendly Hospital designation. During the focus groups, researchers noted the differences in breastfeeding support between the hospitals participating in the Texas Ten Step program and those that are not.

The Ten Steps to Successful Breastfeeding are:

- **Step 1:** Have a written breastfeeding policy that is routinely communicated to all health-care staff.
- **Step 2:** Train all health-care staff in the skills necessary to implement this policy.
- **Step 3:** Inform all pregnant women about the benefits and management of breastfeeding.
- **Step 4:** Help mothers initiate breastfeeding within an hour of birth. Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.
- **Step 5:** Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
- **Step 6:** Give infants no food or drink other than breast milk unless medically indicated.
- **Step 7:** Practice rooming-in. Allow mothers and infants to remain together 24 hours a day.
- **Step 8:** Encourage breastfeeding on demand. Teach mothers cue-based feeding regardless of feeding method.
- **Step 9:** Give no artificial nipples or pacifiers to breastfeeding infants.
- **Step 10:** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.



Breastfeeding Support and Education

As with all the focus groups in this study, an icebreaker discussion at the beginning of each group provided insight into the participants' breastfeeding experiences.

The moderator spread out a deck of Visual Explorer™ cards on the table containing images of a variety of people, places, and situations. Participants were instructed to browse through the cards and select one or two images that best illustrate their experiences when they work with a new mom and help her learn to breastfeed. This warm-up exercise introduced the topic and set the tone for the rest of the discussion, creating an atmosphere of intimacy and open sharing.

The nurses' comments mirrored those made by grandmothers, fathers, and mothers. The common themes and descriptions of breastfeeding that emerged across all the groups include:

- Frustrating for new mothers
- Requiring patience and persistence
- Something learned, not innately known
- Unique for every mother and infant couplet
- Stressful, especially for mothers who very much want to breastfeed but expected breastfeeding to be much easier; and for mothers who are pressured by family about how to feed their infant
- Unknown and frightening for some mothers

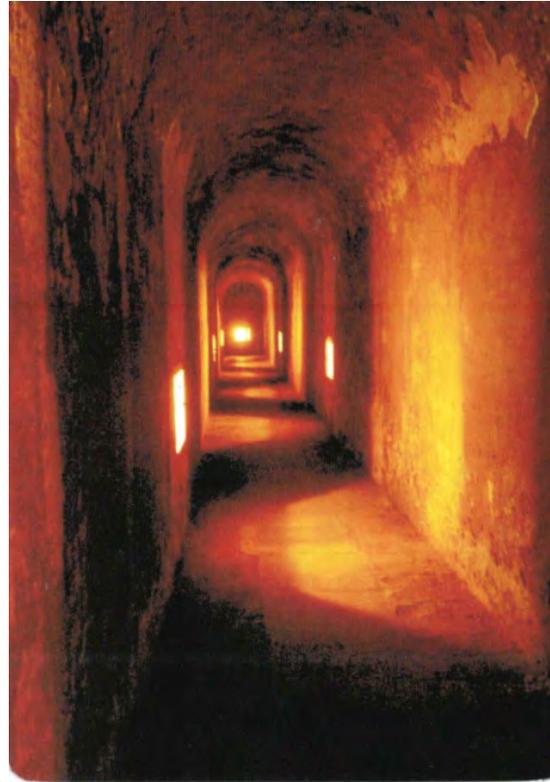
It takes, just like everybody's been saying, a lot of teamwork to get your final product. It takes a lot of work and patience with breastfeeding. A lot of moms sometimes don't realize that, but with our education and help, they'll be able to have their finished product or their finished goal of strictly breastfeeding.

– Harlingen



It looks like a long underground hallway, and it reminded me of breastfeeding because it's such a long journey and you have to have the patience.

- San Antonio



It takes a lot of patience and dedication.

- Harlingen



Breastfeeding Practices

The Nurse's Role in Support and Education

Policies, and priorities, as well as patient breastfeeding experiences, differed significantly between hospitals within the same geographic regions. Some of the hospitals at each site had achieved the Texas Ten Step designation or are working toward it, and other hospitals are not involved in the program.

Nurses at Texas Ten Step designated hospitals described how policy changes had impacted breastfeeding rates.

I think we started with 2 percent of our mothers were breastfeeding [exclusively], and now we're like at – what is it? Like 37 percent.

- Harlingen

At our hospital, we're really trying to go with the Ten Step program, to where it's 100 percent breastfeeding. I'm also the childbirth educator at HMC, so I have seen a big increase in moms that just strictly want to breastfeed.

- Harlingen

Participants at hospitals that are actively supporting breastfeeding were familiar with the term "Texas Ten Step," and to a much lesser degree, "Star Achiever." However, no participant was able to clearly define these programs. Even those who worked at Texas Ten Step designated hospitals could only name one-to-three of the 10 steps.

Nurses use hands-on education and personal encouragement to help mothers succeed. Some nurses used stories about their personal experiences as breastfeeding mothers to build rapport and encourage breastfeeding.

Participants also shared a respect for their patient's opinions, preferences, and feelings about infant feeding. They frequently mentioned that one-on-one breastfeeding promotion with patients must be strategic, personal, and subtle, because new mothers are sensitive, "hormonal," and after delivery, exhausted. Judgmental and forceful breastfeeding promotion tends to deliver little to no result.



Participants described new mothers as frequently knowledgeable about the benefits of breastfeeding, but uninformed about how to initiate and continue the practice successfully. Most mothers need help and education to understand how to correctly breastfeed; and they are not prepared for common challenges.

My specific role in breastfeeding would be providing education on the postpartum side. They're not really getting any education during pregnancy. Really giving them the education is going to be the best role that I can play at this point.

- El Paso

We usually say, 'The baby has never had to work for food and doesn't know where they're supposed to eat from, so they have to learn.'

- McAllen

The nurses shared a belief that teaching mothers about how to successfully breastfeed and providing emotional support and encouragement are critical to increasing breastfeeding rates.

The team approach is important for breastfeeding success. Nurses from hospitals with the Ten Step designation explained how they use a team approach with every worker cross-trained to deliver the same message and instruction about breastfeeding. Patients and babies interact with several nurses throughout their hospital stay, especially on the day of birth. Nurses frequently mentioned the value of providing mothers with consistent support during their hospital experience. Some nurses said that training is critical to ensure patients and their babies receive a consistent experience; and some referred to having a script they follow, which the Ten Step protocol recommends.

We teach all of the same things. All of us are on the same page. Everybody is getting the same information, so there's not one nurse telling the patient one thing, and another nurse telling them something else.

- San Antonio

Our lactation consultant is working on scripting. Like scripting for the L&D nurse, this is what you're going to say, and then once the patient comes to postpartum, this is what we're going to say for the first day. Then the second day, we're going to say...so we are all on the same page.

- El Paso



Skin-to-skin contact sets the stage for bonding and successful breastfeeding.

Participants were asked to describe what they do in the first several hours after birth to feed the newborn. In almost every group, the first response was to put the baby skin-to-skin with the mother, even if the mother said she doesn't plan to breastfeed. Once the baby is skin-to-skin, nurses show the mother how to get the baby to latch on.

I had a couple of patients that I did skin-to-skin, and the baby started to kind of look, and so the mom was like, 'She wants to feed?' I said, 'Yeah.' She says, 'Can I?' I said, 'Let's do it.' That changed her mind. She went from bottle instead to breast, so I've noticed that even if they're totally set on the bottle, if you just put [them] skin-to-skin, that kind of helps them notice like, okay, I can maybe do it.

- McAllen

Keeping mother and baby in close, uninterrupted contact during the first hour of life.

The length of time the baby stayed with the mother after birth ranged considerably between hospitals. Some practiced rooming-in, and the baby never left the room postpartum. In most hospitals that separate the infant for transition, infants are not separated until 60-120 minutes after birth to ensure the mother has adequate time for immediate skin-to-skin contact and, hopefully, breastfeeding. Of the hospitals represented in the focus groups, only one truly practiced rooming-in where the baby was with the mother from birth until they went home together.

The baby stays with the mom 100 percent until discharge.

- Harlingen

We are a Ten Step hospital, and they've extended our recovery time – and when the mothers deliver, they extended that time from one hour to two, and we actually even post signs outside the door that there's skin-to-skin in progress and also breastfeeding in progress. That's because of the sacred hour. That first hour, I know the family is there, the parents, the dad, everybody wants to grab the baby, but we dedicate that sacred hour for the mom and baby. [...] Nobody else can go in there, not lab, nobody, family. [sic]

- McAllen



In hospitals that have not made an effort to modify post-delivery procedure to support breastfeeding, infants are typically removed from the mother shortly after birth and placed in transition for approximately three-to-four hours. The following quote illustrates a typical scenario.

After the skin-to-skin the baby and mom are split. The mom gets transferred to postpartum, the baby goes to the nursery, and we do keep the baby there for three-to-four hours. Then the baby goes back out to the mom, and we try again to breastfeed. If the baby has not latched on, and it's already hit the six-hour mark, we do try to manually express milk and spoon-feed the baby.

- Harlingen

For the most part now with our core measures, we have to actually document that the baby went out to the mother less than three hours after it was brought to the nursery.

- El Paso

Nurses described how women often only felt reassured if doctors told them that their baby was getting enough milk.

One of our pediatricians – they ask the pediatricians to make sure that they're getting the right information. They ask, how do I know my baby is getting enough breast milk? Then they'll say we're weighing the baby on a regular basis, [and] we're watching the skin to make sure that they're is not dehydration. When they hear from the pediatrician, that's good.

- McAllen

Breastfeeding education and training. The nurses in every group consistently recounted the importance of professional education to prepare them to help mothers overcome the breastfeeding obstacles. The nurses at Texas Ten Step designated hospitals were more likely to have up-to-date breastfeeding training than those from hospitals not in the program or that have just started working toward the designation.

Examples include:

- Training for nurses includes online courses (up to 20 hours), including an online exam
- Lunch-and-learn and webinars
- Breastfeeding management class
- Training offered by DSHS and WIC
- Continuing education – sometimes a course once every two years
- Shadowing a lactation consultant during her rounds



Nurses said they often learn about professional education opportunities from other hospital doctors and charge nurses. Training specific to breastfeeding obstacles was identified as especially helpful (e.g., flat nipples, latch, breast size, alternative positioning techniques).

The classes in Austin – they're really good because they deal with problems that you face with breastfeeding. Mother has flat nipples, or the baby is not latching, or it's different size breasts, or different techniques that she can use. Some of those classes are really great with helping us, because it never fails.

- San Antonio

We had a three-day seminar last year, and there is another one coming up soon. Our hospital does provide us \$250 a year to attend whatever we would like to for continuing education. In our area, it's usually pertaining to breastfeeding.

- McAllen

Even for positioning – because I would've never known that some babies even prefer lying on a specific side. I had one of my lactation consultants say that baby is preferring that one breast.

- San Antonio

[Would like to receive more] education from a lactation consultant with visual education, and not just reading it in the books. It's not going to help me or help the patient if all I'm doing is reading about it.

- San Antonio

Everything will get better once the L&D nurses are a lot more educated. I think that is where the fallout is....When I first started in 2005, there was no breastfeeding training for me at all whatsoever.

- El Paso

Limited access to formula. Nurses said that new mothers often stress out or feel pressured by unexpected obstacles to breastfeeding. Latch issues or pain, lack of milk production, and an occasional sleepy baby were frequently listed as reasons for a bottle of formula.

Rather than providing choices, asking about preferences, or requesting permission, hospital cultures that support breastfeeding simply take initiative, employing tactics that promote breastfeeding initiation and exclusivity. In these hospitals, participants reported that admitting nurses do not ask if the mother wants to breastfeed or formula-feed. Instead, they simply ask, “How do you intend to feed your baby?”



Similarly, participants reported that parents are not asked if they'd like to participate in skin-to-skin interaction with their infant. Instead, they simply request that the mother or father open their shirt, and then help to initiate skin-to-skin interaction by placing the infant on the parent's chest.

We don't ask [them]. We'll just say, 'Just go ahead and take your shirt and open it up so we can put the baby right here,' and they'll look and then, 'Okay.' Then once they do it, it's like they're all smiles and okay.

- San Antonio

One of the things that we also started doing is when the patient comes in to labor and delivery, we don't ask them are you going to bottle-feed and breastfeed. We just pretty much tell them you're going to breastfeed, right?

- Harlingen

We actually have a handout that we make them sign, and it says you understand the benefits of breastfeeding over the formula.

- Harlingen

Resources That Provide Support

Participants listed several resources health-care providers use in their efforts to promote breastfeeding.

- Some hospitals offer a discharge course or take-home literature with information specific to breastfeeding techniques and solutions
- Breast pumps to aid milk production and overcome challenges faced by working mothers, mothers with premature infants not capable of breastfeeding, and mothers separated from their baby for medical reasons (e.g., NICU babies)
- In-hospital breastfeeding channel
- Nipple cream, nipple shields
- Literature and tools that illustrate the size of an infant's stomach in the first few days and weeks (e.g., belly balls); a breastfeeding guide published by womenshealth.gov

We have [belly balls] at the nurse's station; we have some in the nursery. [...] As a matter of fact today [...] we got a big batch of them, and they're going to be putting them in every single room so that we can show it.

- McAllen

[Because breast pumps are made accessible to patients] We've had a higher percent of moms with their babies in the NICU and babies in intermediate nursery that are bringing their milk in.

- Harlingen



Breastfeeding Support and Education After Discharge

Making sure a mother has support in case she encounters breastfeeding challenges when she gets home is important. As with other care, the hospitals varied in the strength of their transition programs and the relationship they had with community partners. When the nurses were asked what support they offer moms during the transition from hospital to home, some struggled to identify community partners or successful strategies. In most communities, WIC is the key resource available. In some sites, nurses admitted they had little first-hand knowledge of the community partners they were suggesting.

One of the most innovative ideas is the Baby Café, where mothers can drop in to meet with lactation consultants, health-care professionals, and other mothers for continued breastfeeding support after the hospital stay. Unfortunately, the program is only available in a few communities, and in one city, the nurses were told to not send moms there, because it was operated by a competing hospital.

Some hospitals did have a staff member who made follow-up calls, or had clinics for moms and, at one site, a pediatrician had a clinic any breastfeeding mother could access. One hospital had a discharge class and a lactation consultant who calls mothers.

If there's a very apprehensive mom that's going home that's very stressed about it, we reassure them that they can walk in [the local Baby Café] any time for assistance and, of course, they can also contact them by phone.

- McAllen

We have a breastfeeding clinic where we provide the number to our lactation consultants, and they're able to call them if they're having a problem breastfeeding and set up an appointment.

- El Paso

Policies and Practices That Impede Breastfeeding

Doctors and nurses fear reprimand if baby has not eaten. Breastfed babies are frequently not feeding often enough for varied reasons. Participants explained that if the infant's health is suffering, the nurse might be held responsible for not ensuring the baby was fed sufficiently.

The instinct I think sometime for the staff, because I've been there. I was a nursery nurse that felt I needed to make sure that the baby got fed. You want to give formula. You want to make sure that you are documenting that the baby fed.

- McAllen



Lack of communication and consistent behavior between nurses. Shift changes sometimes disrupt breastfeeding. One nurse may be aware of and support a patient's desire to breastfeed, but after a shift change or a change between hospital areas of care, the next nurse to interact with the infant might be unaware of feeding preferences. These nurses might give the baby formula when the mother, who had been breastfeeding successfully, encounters an obstacle. When communication is improved, so are breastfeeding results.

It depends a lot on who the nurse is, because there's nurses that are very open to helping the patient, teach them how to breastfeed, but there's others that want to get the baby out to the nursery. Since our nursery is separated from our L&D area, I just think that some older nurses that aren't very prone to getting the baby to latch on, and these patients, well, they need help, a lot of them do.

- El Paso

Cesarean deliveries. Participants in all focus groups described Cesarean deliveries as frequent practice; frequency was estimated at 20%-80%. With Cesarean deliveries, many hospitals do not want a mother to breastfeed, because they need to lie down to maintain their blood pressure or are too drowsy due to anesthesia.

Because of the 39 Week Initiative, frequency is dropping in some hospitals. However, it has increased in others. Participants attributed this increase to higher billing rates for doctors, convenience for doctors, failed inductions, and infants predicted to be large due to gestational diabetes, which occurs frequently in some hospitals.

Participant 1: We don't understand. There are so many C-sections now.

Participant 2: To be completely honest. I think billing. I honestly think that.

- Harlingen

It depends on which doctor it is. There are several doctors. There are some that really like to just cut every-it makes it easier for them.

- Harlingen



Formula-feeding during transition. In situations where an infant is separated from the mother before breastfeeding is successfully initiated, participants reported that these babies are frequently fed formula, often due to the doctor's direction and/or hospital's policy regarding a low glucose level for the infant. Mothers are frequently not asked permission for this feeding, and even if the mother has explicitly and adamantly requested that her baby not be fed a bottle during the transition period, some hospitals still choose to feed formula – especially if glucose levels are low. Health-care workers typically don't tell mothers about this feeding.

I'm the doctor and I'm the one that is getting in trouble. You guys have the baby one, two day here. When those babies go home and get jaundice, I have to readmit them to the hospital and into a treatment and I'm the one behind that, not the nurses, not the lactation consultant.

- El Paso

In two hospitals in San Antonio, participants described a policy where infants are fed as much as 1 ounce of formula in traditional care to evaluate the infants' ability to swallow and/or measure glucose levels. Until the infant consumes a minimum of 10 cc of formula, they are not accepted from transition into postpartum care.

We've actually changed the amount of formula that we give the baby. It used to be that every baby who was breast and bottle, or particularly bottle, would get an ounce of formula in transitional care, so that we could check the swallow. [...] Now, no more than 10 cc, if we give any.

- San Antonio

If they only take 10 in transition, I won't accept the baby.

- San Antonio

Sometimes I just tell the mom to do hand expression and let the baby – you know, leak it into the baby's mouth. If they're not doing that or they're not really expressing anything yet, we'll give the baby maybe 10 ml of formula and then put the baby back skin-to-skin and wait for hunger cues.

- Harlingen

Limit time and staff. In many hospitals – even those working to promote breastfeeding – if resources are limited and they are busy, staff must implement “rapid transfers,” which limits time in the delivery room to only 15 minutes before beginning transition.

Even if you want to spend time to help latch that mom on, you don't have the time as much as you want to.

- El Paso



One of the biggest challenges every hospital faced is having enough staff to help mothers breastfeed. Participants who had lactation consultants at their hospitals were quick to say that the consultants were key to breastfeeding success. Likewise, those who only had part-time lactation consultants said they wish they could hire more.

We do have a lactation consultant there during the day; however, she is just one person. It is difficult because she is trying to take babies that were born C-section back over to L&D for breastfeeding. You have 22 patients on the floor, and four are having problems with breastfeeding, so it is difficult for her to come assist everybody.

- Harlingen

What I think we're lacking is a lactation consultant on the weekends.

- El Paso

A successful model at some hospitals is to hire paraprofessionals who help breastfeeding moms. The paraprofessionals are typically certified nursing assistants or WIC staff who work part time and supplement busy hospitals staff.

We are very fortunate to have our WIC breastfeeding counselor or peer counselor, who does help a lot of the breastfeeding assistance throughout the postpartum stay.

- McAllen

A belief that women are going to breast and formula feed Many nurses said most patients arrive with the mindset that they are going to both breastfeed and formula-feed their baby. This contradicts the findings from the focus groups, with mothers who mostly planned on breastfeeding but introduced formula because of unexpected challenges. A belief that most women are going to breast and formula-feed their babies may predispose nurses to give formula, without the extra effort required to help a mother successfully breastfeed.

If they do say they want to do both [breastfeed and formula-feed], the L&D nurse will try to encourage and promote, 'Well, let's put the baby skin-to-skin and let's get the baby breastfeeding.' Then, when we take them to the nursery and we try to continue, all of us saying... Education is critical at that point.

- San Antonio



Cultural Specifics

Patient Demographics

In these four focus groups, participants represented hospitals with primarily Hispanic patients, so questions about culturally specific information were limited to Hispanics. Participants described the majority of their patients as young (i.e., age 16 to early 20s and some younger) mothers who are single and/or have low income; and receive assistance such as WIC and Medicaid. Patients viewed as “educated” and those paying with private health insurance are few in number.

Additional characteristics that participants frequently see include:

- Originally from Mexico
- Some do not have their partner present because the partner was not able to enter the U.S.
- Many have a large family

Cultural Influences

Acculturation influences infant feeding. Cultural views and attitudes in favor of formula are greater among Hispanic people who have been in the United States for a generation or longer. Nurses reported that they see two subcultures around breastfeeding within the Hispanic community. In the McAllen focus groups, these were referred to as “Mexican Americans” and “Mexican nationals.”

Participants often struggled to articulate the differences, but those who did said families that only recently immigrated (i.e., “Mexican nationals”) were slightly more likely to breastfeed exclusively. Furthermore, these families typically do not share the same concern regarding a need for privacy while breastfeeding.

It’s a different type of culture. Nonetheless, we speak the same language, but there is a difference between the Hispanic race here and then the influx coming in from south of the border.

– El Paso



Some nurses held the belief that Hispanic culture influences attitudes and behaviors about breastfeeding. Nurses in every group said Hispanics often don't believe the baby is getting enough nourishment from breast milk and that the baby needs to eat in order to be healthy. Family members or moms often want to supplement with formula because they believe the baby is not getting enough.

We see the mom saying she has no milk. Just a lack of education. The family is worried that the baby's starving.

- Harlingen

The breastfeeding somehow in their head...doesn't seem like it's enough. It just doesn't ever seem like it's enough, because it is so hard to measure.

- McAllen

This concern also affects breastfeeding in later months, when Hispanic families are likely to introduce solid foods too early or foods that are sugary.

Participant 1: What is a common term of endearment for young children? 'Gordito,' which means 'little fat child.' Fat babies are healthy babies.

Participant 2: That's a culture thing.

Participant 1: And the more the baby eats, the healthier the baby is going to be. The other thing is they don't follow the six-month thing. They feed the baby too early. They give the baby sweet drinks and sweet foods too much, and just things like that.

- Harlingen

The presence of extended family at the hospital is common and sometimes impedes breastfeeding. Participants reported that some mothers are ashamed to initiate breastfeeding at the hospital because of large families that are often present during and after delivery.

A lot of my moms will tell me, 'In the hospital, I don't breastfeed - only at home.'

- San Antonio

The biggest problem at our hospital is there are no visitation hours. Anybody can come anytime. Being Hispanic culture you have huge families, and everybody shows up - you can have 10 people in a room. You walk in and say, 'It is time to breastfeed.' And no one leaves...that is one of the things that doesn't help when you are trying to get a mom to breastfeed.

- El Paso



Father's impact on breastfeeding. The nurses said that many of the women do not have a partner, and for those who do, the stories were mixed about their involvement. Stories about dads ran the gamut, from those who were sleeping and disengaged during and after labor to those who were actively involved, to those who didn't want the mom to breastfeed because he considers the breast a sexual object.

Based on stories told by nurses in every group, skin-to-skin contact is an emotional experience for many dads, which instantly engages them in the care for the baby.

Our lactation consultant puts some of the babies skin-to-skin with the dad. When she does that, they're a lot more involved in helping moms.

- McAllen

I walked into a room and the dad, he's just in his boxer shorts and he's got the baby completely naked except for the diaper. He was doing skin-to-skin. He asked me, 'Am I not supposed to do this?' I go, 'Yeah, by all means. It's great for the bonding.' He said, 'We read some of the books and we didn't get to do skin-to-skin when the baby was born. Is it okay if I do it now?'

- El Paso

Sometimes the dads are supportive and they don't want to hear the baby cry, so they want to go ahead and just give formula, so the baby is quiet for the night - so they can sleep.

- El Paso

In the Hispanic culture, it's very machismo. They're very controlling, and so sometimes they don't help out.

- El Paso

Nurses in each group also shared stories of how dads often became involved once they were educated about the benefits of breastfeeding or asked to help out. Some nurses involve them by asking them to be the "coach." Others described how they get dads to help hold moms' breasts, particularly if mom has had a C-section, and their arms are weak from anesthesia.

I have seen a change in the dads' perspective. They want to be more involved. I have had dads that, when I have gone in and given my spiel about benefits of breastfeeding, the dad will look at her. 'Come on, babe, why don't you try it? Why don't you try it?' I mean, that's their son. They want their son to be healthy and strong.

- Harlingen



Grandmother's impact on breastfeeding. Participants reported that grandmothers play a key role in how the mother feeds her baby. Some grandmothers are strong advocates of breastfeeding, and some advocate formula. In both groups, mothers typically yield to their grandmothers' beliefs.

In every focus group, though, nurses told stories of how the grandmothers expressed concern that the mother was not making enough milk, and that the baby should be given formula. In fact, the Hispanic grandmothers were more often seen as a hindrance to successful breastfeeding because they were anxious to bottle-feed the baby.

If the grandma says, 'That's the way it's going to be done,' that's the way it's going to be done.

- San Antonio

If the grandmother says, 'That baby is not getting enough. You better give it some formula,' it's going to happen.

- San Antonio

We have a lot of patients – that grandmas are pushing for bottle. 'The baby needs to eat...' We have to fight with them.

- McAllen

Yes, it is a constant battle, especially with the Hispanic grandma and the mom, because you don't have any milk, so give the formula, the grandma is telling the mom. 'No milk, give the baby formula because you don't have any milk, so give formula.'

- El Paso

Socioeconomic status makes a difference. Some nurses described how socioeconomic factors coupled with cultural norms influence new mothers decisions. They also reported that breastfeeding is sometimes viewed as representing behavior of a low socio-economic status.

I think at the end of the day it is more socioeconomic rather than cultural. I think the more educated you are the more you know about the benefits of breastfeeding to your child and the more you want to do it.

- McAllen

'No, give it American food.' [A mother's response when a nurse suggested breastfeeding]

- Harlingen



Nurses also said that women receiving financial assistance have easy access to formula and conclude that when formula is easily accessible, it's more likely to be used. A notable number of nurses said they believed that Hispanics often wanted the formula because it is free. This finding is identical to what nurses in the focus groups on African Americans said, suggesting this is a socioeconomic issue.

Our population is a lot of low socio-economic women, and we also have some very young patients. I don't want to stereotype, but when I'm doing an admission I would say over 90-some-percent have assistance. I know that when they have assistance, the milk is readily available to them. I would venture to say that it's easier to say, 'I'm going to go with formula.'

- McAllen

What I've noticed is if they are from Mexico, they're more receptive to what we're teaching them...If they are from the U.S. they are more from the past, like from their mom and their grandmother. This is the way it is done, so you keep doing it, because this is something free. You're getting this for free, so why should you breastfeed?

- Harlingen

Nurses said some of the women believe that if they tell the nurse they are going to breastfeed, they will not be able to get formula from WIC. Another nurse observed that a mother of lower socioeconomic class might be at a disadvantage when attempting to breastfeed due to a lack of support at her workplace.

I think one of the things that it is an issue is that a lot of these women are in the low socioeconomic class and they're working mothers. A big hindrance to them breastfeeding is that they don't have employers that support breastfeeding, or at least pumping, or giving them 15 minutes to pump at work, or places where they can store their milk. That's a big problem. They can be breastfeeding great for a month or whatever time they're going to be off, but once they go back to that job, that's where the reality hits: 'Where am I going to store this? They don't let me pump. They don't let me this. They're not breastfeeding-friendly.' That's where it stops.

- McAllen



Reaction to Educational Materials

How will I know my baby is getting enough?

You can be assured that the baby is getting plenty of milk in a number of ways, including counting the number of wet diapers and poops. The color, texture, and frequency of your breastfed baby's poops will change as your baby grows. The chart below offers a guide for the frequency and color of your baby's daily poops and wet diapers.

The boxes show the smallest number of diapers for most babies. It is okay if your baby has more diapers than what is shown.

Your baby may have more than 6 poops a day after the first week. Do not worry if your baby loses a little weight in the first few days. After about 5 days, the baby should gain 4-6 ounces (or more) per week with breast milk. After 6 weeks, there may be fewer dirty diapers.

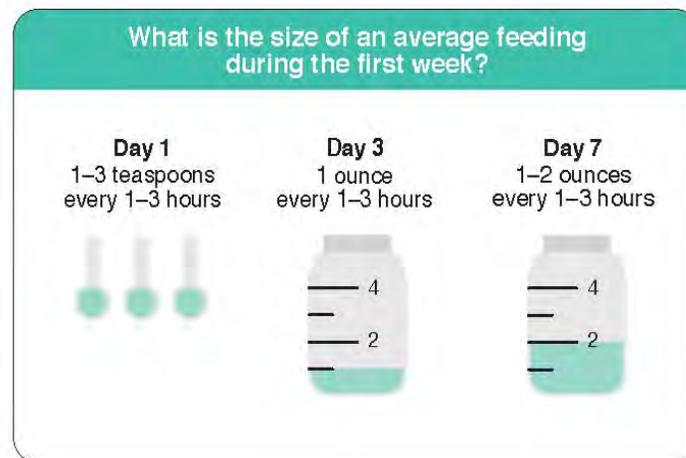
Baby's Age	Wet	Poops
DAY 1 (postnat)	1	1
DAY 2	2	2
DAY 3	3	3
DAY 4	4	4
DAY 5	5	5
DAY 6	6	6
DAY 7	6	6

Love Support
 United States Department of Agriculture
 Center for Nutrition Programs
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 October 2016

Breastfeeding
 A Magical Bond of Love

You Have Everything Your Baby Needs

In three of the focus groups – San Antonio, McAllen, and Harlingen – nurses were shown existing USDA and WIC materials from the *Breastfeeding: A Magical Bond of Love* campaign, which are specifically designed for Hispanics. The goal of showing these materials was to determine if participants believed this information would help improve the initiation, exclusivity, or continuation of breastfeeding among patients.



Infant Stomach Size Handout. Participants in the three groups reviewed a one-sheet page with an illustration of an infant's growing stomach size in the first months. Several nurses in the Harlingen group agreed this brochure could serve as a helpful tool. Some nurses asked if they could keep a copy of the brochure or receive a digital copy so that they could print copies for their patients. One nurse suggested printing the information on a card displayed over the crib, where both mother and grandmother could see it.



Another nurse asked if the brochure was available in Spanish. No participants in any group expressed disbelief or concern about the information in the brochure.

What Is the Cost of Formula Feeding?

Formula feeding costs money. The dollars add up because you must buy extra formula as your baby grows, since WIC does not give you all the formula your baby will need. But the real cost of formula is the cost to your baby's health ... and the time you spend away from work or at the doctor when your baby is sick.

Compared to mother's breast milk, formula is missing many things babies need to be strong, healthy, and smart.

See for yourself!

Breast milk has more of the good things babies need.



Contact your local WIC office for more information.
USDA is an equal opportunity provider and employer.
This project was funded by USDA/FNS W1BR-05-TX-1.
October 2008

Building blocks. Participants in Harlingen were also shown a building-blocks image from the *Dads Play an Important Role* brochure, which is a part of the *Breastfeeding: A Magical Bond of Love* campaign. When asked, some nurses agreed that the building-blocks image would be helpful when presenting patients with the informed consent form, which Harlingen Medical Center patients are asked to sign before formula is provided to their babies.



Supporting Exclusive Breastfeeding in the Future

Participants shared the following recommendations for improving initiation and exclusive breastfeeding.

More focus on the promotion of exclusive breastfeeding. Nurses admit that hospitals have come a long way in promoting breastfeeding but they still see many women who leave using breastmilk and formula. Nurses want more strategies and tools to help them promote exclusive breastfeeding.

We've come a long way. We used to stock up those cribs with tons of bottles, if they were both [breastfeeding and formula-feeding], and now we don't. It starts with the admission process, and it just goes down the line.

- San Antonio

More education available to nurses. Participants would like to have more education available, including videos, training from lactation consultants, hands-on training (as opposed to literature), and more educational events from WIC and the Department of Health Services. The majority of hospitals cover the expenses of continuing education, but local training specific to breastfeeding is limited.

Increased access to lactation consultants. Lactation consultants are highly regarded by nurses and are frequently mentioned as the best resource available when a nurse is unable to help a mother overcome a breastfeeding challenge. The majority of participants described a shortage of lactation consultants, even those who felt their hospital offered significant support in this area. More than one participant emphasized the need for 24/7 access to lactation consultants, because it is often during evening deliveries when mothers are exhausted and most need breastfeeding support. One participant suggested dedicating a mobile WIC unit to lactation support.

If overall [the patient is] needing that extra additional help, we get our lactation specialist on board. She's also fabulous at what she does.

- Harlingen

...There's only one lactation consultant, sometimes for 800 deliveries in one month. It's not enough.

- McAllen

Participants also expressed appreciation for the presence of WIC Peer Counselors and Certified Nursing Assistants certified in breastfeeding. However they are present only at a few hospitals and extremely limited in number and on-site hours.



Follow-up with mothers after discharge to address any obstacles to breastfeeding.

Examples of follow-up included home visits from lactation consultants and the presence of a lactation consultant in the offices of pediatricians or OBGYNs, when a mother has her follow-up appointments. While many hospitals offer follow-up services, they are rarely delivered to all patients due to limited resources. Follow-up calls and visits are sometimes limited to those patients who experienced breastfeeding challenges during their hospital stay.

A “team” approach to supporting a breastfeeding couplet. Participants in all focus groups mentioned the value of the hospital staff, family, and mother working as a team to support breastfeeding. Several described the value of fathers participating in skin-to-skin interaction, as many fathers do not view themselves offering value in or support of breastfeeding.

In order to breastfeed or have somebody be successful in breastfeeding, everybody needs to work as a team, including the fathers, including the sister or the patient’s mother, whoever is there at bedside, both nurses postpartum and nursery, and the patient herself. She needs to be willing to work as part of a team in order to succeed.

– McAllen

If the mother’s real tired, and she says, ‘Can somebody take the baby?’ Instead of just wrapping the baby in a blanket, I’ll put it on the daddy skin-to-skin, and they love that because they feel part of the whole picture. They really like that, and they feel like, ‘Hey, if I can do this, I’m going to encourage my wife to do breastfeeding.’

– Harlingen

It takes [a lot] of teamwork to get your final product. It takes a lot of work and patience with breastfeeding.

– Harlingen

Provide mothers with clear, focused, scientifically based information about breastfeeding. Participants described new mothers as often overwhelmed with opinions and information about breastfeeding, heightening stress and increasing the likelihood that they will yield to the convenience of or family preference for formula feeding.

Educate mothers early about common challenges and proven solutions. Mothers are frequently well informed about the benefits of breastfeeding but lack accurate expectations of the difficulty of initiating breastfeeding, as well as knowledge about how to overcome common obstacles.



Reduce access to formula. Examples of this solution included the removal of free formula from a hospital and encouraging “one more try” at breastfeeding when a mother requests a bottle of formula. Some patients request formula when being discharged to help them close the gap between that date and their next WIC appointment.

I have patients that say, 'Will the nursery nurse give me the formula for just today, because our appointment with WIC is going to be the next day?' They already know.

– McAllen

They'll call [the nurse] into the room and they'll say, 'Well, the baby doesn't want to latch on.' Then they just say, 'Can you just tell her to bring me a bottle?' At that point, we do try to intervene and say, 'Let's do some stuff here to try to help and let's try to latch one more time.'

– McAllen

I'm just saying if they didn't have access, if we as women did not have access to free milk, we'd be breastfeeding.

– McAllen

Influence attitudes with early education. Educate families early in pregnancy, including fathers, due to their heavy influence in the breastfeeding decision. Educate boys and girls at an early age in schools.

Educate working mothers about how to continue breastfeeding when returning to work. Some mothers are unaware of the option to pump and store breast milk during the work day.

Letting them know that even though they have to go back to work or school, they can still pump and get that right away. Their solution is formula. Letting them know that they can produce enough to store and freeze, and give to the baby if they do need to go back.

– El Paso

I would say about 90 percent of our patients definitely say, 'I don't have any milk.' The baby is too sleepy. The baby doesn't want to wake up; the baby's just sleepy, and I can't get him or her to wake up. That is another one that we hear a lot: 'I'm too tired.'

– McAllen



Findings: African American Mothers

Introduction

Sixty-five African American mothers who receive WIC benefits and have infants 8 months or younger participated in nine focus groups, which took place in Killeen, Beaumont, Houston, and Dallas in July 2014. Table 10 reflects attendance for the African American mothers.

Table 10
Total African American Mothers (N=65)

Location	Number of participants
Killeen	10
Killeen	7
Beaumont	8
Beaumont	7
Houston	7
Houston	8
Dallas	6
Dallas	4
Dallas	8

These groups presented an opportunity to begin exploration of the specific knowledge, attitudes, behaviors, and needs of the African American community, which has the lowest breastfeeding rates of any population.

Developed in 2003, the Texas WIC African American Breastfeeding Promotion campaign is based on 1999 research conducted among the Texas WIC African American population. While breastfeeding rates have improved, African Americans are still the least likely group to breastfeed. Only about 74% of African American mothers initiate breastfeeding, compared to 86% of Hispanic mothers and 81% of white mothers (Texas WIC Information Network [WIN] data, Sept. 2013).

Breastfeeding disparities in the early postpartum are striking. White infants born in 2009 were more than twice as likely (60.6% vs. 28.4%) to be exclusively breastfed at day two of life than African American infants (Newborn Screening Demographic data, 2009.) This disparity is a result of both significantly lower rates of any breastfeeding (59.7% vs. 80.1%) and significantly higher rates of formula supplementation (52.4% vs. 24.4%) on day two of life among black - compared to white - infants.



Goals for the focus groups included: determining breastfeeding knowledge, attitudes, and behaviors; exploring culture norms, influencing factors, and breastfeeding experiences at the hospital and home; and determining the strategies and messages that would motivate longer exclusive breastfeeding.

Lines of inquiry included the following:

- Perception of breastfeeding
- Pre-pregnancy vs. post-pregnancy feeding plan for baby
- Influences and sources of information
- The hospital experience
- The transition to home
- Sources of support for solving common problems
- Reaction to educational materials
- Participant recommendations

See Appendix A for all focus group guides.



Perception of Breastfeeding

As with all the groups in this study, an icebreaker discussion at the beginning of each focus group provided insight into the participants' perception of breastfeeding. The moderator spread out a deck of Visual Explorer™ cards on the table containing images of different people, places, and situations. Participants were instructed to browse through the cards and select one image that best illustrates their feelings about breastfeeding. This warm-up exercise introduced this topic and set the tone for the rest of the discussion, which encouraged intimacy and open sharing. Common themes and descriptions of breastfeeding that emerged across all the groups included:

- A beautiful bonding experience
- The best thing to do for the baby
- Difficult and not possible for all mothers
- Painful and stressful



When I had her I was in school for my bachelor's in business and accounting, as well as working full time – busy, busy, busy. I didn't get a chance to breastfeed her as long as I would liked to have because I dried up before she even came home from the hospital. She was in there for 50 days, and I dried up before then because of that.

- Houston



I tried, I tried. I tried with the oldest. They just didn't want to latch. I was young. I tried everything in the book. With this one, tried it. Thought, okay, it's been 15 years, some experience, let's do it again. No. Not at all. It didn't happen. She gave me that same look as the others, 'What are you doing? Leave me alone.' It never happened. Just, rest in peace, for me.

- Killeen



I chose a polar bear mother nurturing her baby, and that's how I feel about breastfeeding – nurturing and bonding with my child. It's a special bond like that. She can go to anybody else, but she always will know who her mommy is and understand that everybody loves her, but her mama has a special love for her.

- Dallas



Pre-pregnancy vs. Post-pregnancy Feeding Plan for Baby

The mothers in these focus groups were asked how they had planned to feed their baby and compare to what actually happened. Most participants said that when they were pregnant, they planned to breastfeed, and some said they planned to both breast and formula feed their baby. Only a few said they only planned to feed formula. Factors that encouraged mothers to choose to breastfeed included a desire to lose weight, convenience, saving money, health benefits for mom and baby, and bonding.

I started in my mind saying, 'I was going to breastfeed.' Looking at the prices for Similac, it was very expensive. I said, 'Well, we're just going to breastfeed, and pump, pump, pump, and then put it in the freezer.' That was my idea.

- Killeen

I planned to do both, because I wasn't sure how long I was going to breastfeed. I wanted to introduce him to the bottle right off, so it wouldn't be a problem switching him, whenever I switched him to formula.

- Beaumont

The following information in Table 11 from the Dallas focus groups is typical of how most women responded when asked how they planned to feed their babies and how that plan changed and why (Please see Appendix D: Qualitative Baby Feeding Plan charts for the entire survey of responses for the African American focus groups).

Table 11
06/25/14 Dallas 6 p.m.

Respondent	Plan	Action	Why?
1	Breastfeed	Breastfeed	"How I feel about breastfeeding – nurturing and bonding with my child."
2	Breastfeed	Breastfeed, formula	"It changed, because he wouldn't latch..."
3	Breastfeed	Breastfeed, formula	"Then, like I said, as the time came, I thought again that it hurt. Sometimes you can't get your baby to latch on and things like that, so I just changed my mind."
4	Breastfeed	Breastfeed, pump, formula	"Mine changed, because I had to pump. I had to pump every two to three hours. If I didn't, my breasts would go so hard that I could barely stand it."
5	Breastfeed	Breastfeed, pump, formula	"Even though he didn't latch on, I had to pump every three hours, and that's why I didn't breastfeed as long as I wanted to."
6	Breastfeed	Breastfeed, formula	"The oldest one, I got to breastfeed him for 15 weeks, but the youngest one I had to stop, because he eats too much."



The Decision to Introduce Formula

Many participants planned to breastfeed exclusively for durations ranging from one month to two years; or simply “as long as I can.” After the baby was born, many women said they changed their breastfeeding plans. The women typically changed their plans because of:

- Latching problems
- Pain while breastfeeding
- Unexpected birth complications (C-sections or premature birth)
- A belief they were not making enough milk
- “The baby didn’t like it.”
- Formula introduced by hospital staff

When I was pregnant with my last one, my iron was really low. That’s why they put me on strict bed rest. I guess my blood – I was in the process of getting a blood transfusion. I had to sign up for that while I was having her. They told me it’s maybe not the best thing to do, because it’s going to take too much of me to feed her. We tried to give her other things. I tried to give her some, but the milk wasn’t coming. It was not coming. It took two weeks for the milk to actually get there. By that time, she didn’t want it.

– Houston

It is difficult for the baby to latch on, because I know sometimes when I used to breastfeed and it would be late at night and she’ll wake up, and she’ll just be crying and crying. I’m like, ‘It’s right here. Just latch on.’

– Houston

Obstacles That Impacted Breastfeeding Plans

Perceived lack of milk production. One of the greatest barriers to exclusive breastfeeding for many was a concern about the amount of milk their baby could get from breastfeeding. Many participants did not believe their bodies could make all the milk the baby would need. In some cases, this concern resulted in the baby being fed both formula and breast milk; and in other situations, this fear prompted the mother to stop breastfeeding altogether.

[My biggest concern] was the latching. I didn’t understand. I didn’t know. How would I have known that she had enough? I couldn’t tell if she was eating, or if she was getting enough, or what was going on. That was a big concern for me for a while.

– Killeen

I felt like he wasn’t getting enough. I maybe gave it a pump, only 2 ounces out of both [breasts]. That’s what started concerning me, because I knew he was going to get bigger and hungrier and I didn’t want him to go hungry at all.

– Beaumont



Most participants did not know how mothers' bodies produce milk. This lack of understanding was evident in many participants who were unaware that supplementing with formula negatively affects breast milk production.

It's a beautiful thing for our bodies to be able to produce milk, but I never gave a thought of how.

- Beaumont

I was thinking, what if my milk spoils or something? I wasn't really educated. I asked my sister. I was like, 'Can breast milk spoil inside your breast?' I didn't want to give my baby spoiled milk.

- Dallas

I don't really know how your body releases the milk. I just know it was just like a hormone. If she cried, I would start lactating, and stuff like that. I never knew how, or what caused it.

- Killeen

Pain. Many participants experienced pain due to cuts and cracks at the nipple and/or engorgement. Participants seemed unaware that a better latch or different position could alleviate pain. Many participants reported the pain simply caused them to give up.

I didn't know my breasts would become engorged, and then I had engorgement for three days. It was so painful and I was just like, 'I'm not doing this anymore.' I gave up on breastfeeding. It was way too much.

- Dallas

What I did know – when you do breastfeed, like they said, it shouldn't be painful, but the first week or so, it is painful. You get scabs on your nipples. I don't care what nobody – your first time, you going to get a scab. That, I did not know [ahead of time].

- Houston

Issues with latch. Many participants experienced trouble with their babies latching incorrectly. A poor latch can cause pain for the mother and make it difficult for the baby to get milk from the breast. These participants frequently cited their latch issues as the reason they stopped breastfeeding.

I had a time when I was going to my nursing appointments, I did want to breastfeed, because they were saying that it gives you and your baby an even closer bond. That's why I wanted to, because I wanted to have a bond...Then, like I said, as the time came, I thought again that it hurt. Sometimes you can't get your baby to latch on and things like that, so I just changed my mind.

- Dallas



Cesarean births. It should be noted that, in every focus group, between a few to several women had C-sections. Although some of the women who had C-sections breastfed successfully, these were unforeseen birth complications that may have impacted breastfeeding success or duration.

I had a C-section. After my C-section, he did not latch on at all. He was just crying and crying, so they just gave me a formula bottle. I fed him off that because he still wouldn't latch. After I got home, I used the pump, and I was pumping. That's how he got the breast milk, because he still wouldn't latch on after the lactation nurse and everything.

- Killeen

Babies admitted to NICU. In every group, at least one participant had a baby who was admitted to the NICU. Although the NICU babies were often given pumped breast milk, in some cases time in the NICU disrupted or shortened duration of breastfeeding.

My plan was to go directly into breastfeeding. She was born by C-section. Her blood sugar was low, so they gave her a bottle in the NICU before bringing her to me. Then the captain, the nurse that I had to begin off with, I told them they had to find me another person or I had to leave. I kept asking for a breast pump, or if I could bring my own breast pump in, and she was like, 'No.' Everybody's talking about how they pushed and encouraged. She was the only one who did not encourage me.

- Killeen

Formula introduced by hospital staff. Several participants shared stories of the baby being given formula at the hospital, often against their wishes.

Participant: The nurse helped a little bit, but the lactation consultant was better at it. I think the second breastfeeding that I tried to do and she didn't have enough sugar, so they supplemented with a bottle for her for that one.

Moderator: Did they tell you that they were going to give her a bottle?

Participant: No.

- Houston

My experience was weird. When she first came out, they didn't even wash her off. They just wiped off...They asked me how I wanted to feed her. She had a bottle in her hand already ready to give her a bottle. It was another nurse. The nurse I had during delivery, she was trying to get away with it. She had a bottle. She was like, 'Okay, it's time to feed.' I was like, 'Well, I want to breastfeed, not bottle-feed.'

- Beaumont



Returning to work. Many participants spoke of having to return to work quickly, often within a couple of weeks after giving birth. Knowing they were going back to work impacted many mothers' initial feeding plans, either by forgoing breastfeeding entirely or deliberately weaning their babies after a few weeks of breastfeeding. Some participants planned to continue breastfeeding after returning to work but found the reality of pumping and child care to be barriers.

I just strictly breastfed for two weeks. The third week, that's when I started weaning him off and putting him on the bottle, because I was going to go back to work.

- Killeen

Mine was, everywhere it was just terrible. It was hard to – I do private duty sitting, so it was hard once I went back to work to pump. It takes me an hour to pump both, and it's hard to go in the bathroom and pump for an hour. It just takes away from actually doing what I'm supposed to be doing, which is working. Once I went back to work, I tried for the first week, but it was a little bit hard.

- Beaumont

Women need more information about breastfeeding barriers and challenges. In most groups, there were participants who wished they had known more about the barriers to successful breastfeeding before having their baby. These mothers did not expect the breadth or severity of the challenges they faced during breastfeeding. They also did not realize that their expectations were not their reality, and as a result, they became discouraged. Women were unprepared for problems like engorgement, sore nipples, or how to manage breastfeeding in a busy household.

I think if everyone would kind of sit down and visualize how we have an idealistic way of how we would like to breastfeed the child when it comes, and it's completely different. Once you take that child home, and reality hits, and you're like, oh, these two other children that also need – I can't physically sit down and breastfeed her for an hour, or however long, because I have two others. Reality kind of kicks in, and it's like, oh...

- Killeen

I thought everything was going to go smooth. I was able to breastfeed for as long as I possibly [could] – I was excited about it. I knew it was going to hurt, but I really didn't care. I was just, 'This is going to hurt for a little while,' and I didn't care. I was just going to breastfeed for as long as I could, but it just didn't work out that way.

- Beaumont



Passing medication through breast milk. Several participants were concerned about potentially passing medication, some prescribed because of C-sections, to their baby through their milk. Participants were unsure about the risks, so in most cases, they opted not to breastfeed for fear of endangering their child.

I had pain medicine while I was pregnant because I had gallbladder surgery. I was kind of leery about how it would affect her growth with me having pain medicine during that time.

- Beaumont

When I was at the hospital, they were giving me the Tylenols 3s; it had codeine in them. I was like, for one, I didn't know. That was my first child, so I didn't know they sleep all day anyway. This medicine is making her sleep, because it's making me sleep. That's how I was thinking. I'm giving her drugs....I'd Google everything. Somebody else agreed, and they were like, they stopped breastfeeding because they were taking the same medicine. They felt like it made a difference with their baby, so I stopped in the hospital.

- Beaumont



Influences and Sources of Information

The moderator probed to determine who influenced the participants' decisions about feeding their baby. Family members were found to be highly influential, and mothers cited WIC and doctors as the best sources for breastfeeding information.

WIC clinics and resources. Most groups identified WIC as an institution that supports and encourages breastfeeding. Participants recounted that WIC staff were generally enthusiastic about breastfeeding and supportive of the decision to breastfeed. Many participants said that WIC staff tries hard to help everyone succeed.

They advocate breastfeeding. They want everybody to breastfeed. They literally – if you come in there and you want to formula feed, they're going to give you so much material to tell you why not to use formula.

- Killeen

WIC is very helpful. They've come a long way. They really have.

- Beaumont

I had the lady from WIC that called me once a week just to check on me to see how I was doing.

- Killeen

WIC breastfeeding classes. The delivery of breastfeeding classes ranged from a classroom environment or video for some participants, to online courses or printed worksheets for others. Some participants described the class as required, while others described it as optional. Participants said the information was valuable, especially when it was hands-on and set in a classroom.

I think you have to. You have to take a class after you have – I think it's four months after; you have to take a class to get your benefits.

- Killeen

They signed me up for a class. I went for a class. I was seeing videos and things like that saying how [breastfeeding] could help me with my baby. They try their best to help you. You get a little packet on it.

- Houston



Several groups expressed a desire for more hands-on breastfeeding education at WIC, especially classes that include mothers who are currently breastfeeding. Some participants said that they would have liked to see other mothers breastfeeding successfully; and know more about the problems they may face before they have their baby.

Get a class where they're upfront about it, no hiding. Like okay this is what's going to happen when you breastfeed. The pros and cons. Show you so then when you actually do that, there would be no surprises. Being in the hospital and then your milk finally comes in, and your boobs are so big and then they start leaking. I didn't know that was going to happen.

- Dallas

WIC's Prenatal Breastfeeding Education bag. Many remembered receiving the breastfeeding bag with literature and a DVD and found the contents helpful. Specific contents recalled by one or more participants included an educational DVD, pads, brochures, burp cloths, storage bags, and breastfeeding covers.

At the WIC, they gave you a little backpack with all the little books in it.

- Dallas

I walked in the office...She was like, 'You doing formula or breastfeeding?' I said, 'I'm straight breastfeeding.' Oh, they got happy. They sent a bag, and she gave me a pump and everything. I had the whole – wow.

- Beaumont

WIC breast pumps. Some mothers said they got breast pumps from WIC, and several of them reported better experiences with the WIC pumps than with pumps they either bought themselves or used at the hospital. Pumping also helped women breastfeed longer. Having a breast pump helped women who had a hard time latching, those returning to work, and some who wanted bottles of breast milk available for convenience.

The breast pump that I had at Baylor, it wasn't as good as the breast pump that I had with WIC. That's why my milk didn't pour out until I got the WIC breast pump.

- Dallas

It's not supposed to be painful. That's what they told me. I went and bought a \$200 breast pump, and it was so painful. Then I went to the WIC office and they told me, 'Take this one home and try this one,' and it didn't hurt at all.

- Houston



WIC peer counselors. Some confusion surrounded who peer counselors were and what they did. Some participants did not recognize the term “peer counselor,” but then remembered speaking with one after the moderator explained who they are.

I talked to one of those people. They sit in the back. Like, when we first walked in, we sit in this room, and they give you all the breastfeeding stuff. That's the people that if you say you want to breastfeed, they'll pull you to the side and give you all these flashcards and backpacks and baby things. They make sure you are okay; make sure that you want to do it.

- Killeen

Promotion of exclusive breastfeeding. Only a few participants remembered encountering information about exclusive breastfeeding. Most participants did not appear to have heard about the benefits of exclusive breastfeeding over supplementing with formula from either their doctor or WIC.

[WIC] just gives you a pamphlet and tell you this is what exclusively breastfeeding can do and benefit you.

- Houston

Family. Family members, especially mothers who had breastfed, influenced participants to plan on breastfeeding. Generally, family members who had breastfed positively influenced a mother's decision to breastfeed. Exposure to breastfeeding and seeing the benefits firsthand encouraged many participants to try breastfeeding themselves.

I see [my daughter] developing and I'm proud of myself that I'm still doing it. My older sister, she had four kids and she breastfed all of her kids. I just see how intelligent they are and just how close they are to their mother, and it just inspired me to just keep pushing. Bite, blistered-up nipples... keep going, even if you stop latching and just pump, keep going. Don't give up.

- Dallas

My mom told me she breastfed me for two years, going on three, and it helped the baby more than formula and it helped the digestive system.

- Houston



Grandmothers. The majority of participants said their mothers influenced their opinion when deciding how to feed their babies. Many participants received encouragement from their mothers to breastfeed. The few who were discouraged from breastfeeding entirely were frequently told by their mother that they would not babysit a breastfed baby.

My mom said breastfeeding was good. [Breastfed babies] have all of the nutrition. They are healthy, and there is a bond with them during this moment.

- Dallas

[My mom told me] that's going to help your baby. He's not going to be having earaches, and it will help you from not going to the doctor.

- Houston

Fathers. The child's father was also mentioned by some participants as an influence. Some dads support and encourage breastfeeding. Some participants reported that fathers were concerned about modesty when breastfeeding in public or possessed a general opposition; but more frequently the concerned fathers opposed breastfeeding for the practical issue of how to feed the baby when the mother was away. They also said the fathers wanted the ability to feed their babies themselves. Furthermore, like the Hispanic fathers, some dads were concerned that the baby not getting enough food from breastfeeding.

He was like, 'You're embarrassing me. Why you going to breastfeed?' I was like, 'It's the good thing for her.' He's like, 'What about me?' I was like, 'This is for your baby.'

- Dallas

I had to talk to [the baby's father] because, with my working schedule, I work in the morning, and he works at night, and I knew he would have the baby and he was like, 'I don't have breasts to feed him, so what am I going to do?' I was like - I mean, I can pump. He was like, 'I'd rather you not,' because he was afraid it was going to be a bond so tight that when I go to work that the baby would just cry all day, and then it would be like, 'Where's my mama?' It wouldn't work with the pump and so, I was like, 'We'll just try both ways and see,' but I just stopped.

- Houston

He just kept asking, 'Well, is she going to get enough food?' Because he's still like that now. He thinks she's not getting enough food, and sometimes he over-feeds her. He always thought the breastfeeding wasn't enough.

- Houston



Some participants' partners were supportive and excited for them to breastfeed. Often those fathers were exposed to breastfeeding in their family and had learned the health benefits.

He wanted me to do it. He was breastfed. All of us were breastfed, so keep it on.

- Houston

I told him I was going to breastfeed. He was like, 'Awesome. Good. Thank you.'

- Dallas

[My husband], he begged me [to breastfeed]. I was pushing when he told me. He told me I was going to breastfeed while I was pushing. I'm telling you, ma'am, I got finished pushing, and he was like, 'Latch him on!'

- Killeen

Common knowledge. Participants in all of the focus groups cited general health benefits for mom and baby as factors that influenced their decision to breastfeed. They specifically cited improved brain function and immunities for breastfed babies and quicker weight loss for moms.

I have fibrocystic breast. It helps me to fight breast cancer...That was important to me...It gives the baby brainpower.

- Beaumont

The immune and brain-healthy, a lot of different reasons. [My doctors], like I said, just said that it was the best thing to do.

- Houston

That's what made me want to and for the development of the baby's brain and stuff. I want a smart child. Everybody wants a smart child, and so that was one of my main focuses.

- Houston

Breastfeeding takes away the weight and helped me bounce back, lose weight.

- Dallas



Obstetricians and Pediatricians. Participants tended to trust their doctors and pediatricians over family or WIC advice. Most participants regard the doctor as the ultimate authority on what is best for their health and their child's health. Thus, if they receive contradictory breastfeeding advice from family or WIC, they will listen to the doctor above all other sources.

I would trust more with my doctor. You want to see a doctor once per month until you get to the end part. They have more time to talk to you about it than when you're at WIC.
- Houston

WIC tells me different from what my doctor tells me. My baby, she's been on cereal and baby food for the last two months. We just started providing the cereal and the food, so it kind of contradicts because – sometimes you add them in, sometimes you don't. If your baby's eating, then your baby's eating, and it's kind of something that you just can't control. I feel like the pediatrician knows best, because they're the doctor.
- Beaumont

Most participants had doctors who encouraged breastfeeding, though for some, their doctors did not push it.

I didn't know my breasts would become engorged, and then I had engorgement for three days. It was so painful and I was just like, 'I'm not doing this anymore.' I gave up on breastfeeding. It was way too much. That's why I wish [I had known], because I didn't know anything about it.
- Dallas

My doctor. He wanted me to do straight, because he is so pro-breastfeeding, and he believes that it just gives them more antibodies if you do it at least six months. It gives them – to make them healthier, you know. These are the things like that. He just wanted me to straight nurse. I was like, 'Really?' That's what I did. I did. I really tried to do it, and I'm still doing it.
- Beaumont



The Hospital Experience

Some of the women had delivered at Texas Ten Step designated hospitals, and others delivered at hospitals that are applying; and still others delivered at hospitals not part of the program. As a result, participant responses varied widely concerning each hospital's policies and dedication to supporting breastfeeding. Some hospitals worked hard to help moms get the baby latched and to understand their milk supply, while others gave bottles of formula to babies without the mother's knowledge or consent.

They supported me with the breastfeeding. I had the ladies come and show me how to latch on. They gave me the stuff for your nipples when you get sore. They were really, really nice. They were sweet. I had one lady come and help me up and show me – yeah. It was nice...I'd be like, 'Hey, come help me out.' They showed me. It was a nice experience.

- Houston

They don't push it on you, but when you're in the hospital, they still try to come at you with, 'That's the best option to do. Do you at least want to try it? We can get you a bottle, but do you still want to try it?' They'll still try to come at you with it.

- Houston

Mine, in the beginning, was supportive, but when I started having an issue – my daughter was 4 days old, and that's when it started messing up – I told the nurse that I was very concerned that she wasn't getting enough. I knew she wasn't, because she was crying and hollering, and she knew something was wrong. She kept refusing to give formula, so they went to go get a doctor that was on staff. The doctor came back, and they gave us the whole speech: 'We really recommend breast milk and stuff like that,' and I told them, 'I understand. However, she's not getting any milk right now. That's what I'm more concerned about, her being fed.' They ended up having another nurse that I'd been working with the whole time I was there. She came in, and she came up with the idea of let's do half and half, that way. Let's try the pump, and let's try that. That's how we did it the rest of the time.

- Killeen

In contrast to the high percentage of poor birth outcomes (C-sections, premature births) reported in these focus groups, most participants felt well cared for in the hospital. They said they felt listened to, respected, and engaged by the hospital staff.

Moderator: *How did you feel like you were treated at the hospital?*

Participant 1: *Like a princess.*

Participant 2: *It was very nice, very nice.*

- Houston

[The hospital staff was] irritating, but it was helpful. My daughter, she came a month-and-a-half early, so it was like, 'Mom, you've got to make sure she's breastfeeding, getting enough milk.'

- Dallas



Hospital Experiences That Facilitated Breastfeeding

Skin-to-skin. Many participants reported that hospital staff encouraged them to have skin-to-skin contact with the baby immediately after birth for at least an hour, a practice supported at Texas Ten Step/Baby Friendly hospitals.

As soon as she was born, they put her on my chest and stuff, and they just wrapped her up a little bit. Immediately I asked, 'Can I start feeding her now?' They did, and that's when the lactation lady came in and helped me and everything. She was pretty much just on my chest for the next two hours, until they washed her, and we went to the next room. It was pretty quick, just lying on my chest and stuff. Getting her shots after she got back.

- Beaumont

That first hour after she was born, they kept her with me skin-to-skin, and then they tried to get me to breastfeed her, too. Then they took her away.

- Houston

It was skin-to-skin. The baby, obviously, skin-to-skin. I think for me, they wanted me to feed her almost immediately once I had her.

- Killeen

Supporting mother's request to exclusively breastfeed. Some participants had positive experiences with the hospital staff honoring their decision to breastfeed exclusively. In these instances, hospital staff did not bring bottles or pacifiers into the room and spent time helping the mothers with latch and positioning.

I let them know right off. I said I want to breastfeed. No bottles, no nothing. Even when I had an unexpected C-section, maybe two or three hours after I got into the room, that's when they brought him to me. They didn't feed no bottle. They didn't at all.

- Beaumont



Rooming-in. Many participants said that their baby was kept in the room with them for the duration of their hospital stay. Some participants pointed out that the baby was taken out of the room for a short time for assessment but was then brought back. The mothers who delivered at hospitals that practice rooming-in were able to access their children at any time, allowing them to feed their babies whenever they were hungry.

At my hospital they don't have the nursery and all that stuff. Immediately when she was born, she got her shot in there. She got washed in there. She never left my side.

- Beaumont

My daughter, she stayed in the room with me, so I was able to get her at any time, and then they helped me position her and helped me – because she latched onto one, but on the other one, they just gave me the fake nipple for it. With that, she did good. The nurses just came in from time to time to check on how she was doing, if she was eating.

- Dallas

Encouragement and promotion of breastfeeding by hospital staff. Many participants said that hospital staff spoke highly of breastfeeding and encouraged them to initiate while in the hospital, even if they planned to switch to formula when they returned home. Most participants found this active promotion of breastfeeding to be an indication that the staff cared about their child's health, and some mothers who had not planned to breastfeed initiated because of staff enthusiasm and support.

When I had my little girl in the hospital, I didn't expect to breastfeed. That's not that long ago, but back then, you have certain people in the hospital that are loving and want to see you do the right thing by your kids. They feed it to you, feed it to her – because when I had her, for the first month, somebody did explain to me the pros and the cons of it. I actually did it for a whole month in the hospital and on my way out. Then, I stopped after that.

- Houston

Whenever you go and have a baby, they all assume that you plan to breastfeed, so they immediately go into preaching all about the benefits... You literally can sit there in the hospital and feel guilty if you choose not to.

- Killeen



Hospital Experiences That Impeded Breastfeeding

Women described a number of hospital experiences that contributed to the baby receiving formula and that impacted a mother's original plan to exclusively breastfeed.

Separating infant from mother in the first hours of life. Some participants said hospital staff took their child out of the room after delivery for a span of time, which affected their ability to initiate breastfeeding successfully. Some of these cases were in hospitals that did not practice skin-to-skin directly after birth or rooming-in, instead taking the baby out of the room for assessments and/or keeping them in a nursery instead of with the mother. Many of these instances arose from hospital procedure for Caesarean deliveries and/or babies admitted to NICU.

... my baby had to go to the NICU. Right after I had my baby, I was in the recovery room. I was in there, like, 'Okay, is it time for me to go yet? I want to see my baby. Okay, can I go? Can I go?' They was like, 'Oh, no, you have to wait.' Finally, I get to my room. I'm like, 'Can I go and see my baby?' They say, 'Oh, no, you're on this medication. You may fall.' I cried. I'm like, 'You telling me I can't see my baby? She's in the NICU. Really?'

- Houston

I had a C-section. After they checked her out, they showed her to me. I didn't see her again maybe until later that night. I wasn't mad about it. I was in so much pain.

- Houston



Introduction of formula. Several participants mentioned that hospital staff brought formula into the room when they planned to exclusively breastfeed. A few participants described instances where the hospital staff suggested supplementing with formula when the mother was having difficulty breastfeeding. Some participants said their babies were given a bottle without their knowledge or permission. While their comments clearly indicate that formula was both actively introduced (given intentionally for medical reasons by hospital staff) and passively introduced (given by mothers who could easily access formula bottles in the hospital), African American mothers did not discuss the topic to the same extent as Hispanic mothers.

The first thing was the breast. We tried it. She was getting it, but I guess it wasn't enough for her. [The hospital staff] were like, 'Let's see if you can build up some more milk, but her next feeding, we're going to give her a bottle. The feeding after that that, we're going to see if she goes back to the breast.' But she still wasn't getting enough from the breast. The bottle, she would finish up. That's why we ended up with the bottle.

- Houston

Participant: He was 6 pounds, 7 ounces. I didn't consider that small, but they tried him with the Similac. I guess it was too thick, and he started to choke. I had to switch to the sensitive. I was like, 'I want to try the breastfeeding.' I had to tell them I wanted to try and do it. I don't know what happened, why they just didn't automatically give him to me this time.

Moderator: They gave him a bottle, but did you ask them to?

Participant: No, actually, I didn't.

- Beaumont

Perceived lack of milk production. Many participants expressed concern over the amount of milk their bodies were able to produce, and for some, the perceived lack of milk caused them to give up breastfeeding while still in the hospital. In some cases, the hospital staff did not offer the mothers enough encouragement, education, or support to help them continue breastfeeding during their stay, and thus the baby was given formula.

Participant: I was a new mom so I didn't know that it takes time for the milk to come, so I thought the milk wasn't coming. They gave me a bottle, but the baby wouldn't take it.

Moderator: They gave you a bottle? Did you ask for it?

Participant: No, I didn't. She just said, 'If it doesn't come out, I will bring the bottle,' but she didn't take time to explain to me that – the nurse – that it takes time, so the lactation nurse came down.

- Houston

After they seen that I was having that problem, it's like they just gave up. We'll just let her go with Similac formula. They didn't take the extra time with me.

- Dallas



Cesarean births. Cesarean deliveries represented a large number of births among these groups. Some participants believe that having a C-section impacted their ability to breastfeed. After anesthesia, many mothers who gave birth by Cesarean section were separated from their babies to recover. During this period, some doctors directed staff to feed these babies a bottle of formula. Other reasons C-section mothers did not breastfeed initially included pain from the surgery or difficulty visiting the NICU or nursery.

Her first feeding wasn't in the room with me. I had a C-section. She must have had her first feeding after they did all that. Yeah, before they brought her to me, they had already fed her.

- Houston

I had a C-section, so I wasn't able to hold him right then and there. They showed him to me, but I didn't see him until almost two hours later. When he finally did get into the room with me, they laid him on my chest skin-to-skin. I think that's what they did... I tried to breastfeed. He was having problems latching on at first. The lactation specialist, she came in the same day and she helped me do it. He still wasn't getting it, but I just kept going. The nurses, they were actually pretty helpful.

- Beaumont

Uneducated or disengaged hospital staff. Some participants felt that their hospital staff was not knowledgeable about breastfeeding, or that the staff was uninterested in taking the time to help them breastfeed. Lack of lactation consultants and understaffed hospitals negatively impacted participants' attempts to breastfeed. Inconsistent information was also cause for concern for several participants. These mothers were told different, and sometimes conflicting, breastfeeding information from different members of the hospital staff.

The nurses should be more educated about breastfeeding, too, because some of them, they don't. They'd be like, 'I don't know.'

- Beaumont

You need to put more passion into it and then do it. Don't just say, 'I'm doing my job. I told her about the breastfeeding. If she's going to do it, she's going to do it. If not, she's not, fine.'

- Dallas

Because she wasn't latching on, I had several midwives coming in telling me all different stuff. All the information of what they were telling me was very inconsistent, which I found very frustrating. They were opening her mouth, and latching this one, and grabbing my breast. The information I was getting was very inconsistent...

- Killeen



A few participants mentioned that the hospital staff gave their babies pacifiers without parents' permission.

Moderator: *How many people had the hospital give their baby a pacifier?*

Participant 1: *They gave it to all of them.*

Participant 2: *They didn't ask them.*

Participant 3: *They did it on their own.*

- Killeen

Several participants mentioned jaundice as a barrier to breastfeeding in the hospital. Many doctors were said to have recommended formula feeding over breastfeeding for babies with jaundice.



The Transition to Home

Many participants planned to breastfeed, but most experienced challenges that prevented them from continuing for as long as they wanted or could have. Participants were asked about their transition from the hospital to home, and how returning home impacted their feeding practices. The moderator directed the conversation toward factors that kept the mothers from continuing.

Common Breastfeeding Challenges After Returning Home

The most prevalent reasons participants did not continue exclusively breastfeeding after they left the hospital were: a belief their milk supply was running out, latch problems, pain and discomfort, and having to return to work.

Concerns about milk production. Many participants felt their bodies could not supply enough milk to meet the baby's demand. Some of these mothers were disappointed to stop exclusive breastfeeding because of low supply, and some tried to bridge the transition by feeding both breast milk and formula.

I wanted to exclusively breastfeed for at least six months, and I wasn't planning on going back to work. Then I decided to go back to work so I switched to the formula. She gets breast milk, too.

- Houston

My child, he doesn't like it. It's painful and stuff because he latches on and all that but it didn't – like she said, it didn't fill him up, so I still breastfeed, but it's like he gets formula, too, so he can fill up on both of them, and it just makes me – it's painful but it's loving.

- Dallas

Latching problems. Many participants cited problems with getting the baby latched on as the reason they stopped breastfeeding when they returned home.

He wouldn't latch on. He didn't latch on. I tried. I even tried these plastic nipple things, but he didn't want to do that. He just wanted to feed just from the bottle.

- Dallas

I don't know but I started crying with her, because I was so sleepy, and it was like she would not latch on. I just got up and just went to go make a bottle.

- Houston



Balancing other responsibilities. Some participants found it challenging to breastfeed while also managing their household, caring for their other children, and returning to work.

When it says find a babysitter or a daycare center near your job, when I took my kids – because I work in Richardson, but I live in Garland and that’s where they go to daycare – that’s the time to think about if you want to continue breastfeeding. I was like, ‘I don’t want my baby to be starving waiting on me to get breast milk.’ That was another thing in my mind. I knew I was going to have to transition him to Similac, because getting a call while you’re at work, you’ve got to tell your boss, ‘I’ve got to leave to go feed my baby.’

- Dallas

My plan was to just pump and also top her up with some formula, only because it wouldn’t have been so convenient for me to breastfeed with the other two girls. That was the plan.

- Killeen



Sources of Support for Solving Common Problems

Participants frequently reported that they stopped breastfeeding before they wanted to and while still capable of producing milk, because they ran into common obstacles but did not know where to get help and felt alone with their problems.

It seems like we always start [breastfeeding], but there's a stopping point to where – I don't know. I had to go back to work. My baby was greedy. It was like the odds were always against me. Probably if I did have a group to go to, to talk to people about it, I probably would have kept doing it longer. I didn't know what to do. I had a crying baby who was still hungry, so I jumped straight to Similac.

– Dallas

When I came home from the hospital, I was calling the hospital and letting them know my concerns, and talked to the lactation nurse there, but it's pretty much nobody could tell me anything. They just told me that some women are able to [breastfeed], some women aren't, [and] everybody's different.

– Dallas

Post-Delivery Support

WIC. Participants who sought support from WIC often had in-person, hands-on meetings with peer counselors or lactation consultants. These participants felt that WIC staff helped them work through their problems. A few also specifically mentioned support via phone calls.

When I was going through the engorgement and everything, one of the breastfeeding consultants – she's really good. I went and I said, 'Look. I need help with him latching on and everything. I can show you,' so I took my own breast out, and I was, 'Look, see? He's not latching.' She was helpful with it. She didn't go all in, but she was, 'Just do this and do that.' She was very helpful with that. I kind of got the hang of it.

– Killeen

My lactation specialist is really helpful. I had to go up there two times and I had brought the baby. She sat there with me and showed me how to – well, trying to get him to latch on. One time, I didn't bring him and I just brought the pump, so she showed me how to use the pump. It was really helpful.

– Dallas



Hospital. Several participants said they turned to the hospital when they were having difficulties breastfeeding. When participants did seek help from the hospital, it was typically via a phone conversation, which may not have been enough to rectify some of the problems they were experiencing.

I called the nurse. She just said to get in the shower. A hot shower would help me with stress. Keep the pump on the low suckage [sic] and try to push it out as much as possible. Give yourself two hours' break, and stuff like that, but I don't know if it was making it worse, because if I was getting a lot one period, and the next time, I was getting nothing. I was like, I don't know.

- Killeen

All the numbers are just thrown in the bag with the discharge manuals and clothes and bands.

- Dallas

My nurse called me after I had the baby just to see if I was breastfeeding. There were times when she's like, 'Here's my number. If have you any questions, do call.

- Dallas

Online support resources. Participants were asked about their use of online sources for information and support. Many mothers mostly confirmed that they did go online and search for breastfeeding information via Google, but only a few participants identified a specific website they trusted and used frequently.

I was encouraged to use the Internet by the breastfeeding consultant at WIC. Every time I would talk to her, she'd like, 'Go to kellymom.com.' That was her go-to. That was her first thing she would say, 'Have you been on kellymom.com? Have you looked on there?'

- Killeen

I know I went to the Le Leche group and there was some other place in Austin that I was going, receiving tips and help and everything over there about it. It helped a lot. When I couldn't get Ms. Stephanie on the phone, because right after the hospital I did give her a call, I don't know if she was busy or not but I did call her. I wasn't able to reach her right away. What I did do, I did get on Le Leche and the other sites to actually get information.

- Beaumont



Need for Family/Community Support

Participants who had the support of a partner, family member, or community often credited them for helping the mothers breastfeed longer. Complications with latch, supply, and going back to work are often too much for a mother to handle on her own. Participants whose mothers or other family members did not have breastfeeding experience often encountered negativity and discouragement.

I know my family was not, especially my mom. She was like, 'Um, you need to pop a bottle in the mouth and keep going because you've got to go to work. You don't have time.' This is too time-consuming, is what they would all say.

- Beaumont

Participant 1: *Nobody in my family breastfed. I was going to be the first one.*

Participant 2: *Me, either. I'm the first one to go and I went through a lot in the family... My mama said, 'That baby hungry. I don't know why you're trying to give her that t**.'*

- Dallas

With me, because at first when I first got my son when he came home, and the breastfeeding, it kind of got overwhelming at first. Good thing my mom came down and helped, because I was in tears. 'I can't do this anymore. He's just biting down so hard, and I'm going to give up.' I keep applying the cream on it. It was just overwhelming. It was just like, 'You can do it. You've got it.' I'm like, 'I don't know.' I guess my mom was the big supporter.

- Killeen



Reaction to Educational Materials

Participants were given existing WIC brochures from the *Breast Milk 100% Natural Ingredients* campaign to review as well as mock-ups of new brochures that contained mostly the same information but had a different design and layout. Participants overwhelmingly preferred the design, color scheme, and photography of the original brochure.

Participants across all groups thought the older brochures were actually newer and updated, saying that the design of the existing materials seemed fresh and attractive, while they found the mock-up design dark and muddled, and the photography dated. They found the information helpful, and, in many cases, said they were leaving with a more positive outlook on breastfeeding than they had when they arrived at the focus group. Some said they would feel comfortable giving the grandmothers and fathers brochures to their family members. Many participants remembered receiving the brochures from WIC.

[The materials] are also good if somebody else that you know that's having a baby, and they don't know what to do. You can also explain to them and let them know exactly what can come out of it, the cause, and the effects of it.

- Beaumont



Mothers Brochure. The brochure titled *Your Baby, Your Gift* was a part of the *Breast Milk: 100% Natural Ingredients* campaign. Participants were shown both the original brochure and a mock-up of a new design, which contained the same information but a different color scheme and photography.



Although the updated design of the brochure was less popular than the older version, participants consistently found previously unknown information in the brochure, which positively influenced their attitude about breastfeeding. Many participants were not aware that breastfeeding can help prevent postpartum depression, heart disease, and diabetes. Several said that they would have tried to breastfeed longer if they had known. Many participants were unaware of their legal right to pump milk at work, and that under the law, separate spaces are supposed to be provided for pumping.

It's the things that we learned in the WIC office, the right things that we learned, like breastfeeding saves you money and about the postpartum depression and all different types of things.

- Houston

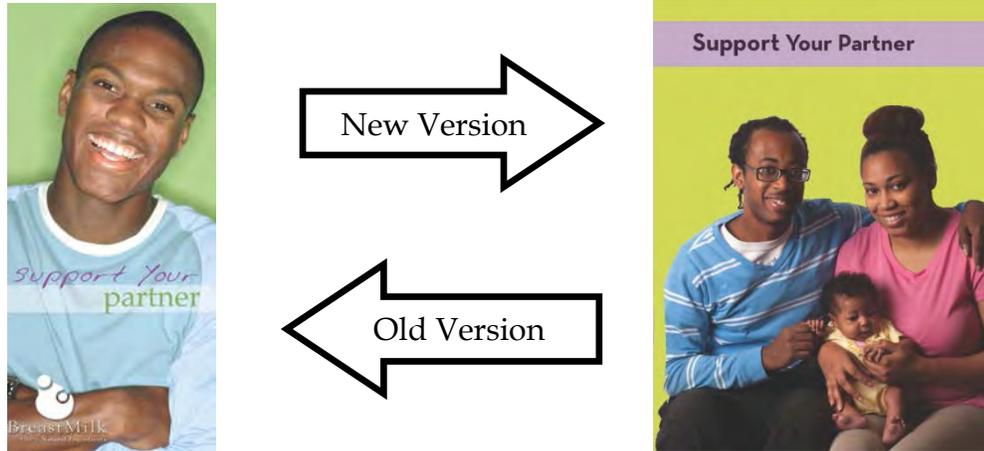
The Fair Labor Standards Act; it requires an employer to at least provide some area besides the restroom that you can go to pump; or give you that privacy or give you that time to be able to do that. I guess the businesses should support it.

- Beaumont

[WIC] should tell you that it can help with the breast cancer, the diabetes, postpartum. They don't tell you any of that. They just tell you it's healthy, what's the good cause for it. They're not telling you that that can help you, too.

- Houston





Fathers Brochure. The brochure titled *Support Your Partner* was created for fathers and is part of the *Breast Milk: 100% Natural Ingredients* campaign. The participants generally appreciated the brochure’s focus on fathers and felt that it would be a helpful resource to share with their babies’ father.

I think mine would be more open-minded to it, because he was like – I think once he reads this, he will be more open-minded, too, because he’s a new father. He’s still learning. Other than that – I’m a second-time mom. He’s a first-time dad.

- Houston

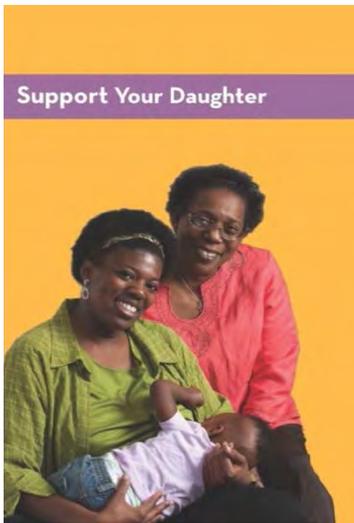
Participant: *It also showed you that the daddy was important, too, to make the daddy not feel left out of everything, that they have bonding moments with the child, too.*

Moderator: *How did you feel about that?*

Participant: *Good.*

- Dallas



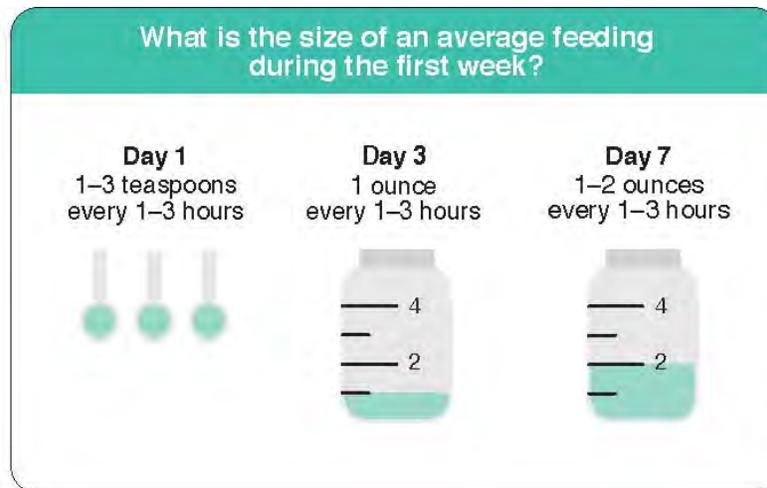


Grandmothers Brochure. The brochure titled *Support Your Daughter* was a part of the *Breast Milk: 100% Natural Ingredients* campaign. Participants generally stated that they liked this brochure's information and design. Only a few participants said they would not give this brochure to their own mother, because she would disregard the information.

My mother would probably go off, and say, 'I raised three kids, and don't try to give me a paper, because the paper can't explain to me what I already know.'

- Beaumont





Infant Stomach Size Handout. Most did not believe in the information. Nearly every group insisted their babies were “greedy” and needed to eat more than others did.

My child was greedy. He started cereal at 3 weeks old, but my baby was very greedy. When they were like, ‘No, you should keep him breastfed,’ I’m like, ‘No, my child is greedy.’ He was drinking 8 ounces at 3-and-a-half weeks old. I’m just like, ‘He’s not about to ruin my breasts, because you all want me to lose weight. I’ll just be fat.’

– Dallas

The baby food. I mean the cereal. They told me not to give it to her until she’s 6 months, but she’s been eating since she was 2 months because she’s greedy.

– Beaumont

When asked whom the information would have to come from so they’d believe it, participants replied their doctor, and not WIC nor the Texas Department of Health. Mothers believed that such information could not be generalized across the population and remained convinced that each baby needs different amounts of food.

Moderator: If I said that this is universally true for all babies and that it’s factual information that’s universally true for all babies, how could they say this so that you would believe it?

Participant: This is just all opinion, because every baby is different.

– Dallas

You can’t predict how much a baby’s going to eat. The baby will tell you when they’re ready to stop or if they don’t want it.

– Dallas

I don’t believe stuff like that, because it don’t work for my child. I have studied my child to see what’s best for him, so I never go by these charts.

– Dallas



Participant Recommendations

At the conclusion of each focus group, participants were asked to share their recommendations to improve breastfeeding initiation and what could be done to help women exclusively breastfeed longer. The following were consistently mentioned across groups.

Face-to-face classes. Most participants brought up the need for more hands-on, in-person training. These participants saw a hands-on class as a more effective method of teaching breastfeeding than an online course or showing a video. Most participants also enjoyed the camaraderie of being in a group, learning with and from other mothers. Several participants went so far as to say a face-to-face breastfeeding class should be required by WIC for all moms, comparing it to compulsory CPR classes.

Get a class where they're upfront about it, no hiding, like okay this is what's going to happen when you breastfeed. The pros and cons. Show you so then when you actually do that, there would be no surprises. Being in the hospital and then your milk finally comes in and your boobs are so big and then they start leaking. I didn't know that was going to happen...

- Dallas

Participant 1: People who are pregnant that sign up for WIC should come in and sit down before they have their babies, so they can know what to expect. I think that would be great.

Participant 2: Not just throw a movie at them and say, 'Watch this.'

- Houston

I think that there should be a required class, even if it's just to inform. It should be required – like they make you take this CPR class before you take your baby over there. It's required. You have to be there. I think that that should be one of the things. I think that once they know and they know enough, that they probably would decide to go on and breastfeed.

- Houston

Support groups. Apart from classes, some participants specifically suggested support groups to offer continued contact with other moms to keep each other motivated. Hearing directly from other moms about their experiences was important to many participants. They suggested holding group meetings on a consistent day to help with scheduling and providing food to entice more moms to come.

If it's the same date like, it's every third Friday or Thursday, if they have a set day, 'I know I'm going to this every Thursday, put it in my schedule.' Mothers need to sit down and talk.

- Dallas



Increased access to lactation consultants or nurses trained in lactation support. Access to a lactation consultant 24-hours-a-day is needed during the hospital stay. Participants and their partners look to nurses first if they seek help with breastfeeding during the hospital stay. Mothers who received help with breastfeeding issues, whether it was through a nurse or a lactation consultant, were very pleased and grateful for the assistance and encouragement. Unfortunately, very few had the opportunity to work with a lactation consultant, and even fewer had that opportunity in a moment of acute need. Additionally, some nurses were unable to provide the necessary support, which participants attributed to limited availability, limited interest, or limited education.

I think maybe if the hospital – just make sure that the hospital has a lactation consultant to come out and talk to you before you leave.

- Dallas

I would think that if they had a lactation associate come and talk to you in the first 24 hours. I learned that a baby doesn't need food the first day, because they have food in their stomach, so that 24 hours should be enough time for somebody to come and talk to you, just to see if you are going to breastfeed. If you are, how to help you do it properly, instead of waiting two or three days after the fact.

- Dallas

WIC representation at the hospital. A few participants expressed that they would like to see WIC staff in the hospital to help sign up more mothers who may be unaware of the assistance they could receive.

I think if they had a representative at the hospital – an actual WIC person at the hospital that comes in, and that is their job is to meet, interview, and make the person feel comfortable to encourage them to come in. You know what? I think that WIC, it's not advertised like it should be. I think it's a really big aspect that a lot of people don't take advantage of, because it's just not out there like that. Like I say, I think a lot of that could be rectified just by putting somebody in the hospital with birthing mothers to meet and greet.

- Killeen

Video. A few participants wanted more videos to reference, in case they were having difficulty.

They could have educational videos, because I went out on Google to learn about the different latch videos for women out there and different websites my doctor recommended to go to and stuff like that. It'd be nice if they had different latch videos, story videos – things like that – to educate the women that are breastfeeding.

- Killeen



Social media. In a Beaumont focus group, a participant mentioned the Beaumont Breastfeeding Coalition’s Facebook group, which has more than 1,700 members. This closed group (meaning that one must send a request to an administrator to join) comprises of mothers and self-appointed “peer counselors” who serve as group administrators. They offer the following disclaimer: “Please keep in mind that our peer counselors are not medical providers, and cannot ‘advise’ you - our role is to help direct you to information that can be of assistance in your particular circumstance.” This group is not affiliated with WIC or any hospital, but rather started as a grassroots initiative to connect breastfeeding mothers.



Since the Beaumont Breastfeeding Coalition group is a closed Facebook group, only members who have been allowed to join by the administrators can see what occurs within. This offers the members a certain level of privacy when posting questions about breastfeeding and photos of mothers proudly breastfeeding their children, but the peer counselors/administrators also offer their phone numbers for the mothers who prefer to have a private conversation about their troubles. The group’s peer counselors even offer to set up a consultation over Skype, in case a video call would better address the mother’s problems.



The moderator showed the Facebook group to subsequent focus groups and asked if they would use a similar group to connect with other mothers and ask questions about breastfeeding. Many participants in each group expressed a desire for a support resource similar to the Beaumont Breastfeeding Coalition's group.

I think it would be good. Good advice. Sometimes it might make you change your mind, just knowing what other moms go through, or something like that.

- Dallas

Moderator: *What could WIC do in terms of social media to support you in breastfeeding?*

Participant 1: *That should be on Facebook.*

Participant 2: *There should be a WIC lactation group.*

Participant 3: *In their community, right, whichever community you are in.*

Participant 2: *Everyone's on Facebook, so why not have a group?*

- Houston



Conclusion

Most participants planned to breastfeed but encountered unanticipated obstacles – at the hospital and after bringing the baby home – that prevented them from continuing to breastfeed exclusively.

Participants were greatly influenced by their families when choosing how to feed their baby. They identified WIC as an institution that encouraged and supported breastfeeding, but also admitted that they would trust a doctor's opinion over any other source; so those who did not receive positive breastfeeding messages at the doctor's office were less likely to consider it.

Women who delivered at hospitals that appeared to practice Texas Ten Step protocols benefitted from encouraging staff, who promote practices such as rooming-in and skin-to-skin contact. These women had a better in-hospital breastfeeding experience. Other participants were disadvantaged by delivering at hospitals with uneducated or disengaged staff that introduced formula, sometimes without the mother's permission; and separated baby and mother in the first hours of life, typically due to Caesarean births and/or NICU admittance.

Regardless of their breastfeeding experience in the hospital, most mothers faced barriers to continuing exclusive breastfeeding when they brought the baby home. Returning to work, managing the household, a perception of low milk supply, latch problems, and pain prevented many from breastfeeding for as long as they had initially planned. When participants encountered these problems, many did not seek help from WIC or the hospital, but those who turned to WIC for support reported great experiences with lactation specialists and peer counselors.

Across all groups, participants wished they had had more in-person breastfeeding instruction before their baby was born. Many did not feel they were prepared for the several obstacles they would face and lacked the ability to overcome them. Most participants also expressed a desire to hear directly from other mothers about their experiences in a support group setting.



Findings: African American Fathers

Introduction

Thirty-three African American fathers of infants 8 months or younger participated in four focus groups, which took place July 2014 in Beaumont, Houston, Dallas, and Killeen. A summary of the total number of participants from the African American fathers focus groups is reflected in Table 12.

Table 12
Total African American Fathers (N=33)

Location	Number of Participants
Beaumont	5
Houston	10
Dallas	12
Killeen	6

Lines of inquiry included the following:

- Breastfeeding perceptions
- Breastfeeding knowledge
- Dad's role in the decision to breastfeed
- Dad's experience with WIC
- Dad's experience at the hospital
- Dad's role at home with the newborn
- Reaction to educational materials
- Recommendations to better support exclusive breastfeeding.

See Appendix A for all focus group guides.



Breastfeeding Perceptions

In an icebreaker discussion at the beginning of each focus group, the moderator spread out on the table a deck of Visual Explorer™ cards containing images of various people, places, and situations. Participants were asked to pick a card that represented how they feel about breastfeeding.

The fathers' collective responses varied considerably. Some supported breastfeeding and understood the health benefits. In a couple groups there were men who said they did not have an opinion, because their knowledge was limited. In one group, a couple of men referred to breastfeeding as "nasty." Even with their unfavorable opinion, two said their partners had tried breastfeeding.



All four of mine did it... I like watching them eat...it gives them the bond that they have with the mom and a baby at that time. I think it's a beautiful little thing that they got going on.

- Killeen

I picked this picture because if the mom was to go out, she can pump the milk into the breastfeeding bottles and then we can feed them if the mom isn't around. Breast milk helps the immunity, so the babies don't get sick.

- Dallas





Some of us feel like it's uncomfortable when babies suck on it, and all that. They don't really like doing that. I feel it's best for them to put them on formula. Besides, I tasted breast milk; it's nasty. There's a lot of perverts out there... I wouldn't say it's wrong all the way, but if you going to do breastfeed, do it in your house. You don't want the wrong person looking at you, or looking at your wife at the same time.

- Houston

A lake, a house with trees, crosses and something like that. I relate this with breastfeeding; this is my opinion, something natural. It's something that – it's just that we don't do much to make it happen. We just have to embrace it.

- Killeen



Breastfeeding Knowledge

Perceived Advantages and Challenges of Breastfeeding

The participants were asked to list the pros and cons of breastfeeding in their groups, and the moderator wrote them on a flip chart at the front of the room. Participant feedback is reflected below.

Perceived Advantages of Breastfeeding

- Natural
- Easier for infants to digest
- Bonding
- Quicker than preparing bottles
- Mothers lose weight faster
- Nutritional value, vitamins, iron, and protein
- Antibodies for the baby
- Immunity
- Brain function
- Free, saves money
- Colostrum
- Development, motor skills
- Mothers must watch what they eat

Perceived Challenges of Breastfeeding

- Mothers must watch what they eat
- Some mothers are not able to breastfeed
- “Nasty”
- Public embarrassment
- Passing illness or substances from mother to baby
- Breast irritation, engorgement, painful for mother
- Baby has trouble latching
- Mothers feel sense of failure if unable to breastfeed
- Breast milk spoils quickly
- Mothers are not able to breastfeed just anywhere
- Breastfeeding requires special equipment (pumps, pads, bras, etc.)
- Leaking



Many participants were aware of breastfeeding's health benefits for babies, including some who ultimately decided not to breastfeed their child in spite of this knowledge. Participants' breastfeeding advantages tended to be non-specific, mostly vague answers such as "nutrients," "antibodies," or "bonding."

The naturalness. I think the main thing of it is, for my family, is they take [breast milk]. You give them the Enfamil or the Similac [and] you've got to deal with the throwing up all the time and different stuff like that. When they're on breast milk, you don't have a lot of that.

- Killeen

The vitamins and the bond.

- Houston

Colostrum. When she... breastfeeds for the first time, it's giving the baby antibodies and nutrients and stuff, boosting their immune system.

- Dallas

A few participants acknowledged the money-saving aspect of breastfeeding as an advantage over formula feeding.

I'd tell [a new father] that it's good, and you'd save a lot of money if she could do it. The first thing is that you'd save a lot of money and stuff. It would be healthy for the child.

- Dallas

I'm glad we got WIC because if we didn't, she'd still be breastfeeding, because the milk is too high. That's ridiculous.

- Beaumont

The cons of breastfeeding provided by the participants tended to focus on the mother's health and ability. The participants emphasized that not all women are capable of breastfeeding, either because of latch issues or medical problems.

The latching process is not always easy for every woman. It's easy for some, but at one point it might not latch on correctly. They'll be fussy all the time.

- Killeen

I've heard it's not always good to breastfeed. They have some mothers that are not healthy enough or able.

- Beaumont



Some participants were concerned about strangers' reactions to public breastfeeding. These participants did not want people leering at the mother's breasts and also considered public breastfeeding inconvenient when compared to bottle-feeding.

We had places to go, a lot. We're not really home a lot. You can't breastfeed everywhere. You can't just breastfeed in Walmart. Just won't do. You can't do that everywhere. There and church and everywhere else. You have to get up and go find a restroom or something else or have a towel ready or something. I guess it became too much at a certain point. That was the time we she basically put it in a bottle and tried to get him used to a bottle.
- Killeen

What he said, there's a lot of perverts out there, the breastfeeding. I wouldn't say it's wrong all the way, but if you going to do breastfeed, do it at your house. You don't want the wrong person looking at you or looking at your wife at the same time.
- Houston

A few participants declared breastfeeding to be "nasty."

I tasted his bottle [of breast milk] and I'm like, 'What do you like about this?' This is super nasty. I thought the breast was more nasty. It tastes like salty.
- Beaumont

All I think about breastfeeding is it's nasty. Just the whole point about it. I got that from my girl. I never would breastfeed. She just said when the baby's sucking on the – it don't feel right. I should be the one sucking on the [breast]. We tried it for about like a good week, but it didn't work out. Then my other baby mama, we tried that, too, but it didn't work out. It just looked nasty.
- Houston



Dad's Role in the Decision to Breastfeed

The fathers in these focus groups were asked what their role was in deciding how the baby was going to be fed. Many participants said they talked with their partners about either breastfeeding, using both formula and breast milk, or just formula. Each participant discussed feeding plans with the mother but ultimately deferred to her to make the decision. Many participants planned to initiate breastfeeding and continue for however long the mother or child wanted. Most said their partners were able to breastfeed for one week to two months. Very few participants said their babies breastfed exclusively.

When it comes to breastfeeding, you start off with that first. When you get to a certain point where she doesn't want to be fed from the breast anymore, you switch to the milk. In my family, we were on Enfamil.

- Killeen

We came up with the decision, too, the day my youngest was born. My baby mama – I wanted her to [breastfeed], but she was like, 'No. I don't think I can do it.' Flip a coin. That's how we made the decision. In the delivery room. We essentially did both [formula and breast milk]. We did both, just to see. She's actually still trying it out every now and then. The baby is 3 months old.

- Houston

For about a month we tried just to breastfeed, and I think the issue was it wasn't flowing fast enough... She kept – even though it did hurt her, she kept trying and ended up having to go to a formula.

- Beaumont



A few participants who had a strong opinion on breastfeeding said that they wanted to influence the mother's decision to either breastfeed or formula feed, but most left the final choice up to the mother, as it was her body. Some participants did not recall discussing feeding options before the baby was born.

It wasn't really discussed. I was happy with the formula at the time.

- Beaumont

When we find out that my wife was pregnant we talked about it. Me and my wife, she liked the idea of breastfeeding. Also, because I liked the idea of breastfeeding, too, so things worked out.

- Houston

I have a little impact, but I'm still with her – whatever she wants to do.

- Beaumont

I wouldn't help make that call; she's the one that went through birth, went through that. She makes the call on what she wants to do. She asked me what she should do and everything, but I was like, 'I don't know; I'm not a woman. I don't know how to do it.'

- Dallas

Some dads wanted the baby to be breastfed because the artificial ingredients in formula concerned them, citing breast milk as the more natural, healthier option.

I also heard some type of ingredient or something that's in breast milk that scientists or whoever makes these formulas they can't actually put in, so it's like they don't get the breast milk. There's this one ingredient, I guess, for the brain that they can't formulate into the formula. I can't remember what it is.

- Killeen

I've heard of some people – it was some years ago, some people, they would have rather breastfed their kids because some of the formulas wasn't good for the kids...All the milk wasn't good for the kids, so some people didn't want to use those formulas. They would rather breastfeed.

- Beaumont

Influences and Sources of Information

The moderator probed to determine who influenced the participants' decisions when feeding their baby. Family members were found to be highly influential, and doctors were the ultimate authority on what is best for mom and baby. African American fathers were less likely to mention online research or common knowledge as influences when compared to the Hispanic fathers focus groups.



Family. Many participants said that they made the decision to either breastfeed or use formula based on family history and personal experience. A family history of breastfeeding was a strong influencing factor for participants who planned before birth to breastfeed, and the same holds true for those who selected formula.

My grandmother had 12 kids, and every last one she breastfed. When I was in the hospital, she came [and] she was going, 'You all must breastfeed this baby.' My father is 51, and his brother is like 66. My grandmother is 81. Her mother's still alive, and her mother's mother is still alive. We got like five or six generations...all breastfed.

- Dallas

Me and my woman, we talked about [breastfeeding]. I told her I wasn't raised on it. She said she was, so we tried it. We gave it a try. She was hooked for the first two months. She didn't go back to it. She got hooked to the bottle. We tried it. We did both.

- Houston

My mama never breastfed me, my sister, or my brother. I really don't believe in breastfeeding...I got six kids, and not one of them breastfed. All my kids are healthy. Not one of them sick.

- Houston

Obstetricians and pediatricians. Most participants said that they were encouraged to breastfeed by their doctors. Only a few were told by their doctor to formula feed, and that was in response to medical issues with mother and/or baby. The majority of participants said that they trust the doctor's opinion above all and would listen to any directive given by them, making the doctor a crucial influencer.

The doctors have the influence. If a doctor tells somebody something, they're pretty much going to do it...

- Beaumont

Usually they ask, 'Are you going to breastfeed the baby?' If you say no, they give you examples or explain to you the benefits of breastfeeding... they encourage you to do it.

- Dallas

That what they say, you should breastfeed, but if you can't, you can use the formula.

- Houston



Dad's Experience With WIC

Most groups identified WIC as an institution that advocates breastfeeding. Participants recounted WIC staff being generally enthusiastic about the practice and supportive of the decision to breastfeed.

They asked us what was the plan: were we planning to breastfeed or not? It wasn't that they were convincing us to do it, but after we said that we were planning to breastfeed, they started telling us these advantages of breastfeeding, and it's the best idea if we choose to go there.

- Killeen

It is praised for breastfeeding. You get on WIC and they say, 'Oh yeah, breastfeed.' You've got signs everywhere.

- Killeen

Participants' interactions with WIC during their most recent pregnancy widely ranged. A fair number took classes, some had short visits to get benefits, but most frequently, participants never went to WIC with their child's mother or failed to bring up WIC visits during the focus group.

Yeah. I had a baby class. That was the first thing that you do. You go to a baby class, they show you a video, they show you which ways to breastfeed, and what is breastfeeding about, and how healthy it is, and things like that.

- Houston

I've attended WIC two times. Sessions is very short, like five minutes.

- Dallas

I just was asked, 'What are you doing, which one [breastfeeding or formula],' boom. That was it.

- Killeen

I went to a class at the WIC clinic, me and my girl. She sat down for two hours in this little room; she counseled us and she showed us. My girl wanted me to go, so I just went. They sat there, and she showed you there's certain ways you're supposed to hold them and all that to breastfeed and make it good and stuff like that.

- Dallas



Some participants felt excluded at WIC, with one father even mentioning that the sign says, “Women, Infants, and Children” and does not include “fathers.” They expressed that, as fathers, they felt awkward coming to appointments. Unless they made an effort to be active and interested, the WIC staff would not address them directly.

The man and the woman, they break up. She’s up there at home by herself, raising the child by herself; the father is not in their life. That’s probably why [WIC is] used to the man not being on the picture, just her and the baby. Like you said, when you go to the WIC office – most of the time when you go to the WIC office, the only types you see in there is the women and the children. I walk in, and the first thing they say is, ‘What are you doing going to the WIC office? There’s no men in there.’

– Dallas

They do want you there, but it is kind of awkward when you are there. You don’t see any other – you don’t really see that many fathers. There’s always a bunch of women there and a bunch of kids from what I’ve seen.

– Dallas

Dallas participants were asked specifically if they had met with a peer dad, because the city has a peer dad program. One participant in Dallas confirmed he had met with a peer dad and related his experience positively to the group. Other participants said they were not aware of such a program and would have liked to speak with peer dads themselves.

Someone comes in and shows you – the father figure. They pretty much show you how to care for the baby the same way the mother would, just in case you’re by yourself. They go through it with you and try to show you how to calm down and deal with the baby in a manner that the mother would.

– Dallas

I would like that. I didn’t know they had something like that.

– Dallas



When asked if they would be interested in attending support groups for dads hosted by WIC, most participants answered affirmatively. Participants were excited by the idea of getting together with other fathers to discuss parenting and learn from each other.

I would like for WIC to make more of an attempt at being aggressive towards getting the men involved and knowing what to do and stuff like that; making them aware – the men – to the problems and that these things are available. I need to know that. I'd even take off work a few days, because I want to be involved in my child's life. You know what I'm saying? I want to be there to help her.

- Dallas

I've never had that experience to come on this side of the fence for something like this [focus group]. You always hear about the women and what they get to talk about. It's very rare that you're going to get dads together. Like you said, we all have different opinions, we're all different people. I get to hear from his point of view, his, his, and his. If I didn't know something, I might learn something from him and him and him and him if I didn't know too much about what we were talking. It's really positive.

- Killeen



The Hospital Experience

Compared to the Hispanic fathers, the African American fathers did not feel that they played a significant role during labor, delivery, and the postpartum hospital stay. Unlike the Hispanic fathers, the African American fathers did not report being included in skin-to-skin contact with their newborn, and generally were not engaged by the hospital staff.

Participants delivered at various Texas Ten Step designated hospitals as well as hospitals that do not support practices to encourage breastfeeding, such as rooming-in and skin-to-skin contact. Participants were more likely to describe a positive experience at hospitals that, based on their descriptions, were practicing the Ten Steps to Successful Breastfeeding.

Some fathers described positive, successful outcomes for birth and breastfeeding. Most were attentive and supportive when mothers first breastfed the babies. Several participants said they had lactation consultants who helped their wives with breastfeeding. A few participants related experiences of the staff helping the mother latch the baby, and mothers breastfeeding while still in the hospital.

The nurse came in, and it was proper nutrition – the nutrition nurse. She came in and she showed her, 'Hey, this is what you're supposed to do and everything.' Showed her how to do it and everything and stuff like that. The nutritionist stayed, I think, about 30 minutes to an hour to make sure the babies were drinking and everything.

- Dallas



Several participants recalled hospital staff asked if they planned to breastfeed or formula feed. But ultimately, this consultation did not seem to make an impact on whether the hospital staff offered formula, and many feeding plans were changed during the hospital stay due to unforeseen medical complications.

The nurse asked me, 'Are you all breastfeeding or bottle-feeding?' I got to actually take my daughter all the way to the nursery while she – she was asking me a lot of questions all the way to the nursery, and since I had one, I was like, 'Oh, she's going to breastfeed.'

- Houston

She was at the hospital, and that was the first thing when we were in there sleeping, she was on medicine waiting. When it was time to push, it was immediately what were you going to do. They try to come in there with a little baby can already, the little tiny bottle. I was just like we're going to breastfeed, and from there, it was just we're going to get her ready. I was like, 'Nah, we going to breastfeed.' They was like, 'Okay, good. Does she know?' I was like, 'Yeah, we did already before.' They was like, 'Okay.' They brung [sic] it in as a backup because of the simple fact this baby didn't take it, didn't latch on; they still want to make sure the baby ate. ...I can't remember the word they called it, before it came out, but she latched on and ate. She was good.

- Killeen

They asked if she wanted to breastfeed or give her formula.

- Beaumont

It's like a survey. They ask you all the questions while she's in labor. They observe you, they ask you what she's been doing, what she's been eating, are you going to breastfeed.

- Houston



Several fathers felt as though the hospital staff were not interested in engaging them during their stay. These participants recognized that attending to the mother and child should be priority, but wanted to be included in learning and decision-making.

For me, I introduced myself to the nurses and the doctors... When they'd say something, they'd tell everything to the mother. It's like they'd try separating you from – it makes you feel like you are not part of it.

- Dallas

I think it's still important that they put emphasis on us being there, learning, and knowing everything, too. We're going to have to be there with them and we have to ask. That was the issue I had; like what he was saying, they kind of make you're feel excluded from everything. Especially being my first time, I need to know what's going on. I need to know what's important and what's not.

- Dallas

That's how they operate, I guess, talking to the moms, and then that's settled.

- Beaumont

Sometimes I feel like too much of it goes toward the woman, where the man is blinded. They did [talk to me], but not as much. I felt like they singled me out but focused more on her, which is nothing wrong, but when you have family...

- Dallas

If you don't speak, they won't say nothing to you. It's like you're a body. If you don't make yourself like, 'Hey, I want to know about this,' they're just going to be, 'You're here, well, thanks for bringing her.' That's it.

- Killeen



Hospital Experiences That Led to Formula Introduction

A few participants had issues with hospital staff bringing in bottles when they had planned to breastfeed. Several fathers also reported that staff recommended a bottle when mothers faced challenges with latching, or when families or nurses doubted the child was receiving enough food. A few participants were unsure how hospital staff fed their child while in the hospital.

When they took the baby out of the room, took her to the nursery and stuff, it was like – I don't know what they did to her. She came back to the room and didn't want to eat.

– Dallas

They suggested to breastfeed, but they said if it doesn't work, but usually your first time breastfeeding, it doesn't always work right away, so if it takes time, you should just give your baby these bottles.

– Houston

They had the six-pack ready for you, six-pack Enfamil ready.

– Killeen

Participant: My son was a preemie, so we right off knew we were going to have to go with a formula.

Moderator: Who said so?

Participant: The doctors. They put him on a formula that they wanted him on. From the formula, he grew pretty good over time. You can't even tell he was a preemie.

– Beaumont

Several participants said that the mothers initiated breastfeeding, but quit and switched to formula while still in the hospital. Participants said the factors that led to introduction of formula at the hospital included moms who had sore or bleeding nipples, suffered from exhaustion, could not get the baby latched on, or believed they were not producing enough milk to satisfy the baby.

Yeah, she tried it the first time when he was first born but she didn't like it. It was hurting. It had her swelled up. She didn't like it, so we went to the formula. They gave her formula milk.

– Beaumont



Cesarean deliveries were common across all focus groups, though fathers did not identify them as a barrier to breastfeeding in the hospital. NICU experiences were less frequent but did not prevent breastfeeding, according to participants. The NICU babies in these groups were given donated breast milk.

Mine, before the baby was born, because she's premature. They asked – before the baby was born, and say, 'Are you going to breastfeed or formula?' We said, 'We going to breastfeed.' They gave us a little paper to sign...so when the baby was born, because she's premature...

- Houston

Mine had a C-section, so I was in there with her. When they pulled her out of her, they gave me – I got to put the baby in my arms before they cleaned him up. Then they cleaned him up, and they glued her back up and everything, and then they wheeled her to her room. They took the baby from me and put it on my wife. Wheeled her to recovery first. We stayed down there for about an hour until she got a room... Before she had the baby, they asked, 'Are you going to breastfeed or formula?' She said breastfeed. We got to the room; it was all gravy. She breastfed.

- Houston

Some dads said they attended classes at the hospital before the baby was born. Those participants did not elaborate much on the content or the impact of those classes.

At the hospital you have sessions you have to go through before the due date for the baby. They prepare you for the baby, like what we're talking about now. Different ways to support the baby.

- Dallas



Dad's Role at Home With the Newborn

Most dads said they were supportive when the mom and baby came home. The comments were very similar to those made by the Hispanic fathers. They provided support by helping with housework, caring for the other children, picking up breastfeeding supplies, and being present during feedings.

What I used to do was, if the baby would wake up at 1 or 2 in the morning, I'd get up right along with them; just sit there and talk to her, talk to the baby. Make her feel like, 'Hey, you're not the only one going through this. We're both going through this together.' Just be there to show support.

- Dallas

I don't got no complaints with it. I went and got breast pumps and I did the pumping and freezing so they can have it when she was gone and not there until she got them off of them. She's 4 months now, she off it. She did it for the first couple months.

- Killeen

You can help her cook so she can have time with the baby to play instead of being five minutes and then she has to put the baby down to cook. If you're cooking, she can be feeding.

- Dallas

Some said it was harder for the mother to breastfeed once she got home, because there was not anyone to help her like at the hospital. Some fathers were concerned about feeding the baby while the mother was away, if they had decided to exclusively breastfeed. Some of these participants also said they wanted the ability to help the mother and nourish their baby as well, and felt that breastfeeding would limit their ability to do so.

I think it was hard because, like I said, she got frustrated because he didn't latch on. She had to call her mom, and her mom had to come over.

- Dallas

I feel with breastfeeding, it's solely dependent on the mother. I can't do anything about it. Say, for instance, there's no formula in the house, what can I do? I can't feed the baby. If there's formula in the house, the baby wake up at 2 in the morning, my wife is tired, I feel like I can get up and make a bottle or I have a bottle prepared and do something. I've got a baby that I can nurture. I can do something, put forth effort to make it seem I'm helping. The mothers - they get tired and worn out all the time. They quiz me like, 'Ah you don't do nothing, when you going to help me and all this stuff like that?'

- Killeen



The reasons for introducing formula at home were similar to findings from the Hispanic fathers. Some participants were concerned that the baby was not getting enough from breast milk, and many said their partners stopped because they were in pain or did not want to breastfeed any longer.

She didn't want to go through the pain. She said it hurt. She agreed it would make the baby healthy and all, but she didn't want to do that to her body.

- Dallas

Like I said, the first week, we tried it. My girlfriend, she didn't like it. I don't know if she couldn't get the baby on there right or what, but she didn't like it. Now we're doing the formula.

- Houston

I guess she said she tried it one day. She said it hurt. She said she didn't want to do it.

- Killeen

Hers only lasted for so long; just after a short time, it would dry up. That's how we went to the formula.

- Dallas

A few participants were concerned their baby would not get adequate food from breastfeeding. Not being able to tell how much milk the baby gets directly from the breast concerned these participants.

I think bottle [is better than breastfeeding] because, like he was saying, you don't know how much they're drinking, so I prefer the bottle. You know he's going to be full or she's going to be full.

- Beaumont

It's not the best thing, because sometimes you don't know if your child's getting enough food. That's what I heard. Breast milk goes through their system really quick, and especially if you feed straight from the breast, you don't know exactly how much he's drinking compared to if you have formula, you know that he drank 2 ounces. You don't know when to stop and burp. It could be a headache.

- Beaumont



Some participants who felt that their babies were not getting enough food with breast milk alone said they would “top it off” with formula after breastfeeding, so that the baby would be full. Many made the switch to formula-feeding exclusively.

My wife told me that it wasn't enough for her anymore. She would breastfeed; she'd just constantly, constantly doing anything. It wouldn't like, well, they all get full basically just running through them...They put her on Similac.

- Killeen

When she was about 2 months she – I think right after her birth she was breastfeeding every 20 to 30 minutes. At some point where she was about 2 months, we felt, me and my wife, like she needed more than that because she would breastfeed, and 10 minutes later – sometimes not even 10 – she'll be crying. The only way she would calm down is by the breastfeeding. It was too much for my wife...I thought, just, why don't we try something on top of it? Maybe she's not getting enough. We started with formulas and it worked.

- Killeen

A few participants worried about illness and substances being passed through the milk to the child.

If she goes out drinking; drink a cup of alcohol, that's a con; the baby's going to get that.

- Dallas

Some babies born, baby's mama have AIDS, and the baby don't have. If she breastfeed the baby, the baby is going to get it.

- Houston

A few participants mentioned that they wanted their child to stop breastfeeding at a certain age or developmental milestone, such as cutting teeth or pulling up and walking.

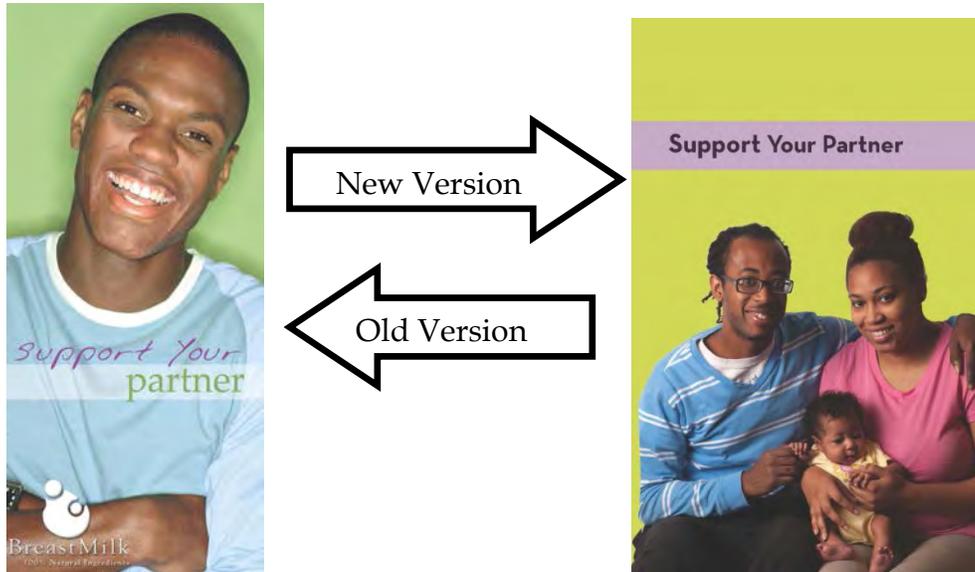
I think it switched because I thought he was getting too old for it, to be honest with you. She didn't. I did. Probably around 4 months, 4-and-a-half. I guess, because he was doing other things his self. I don't understand a lot about children that age. She did. She was saying he can breastfeed as long as he wants, or until he's 1 or 2 or something. I said, 'I think that's too old.' When he starts to get teeth, that's definitely too old. He's gotten his two bottom teeth a few weeks ago. I said, 'No, when he gets teeth, that's it.' That's basically it. He won't really latch on anymore, anyways. He does sometimes but not often. That's what I thought about it.

- Dallas



Reaction to Educational Materials

In all four focus groups, fathers were shown a USDA-developed brochure for fathers, *Support Your Partner*, from the *Breastfeeding: 100% Natural Ingredients* campaign. They were also shown a one-sheet page with an illustration and information about the size of an infant's stomach during the first weeks, as well as the amount of food the baby needs (referred to here as the "Infant Stomach Size Handout").



The goal of the exercise was to determine what information participants identified as new or motivational. When the participants were given *Support Your Partner 2014*, from the *Breastfeeding: 100% Natural Ingredients* campaign, the fathers preferred the design, color scheme, and photography of the original brochure. Some participants expressed that they learned new information, and, in many cases, that they were leaving with a more positive outlook on breastfeeding than they had when they arrived at the focus group. The information even had a positive impact on a father who had previously referred to it as "nasty." After reading the brochure he admitted if he had learned the information previously, it would have changed his outlook on breastfeeding. Some participants remembered receiving the brochures from WIC including 12 in the Dallas group.

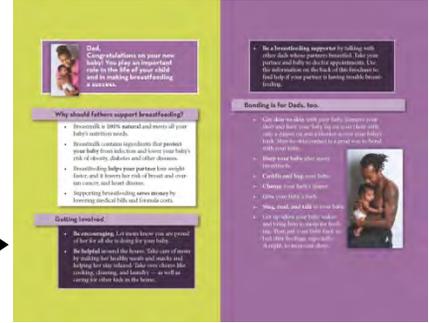
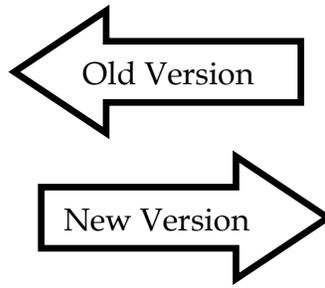
From reading it, I think breastfeeding is a good thing.

- Beaumont

It would change my opinion and outlook on it...I didn't know all of it. A bunch of stuff, I didn't know about. My family, my kids ain't never been breastfed.

- Houston





Support Your Partner Brochure. The participants generally found the brochure to be a helpful resource. Many participants saw new information in the brochure led them to think of breastfeeding more favorably. The participants wished more fathers could be reached with this information. They reported that they might have pushed harder to breastfeed if they had been aware of all the benefits.

It would change the mind, like, when the dad say, 'I don't want my baby breastfed,' oh, [and] the mom said, 'I don't want to breastfeed,' but after reading all of this – after getting all of this information, she would change her mind, because she'd want to lose weight faster.

- Houston

It has some good tips on here. Getting involved. Help mom cook and clean, do the laundry. Make sure they eat very healthy foods.

- Beaumont

It answered my questions, like losing weight faster, and lowering the risk of breast and ovarian cancer and heart disease.

- Houston

If I would have read this when my daughter was born, I probably would've been like, 'No, I'm going to go straight with breastfeeding.'

- Dallas

[The Support Your Partner brochure] actually answered my question. It answered my question to the tee. Was it more healthy than the formula? It said it is. It's 100 percent more healthy than formula. It gives all the nutrients that your child needs. I think it would be probably good to put more interest than the actual formula. The formula, that's manufactured. That's taking away a lot of things that the milk actually has before they dry it and all of that.

- Houston



African American imagery. A few participants questioned the brochure's intent, asking why there were only African Americans featured in a piece about stepping up to be a better parent. These participants felt they were already supporting their partner and found the brochure somewhat accusatory. To rectify this, the participants suggested using a more racially diverse array of photographs.

Now, if it was an African American couple on there or white couple on there – if it had multi races on the front of it – I would feel a little better about reading this. Then not just seeing it in this – to me, it's targeting towards African American fathers like we're nothing. That's what it looks like. Like we're not educated or anything to know about 75 percent to 95 percent of what's in this pamphlet that naturally. As fathers in this whole room, we already do.

- Killeen

Many participants echoed the desire to see more racial diversity in the brochure.

Participant 1: *I think it should be multicultural. Here it's segregated.*

Participant 2: *I feel like you should have everybody on there.*

Participant 3: *We can learn from one culture to another; it's going to help.*

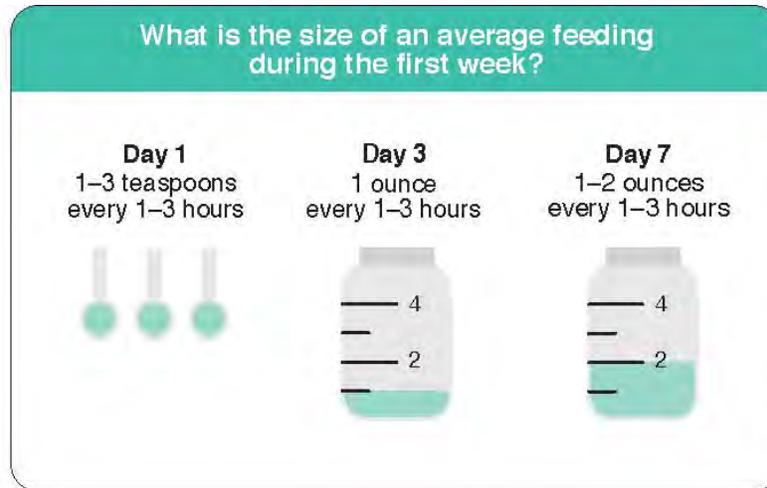
Participant 4: *I feel like everybody here in America is blending anyway. It doesn't matter about color. You've got Hispanic people and black people and you can't tell the difference.*

- Dallas

It has good information, sound information in here. I'm not downing what they have going on. I just think the approach is a little off.

- Killeen





Infant Stomach Size Handout. Many participants were skeptical of the handout information’s accuracy, but were willing to accept it after discussion with the moderator and the group. They did not think the handout reflected their own experience. Some participants insisted that some babies were “greedy” and needed to eat more than other babies.

I didn’t know that babies eat 1 to 3 teaspoons of it’s breast milk. That’s a whole lot less milk than you actually use with formula.

– Houston

While we were in the hospital, the amount the baby takes – they said 1 teaspoon or something like that was enough. We were worried because the baby was crying. Why? We worried he was fed enough, because 1 to 3 is enough.

– Dallas

My baby, he was greedy, both of them. I didn’t know you could give a baby 1 ounce.

– Beaumont

If my wife would have seen that, she would’ve probably kept trying. Nobody [at the hospital] told us how much was needed.

– Dallas

This thing says that as the baby grows up, the milk supply also goes up. Just not quite sure how much it goes up, because my experience is by about two months, it wasn’t enough. I wished there was something we could have done that would have boosted the supply to meet the demand.

– Killeen



When asked whom the information would have to come from so they'd believe it, participants said they preferred a doctor over WIC as the source. One group reacted positively to the information coming from the Texas Department of State Health Services. Overall, participants believed that such information could not be generalized across the population and remained convinced that each baby needs different amounts of food.

Moderator: Would it make a difference to you if this said that this was published by WIC or published by the Texas Department of Health in terms of the accuracy or the amount that you would – how credible this would be to you?

Participant 1: Nah. To me, it wouldn't.

Participant 2: Somewhat, but at the same time, you have to find out on your own anyways.

Moderator: You go by your own experience.

Participant 2: I would.

- Killeen

Many participants said they value their doctor's opinion over that of any other health-care professional, including hospital nurses and WIC staff.

In this one, it would make a difference with me, because I'll listen to a doctor before WIC.

- Beaumont

Doctors are always right. They right about everything, so if they would've gave it to me, I probably – I would read it.

- Houston

We were going to go with the doctor, to tell you the truth. Whatever the doctor said, that's what we did.

- Beaumont



Recommendations to Better Support Exclusive Breastfeeding

When asked what could best be done to increase the number of women who decide to exclusively breastfeed during the first month, many participants suggested teaching the details of the health benefits, not just stating “breast is best” without elaboration.

What I’m saying, they need to really be in depth. Explain why the breastfeeding is good. What is the importance of it? You can’t just say breastfeeding is good for the baby, and that’s it. Why?

– Houston

Just tell them the pros of breastfeeding. Kind of like how the pamphlet was saying...But just give them the facts. If you breastfeed, these are the things you can prevent, these are the things that will be helpful to the baby, these are things that will be able to nurture the baby versus formula. Just beef it up a little bit. Make it sound good. Word of mouth is part of it, too.

– Killeen

I would just say explain it to them detail by detail to let them know how it’s good for you and what can happen.

– Beaumont

Many participants also liked the idea of having more small-group interactions with other fathers. They were interested in learning from other fathers, sharing their experiences, and gaining support.

Have a class. Have a breastfeeding class for dads before the baby is born.

– Houston

We already – like before the baby, we already come to the hospital every other week, or every week, up until the baby is born. Even incorporate that into those visits in the hospital.

– Houston

If you’re willing to learn, you can learn it all at once. A lot of things I’m going through with my kid and my son, I never thought I could handle it, but I can. A lot of fathers think that.

– Dallas



Other suggestions to encourage more families to breastfeed included additional educational materials at doctors' offices and hospitals; and breastfeeding promotion through commercials and flyers in neighborhood stores.

Show it through a commercial.

- Beaumont

It would change the mind, like, when the dad say, 'I don't want my baby breastfed,' oh, the mom said, 'I don't want to breastfeed,' but after reading all of this – after getting all of this information, she would change her mind, because she'd want to lose weight faster.

- Houston

Moderator: Where is a good place to reach dads? Where should this be?

Participant 1: ESPN.

Participant 2: Commercials, TV.

Participant 3: TV.

- Beaumont

I would just say you put all the information out about it at the doctor's office when you first go in. If they need more information about it, educate themselves about it. A lot of people would probably be a lot more open to it.

- Killeen

When people promote things or whatever, I know what gets a lot of people's attention is when they put flyers and things in stores, like in different neighborhoods.

- Beaumont



Conclusion

Many participants were aware of breastfeeding's health benefits for babies, including some who ultimately decided not to breastfeed their child despite this knowledge. Each father discussed feeding plans with the mother but ultimately deferred to her to make a decision. Many planned to at least initiate breastfeeding and continue for however long the mother or child wanted. A family history of breastfeeding strongly influenced participants who planned before birth to breastfeed, and the same holds true for those who selected formula.

Most fathers identified WIC as a pro-breastfeeding institution, but some felt excluded at WIC. As fathers, they felt awkward coming to appointments. Unless they made an effort to be active and interested, they said the WIC staff did not address them directly.

At the hospital, several fathers reported that the staff introduced formula when mothers faced challenges with latching, or when families or nurses doubted the child was receiving enough food. The fathers emphasized that not all women are capable of breastfeeding, because of either latch issues or medical problems, and supported their partners if they had to switch to formula.

Many participants said they enjoyed participating in the focus group and wished there were regular meetings to learn from other fathers, share their experiences, and gain support.



Findings: African American Grandmothers

Introduction

Thirty-four grandmothers of infants who received WIC benefits and are 8 months or younger participated in four focus groups, which took place July 2014 in Killeen, Beaumont, Houston, and Dallas. The total number of participants is reflected in Table 13.

Lines of inquiry included the following:

- Perception of breastfeeding
- Breastfeeding knowledge
- Grandmother's reflections and breastfeeding experiences
- Grandmother's experience with WIC
- Grandmother's role in the decision to breastfeed
- Grandmother's experience at the hospital
- Grandmother's role at home with the newborn
- Reaction to educational materials
- Recommendations for how to better support exclusive breastfeeding

See Appendix A for all focus group guides.

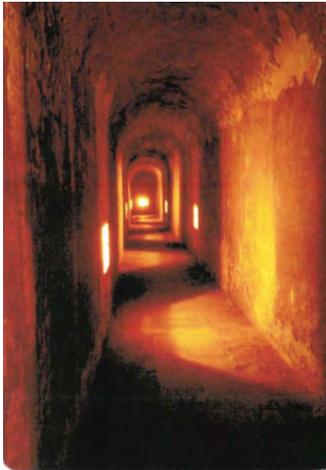
Table 13
Total African American Grandmothers (N=34)

Location	Number of Participants
Killeen	6
Beaumont	7
Houston	8
Dallas	13



Perception of Breastfeeding

As with the other groups, the discussion began with an icebreaker exercise using Visual Explorer™ cards spread out across the table. Participants were instructed to browse through the cards and select the one image that best illustrates how they feel about breastfeeding. The grandmothers' perceptions of breastfeeding were largely positive, however, as in the other focus groups, many also recognized the challenges faced by breastfeeding mothers.



I chose the long hallway past the doorway, because breastfeeding is a journey. A lot of people start out and they don't know what to do or how to do it. When my mother was doing it, they didn't really know, so they couldn't teach us. When I did it with my youngest daughter I had to learn a lot. It was an ongoing thing; learning the latching, and how to hold the breast, so it was a long journey. I was able to show my daughter with my grandbaby how.

- Dallas

All colors going up in the sky. I just thought it was how – I didn't get a chance to breastfeed, but I think it's a wonderful thing. When I saw the different balloons I thought about diversity. It's not just one set of women that breastfeed. Also, I was thinking about the added benefits when I saw this. How I would think that the child would be more healthy, and happier. That's what I thought it was.

- Dallas





That's how I seen my son, was like biting on me.... he gets that bottle in his mouth, and he collapsed that nipple on that bottle. I said, oh, no, I can't. But he's healthy, strong. They was all healthy, strong babies and all. But I never – don't knock breastfeeding, but it just wasn't for me. It seemed like he came out with teeth.

- Houston

It's a storm. It's bad. It's bad to breastfeed, because if you breastfeed, you can't find nobody to give you a break from them. You need a break from your kids. You do. You need some 'me' time.

- Beaumont



Breastfeeding Knowledge

Participants were asked to list the pros and cons of breastfeeding in their groups, and the moderator would write them on a flip chart at the front of the room. The majority of grandmothers, across all focus groups were well informed of both the benefits and challenges of breastfeeding. Several participants knew the importance of colostrum, maintaining supply, how to address pain, and the benefits of weight loss, nutrition, and improved health; they discussed these aspects of breastfeeding with their daughters.

Perceived Advantages and Challenges of Breastfeeding

The most common themes that emerged from the participants' responses are reflected in Table 14.

Table 14
Perceived Advantages and Challenges of Breastfeeding

Advantages	Challenges
Convenient	Mothers must eat healthy
Easier for infants to digest	Some mothers are not able to breastfeed
Bonding	More difficult for working mothers
Prevents infections	Public embarrassment
Mothers lose weight faster	Passing illness or substances from mother to baby
Nutritional value, vitamins, iron, and protein	Breast irritation, engorgement, painful for mother
Antibodies for the baby	Baby has trouble latching
Healthy	Mothers feel sense of failure if unable to breastfeed
Free, saves money	Breast milk spoils quickly
Baby's stool does not smell bad	Mothers are not able to breastfeed just anywhere
No cleaning or preparing bottles	Breastfeeding requires special equipment (pumps, pads, bras, etc.)
Mothers must watch what they eat	Not producing enough milk

Most of the advantages listed by the grandmothers were associated with the positive health benefits for the baby.

Easy to digest.

- Dallas

It just makes me think that when a mother is breastfeeding, you're shaping your child. It's good for that child's health mentally and physically. That's what this means.

- Dallas



The participants also included benefits for the mother in their list of pros. Losing the baby weight more quickly was the most frequently mentioned breastfeeding advantage for mom.

My mom used to say it's kind of like a birth control, too, because you don't get pregnant as fast when you breastfeed. That's what my mom used to say. I don't know.

- Houston

You get your figure back really quick.

- Dallas

Some grandmothers described breastfeeding as the more convenient feeding option because it does not require cleaning bottles, buying formula, or preparing bottles at night.

[Breastfeeding is] a lot easier, a lot healthier for a child. You don't have to get up and make no bottle, warm it up. Just turn over...throw your breast in his mouth and go right back to sleep, and it was a lot easier. Then they don't throw up as much. I like it.

- Killeen

No more warming bottles or cleaning bottles. You don't got to clean no bottles. You don't have to worry about bottles, period.

- Killeen

Many participants brought up modesty concerns with public breastfeeding as a con.

It's just the going out in public, pulling your private parts out. It was kind of embarrassing for me, so I just didn't even consider it.

- Dallas

When you're on the go, sometimes it's not always that easy to go to the car and do it. Sometimes you have to just whip it out wherever you are, because the baby wants to eat...It just depends on actually who's doing it. It didn't bother me. I think it bothered other people...

- Beaumont



Many participants mentioned the difficulty of finding people to watch a breastfed baby while the mother was away. Several participants said they were the caretakers for their grandchildren while the mother was at work, and these grandmothers felt that breastfeeding was inconvenient for them. Some participants had no firsthand breastfeeding experience and felt that formula was easier to deal with; and a feeding option they understood and could prepare quickly. The idea that “grandmothers don’t watch breastfed babies” was brought up in several groups.

That is the only con about it, is the difficulty when you want a babysitter or something. You have to keep that baby with you at all times because – now you can pump your breasts and put it in a bottle... He would just cry if you tried to slip the bottle.

- Killeen

I don't really know nothing about breastfeeding; I'm not going to lie. I don't know nothing about breastfeeding. I wouldn't recommend it, not if you want me to keep the children. Straight up.

- Beaumont

Additional cons generated by the participants included the possibility of low milk supply, pain, needing to return to work, and breasts sagging after breastfeeding.

Let me think about this – oh, I have a con for you, because when the milk is in there, they all big and fluffy and you're like, yeah, girls! Once the milk is all gone, they sag.

- Beaumont

She did it to where she couldn't take it. She said at first it was comfortable for her, then all of a sudden it just started getting sorer and sorer, and it remained sore. She just started sticking to the bottle, and then after she put him on the bottle, she had to go through three different brands of milk. Now he's on total soymilk. It started upsetting his stomach when she stopped.

- Dallas



Grandmother's Reflections and Breastfeeding Experiences

The grandmothers were asked about their own history with breastfeeding. When asked how they fed their babies, many participants said they initiated breastfeeding, and fed their child both breast milk and formula after a certain point. A few said they fed their child formula only.

I guess it's a handful. I never breastfed. I never breastfed the kids. I didn't do it. I was young when I had my babies, so I was like, 17, so I didn't breastfeed. To me, it's a handful.

- Beaumont

I did breastfeed. It was challenging with a couple of them, I have to tell you that. The swelling and the not going down, but a trick to the wise: cabbage leaves. It's a nice thing. It's everlasting... You don't know when it's going to stop...it's really up to the infant when it doesn't want to do it anymore.

- Beaumont

My boys were the only two that allowed me to breastfeed. [My daughter] said no, and she would not clamp on, but my boys are 6'1", 6', [and] size 14 and 15 shoes. She's 5' even. She didn't want to latch on, but it's good, because my boys were a lot healthier than my daughter was. I think breast milk has a lot to do with that... Of course, that's the best milk in the world. There are no additives and no dye, and it's all natural.

- Beaumont

Of those who breastfed, many said they did not continue as long as they could have, because latch issues or pain forced them to stop.

I started off breastfeeding – that was with my last baby. She was not latching on, so I pumped and then I had to go back to work. We just went with the bottle.

- Dallas

With my children – I believe with my first – I did attempt to breastfeed; however, I had a similar experience where he didn't latch on very well. I had the sore nipples, etc., and it was a very uncomfortable, painful type thing. In order to relive some of the pressure I think I did it for maybe about a week or two, and then, at that point, my milk was not coming in often enough. Then I had to supplement with the bottle, which I ended up going straight over to a bottle.

- Killeen



Of those who breastfed, a few cited other reasons for stopping including discomfort, viewing the breast as a sexual organ, modesty concerns, and fear of passing illness through breast milk.

It was probably healthier for me to do it. They suggested with one of my kids been breastfed, but – because he was born weighing 3 pounds and 6 ounces, but I had a fever. The milk was contaminated. Once you've had contamination, they don't want you to breastfeed. He did pretty good.

- Houston

I breastfed with my youngest, and she's 4. My other three, I felt like it didn't feel right, so when I tried it – because I was younger, also, I was a teenager. It was like, 'That's for sex, not babies.'

- Dallas

Some participants believed that breastfeeding should be stopped when the child hits certain developmental milestones, specifically cutting teeth.

I think it's a good thing. It's painful; it's hard, especially when they bite you and you have to say no more, which is what I did. That's it, no more, you have teeth; we're done. Four months, two teeth, it was over.

- Beaumont

I think I breastfed her for about four months, because after that, it's like, she started grabbing, like she had teeth, didn't want to let go, couldn't get it out.

- Beaumont

Many participants recalled mostly positive messages when asked, "What did people say about breastfeeding when you were a young mom?" These participants were encouraged to breastfeed, because it is natural and healthy for the baby.

I didn't hear any cons on it. I've always heard positive. When I would go [to my family], they was like, 'Are you going to breastfeed?' I was like, 'Well, I don't know.' Nobody ever told me it hurt. Nobody never told me my nipples are going to crack. Nobody told me. I had to find out on my own.

- Beaumont

Back in the old days they always would tell you that baby needs to have the antibodies; they need to have that first immune system to be in effect and working properly so they won't be as sickly. You listen to that; you listen to your mom and whatnot as far as that and the health providers, what is best for them. As it goes along, there are complications. Just like with a pregnancy there can be complications where you have to change.

- Killeen



Saving money was among the positive messages participants heard about breastfeeding when they were young mothers.

My grandmother and my mother told me, too, it was more economical for money costs because you didn't have – right here. It's the food. It's like you didn't have to worry about being low on money. You had the milk. That's one thing, God blesses us to produce our own food for our children if we can nurse.

- Houston

It was always my doctor and nurses telling me – encouraging me to breastfeed, and my mom. My mom had nine of us, so she did, as well. She was like, 'It's really the best thing.' There might be times, financially, where you can't just say, my baby needs milk and I'm going to go to the store and get some, but you don't have any money. You don't need money with these.

- Beaumont

Some participants were not encouraged to breastfeed and did not encounter positive messages about breastfeeding when they were young mothers.

They said it was gross.

- Dallas

When I had my first child, I was 21 when I had him. I thought about it. I asked my grandmother and stuff, and my grandmother's opinion was no, not to do it... she said it's hard sometimes when someone else has to keep your baby. That was the only thing I could say about that. She was like, 'It's difficult. It's best just to bottle feed.' That's why I did. I thought about it.

- Killeen



When asked how times have changed since they fed their first babies, participants were split in opinion. Some participants expressed that their children's generation are less interested in taking care of their bodies and babies than they were, but many participants believe times have changed for the better. They have noticed more young women breastfeeding now than when they were young mothers. These participants said that their children's generation receives more education on breastfeeding.

The times. The people. The generation. Most of them don't breastfeed. You rarely find someone in their 20s and teens breastfeeding. Because they like to party. They like to go, and they like to make the grandmas as the mothers. They don't like to be bothered with the children. They know if they breastfeed, now, that – my generation, our grandchildren, we're not going to babysit.

– Beaumont

It's healthier for the kids, but then they got some mothers that just like – they just look out for themselves, and they don't want to do right. They... smoke, and you know what goes in your body goes into that baby. I don't think for some mothers that's a good idea... 'I don't smoke,' but you're outside with a cigarette in your hand. You say, 'Hey, don't do that – you've got to feed the baby!'

– Houston

I think opinion is going back, because see, when I had my kids – young mothers, when I was in the hospital having my babies with them – they were getting away from breastfeeding. I was still in that breastfeeding mode. We went away from it for about 40 years, and now I think the young mothers are more knowledgeable. They're reading more. They want better health for their kids. My daughter's reason for breastfeeding – it was easier. She don't have to get up and make a bottle. It was economical, and she said she don't have to get up in the middle of the night. She just has to – okay, latch on. I think the younger mothers are looking more at the health issues.

– Houston

I know back in the day, before most of our times, parents...breastfed because maybe that was all they had. Then there came a time where everybody was working and doing stuff, so they got away from it. Like she said, it was more other cultures – more prominent of the cultures than in the black community. Now we're all being educated on how great it is to breastfeed, and more mothers are coming on board with it.

– Dallas



Grandmother's Role in the Decision to Breastfeed

Participants said grandmothers should play the role of adviser in a daughter's decision whether to breastfeed; provide their daughters with encouragement and information on both options; and, ultimately, let them make the decision for themselves. African American grandmothers did not differentiate between daughters and daughters-in-law the way the Hispanic grandmothers did, instead speaking of them interchangeably.

I don't think we're supposed to have a role in it. I think that's on them. People tell you like you doing now, tell them the pros and cons of it, and then that's their decision.

- Killeen

I just think whatever choice they want to make. You can explain it to them, what the benefits are, what the pros and cons are to it. Whichever way they choose, you just support them the best way you know how. Every pregnancy's different... I have some that have had easy times with breastfeeding; I've had other ones that have had difficult times with breastfeeding.

- Killeen

Most participants were involved with their daughter's decision on how she was going to feed her baby. Many of those participants encouraged their daughters to breastfeed. Their daughters asked the participants about their own experience with breastfeeding when deciding on a feeding plan.

With mine, all of them discussed it with me. They said, 'Well, what do you think?' I told them, I said it's best – you give them the pros and you give them the cons and you say what is best for you. If they weren't working then, I could say I understand. I understand it's an easier method: you don't have to get up, you don't have to pay for the formula, etc. If they are working, it's a little more strenuous. If they tell me they would prefer the bottle, then I'm going to say, 'Well, I understand that too and I support you in that,' because it is time consuming as far as pumping [goes]. You have to do what is best for you at that point.

- Killeen

My first daughter, she's got five children. She asked me, what did I think about breastfeeding. She tried it, and her kids rejected her milk... she asked me, 'Mom, do you think it's a good idea for me to breastfeed?' I said, 'It's healthier. It's convenient for you. You've got to make that decision for yourself, because I'm not going to be the one rolling over, so you have to make that decision yourself.'

- Dallas



Only a few participants did not encourage their daughters to breastfeed when asked to help decide how to feed their children. The top reason for discouraging breastfeeding was grandmothers who did not want to deal with babysitting breastfed babies.

My daughter, she works 2:45-10:45 [p.m.]. I have that baby for that period and I've got the other one from 1 to 10. You'd better get a bottle. I ain't got time for no breast. I don't. I had two heart surgeries and I keep my grandkids. Because I babysit him since he turned [1 month old]. I have him most of the time, so why are you doing that? I can't pull mine out.

- Killeen

Most of the participants stated that their daughters initiated breastfeeding. The participants were happy for their daughters who were able to breastfeed. Many of the breastfeeding daughters stopped when they encountered latch issues, pain, or low milk supply.

Her milk – it wasn't producing – and they said that's why she couldn't. She wanted to really bad, and I even told her it was a lot easier and I told her it would be better. She actually wasn't producing something and she couldn't. That's why my daughter had to go to the bottle.

- Killeen

My daughter-in-law, and she had determined, and they had already decided that she was only going to do it for three months. After three months, she wasn't going to do it.

- Dallas

My grandson is breastfeeding, and we all live in the same household, so I really am very happy for my daughter to be so brave. I never did it.

- Houston



Grandmother's Experience With WIC

Most participants identified WIC as a pro-breastfeeding institution, which offered their daughters good breastfeeding education. Some grandmothers went with their daughters to appointments, but even the participants who did not come along could recall the positive breastfeeding messages they heard from their daughters, which they learned at WIC.

I have one that's pregnant now, and she's going to the WIC office. What I like about that, see, they're educating her on what to do, how to do it, and what to expect. Then she comes back and she asks me questions. She's really trying to educate me. I listen to what she's saying, so she is understanding, and the fact that she's only 17, she's willing to try it due to the information she's getting.

- Dallas

They just want to tell you about the nutritional – like mother's milk when you eat healthier – whatever you put in your body, it comes through your milk. That encourages healthy eating. Then they talk about the weight loss and the closeness and the bonding and everything.

- Houston

Some participants accompanied their daughters at doctor appointments. Most of those participants said that the doctors encouraged their patients to breastfeed.

My experience was pretty much like her daughter's. My daughter with her last baby, she asked questions, but she did her own research, and then her doctor was encouraging her to do it.

- Dallas

They're always encouraging. They even gave my daughter a booklet. They gave her a booklet, and – matter of fact, they gave her choices on everything. They didn't just do that. Everything they gave her, they gave her a choice, so they gave her more than one option every time they handed her something. Whether it was birth control or breastfeeding, they gave her multiple choices.

- Dallas



Grandmother's Experience at the Hospital

Many participants accompanied their daughters at the hospital when they delivered their children. The participants said the hospital staff was generally helpful when assisting the new mom with breastfeeding.

I think it's mandatory that they come in there and just show them how to breastfeed, because with both my daughters, it's like they have to do it; they make them latch on.

- Houston

They did at the hospital; they had a latch nurse come and show my daughter how to the latch thing.

- Dallas

Many grandmothers said their daughters received breastfeeding support in the hospital. Examples included:

- Doctors and nurses who helped the mother breastfeed
- Visits from lactation consultants
- Pumping and then bottle-feeding breast milk was encouraged with Cesarean deliveries
- Limited access to formula

What they pushed for is the breastfeeding. They pushed that. They really do. They push that at you. They don't even think about bringing a bottle. It ain't no say. It's like that's what they pushed at her, period, before she ever said, which they did ask, since she said yes anyway, but I didn't even see them bring a bottle in there to even give you that second choice.

- Killeen

They made her try for a little bit, but she said, 'No.' She didn't want to really do this. She thought it was nasty.

- Dallas

They asked her was she going to breastfeed or bottle-feed. She said breast. Then after the baby came they sent somebody in there to show her the proper way and everything.

- Killeen



A few participants said they observed practices that appeared to be part of the Texas Ten Step protocol, specifically rooming-in.

...They don't even go to a nursery no more. You got the baby from the time you had a baby; they stay in the room. My daughter – the baby stayed with us right after she had her...

- Beaumont

Yeah, my daughter was eager to start. They were eager for her to start, and they brought the baby in. The baby was in the room with us most of the time. She had a difficult birth.

- Houston

Most participants said they felt listened to and respected by the hospital staff.

They were very nice. We met the whole delivery team. We were laughing and joking the whole delivery time. They were very nice. It was pleasant.

- Killeen

Once you get in there, that nurse is with you until you have the baby, even if she has to work over. She's the only nurse going to be there. If her shift was up at 3, she still stayed there until the baby was born.

- Killeen

Grandmothers described the following hospital practices as non-supportive of breastfeeding, including:

- Cesarean deliveries, for unknown reasons, and Cesarean deliveries where the baby and mother were not allowed an opportunity to breastfeed for a long period after delivery
- Baby separated from mother for a long period after delivery and not provided an opportunity to breastfeed before being given formula

Yeah, they were taking her baby and not bringing him in when he needed to come in.

- Houston



Grandmother's Role at Home With the Newborn

After returning from the hospital, many participants were deeply involved in helping their daughters with the new baby at home. The participants said they watched after children, cooked, and cleaned the house. Some participants served as primary caretakers for their grandchildren, and the mothers of those children were less likely to breastfeed, typically due to the perception that it is harder for a grandmother to look after a breastfed baby.

I pretty much took care of her house while she was tending to the baby....When she wasn't feeding, we'd tend to him. My role mostly was helping her out in the household. I did everything for her, while she tended to the baby.

- Dallas

My daughter is still with me. She was in my bed. She put my husband out, and she and the baby was in my bed for her six weeks. She tried to stay longer. I told her I am here to help you. This is your baby. You're going to do it. She just had to grow up. It was time to grow up.

- Beaumont

Some grandmothers understood the value of their daughter pumping breast milk and were comfortable with having the pumped bottles.

I couldn't breastfeed my children anyway. I ended up with a fever, so I couldn't breastfeed my children, but my daughter has breastfed both of them – all three of hers. She pumps, too. She likes it. It works for all of us, really, because she can leave it and we can still feed the twins. Like last night, even though she wasn't there, they still had their food.

- Dallas



When asked what factors or reasons influenced their daughters' feeding plan for the first few weeks of the baby's life, many participants reported that their daughters encountered issues during that time, which caused them to stop breastfeeding. Some participants cited problems with latching and pain.

When we got home, my daughter's concern was the baby wasn't latching on like he was supposed to. It was kind of like she was nervous about that. She said, 'Mama, what am I going to do?' I said, 'Just keep trying. Keep trying.' Finally he got the hang of it, and he just started latching on. They cry a lot; they get hungry a lot, because it's just water. My husband bought a thing of rice cereal. She saw it, and she took it and hid it from him. She said, 'No, my baby's not eating that until he's at least 3 months old.'

- Houston

She did it for maybe two months, because she would breastfeed, but then it was like he was sucking too hard to where it was making it kind of sore and tender and everything.

- Beaumont

Many grandmothers said their daughters deviated from their plan to breastfeed when they felt their milk supply was too low to nourish their baby.

He would be hungry. He could take the breast, and it seemed like a few minutes later, 30 minutes later, he was hungry again. He was crying, he wanted the bottle, and he'd take that whole 8-ounce bottle. He was taking the 8-ounce before he was a month.

- Beaumont

My daughter – the first day she had her – they brought her in, and she was concerned that she wasn't getting enough milk. Usually that first couple of days you have the colostrum, and she had milk. Hers was fully blown, and she's like, 'She's not getting enough. I need a bottle.' I was like, 'No, she's getting enough. She doesn't need that much.'

- Dallas

Many participants said that the baby's father was either pro-breastfeeding or did not have a feeding preference. Only a few stated that the father was against breastfeeding.

My son-in-law was very into it. He encouraged my daughter. That was her decision before, when she first got pregnant, from the very beginning. Nobody asked her; she said that's what she wanted to do. Yeah, he was right on it. He agreed. She told him everything, the reasons why, and he supported her.

- Killeen

[My granddaughter's] father did. He supported her, and actually he helped her pump. When he would come, and he'd be like, 'Okay, it's time to pump.' I'd be like, 'Okay, it's time to go.'

- Dallas



Reaction to Educational Materials

In all four focus groups, participants reviewed the brochure, *Grandmothers Play an Important Role*, from the USDA campaign for Hispanics, *Breastfeeding: A Magical Bond of Love*, and a one-sheet page with an illustration of an infant's growing stomach size in the first months (referred to here as the "Stomach Size Brochure"). The goal was to determine if the information was new, motivational, and resonated with this audience.

Grandmothers Brochure. The brochure *Support Your Daughter* was a part of the *Breast Milk: 100% Natural Ingredients* campaign. Most participants reacted positively to the grandmothers' brochure, expressing that they related to the content and enjoyed the design. The grandmothers said they learned new information and, in many cases, that they were leaving with a more positive outlook on breastfeeding than when they arrived at the focus group. Some participants remembered receiving the brochures from WIC.

It's very important, especially if you have a younger child. This is my third generation, so I go to the WIC office with her. That's how I know about this, because I'm sitting there, and the lady handed me this, because I'm there. I'm part of that next step of trying to turn this around back to breastfeeding.

- Dallas

Participant: If I could go back in life, I would breastfeed after reading this. The grandparents were like – it helps you lose your baby – the pregnancy fat – faster. It prevents the risk of breast cancer, ovarian cancer, heart disease. It's a lot of good stuff.

Moderator: Was that new information for you?

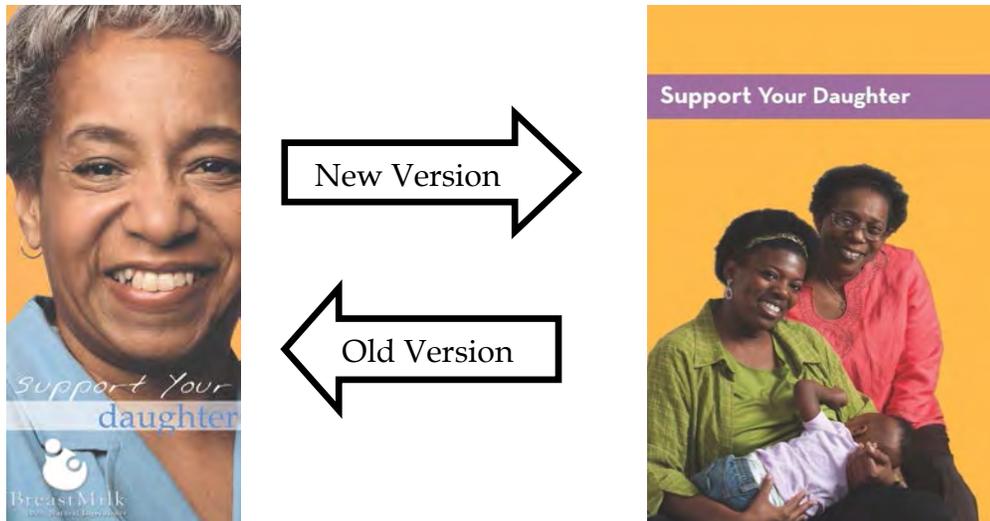
Participant: The breast cancer, ovarian, and heart disease, yeah. I knew it will help you lose weight. It would help keep your weight down. I know you don't get your menstrual [sic] as fast or as whatever. I knew that, but I didn't know about that breast cancer.

- Killeen

Just giving your daughter praise about doing something that maybe you didn't try. That's one thing I'm going to do when I get home; I'm going to start giving her more praise about [breastfeeding]. It's really what struck me, because that's something I haven't done. Actually, to tell the truth, looking at what my daughter's doing, it's so big to me – I'm so happy that my grandson gets that benefit.

- Houston





Participants said they would be glad if their daughters gave them this brochure.

If she gave me this, I would have a conversation with her and ask her why or what's the main reason, and then I would encourage her decision to do it.

- Houston

The pamphlet, the important information, it generates communication between you and your daughter and your future grandchild.

- Houston

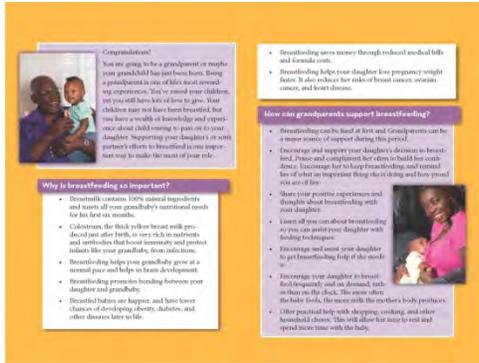
African American imagery. Other focus groups with African American mothers and fathers expressed a desire to see diversity in the brochure's imagery, but the African American grandmothers were not overly concerned with increasing multicultural representation in the brochure.

It's not really a black-and-a-white thing, because we're all equal. We just do things differently.

- Beaumont



New Version



New design. Most participants thought that the newly designed brochure was actually older than the original design. Most participants preferred the old design and thought the photographs looked dated in this version.

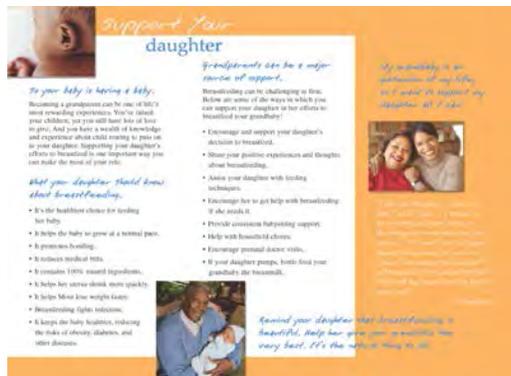
This is an old brochure.

- Killeen

I was just saying old afro. It wasn't because of the clothing or anything. I kind of looked at the afro, the natural hair. That's what made me say it was the older picture.

- Killeen

Old Version



Old design. Most participants enjoyed the colors, photography, and bulleted information in the original brochure.

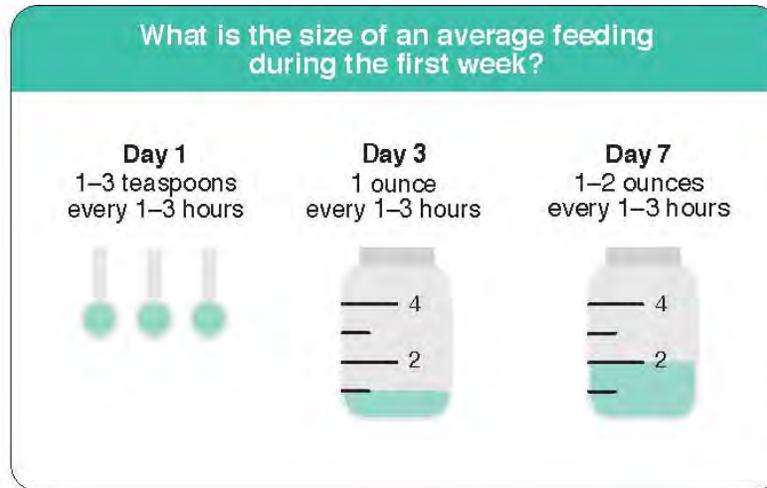
There's nothing I don't like about it.

- Beaumont

It's easier, like you don't have to read a whole lot of paragraphs. It's just broken down. The bullet points. You get straight to the point instead of going through a whole bunch of paragraphs, then get to it. It explains itself so you understand it; it's just easier information.

- Killeen





Infant Stomach Size Handout. Many participants were skeptical that the information on the handout was accurate, asking about the source of the information and doubting the research. They did not think the handout reflected their own experience. Some participants insisted that individual experience trumps general statistics when deciding how much to feed your child.

If they're crying too much, I say ain't full. I told her give him some more. I would fill his stomach.

- Killeen

What baby were they feeding? That's what I want to know.

- Beaumont

A few participants said that this information would have reassured their daughter when she was first trying to breastfeed.

It would have put her mind at ease.

- Houston

The first couple of days, she kept saying that she wasn't making milk. 'She's not sucking enough, Mom.' I said, 'No, you'll get there.' This explains it.

- Dallas



How much milk does my baby need
at each feeding during the first week?

- Your baby needs only small amounts of milk at first. These small, frequent feedings give you and your baby a chance to practice breastfeeding.
- During the first day or two, a breastfeeding baby eats about 1–3 teaspoons of breastmilk every 1–3 hours.
- As your baby grows, so does your milk supply.
- The more milk your baby takes from your breasts, the more milk you will make.
- By the end of the first week, your baby will be eating as much as 1–2 ounces at a feeding.

A few participants called into question the research methods that arrived at this conclusion.

Moderator: *What if it said 'universally,' because – what if it just said 'univorsally, all babies'?*

Participant 1: *Really?*

Participant 2: *I wouldn't believe it.*

Participant 3: *Because they have different sizes. I would think it's the size of the baby, how much the baby would eat. You know what I'm saying?*

Participant 4: *You really don't know how much the baby's getting when they're drinking [from the breast].*

– Dallas

I would want to know where the information came from and what stats. Give me a little bit, some statistics on it as far as age groups, or weight, or something like that.

– Dallas



Recommendations for How to Better Support Exclusive Breastfeeding

At the conclusion of each focus group, participants were asked to share their recommendations to improve breastfeeding initiation and what could be done to help women exclusively breastfeed longer. The following recommendations were consistently mentioned across groups.

Face-to-face classes. Most participants brought up the need for more classes, specifically hands-on and in-person training. These participants thought taking classes before they are in the hospital could help mothers make a better-informed decision about how to feed their baby. The grandmothers did not think online classes were as effective at teaching breastfeeding as in-person classes.

I think the classes, and it really is pushed as far as the antibodies. Even if they choose not to do it after that. Even if they choose not to do it afterwards, at least the first couple feedings they need to have that colostrum.

- Killeen

Back when we were doing WIC, we would go for a class. We had a video. We had somebody talk to us. It was more hands-on to get us – more enthused about it. We played the little games to see what we learned. You don't even need an incentive; you just need to give them a way for them to be able to get the knowledge, more so. Us telling them, and them believing us, sometimes is not always the same thing. They have to see it to believe it. ...Children nowadays are from the show-me state. They want to see it. If they see more hands on, and have more hands on themselves, I think it'll be better.

- Beaumont

I just think it needs to be more informative for them when they're closer to their due date, instead of waiting until they're there in the hospital. Are you going to breastfeed? Bug the hell out of them. Have more classes, because that's what the WIC place is there for. We used to go to WIC class every other – every time we had to go every three months, we had a WIC class. Now, my oldest, she did all her classes online. I remember when we had just the building for WIC when we would go to – I don't understand that, now. Online is not teaching them.

- Beaumont



Educating mothers on the benefits. Many participants believed that giving mothers information about the advantages of breastfeeding for mom and baby would influence them to breastfeed. Disease prevention, bonding, and convenience were benefits the participants thought would convince mothers to choose breastfeeding over formula feeding.

Tell them that it'll lessen their time in getting up in the middle of the night. They won't have to get up in the middle of the night out of the bed, and that it will keep their babies healthier. And the bond.

- Beaumont

To give them the information about how it will help the baby's healthy lifestyle as it goes along, as well as theirs.

- Houston

Use of video. Some participants specifically mentioned video as a good medium for educating their daughters. Participants emphasized their daughters' need to see breastfeeding in action and for additional education.

I think it's important that it gives the baby their immune system. I think when a girl, a young mom, first goes to the doctor or clinic, this should be an option given to her and maybe get her to sign up for a class or to see a film, or have that – the first time she visits the doctor, I think that should be brought up.

- Houston

I think the hospitals could make it mandatory before they're discharged to have a plan to just show a short film on breastfeeding. Sometimes that would change their minds about whether they want to bottle-feed or breastfeed.

- Dallas



Encouragement and community support. Several participants spoke of the importance of visibility and promotion of breastfeeding. Some suggested more television commercials in an effort to inform not only mothers, but also other family members. Several participants recognized the need for community support and suggested commercials as a method to normalize and educate those community members who could help mothers succeed.

...I agree for now, but maybe more commercials, and just constant encouragement like they're doing. The doctors and nurses, WIC, everybody, parents. Just encourage it.

- Dallas

I think the more information you get out there with educating everybody – not just the mothers and the fathers, but the grandparents, brothers and sisters. Everybody. Somebody said something about the news media. If you see more of that maybe on TV, because I think as long as the information is out there, it's going to take some time for it to catch on, because nothing happens overnight. I can see a big difference now than when I was having kids. It's happening; it's just slow.

- Dallas



Conclusion

Participants had mixed experiences with breastfeeding. Some grew up exposed to breastfeeding, viewing it as the natural and expected way to feed your child. Others did not. Many participants see breastfeeding as a positive feeding choice for their grandchildren, but recognize that complications such as pain, latch problems, going back to work, and milk supply make breastfeeding a burden for some mothers. Grandmothers saw themselves as advisers who can help educate daughters on the benefits of breastfeeding, but ultimately leave the decision up to them.

Most participants named WIC as a good educational resource for their daughters. Most participants had positive experiences in the hospital with their daughters, speaking highly of helpful hospital staffs that encouraged their daughters to breastfeed.

Many participants are deeply involved in their daughters and grandchildren's lives as caretakers and babysitters. Participants consistently perceived breastfed babies as harder to look after while the mother is away, thus encouraging their daughters to formula feed after returning to work.



Hospital Findings: African Americans

Introduction

Thirty-seven nurses participated in four focus groups July 2014 in Killeen, Beaumont, Houston, and Dallas. Participants included nurses who specialized in labor and delivery, postpartum, newborn/Well Baby/nursery, and mother/baby. NICU nurses were not included in the study. Table 15 is a summary of healthcare professionals in attendance at the four focus groups.

Table 15
African American Nurses (N=37)

Location	Number of Participants
Killeen	9
Beaumont	10
Houston	10
Dallas	8

DSHS provided a list of hospitals to recruit participants from at each research site. The hospitals were selected because they deliver babies for a high percentage of WIC maternity patients.

- Carl R. Darnall Army Medical Center at Fort Hood, Killeen
- Metroplex Hospital, Killeen
- Baptist Hospitals of Southeast Texas, Beaumont
- Christus Hospital-St. Elizabeth, Beaumont
- Harris Health System (some at Ben Taub General Hospital), Houston
- Memorial Hermann, Houston
- Southwest Hospital, Houston
- Baylor University Health Center, Dallas
- Texas Health Presbyterian Hospital Dallas

In these focus groups, lines of inquiry included:

- Breastfeeding support and education
- Breastfeeding practices
- Cultural specifics
- Breastfeeding support and education after discharge
- Supporting exclusive breastfeeding in the future

See Appendix A for all focus group guides.



Some of the hospitals at each research site are Texas Ten Step designated or working toward the designation. There was a spectrum of adherence to Texas Ten Step protocol, as different hospitals were at different stages of adopting these practices. The Texas Ten Step program provides resources and a framework to help birthing facilities improve breastfeeding outcomes through incremental adoption of evidence-based practices. The designation recognizes hospitals that implement policies aligned with the Ten Steps to Successful Breastfeeding and encourages progress toward the pursuit of Baby-Friendly Hospital designation. During the focus groups, researchers noted differences in breastfeeding support between the hospitals participating in the Texas Ten Step program and those that do not.

The Ten Steps to Successful Breastfeeding are:

- **Step 1:** Have a written breastfeeding policy routinely communicated to all health-care staff.
- **Step 2:** Train all health-care staff in the skills necessary to implement this policy.
- **Step 3:** Inform all pregnant women about the benefits and management of breastfeeding.
- **Step 4:** Help mothers initiate breastfeeding within an hour of birth. Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.
- **Step 5:** Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
- **Step 6:** Give infants no food or drink other than breast milk unless medically indicated.
- **Step 7:** Practice rooming-in: Allow mothers and infants to remain together 24 hours a day.
- **Step 8:** Encourage breastfeeding on demand. Teach mothers cue-based feeding regardless of feeding method.
- **Step 9:** Give no artificial nipples or pacifiers to breastfeeding infants.
- **Step 10:** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.



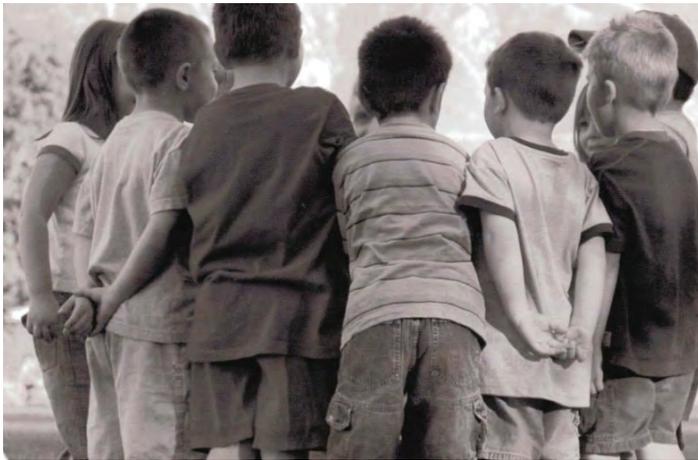
Breastfeeding Support and Education

As with all the focus groups in this study, an icebreaker discussion at the beginning of each group provided insight into the participants' breastfeeding experiences.

The moderator spread out a deck of Visual Explorer™ cards on the table containing images of a variety of people, places, and situations. Participants were instructed to browse through the cards and select one or two images that best illustrate their experiences when they work with a new mom and help her learn to breastfeed. This warm-up exercise introduced the topic and set the tone for the rest of the discussion, creating an atmosphere of intimacy and open sharing.

The nurses' comments mirrored those made by grandmothers, fathers, and mothers. The common themes and descriptions of breastfeeding that emerged across all the groups include:

- Teaching moms to breastfeed in the hospital can be overwhelming for moms and difficult for nurses
- Nurses are crucial to successful breastfeeding
- Requires patience and hard work from both nurses and moms
- Successful breastfeeding is an achievement worth celebrating
- Every mother/baby couplet is unique and requires personalized techniques and instruction



I feel like it almost takes a village to help a mom breastfeed. There are so many of us from the L&D nurse, the postpartum nurse, the nursery nurse, the lactation consultant, and we're all working with them throughout their stay to help them be successful. Sometimes they're not ready to hear all of that information in one teaching session. It's not just going to be one nurse that makes all the difference. We all are working with them throughout their stay to help to make them successful.

- Dallas



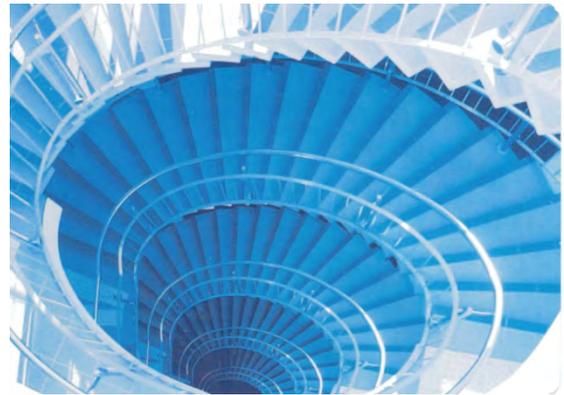


I have a picture of a whole bunch of seagulls. I feel like whenever I'm teaching moms to breastfeed there is so much information that you're getting, and this is often the look on mom's face – that they're just not really – initially, it's just like they're in that dazed look. It's just clouded and just everywhere. That can be how it seems when you're getting education on your baby and education on the breastfeeding. You can just tell they're shutting down and they're not really hearing what you're saying.

- Beaumont

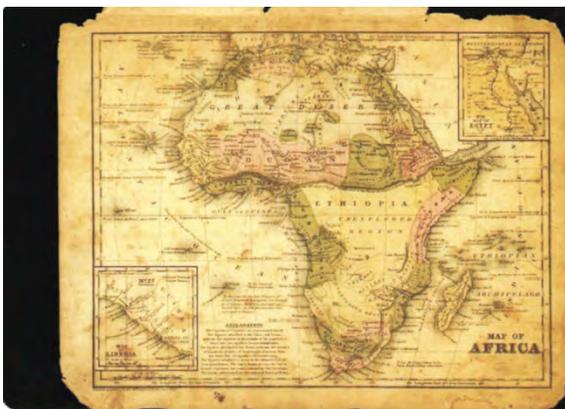
Looks like it goes on forever and ever and ever. It spoke to me because, if you're actually walking up the staircase it's a lot of work, and breastfeeding can be a lot of work. There are a lot of exits here. One exit or breastfeeding technique might work for one woman, but it may not work for another woman.

- Beaumont



I feel working at my hospital, since we see a lot of different cultures we have to get to know everyone's culture, and respect their culture, because some people choose not to breastfeed. Some do, and I guess we have to learn as we go from our patients, as well as, they learn from us.

- Houston



Breastfeeding Practices

The Nurse's Role in Support and Education

Policies and priorities, as well as patient breastfeeding experiences, differed significantly between hospitals within the same geographic regions. Some of the hospitals at each site had achieved the Texas Ten Step designation or are incrementally working toward it, and other hospitals are not involved in the program.

Nurses at hospitals involved in the Texas Ten Step designation described policy changes specific to that program as encouraging breastfeeding among their patients.

You can't use formula without signing a consent [form]. It used to – we have formula where we could if the mom wanted some, but now they have to [sign the form].

– Dallas

I think one of our strengths is rooming-in, mother-baby couplet care and the IBCLS.

– Beaumont

Many participants said they play an important role in breastfeeding education and support. Many see themselves as the only breastfeeding educator the mothers will have. While most defer to the patient's feeding choice, participants said they continue to educate, speaking of breastfeeding's benefits throughout the patient's stay and encouraging them to initiate while still in the hospital.

Mine start off in admissions, and then I find out what they want first, and then if someone says they want to bottle, I just ask, 'Is there a reason why you choose the bottle over the breast?' If they're really strong about it, I don't push it, but if they're like, 'Oh, I don't think I can do it,' then I do give some encouragement and tell them we have a consultants and we'll teach you. We'll help you. We have lots of support here, and once you get home you find out how easy it is, because you don't have to fix bottles.

– Killeen

You want to promote the breastfeeding. Then if you see that they're not necessarily initiating breastfeeding within that beginning time, you can suggest it to her. 'Hey, you want to try to start that breastfeeding you were talking about?' You move on to the teacher role, and you're giving them tips and techniques, and things like that. Then the support where you're trying to help them get all of that aligned, so that it can be a successful experience for them.

– Houston

Sometimes the reasons are actually valid. Single, young moms. It's very overwhelming to think that they would be the only one that could provide nutrition for this baby. I totally get it... We don't have to think in six months what we're going to do. Let's do today.

– Dallas



Most participants expressed the difficulty of teaching new moms everything about breastfeeding during their short stay in the hospital. Participants said it is hard for mothers to absorb all the information taught to them in the hospital, and is especially difficult for patients who did not received any breastfeeding education before giving birth. Additional challenges participants faced when educating moms include adapting their methods on the fly to suit different learning styles, being sensitive to their patient's emotional state, and adjusting how hands-on they can be in accordance with the patient's comfort level.

As a nurse, we are the potters, and the mothers are the clay. We're the first line of defense. After the birth of the baby we are the ones that are molding the mother to become a mother, and helping the mother to nurse and to learn to just really be a mother, and to be there and feed and nurture the child, even though that does come natural. In the end, we actually help the mother to learn to feed her baby, and then she's able to be formed and to go home.

- Houston

It's really a lot of encouraging, encouraging, and giving the statistics; educate. That's why at my hospital, we try to start in our clinics before they even get to Google. Because even a person that is educated, you keep forcing me with all this information about newborns, breastfeeding, and don't think about the ones that have C-sections, or they have something traumatic happen in your labor. You go home and you're like, 'Now, what did they say?'

- Houston



Doctors sign up patients for breastfeeding classes. Several participants mentioned that their hospitals offer prenatal breastfeeding classes, but they are not always well attended. They added women in a lower socioeconomic level were less likely to go to a class, even if it is free, and that the lack of prenatal education makes it harder to help them breastfeed while in the hospital. One strategy employed by the participants to increase attendance is having the physicians assign their patients a class.

I think it depends on what socioeconomic class they're in. A lot of them are lower socioeconomic classes, and they just run through their doctor's office, or they just run to the clinic for their prenatal care or triage. Your higher economic classes, or 'princesses' is what we call them, because... You don't get too many of them, but they're the ones that take four tours of the unit. They go to the breastfeeding classes.

- Houston

What we are working on now is to get a plan whereby when you come into register, because everybody's going to register – that is, for everybody who will come to that class. When you come to register, find out they are pregnant, that's when they get the first education, that 101 education about breastfeeding. That's one of the things we're working on now.

- Killeen

Actually have them assigned for the classes, and they'll sign in for the classes. I know doctors with my hospital have been doing that for the longest time. They're still doing it. They'll sign the patients up for classes – their patients. They'll tell them, 'Okay, you're going to go.'

- Beaumont



Skin-to-skin contact sets the stage for bonding and breastfeeding. Most participants said that skin-to-skin contact with the mother immediately after birth is now standard procedure at their hospital. This practice aims to ease breastfeeding and has become more widely used as more hospitals earn their Texas Ten Step designations. Most participants said their hospitals, barring complications, practice skin-to-skin within minutes of birth to initiate breastfeeding. Some hospital policy still includes removing the baby from the room to a nursery for assessments.

First, skin-to-skin within that minute, if no complications. Then we start breastfeeding right away, and then we help mom, of course... If baby is latching on, we just correctly show her how to position the baby, how to hold the baby. A lot of moms state that by the baby sucking on the nipple, that it's fine. She's in pain, and we always teach her, 'No. The baby has to open wide and grab around the whole nipple, around the whole areola, because the nipple is what's going to hurt you, and that's not the correct way.' What we do is we do teaching and help at the same time.

- Houston

We try to do immediate skin-to-skin within the first five minutes. Some doctors are a real pain, and they have to have the weight, even though it's not necessary...the baby's weight, so they can fill out their forms. They don't like to write 'pending' on it. They are getting better; we're training them. Slowly but surely. I always tell my doctors, I'm sorry, the baby is on the skin, I'm not taking it off. We try to take the baby straight to the skin, and then the goal for our hospital admission is for the baby to be skin-to-skin in the first five minutes.

- Dallas

Most participants see the emphasis on skin-to-skin contact as a positive change in hospital procedure.

It used to be you wrapped the baby up and it got passed around to everybody, but now it goes skin-to-skin with Mom or Dad for the first two-to-four hours. For us, they don't get a bath until they're 6-to-8 hours old now. They get wiped down if they're wet.

- Beaumont



Breastfeeding education and training. The amount of breastfeeding training for hospital staff at Texas Ten Step hospitals differed greatly from those without the designations. The nurses at Texas Ten Step designated hospitals were more likely to have up-to-date breastfeeding training than those from hospitals not in the program or that have just started working toward the designation. Non-designated hospitals or those not working toward it offered little in the way of formal breastfeeding education for the staff. All Killeen participants said they wanted more training, specifically on the topics of flat and inverted nipples, short-tongued babies, messaging for patients concerned about their milk supply, latching, positioning, and troubleshooting.

I think, also, we're getting – with the amount of education that we've had at [at our hospital], and it's mandatory and all – 57 hours of workshops. We're so much more consistent than we were. Our message is very clear from nurse to nurse. I think, overall, that's one of our strengths.

- Dallas

There isn't any official training for new staff on lactation and breastfeeding. There's no training. It's like – go get a nurse. 'Can you show me how to breastfeed?' I had no clue how to get baby to breast or anything like that. It was more like going for a preceptor. How do I do that? There's no official training at all.

- Killeen

Any of the nurses that work nursery, postpartum, labor and delivery – all of us are trained to help breastfeed. As busy as you get, if a mom is having trouble breastfeeding, there's going to be somebody there to help assist her breastfeeding... We get trained through the hospital. As a part of the Texas Ten Step designation is that when you're hired, within six months you have to attend a breastfeeding class. You also have to follow our lactation consultant for a shift, so you can learn and see and watch the problems and solutions she has.

- Beaumont

Several participants brought up the need to improve physician education. Participants reported that physicians do not receive the same breastfeeding training as other hospital staff, which sometimes results in both parties offering contradictory medical advice to patients.

We have room for improvement with our physicians. We have some doctors that are really advocates for breastfeeding, but we still have doctors that think that moms need to supplement –

- Dallas



Many participants identified physicians as the most important potential breastfeeding advocate. Several participants said that patients listen to doctors above everyone else, so if the physician promotes breastfeeding, the patient is more likely to try it. Participants expressed the importance of having physicians educated on the practice to avoid patients receiving conflicting advice from other hospital staff.

I think maybe the doctors might have a little bit more influence, because there are times at delivery when the doc will say, 'Okay. Are you going to breastfeed?' They'll be like, 'No.' He'll be like, 'Why? It's really good for your baby. It will be good for you. It will get rid of that baby weight.'

- Beaumont

It's just the ultimate mixed message, because what the doctor says is almost always going to trump what the nurse in the hospital says.

- Dallas

With physicians, we have to have a physician champion. We do have that physician champion, and she's like all over the country.... She's the queen of breastfeeding. The books are written by her. She's on all the books. She's all over the country. She is the breastfeeding physician Nazi, and that's what's driving this big initiative, having that physician champion.

- Houston

Limited access to formula. Many participants said formula is offered at their hospitals only after the mother has unsuccessfully tried to breastfeed her child. Many participants said they require their patients to make an effort to breastfeed before they bring in formula. Some said that, in their hospital, formula is only made available on doctor's orders; or if the child is unable to breastfeed or has very low blood sugar.

If the baby's blood sugar is really low, and the provider doesn't think that breastfeeding will bring it up high enough to a normal level, that's when we are ordered to give a bottle. Most of the time, we don't.

- Killeen

Educate them and let them know the benefits of breastfeeding. 'No, I just want to give Similac,' [they say]. 'Okay, well, if that's your choice, this is what's going to happen. This is what we want for your baby; breastfeeding is best, but okay.'

- Dallas



Nurses also reported changes in policy to no longer send moms home with formula. These participants said that their hospitals do not accept free formula or coupons from formula manufacturers in an effort to encourage exclusive breastfeeding.

We do for formula-bent moms. If they want to during their stay, we provide formula while they're in the hospital, but when they go home, we don't send them home with formula.

- Beaumont

They used to have, at the hospitals, in past years, you would come to the hospital and you would go home with a diaper bag from Similac or Enfamil. It would have...different kinds of formula in there, and things like that. The hospitals no longer accept those from the formula companies or give them out. We also don't do pacifiers. They used to have pacifiers everywhere, all over the hospital.

- Dallas



Breastfeeding Support and Education After Discharge

When asked what strategies are used to help the breastfeeding mom transition from hospital to home so they continue to breastfeed, participants cited:

- Follow-up appointments and phone calls two days after discharge
- Access to lactation consultants at either the hospital or physician's office
- Breastfeeding classes
- Support groups

We do discharge phone calls within a day or two of discharge. From there, they're immediately referred. I'll get a phone number of a mom, if they do a discharge phone call and she says anything about breastfeeding. If they're struggling, that gets passed on right away.

- Dallas

I know one of our nurses has to observe Mama breastfeeding. She has to observe a feeding to make sure that baby is latching on okay, that mom knows what she's doing – things like that. By the time they get to discharge, there shouldn't be that uncomfortable I-don't-know-how-to-breastfeed feeling.

- Beaumont

Most of our pediatricians have lactation consultants in their office, on the staff. We also give them a big booklet, it's called New Beginnings, and there's resources numbers for the community. Our lactation consultants, they can do outpatient consults and they can come back and help with the breastfeeding.

- Dallas

We have a support group, new parent support group, and we have lactation counselors and the lactation consultant in that group. They do home visits if parents who want it.

- Killeen

When asked if their patients have feeding plans when they leave the hospital, most participants said they provide charts to record feeding times upon discharge.

We give them extra charts. We keep a record of the feedings, and how long they last, the poops, and the pees. That helps them.

- Dallas



The moderator asked how participants ensure patients have a pump when they go home, if the mother had used a pump in the hospital. Some said they would refer patients to WIC. A few participants said their hospital could rent take-home pumps to mothers.

Particularly if we have a baby that's not feeding well, and baby has to go home and maybe isn't really effective at the breast yet – still kind of sleepy – we are asking, 'Do you have a pump at home? Do you know how to use it? If you don't have a pump at home, you can rent a hospital-grade pump from us.' There are some resources that we can provide.

- Dallas

We have them call WIC from the hospital. We make sure that that is set up.

- Dallas

Most participants reported that patients are given referrals to breastfeeding resources upon discharge, though some participants think not every nurse walks the patients through all the materials in their discharge paperwork. Most participants did not know very much about the services offered by the organizations to which they were referring patients.

I ask them even while I'm discharging them and even before, 'Are you planning on receiving WIC?' 'Yes,' [they reply]. 'Okay, here's some important phone numbers.' You're going to try to look and see which one is the closest one to her home.

- Houston

I think the few nurses – some or most of the nurses I've spoken to have been honest to tell me, 'No, we just give it to them.' It's a pack, admission pack in Mother/Baby, and it has a lot of information – good information – but nobody opens it to show them what is in the packet.

- Killeen



Most participants could not speak with authority about any breastfeeding organizations in their communities and felt that there was an overall lack of partners. WIC, March of Dimes, La Leche League, and the Beaumont Breastfeeding Coalition were community organizations mentioned by name.

For us as nurses, we really need to know what's available for them once they leave the hospital. I know about WIC, but I also know a lot of our moms don't qualify for WIC, so what else is there? I know about the new parent support program, but I have no idea how to contact them.

- Killeen

Participant 1: Years and years ago, the La Leche League, but I never hear anything about them anymore.

Participant 2: There's not a La Leche League in Beaumont anymore.

Participant 1: Like I said, it's been years and years since I even heard anything about them.

- Beaumont

In Beaumont, participants spoke positively of the Beaumont Breastfeeding Coalition, an independent support group with peer counselors and a very active private Facebook group of more than 1,800 members. Some other participants also mentioned Facebook as a potentially good channel to reach moms with pro-breastfeeding messages and support.

The Breastfeeding Coalition is just specific to Beaumont, so it's not – a lot of consumers, a lot of pregnant mothers, and a lot of mothers who have delivered, but it could be at either hospital, honestly. It's really just a discussion board for them to prepare for a birth, or those who have already had children who have questions about breastfeeding, or from other experienced moms who have possibly been through the same situation. It's a support group.

- Beaumont

I even do it with my friends. We all ended up pregnant around the same time, and delivered within a few months. We Facebooked [sic] constantly. 'What do I do? My nipples are bleeding. What am I doing wrong here? He's got gas. How do I fix this?'

- Houston



Hospital's relationship with WIC. While most participants knew of WIC, many did not know about the specific breastfeeding support offered, such as breast pumps, enhanced food packages for breastfeeding moms, and peer counselors. Most hospitals did not have a significant relationship with WIC of which the participants were aware.

I do feel like WIC has actually increased their training, prenatally, as far as breastfeeding goes. ...I think we've seen – or, I have – more moms that, I think, maybe seven or eight years ago, they would've not even entertained the idea, are coming in with some basic knowledge and some willingness to try. I have seen it increase in that, I think, where it's not an automatic stonewalled no.

– Dallas

We have an affiliation with WIC. We have some WIC counselors that come in and talk to our patients from time to time, or they come in and they talk to our nurses and bring information and things like that – like the different food packages – to make sure that our moms know about WIC and the differences in the formula packages and the breastfeeding packages. That was a big thing when that came out. I think a year ago, they changed the packages.

– Beaumont

Moderator: *Did either of you know that WIC has peer-to-peer counselors? I'm seeing people shake their head no.*

Participant 1: *I don't know anything about WIC.*

Participant 2: *The only reason I know is because I'm on the committee to become Ten Step-certified.*

Participant 3: *I didn't know they had those counselors.*

Participant 4: *I didn't, either.*

Participant 5: *I knew that they have a support team to help us, but I don't know exactly the details of it.*

– Killeen

Policies and Practices That Impede Breastfeeding

Noncompliance with Texas Ten Step practices, such as immediate skin-to-skin and rooming-in. Nurses who worked at hospitals following Texas Ten Step protocol reported that those practices encourage breastfeeding and, conversely, nurses whose hospitals did not implement those practices saw that noncompliance as a weakness in their breastfeeding support.

I know we're changing what we're doing. Right now we still have the nursery. If there's not a nursery there, then there's not an opportunity for the baby to go – physically to – that alleviates the separation.

– Dallas



Lack of patient education. Nurses consistently reported the difficulty of helping mothers breastfeed being compounded by the lack of breastfeeding education before they give birth. These nurses wished their patients would come in with a working knowledge of breastfeeding basics to alleviate some of the stress and reduce the time required at the bedside to help the mother with latch.

I know what our system is really bad at is educating patients before they walk in the door. Our prenatal education, particularly with breastfeeding, because they walk in the door and they have no clue whatsoever. We are really struggling with that with this Best Fed [Beginnings], is really getting community and local support. How do you plug into a community outside of our clinics? When they go home, and our exclusively breastfed rates after three months have dropped, because they go home without any support.

- Houston

Honestly, I think that the education and having those resources prenatally is key, because if you're waiting until she is now sleep deprived, in pain, and she's only there for 24 or 48 hours, and you're trying to throw all this crap at her - she's completely overwhelmed. Baby daddy's sleeping on the sofa, and he don't care.

- Houston

Not enough staff, especially at night. One of the biggest challenges every hospital faced is having enough staff to help mothers breastfeed. Participants who had lactation consultants at their hospitals were quick to say that the consultants were key to breastfeeding success. Likewise, those who only had part-time lactation consultants said they wish they could hire more.

I'm not sure that we do have the lactation consultant that works with the moms, but I work nights, so we don't have - she only works during the day. At night when we get a fresh patient, she gets some education in labor and delivery and then she comes to us. It's especially difficult with a C-section mom [because] they are so out of it that by the time they're in our unit, it is like they're relearning everything, because they don't really remember much from being back in labor because they're exhausted.

- Beaumont

I think, on the weaknesses, lack of support at night and weekends... IBCLCs, your staffing ratios are not as good at night. You have more patients to nurses than dayshifts.

- Beaumont



Access to pumps limited by nurses and hospital procedure. As hospital staff members who often determine whether a patient will be given access to an electric pump, several nurses stated that they would prefer their patients try breastfeeding for 24 hours before offering a pump. Many were reluctant to give their patient access to a pump, and some were unsure if their hospital even had pumps available. A few participants said their hospital only offers electric pumps to women who have babies in the NICU.

We don't offer breast pumps. Only for babies in NICU.

- Beaumont

If the baby is in the room to breastfeed, he needs to breastfeed. There's no reason to pump.

- Beaumont



Cultural Specifics

Patient Demographics

Across all focus groups, participants represented hospitals with diverse demographics including African American, Hispanic, Caucasian patients, and, in some areas, sizable Korean and Vietnamese populations. Participants described the majority of their patients as young (i.e., age 16 to early 20s and some younger) mothers who are single and/or have low income; and receive assistance such as WIC and Medicaid. Patients viewed as “educated” and those paying with private health insurance are few in number.

Cultural Influences

Participants were asked to identify differences they see among cultures regarding breastfeeding. Most participants agreed that specific cultural differences exist in attitudes about the practice, likelihood of initiating breastfeeding in the hospital, level of knowledge, and family support.

Why I think Caucasians do it more is the knowledge and socioeconomic factor, too. The Latin Americans feel that they can get milk free. Again, the educational background also helps for them to understand... the Caucasians breastfeed because they understand more the importance of breastfeeding. The Hispanic culture and Latin Americans or the African Americans lean toward getting whatever they can get from the government.

- Killeen

I find that African Americans, we don't – just in our community – educate our own about breastfeeding. Even as a nurse, when I told my mom I was breastfeeding, she's like, 'You're doing what?' There was four of us, and she didn't breastfeed any of us.

- Houston

The Asians are more modest, and it's like they don't want to be uncovered. They don't want to be checked. They don't want to be touched. They'll do it whenever they get home. They have family members usually that stay with them and they help them, and they've done it before.

- Beaumont

A lot of the Hispanics have grandmothers telling them, 'We don't have any milk. You don't have any milk. We need bottle, we need bottle, we don't have any milk. The baby is crying because they're hungry. Just because the baby is fussing, you're dripping colostrum, the baby is breastfeeding well, but you don't have any milk.' Those patients almost always do breast and formula.

- Dallas



Most participants identified Caucasian and Hispanic cultures and/or races as the most likely to breastfeed. Many participants agreed that Caucasian women were more likely to breastfeed than other cultures due to better breastfeeding education. Many also said Hispanic mothers were more likely to breastfeed than other cultures due to growing up in households where breastfeeding was the norm. Some said they have seen an increase in the number of African American mothers who breastfeed.

I think it's like that, still now, unfortunately. The Caucasians are more likely to come in wanting to breastfeed exclusively. I think that's due to education. I think that they are more likely, when they're pregnant, to go pick up a book and read about it.

- Dallas

My experience in – I'm talking 20 years, but I'm not trying to say necessarily that that means anything, but it used to be that mostly the white women were trying to breastfeed. Not so much the African American [women]. Unless you were willing – and then lately, it seems within the last five years or so, you see a lot more that come in who want to, and I think there's more incentive...They get more from WIC if they're breastfeeding.

- Dallas

Participant 1: Most of your Hispanic women or Spanish-speaking only are exclusively breastfeeding, because that's what you do.

Participant 2: There's no WIC in Guatemala.

- Houston

Participants said that young moms and African Americans are the least likely to breastfeed. In many cases, the grandmother becomes the primary care taker if the mother works or is disengaged.

I notice that with the young moms, they just leave it up to the grandmother. I see where she's sleeping, the patient's sleeping, and the grandmother is sitting on the chair taking care of the baby. She's not going to breastfeed the baby.

- Houston

I think it's the generation. I think my mom's generation didn't do it at all, because if you were poor you breastfed. If you had money, you got formula. Even if you were really, really poor you still bought formula so that you had the look of being wealthy. Now, the rich people are breastfeeding, and the poor people are on the formula.

- Houston

Our lowest population of exclusive breastfeeding is the African American women. I think it's because they don't think that they'll get anything from WIC if they breastfeed.

- Houston



Cultural differences exercise. The moderator conducted an exercise with these groups centered on nurses' perceived cultural differences in breastfeeding. The moderator posed the question, "If you were to help a new nurse understand how to help a Hispanic woman breastfeed what should she know about breastfeeding with Hispanic moms?" Participants were asked the same question about Caucasian and African American women to explore how nurses' behaviors and attitudes concerning their patients and breastfeeding varied with race and/or ethnicity.

Helping Hispanic women breastfeed. Participants were asked for ways they might help a new nurse understand how to help a Hispanic woman breastfeed. Many participants mentioned that Hispanic women often have several family members who help. Some participants pointed out that some Hispanic moms bottle-feed while at the hospital and then breastfeed at home, perhaps due to a belief that their milk has not yet come in while they are still at the hospital.

When they was little, they seen their moms breastfeed. It's learned. It's a learned culture. You don't have to worry about them little Hispanic babies. They're going to be kept warm. They're going to be fed.

- Beaumont

I think a lot of it is because they always have those family members in the room, and they're like, 'Okay. You need to do this and do that,' and they'll actually get in there and move the baby. You don't have to spend as much time at the bedside, not that we mind, but they would rather learn it from their family.

- Beaumont

Some participants highlighted a belief specific in the Hispanic culture that colostrum is "dirty milk" and not good to feed your baby. This culturally specific belief was offered as a possible explanation for why some Hispanic moms will not breastfeed in the hospital, but start breastfeeding when they get home.

They told me a Hispanic tale that they think colostrum is dirty milk.

- Beaumont

I've even heard that – because the colostrum is a yellowish color, that the milk is dirty.

- Dallas



Helping Caucasian women breastfeed. Participants were asked what a new nurse should know about breastfeeding and the Caucasian moms who come to their hospital. The participants called the Caucasian moms “Type A” and said they were likely to have read breastfeeding books and researched feeding online.

I think a lot with the Caucasian, from what I've seen, they do it because somebody else wants them to do it. You get certain ones that really want to it. By the time they get there, most of them know what they're going to do. They read. They watch videos. They watch shows. There are a lot of the Caucasians that do it just to try to keep peace in the family, and it's because of what somebody else wants them to do.

- Beaumont

Their control issues, it's so hard for them to not understand, or to – I think that there's just such a big helplessness when you have a baby. Your first baby, especially. You're like 35 years old, you're a lawyer, you got this. Then it doesn't latch on.

- Dallas

A lot of them are really adamant about breastfeeding. 'I want to be sure that my baby gets latched on right away, right away after delivery, skin-to-skin. I don't want you to do anything else with my baby but help me get my baby onto my breast and breastfeed as soon as possible.'

- Killeen

They're cross-referencing Dr. Google every time you walk into the room.

- Dallas

Participant 1: *Tell them that it's not going to go like the book says, because they've read all the books.*

Participant 2: *There's a lot of Type A white people.*

Participant 3: *It's been 2 hours and 53 minutes, and they're not eating.*

Participant 4: *They know the exact time it started.*

Participant 5: *They've got the apps on their phone –*

Participant 6: *Those dads are more hands on, I think.*

- Dallas



Helping African American women breastfeed. When asked what they would specifically tell a new nurse about African American patients, many participants said this was the race that most likely wanted to solely bottle-feed and not initiate breastfeeding.

They pretty much just want to bottle-feed. There are a few that come in wanting to breastfeed and they're successful, right? The ones that really come in and they're educated and they want to do, they do it, but for the most part, they want to bottle-feed. That's just what I've seen.

- Beaumont

They'll send their husband out to the nurses' station; my wife said she wants a bottle.

- Killeen

I think that they have had bad experiences with health care, nurses being horrible to them in the past, or doctors, or whatever...

- Dallas

They work the system and they want that milk. They want whatever is coming to them. Truth is truth.

- Beaumont

They do well with cheerleaders. I've found if you – they need just a little 'yeah, you had a baby, dang, you're awesome, you rock. That baby is eating.' Whereas some cultures would be like, 'Whatever.' They love that. If they have that rah, rah, rah, you're awesome.

- Dallas

Participants then addressed African American mothers specifically. They were asked which practices at their hospitals might impact an African American mom's breastfeeding decision, and what they would like to see change. They wanted more African American lactation consultants and nurses, patient education, and handling of hospital staff's discrimination toward patients.

Participant 1: *I would like to have a black lactation consultant.*

Participant 2: *That would be amazing. That would be amazing. More black nurses.*

- Dallas

Education... I don't know exactly how you guys do it in L&D, but when we come up, we ask them what their feeding plan is. If we know that – we already have been told they're bottle-feeding, but we ask them, and we ask why they came to that decision and talk to them about the reasons, and making sure that it's not because they think something – we want to make sure it's a legitimate reason, and that it's an educated choice. It's a ton of education. We try.

- Dallas



According to participants, culturally specific factors that impact an African American mom's decision to breastfeed include: high rates of C-sections, depending on the grandmother to care for the baby, and mothers working jobs not conducive to breastfeeding or pumping.

Pain, too. For example, they had a C-section. They will be in pain, and also pain with the improper latch, so once they start hurting, their nipples sometimes crack and start bleeding. They give up.

- Killeen

It's very hard, because if you're 17 years old, more than likely you're depending on your mom to help you with support. If your mom is at home telling you something different than the nurses are telling you in the hospital, more than likely you're going to do what your mom tells you once you get home. You really have to grind it in them while they're there. The goal is to hopefully get the mom on board, too, because if not, when they go home when their mom says, this is how it is. That's more than likely what's going to happen.

- Houston

Thinking specifically about African American women, a few participants said these women were influenced by the availability of free formula through WIC and lack of family support in their prenatal decision-making.

Honestly, this is going to sound horrible. I don't think it's just education. They know the formula is free, so they don't care. If they know they're getting the formula for free, it's almost like, 'Oh, I'm going to get mine.' It's like, the breast is free, too.

- Dallas

You have to have that family support, because we're only there for a very short period of time. I know at Harris County, we got to try to get them out of there in 24 hours. ... You can do as much as you can, but you need somebody there that's going to be there.

- Houston

These are big clinics that they go through. These are very quick appointments that even the nurses there are very busy. They just don't have time to sit there with them and talk about it. Some of our big fancy clinics, the doctors... don't have time.

- Dallas



Father's impact on breastfeeding. Some participants said that in the African American community, the dads are not often involved at the hospital, and thus do not impact the moms' breastfeeding one way or the other. Several participants said they try to involve the dads who do come to the hospital by encouraging them to hold the baby skin-to-skin and help the mom with breastfeeding.

Participant 1: *Sometimes if they see that they're not involved, we get them involved by saying, 'Alright, dad, you're going to go here and you do this, you do that.' A lot of times they just –*

Participant 2: *They do real well with a job, when we give them a job –*

Participant 3: *One task at a time. [Laughter] No multitasking!*

– Killeen

A lot of times there is not a significant other. If there is, they're not present.

– Beaumont

A lot of the times, with the younger cultures, the father of the baby is, 'Those are my boobs,' and it's a very macho cultural thing that those are his boobs. He doesn't want the baby on his boobs, even though they're made for the baby.

– Killeen

A few participants spoke of positive experiences when involving African American dads in the breastfeeding process at the hospital.

...I dry that baby off really well and I slap that baby skin-to-skin with dad. I have seen a huge change with my dads.

– Houston

I've had a dad, and mom was too weak to do it [because of C-section], and he went in there, and he put that baby on that breast and held that baby there, and I was like, 'Let me get a picture of this.' Not all dads are like that, though. I've only had maybe a couple that are all – they're all up in it, and they want to know. They're like, 'Oh, it's so cute.' They're really excited. Not all dads are like that.

– Killeen



Grandmother's impact on breastfeeding. Most participants reported that grandmothers had a significant impact on mom's decision to breastfeed. Many said grandmothers who planned to serve as caregiver for the baby were unlikely to support a choice to breastfeed, since they view it as inconvenient for them compared to formula.

She significantly influences the patient's decision, because they're going to do what their family knows and what they're comfortable with and what they've seen. If they've seen bottle-feeding their whole life, and grandmother is going to say, 'Oh, that bottle doesn't hurt that baby. You should give that baby a bottle.'

- Beaumont

They're caretakers who can't breastfeed. I think that has a lot to do with it, where they're – they do have a, like you were saying, or somebody earlier, where they come in a multitude to support this one person. The downside of that is, is that they're supporting her by taking care of the baby, they can't breastfeed.

- Dallas

The mom may not even be taking care of the baby. It may be grandma, so why is Mom going to breastfeed when Grandma can't breastfeed the baby? Mom's not taking care of the baby.

- Beaumont

Some nurses identified barriers to successful breastfeeding that effect many patients and are not indicative of any single culture.

Socioeconomic level. Across all ethnic groups, patients of a lower socioeconomic level were recognized by participants as less likely to breastfeed due to lack of education, single-parent households, and the need to return to work soon after birth.

And a socioeconomic, just in general. Like I was saying before, if they're going to go home, and they're a single mom and they've got to go to work, breastfeeding is an overwhelming thing that they just can't – they just don't see how that could work. If you work in a job – a labor job where pumping and blah, blah, blah, and we present all this stuff to them, they're like, 'No.'

- Dallas

There's not a lot of education before they come in, because a lot of your Medicare and Medicaid patients are low socioeconomic patients [and] are seeing doctors that are seeing a patient every five minutes, so there's just not the education out there. Even if they seek it out themselves, I'm not quite sure, besides the WIC office, where they would go to get information about breastfeeding.

- Beaumont



A few participants indicated a difference in behavior between African American patients of an upper socioeconomic level and those in the lower tier. Moms in the upper socioeconomic level were likely to want to breastfeed, according to participants.

You go to WIC and get your coupons for your free formula. I hate to say it, but the lower the socioeconomic status, the more apt they are to bottle-feed. The more educated and higher income African Americans – they're most educated and they have a plan and they breastfeed and successfully breastfeed...

- Beaumont

Support at home for military mothers. Participants from Killeen who work on the military base saw a woman's likeliness to breastfeed as less related to culture and/or race and more often determined by their home support system.

I'm thinking it's different, because we work in a military installation. ... I don't see it as being a race thing. It's more... of the younger generation or family situation dependent. Is the spouse there or is he deployed? Is he there to support his wife, who's going to go through this stressful thing, or is he not? I don't think it has to do with – at least for me, from what I've seen, I can't say that I think that more African American women don't want to breastfeed than Caucasian women.

- Killeen

Because it's a military town, it's ...multicultural. As far as people attending classes, it was definitely more Caucasian women that came out and attended classes, but as far as breastfeeding, everybody seemed to want to give it a go, college try. I don't know how it ended up, but once you talk about it, and they're all excited, and they want you to try to help them and teach them and all that.

-Killeen



Supporting Exclusive Breastfeeding in the Future

When asked what kind of tools, strategies, or trainings they would like to have to support exclusive breastfeeding, participants asked for more time to coach each patient, better community support, better prenatal education, and to take formula out of the hospitals entirely.

Follow-up with mothers after discharge to address any obstacles to breastfeeding.

Examples of follow-up included home visits from lactation consultants and the presence of a lactation consultant in the offices of pediatricians or OBGYNs, when a mother has her follow-up appointments. While many hospitals offer follow-up services, they are rarely delivered to all patients due to limited resources. Follow-up calls and visits are sometimes limited to those patients who experienced breastfeeding challenges during their hospital stay. Some participants also brought up the need for better relationships with their community organizations that could step in and help with follow-up support.

My biggest thing with all these projects that we've been doing is, it's really about the village. I think that, again, as nurses – all the resources are in these silos at the hospital. Where we need to be is in the community with the village, because we've got to change the communities. ... It's by educating the communities, and building better bonds, relationships with parents and their children, and the grandparents.

– Houston

Follow-up after they are discharged. More frequent follow-ups, especially for those moms who are struggling.

– Killeen

Reduce access to formula. Examples of this solution included the removal of free formula from a hospital and probing to see why she is not trying to breastfeed when a mother requests a bottle of formula.

Not offering formula. Don't give them an option. If you bring the formula in yourself because you bought it and brought it in with you. If not, that baby eats on the breast, and not giving them an option.

– Beaumont

Influence attitudes with early education. Educate families early in pregnancy, including fathers, due to their heavy influence in the breastfeeding decision. Educate boys and girls at an early age in schools.

It would be nice to have a family planning class in the high schools or something.

– Beaumont



Support with the family. Education with the family before delivery. When you're at eight weeks along, just making sure that everyone is educated before and after. Those five or six hours of them laboring, or 12 hours of laboring and education is not going to do anything.

- Houston

Government support. A few participants said that federal or state changes in policy would have to occur in order to help more mothers breastfeed. These participants said lack of paid maternity leave and noncompliance with workplace breastfeeding laws prevent some of their patients from continuing to breastfeed.

I think it has to start from the government. The reason why I say that, I think in England you are given up to six months to one year so that you can breastfeed. If you're working, you're still paid. In this country, there's no such support... It's not really – most of the time, the women that fail here, it's not because they want to. It's not because they don't want to do the breastfeeding. It's because they don't have support. Unless the government steps up, I don't think we're going to succeed.

- Killeen

More time with patients. Participants frequently felt that they did not have adequate time to give each of their patients the level of breastfeeding help they needed to be successful. Lack of staff, undereducated staff, and hospital discharge procedures were all mentioned in relation to this issue.

More staff to have more time with the patients – more time with the patients. That's it. More time.

- Beaumont



Conclusion

Many participants saw themselves on the frontlines of breastfeeding education, stating they are often the only breastfeeding educator with which their clients will come in contact. Nurses at Ten Step hospitals recognized those practices as encouraging breastfeeding and saw the move toward certifying more hospitals with that designation as an improvement on the old procedures. Many participants agreed that cultural differences in breastfeeding do exist, and that African American moms were least likely to breastfeed.

Nurses suggested better follow-up after discharge, additional lactation consultants, better breastfeeding education before the baby is born, and more rigorous community support as tactics to help more African American moms breastfeed exclusively and successfully. Participants emphasized doctors' significant influence on patients and recognized the challenge of maintaining a positive breastfeeding stance when doctors do not receive the same breastfeeding training as the rest of the hospital staff.



Phone Interviews With Key Staff

Ten phone interviews with WIC directors were conducted to determine the strategies used to educate women about breastfeeding, what they believe works, and which barriers they face. These interviews mirrored the comments in the WIC focus groups but offered some specifics about WIC practices.

Online classes appeal to younger clients, but are not as effective as in-person training. Interviewees felt that interaction with other women can be a powerful aspect of the classes and a facet missing from online classes. Most staff members interviewed wanted at least one in-person breastfeeding class required of all their clients. Some thought that a pre-natal breastfeeding class should be required, instead of the infant nutrition class that is currently mandatory. One staff member suggested scheduling classes during the week and after work hours to encourage more working moms to attend.

Strategies for gaining family buy-in. Many interviewees mentioned the breastfeeding DVD, *Support Your Daughter* brochure, and *Support Your Partner* brochure as key materials that WIC staff use to gain family acceptance of breastfeeding. One interviewee said that at her clinic, they would make invitations to upcoming breastfeeding class specifically targeted to family and friends.

Strategies for fathers. One interviewee said she would define colostrum as a magical substance and draw a comparison to oiling a brand new car, telling the dads that you have to oil it first, and then the colostrum prepares the body to eat milk. She said the dads reacted positively to her trying to explain aspects of breastfeeding specifically for them. “Breastfeeding will make your baby smarter” was another message that resonated with fathers. One interviewee spoke highly of the peer dad on their staff, who talks to the dads coming into the clinic with their partners. The staff member appreciated having a staff member who understand dads’ concerns from experience, citing that mothers who have the father’s support are much more likely to be successful at breastfeeding.

Strategies for grandmothers. If grandmothers are not on board with breastfeeding, it makes it that much harder for moms to get the support they need once the baby arrives. A few staff members reported hearing grandmothers tell their daughters, “I didn’t breastfeed, and you turned out fine.” One tactic used with unsupportive grandmothers was to provide the *Support Your Daughter* brochure for them to read in the waiting room and take the mother back to the peer counselor’s office. Then, after the peer counselor was able to speak to the mother without a negative influence in the room, she spoke to the grandmother about the feeding plan her daughter chose to follow.



Doctors need to be supportive of breastfeeding. Many interviewees recognized the need to educate doctors on the benefits of breastfeeding, as their patients trust them above every other source. WIC staff wished doctors would do more to educate patients and reinforce breastfeeding benefits during prenatal appointments in the hope that more mothers would consider breastfeeding. One interviewee said their WIC clinic had a good relationship with the community health clinics and would send peer counselors to their free sonogram events to speak to pregnant moms about WIC eligibility and breastfeeding.

Cultural differences. With Hispanic clients, several staff members said those who were raised outside the United States were more likely to breastfeed, and that “Americanized” Hispanic women who have lived in the country for at least a generation were more likely to use formula. Most interviewees said African American clients would often initiate, but were less likely than mothers of other races or ethnicities to continue breastfeeding for longer than one or two months. Interviewees said that a vast majority of Hispanic fathers support breastfeeding, and only a few said they did not want their partner to breastfeed, a stance that WIC staff attributed to “machismo.”

More peer counselors. Many staff members named peer counselors as the best resource WIC offers for breastfeeding moms due to the hands-on, individualized support and education they provide clients. Peer counselors share their own success stories to encourage mothers through the difficult times. When the clinics’ peer counselors are understaffed, fewer women can benefit from this high-quality service.

Worried about milk supply and “what if?” Many interviewees said fear of not producing enough milk was a top concern among moms in their clinics. Many mothers seek the security of having “just in case” formula in the event that an unforeseen complication arises. As a strategy for helping mothers stay away from formula and maintain their milk supply, staff members will suggest they go home and try feeding babies breast milk whenever they want it for a day. Often, just seeing that they could make it through that day reassures doubting mothers that they can produce all the milk their babies need.

A few interviewees thought more exclusive breastfeeding happens than is indicated by the packages moms choose, since some clients will pick the package that includes formula just to have a can on hand in case of emergencies – but then will not have any problems that would necessitate using the reserve can. These staff members said the “what if?” possibility of needing formula outweighed the incentive for more food for mom in the food package without formula. One interviewee thought her clinic needed to do more communicating with clients about their food package, since their staff currently does not ask if it needs to be changed once the mother initially chooses a package.



Relationship with local hospitals. Most of the staff members interviewed did not have the relationship with their local hospitals that they wished they could have. Some spoke of feeling like WIC and the hospitals were “not on the same team.” Many interviewees wanted WIC to have more of a presence at the hospitals to help the overworked lactation consultants, but did not think it was feasible due to either WIC’s own staffing issues or lack of relationship with the hospitals.

A few interviewees reported having good relationships with their local hospitals. One interviewee explained that they had a peer counselor who would rotate among five area hospitals to walk the floor and talk to moms, assess them for needs, and provide breastfeeding help but because of staffing cuts, she is down to one hospital, one day a week. Another said their hospitals know WIC can try to meet their needs and work together for events such as health fairs, because the WIC and hospital staffs know each other and have developed a rapport over several years.

Tools for continuing to breastfeed after returning to work. Several interviewees said the ability to provide pumps is a critical tool for helping mothers breastfeed after they return to work. Some spoke of arming their clients with information about the legal protection for breastfeeding at work, but a few interviewees said their clients did not feel comfortable confronting employers who do not comply with the law. For some clients, their own legal status in this country prevents them from speaking up. For others, the fear of losing their job if they complain deters them from challenging their employer.

Overcoming WIC’s image as a formula provider only. Since some clients still view WIC simply as the place to get free formula, this perception causes those clients to miss out on the prenatal education, as they do not come to the clinic for their first visits until they have already delivered their baby. With free formula being offered, some clients see formula feeding as “easier” than breastfeeding.

Do not offer formula for the first month. When asked what is the single most important thing WIC can do to promote exclusive breastfeeding for the first month, nearly every interviewee said to not give out formula in the first month package. Many of these interviewees said the normal choice of packages could be offered starting in month two, but that everyone should get the same first-month package with no formula. A few participants tempered this strict suggestion by asking for the power to give out one “just in case” can when clients request a formula package.



WIC Staff

Introduction

Forty-nine WIC staff members participated in five focus groups held July 2014 in Temple, Port Arthur, San Antonio, McAllen, and Harlingen. The number of staff members in attendance is reflected in Table 16.

Lines of inquiry included the following:

- Education, strategies, and messages
- Barriers to exclusive breastfeeding
- The hospital experience
- Reaction to educational materials
- Recommendations to better support exclusive breastfeeding

See Appendix A for all focus group guides.

Table 16
Total WIC Staff (N = 49)

Location	Number of Participants
Temple	11
Port Arthur	9
San Antonio	12
McAllen	8
Harlingen	9



Education, Strategies, and Messages

Most participants saw themselves as an important breastfeeding educator, and sometimes the only person their clients encounter who can dispel myths and offer advice. Many participants also believed they should educate clients' family members on how to support breastfeeding. They spoke passionately about their role in helping mothers successfully breastfeed, some even giving out their personal contact information and making house calls to clients who need additional support.

I had a mother. She called me on the phone, I think it was two weeks ago. She was crying. She wanted to breastfeed so bad and she could not get her baby to latch on... I went to her home and I think I spent an hour and a half trying to help her baby latch on. She put up a pretty good fight, but in the end, she was able to latch on.

- Port Arthur

...I'm thinking we're selling breastfeeding. That's what I like to do. I like to sell it. I like to show that you can do it, especially for new, pregnant moms, newly pregnant or have never been pregnant before. They have no idea what it is, and that's why I love to come in and counsel the new moms. I just love taking my time with them, show them what it is, what it is not, what they have heard about it, and change their mind.

- Temple

I'm a breastfeeding peer counselor and I teach classes – breastfeeding classes – contact moms through mail, by telephone, hospital visits if I need to, just getting that information and educating as much as possible. I notice, like you're saying, over the years I'm involved with more of the family members now – the dads, the grandmothers.

- Port Arthur

Many participants said that clients start to encounter breastfeeding messages as soon as they walk into the clinic. Posters and bulletin boards are posted throughout the clinic, and each staff member is supposed to deliver pro-breastfeeding messages as they speak with clients. Many participants said the staff tries to offer positive reinforcement for moms who have chosen to breastfeed, and continue to educate moms who have chosen to formula feed on the benefits of breastfeeding.

When you walk into the clinic, we've got breastfeeding stuff up everywhere. We have our breastfeeding boards in the waiting room. We have our informational boards up and down the hall about breast pumps. You see breastfeeding moms in pictures. Reception usually catches more of the new moms by – as soon as we get their information, 'And how's breastfeeding going?' But we all try to say something positive as mom moves through the clinic.

- Temple

Usually every single staff member that they come into contact with mentions something about breastfeeding some way or another.

- San Antonio



Many participants said clients typically first visit with the breastfeeding peer counselor after the baby is born. Several explained that the timing and frequency of peer counselor meetings are based on the client's needs. Participants identified peer counselors as a crucial resource for clients to continue breastfeeding successfully. According to most participants, the hands-on help offered by peer counselors makes a significant difference for mothers struggling with latch issues or lacking support at home.

When she comes in after the baby's born, now it depends. 'How's breastfeeding going? Are you rocking it and everybody's good? Awesome, okay.' Then the nutritionists are more than capable of giving the information that they need. 'Oh, you're having some latch issues or you have some soreness? I'm going to go ahead and send you to the peer counselor, because we have the time to spend with mom.' 'Okay, just try and turn the baby a little bit more on the side,' or 'Move your breast a little.' More pointers with latch position, and that's usually the biggest thing... As soon as you get the position fixed, that fixes the latch, mom leaves, and everything is good.

- Temple

It's the confidence that they get when they come in being pregnant. Our peer counselors do wonderful jobs... It's being pregnant and they say, 'No, I'm not interested,' they don't just stop. They don't say, 'Oh, okay.' Even though they may put on the sheet 'no desire to breastfeed,' they don't stop there. They go ahead and just sit with the pictures, tell you a little bit about it, and they go ahead and give out the material. They talk to them. They don't take a lot of time – especially if they see that they're not interested, they don't take a whole lot of time, but they still inject the peer counselor session into their visit. When they come back, they talk to family and friends, and they come back really interested.

- Port Arthur

That's important, because I get – even today I got a mom who – in the hospital, everything was going great. The lactation consultant was right there, but when she got home, no idea what to do. That's why it's so important to be hands off, to give them that 'you can actually do this.'

- Temple



Participants reported low attendance for their breastfeeding classes. Many pointed out that clients are not required to attend any classes in the clinic, so most choose to do their required classes online. While online classes are convenient, many participants believe breastfeeding rates would rise if more clients attended classes at the clinic. Discussing breastfeeding in person and in a group setting would do more to normalize the practice, according to participants.

I wish that we could have the young mothers do at least one breastfeeding class, but because we allow our participants to pick the classes that they want, most of the time when they do the online classes, all the online classes that I get are never about breastfeeding online. It is always about nutrition. It's about snacks for the kids. They never go to the, 'Let me learn about breastfeeding.' They just don't do it.

- Port Arthur

Moderator: *Do you think you would have more women breastfeed if they had to come to a breastfeeding class?*

Participant 1: Yes.

[Several participants agree.]

Participant 2: *If they would make it a rule that they attend the class, I think that would be awesome. At least one.*

- Port Arthur

They can do breastfeeding classes online. There are a few topics that they can do online. Then we also have classes they can do – like if they can't make a scheduled group class, that they can come into the clinic. We have paper classes that they can read over and answer questions on, and there is one that's breastfeeding and pregnancy-related topic. Sometimes when you're scheduling people, those other things come into play, so they come in and do those. I would probably estimate in all my clinics it's less than 5 percent that do all three. It really depends.

- Temple



Promoting Exclusive Breastfeeding

Participants discussed WIC materials, messaging, and practices they feel promote exclusive breastfeeding. Many view the breastfeeding bag given out to each client as a valuable tool for encouraging and educating.

It's tough, but yeah, I'm definitely just seeing the changes and stuff...we are seeing more of our dads and the grandparents, and I think that the bags we give out are a huge, huge asset to our message of breastfeeding that we give out at each pregnant certification...we go over each piece of material that's in there.

- Port Arthur

The reason why we push for that first month of exclusive breastfeeding is, of course, because once that formula is there, that baby is crying - "What do I do? I'm tired. I don't want to do this." - they introduce the bottle.

- Harlingen

Some said the visual aids they received as part of the *Every Ounce Counts* campaign are effective when educating clients on abstract or unfamiliar concepts. The building blocks, belly balls, and black and white beans were mentioned by participants as useful teaching tools.

I actually got all sorts of material from Every Ounce Counts. I actually got it off of there, and in one of our boxes, we have little Legos... I use those, and I actually put that on a paper. A lot of times when mothers see that, they're like, 'Really? That's all you get with formula, and this is what I'm giving her?' That helps. That helps a lot. I actually have it on my desk. Every once in a while somebody will look at it and they'll say, 'Wow, really?' Another thing is the beans I have up there. I show them that with the production of the milk - it's the white beans and the black beans, and they're always asking me, 'What does this mean?' I said, 'This means if you formula-feed and you breastfeed, this is how much you're losing of your breast milk every time you give the baby a bottle.'

- Port Arthur

I love to show them the stomach balls. When they see it, they're just like, 'I didn't know that.' You see their faces, and they'll look at each other. 'Is she telling the truth?' We see it in dad's face, because he might have been the one to say the baby's not getting that. 'That's why baby's fussing'

- San Antonio



Participants also said better food packages for breastfeeding moms help promote exclusive breastfeeding. Some participants said they saw progress over the years in keeping formula and formula advertising out of the clinics, which keeps the WIC breastfeeding focus clear.

As far as very specific routine strategy for exclusive, is we always encourage it by also our food packages, showing the difference between our food packages and what they receive, and the benefits of continuing to breastfeed, by getting a breast pump, things like that. We have little things that we give out to moms who have reached a certain point of exclusively breastfeeding, like our breast milk trays. We have those. We also give out – little incentives.

- Temple

Many participants had messages and strategies they would share with clients to promote exclusive breastfeeding. These messages reassure mothers who are unsure or struggling and cover topics such as health benefits for mom and baby, breastfeeding is natural, breastfeeding is based on supply and demand, and that having trouble breastfeeding is normal.

A lot of it, too, is letting them know that there are options. A lot of times, they feel like they're backed into a corner and that there's no options. A lot of times, if you just let them know that they have options, they're like okay. Solutions, also, for the pain or sleepiness, or why is this happening. If you have the answers or the solutions, that tends to make them – then they're like, 'Oh, my God, I'm not crazy; thank you so much.'

- Temple

I always say a little is better than nothing, so we start with a little.

- Harlingen

If somebody comes in and they want to introduce formula, we ask why. If there's a breastfeeding issue, it's passed to myself or [another peer counselor]. [...]They're wanting to get formula because they don't think they have enough, and maybe you can figure out what's going on. That really helps with getting babies breastfeeding.

- Temple



Participants spoke positively about the nutrition fairs they hold in their clinic. Several participants found that, outside of a class, those events effectively help reach clients who may want to know more about breastfeeding and family members who may need to hear more about breastfeeding.

Something about our nutrition education fairs. It is the perfect spot for a breastfeeding peer counselor to be. I get loads. Like some days, I get 10-plus women that I meet that are breastfeeding past six months, and I get most of all of my women that will come to breastfeeding class come to the nutrition education fair. I'm right there with both of those clubs.

- Temple

During any fairs, too, we see a lot more dads than we would in normal clinic hours, so breastfeeding is a really good hit there, too, because we have the breastfeeding board, and the men are usually trying to help mom with that, too.

- Temple

When asked if they use different strategies for educating diverse cultures, some participants thought that hearing positive breastfeeding messages from members of their clients' own cultures would make an impact.

I think also if they hear it from another African American – how breastfeeding went and how they are doing with it – it's a lot different than coming from another race.

- Temple

We have translators. I'm available, also, so I get to speak with the Spanish speakers. With them, I have a lot of fun, because they usually know already that they want to do it, but they're not quite sure, because they are in a new country where formula is the norm. Coming from another country where you see that is the most normal thing to do, that your mom, your aunts – They know that it's a good thing, but they want to hear it again.

- Temple



Barriers to Exclusive Breastfeeding

Many participants reported concerns about low milk supply as the top reason clients stop exclusively breastfeeding and start supplementing with formula. These participants said many clients doubt their body can produce all the milk the baby needs. Strategies for helping clients overcome that doubt include encouraging moms to take breastfeeding a day at a time, educating moms on anatomy and milk production, and suggesting moms start out with a food package without formula.

And confidence. I have learned that trying to be as hands-off as possible and letting mom do all of the work and just talking her through it is the best thing, because you're building her confidence. Most of our mamas are just not confident in their body's capability of nursing their baby because somewhere in the system, these women have been told that our bodies can't do what they're supposed to do. I think that's a lot of it, too, is promoting our moms' confidence in themselves and in their bodies to do what they're supposed to do.

- Temple

One of the things that I learned when I went to school in Beaumont was the teacher said to massage your breasts. She said that – what she said was that the anatomy of the breast was like little – I always say little bubble wraps, that the milk is in the little sacs and you're popping your little bubble wraps together. That emptying the sac. It helps them produce a little bit more. Every time you put the baby to latch on, you actually emptied that sac because you kind of did a little massage with your breast. A lot of mothers tell me it's working for them.

- Port Arthur

If they say, 'Well, I'd rather have a little bit or one can or two cans, just in case,' well then you try and empower them and say, 'That's okay. If you need to, go ahead I guess, but come back. If everything goes well, then come back so we can change you so you get the better package.' Then they're coming back, reporting so they can come in and do their transition to that exclusive change.

- Harlingen



Several participants said that their clients could use more education on growth spurts and how they should expect them to impact breastfeeding. The sudden increase in demand from the baby can discourage breastfeeding moms, causing them to doubt their bodies' ability to produce enough milk. Several participants identified growth spurts as a reason that clients quit breastfeeding exclusively.

I think the two biggest concerns are the growth spurt, and then a lot of doctors tell the moms to put the baby on the formula because they're not gaining enough weight. Those are the two I see the most.

- Temple

...So they go through a growth spurt right at about a month, so I tell them right at about a month old to expect the baby to want to stay at the breast. This is what's happening. The baby grew and he needs to tell your body, 'I don't need 3 ounces any more. I need 3-and-a-half.'" If you interrupt that communication by giving him a bottle, your body never got the message that – your body thinks 3 ounces is perfectly fine, and it's going to confuse him. I tell them to expect that so that they won't be freaking out right at a month old. That's when they call me. 'I'm not producing any more. I was doing fine.' 'Your baby is growing and it needs more.'

- Port Arthur

Sometimes it's because of a growth spurt. Sometimes they come in and say, 'Oh, I need some formula.' It's like, 'Why, honey, do you feel that way?'

- El Paso

A few participants expressed that some clients are either unsure or unaware of how long a baby can be breastfed. Participants said clients believe babies should no longer be breastfed after certain developmental milestones, such as cutting teeth. As with the decision to initiate breastfeeding in the first place, a few participants said family and cultural influences determine breastfeeding duration.

There are dads that come in and be like, 'Oh, if you've got teeth, you need to get off that boob right now,' or 'Don't be a mama's boy and be at the boob all the time. Get that boy off.'

- Temple

I know experience with the Hispanic population. It really depends on where you were born. If they were born, let's say in Mexico, and they did breastfeed their baby in Mexico, they're usually pretty good at being exclusively breastfeeding for the whole year or exclusively breastfeeding for six months.

- Harlingen



Participants in Temple heard complaints from clients about daycare centers requiring overly large amounts of pumped breast milk in order to accept breastfed babies. These practices discourage breastfeeding in working mothers, a population that already has many barriers to successful breastfeeding.

I was thinking the other day – she’s pregnant, she’s looking for a daycare. She is planning on breastfeeding solely and she called in to some daycare centers to see whether they will handle her breast milk and breastfeeding. One of the places asked her for 100 ounces of breast milk per week to be able to breastfeed.... bring it in on Monday. ‘When you bring your baby for us to care for the week, you need to bring 100 ounces of breast milk.’

- Temple

Several participants voiced concerns about advertising practices by formula manufacturers, which they considered to be deceptive. These participants worried about the mixed messages their clients are hearing about the efficacy of formula compared to breast milk.

But that’s what it says on the can. Now, when they’re breastfeeding, and they say, ‘Well, I do both.’ I’m like, ‘Oh, what formula are you using?’ ‘The hospital sent me home with that green one for breastfeeding.’ I’m like, ‘The supplementation?’ They’re like, ‘Yeah, that one, because it’s going to definitely help me with my breastfeeding.’

- Temple

Moms are so misinformed, because I’ve had mothers come in and they’re like, ‘Oh, I need that formula with the breast milk in it.’ I’m like, ‘There’s no formula with breast milk in it.’ They are so convinced that this is the second best thing to breast milk.

- San Antonio

Several participants reported that physicians and WIC are not always in agreement about breastfeeding, which results in clients receiving conflicting medical advice. Many participants said moms trust everything the doctor says, but WIC staff does not often hear of doctors promoting exclusive breastfeeding. These participants do not see doctors as allies in breastfeeding education and promotion, but they recognize the powerful influence they have on their patients.

They’re going to go with their doctor. Nine times out of 10, they’re going to go with their doctor.

- Temple

I’m sitting there and mom is heartbroken because she was doing so well, now the doctor says that she needs to stop. What helps me and them – they tell me, “I’ve been breastfeeding, the doctor said stop but I can breastfeed anyway,” because they want to do it so bad. I’m like, “Don’t worry. Just don’t worry. What you want to get rid of that bilirubin is your baby to pee and poop. There’s nothing that’s going to help your baby pee and poop more than your own milk.”

- Port Arthur



Culture and Breastfeeding

When asked what cultural norms impact an African American woman's decision to breastfeed, most participants answered "family," explaining that women who saw family members breastfeed are more likely to try it for themselves. At the same time, if the family is against breastfeeding, the woman is much less likely to attempt breastfeeding.

Some participants also pointed out that younger mothers often get child care help from grandmothers, many of whom see breastfeeding as a hassle for them when mom is away and they are watching the baby. A few participants said they are beginning to see younger clients considering breastfeeding even without a family history of breastfeeding.

When I first started working on WIC, talking to someone about breastfeeding a lot of times was, 'No way, no how, none of us like that.' Nowadays, they come in with a little bit more of an open mind. They know nothing about it, but they're willing to do the best for their baby. They're willing to learn about it, and they're willing to do it on their own. I don't know what has caused this change. I'm talking about young girls, because they come in open-minded whereas they used to come in, 'My mama said we're going to bottle-feed,' and that was it.

- Port Arthur

In the African American women, they are so apt to not do it. They're, 'It's going to hurt, my breasts are going to sag, my grandmother said no, my mom said no.'

- Port Arthur

Both African American and Hispanic culture staff noted that going back to work early - and to work environments not conducive to pumping - prevents many WIC moms from continuing to breastfeed.

Waitresses, they don't have time to go pump. People who work at fast food restaurants, they don't have time to go pump. Their bosses don't - their schedules don't allow it, and they can't lose their jobs. That's the cost of breastfeeding. Everybody says that breastfeeding is free, but that is the cost of breastfeeding that a lot of people don't consider -- is the mother's time.

- Temple



Some participants said that many of their African American and Hispanic clients are school age, and that attending school can prevent young moms from breastfeeding. Participants spoke highly of clients that continued to breastfeed while still in high school.

They will just say, 'I don't have the time. I have to go back to school. How am I supposed to do this? And who is going to teach me?' We can do that, and we can show you how and how to do it. My point of the conversation is to tell them, 'Okay, how long are you going to be out from having a baby? You can do it for that period of time. Every ounce helps.'

- Temple

When we have teenage moms, and they have to go back to school, and grandma is going to take care of baby, like, 'No, you have to formula-feed, too,' so they encourage them to also formula-feed. [...] They want their daughter or granddaughter to continue and not be a barrier for them to continue their education and things like that.

- El Paso

A few participants mentioned single parent households as a barrier to exclusive breastfeeding faced by their African American clients. Additional strategies and messages are needed for clients whose babies split their time between households with different feeding plans.

Because we have had an occasion where a mom was trying to breastfeed, but when the baby goes to the dad's house, his parents or he want to do formula... She wanted to breastfeed, and he would take the breast milk and throw it out and give the baby formula.

- Temple

We see also a lot of single-parent households, so that makes a huge difference, as well, and especially with African American – the cultures that we see, a lot of single-parent households, where not only may the support lack with Mom and Grandma and so forth, but also with the partner.

- Temple

When asked about the influence of Hispanic culture on the decision to breastfeed, participants reported that some mothers, especially young and Hispanic mothers, visit WIC clinics with the grandmother or even the entire family. In these situations, WIC staff are working to address attitudes and opinions from multiple people. These situations can be addressed by acknowledging everyone and their support, educating about why breastfeeding is the best option for infant feeding, and gently suggesting that the mother try breastfeeding. Pamphlets for mother, grandmother, and father included in the breastfeeding promotion bag have also proven helpful.



Fathers' Influence on Breastfeeding

Several participants said fathers can influence the client to not breastfeed. These participants cited fathers who regard breasts as sexual organs and also want the ability to feed the baby as the principle reason for them being against breastfeeding. Some participants said fathers feel ownership of the clients' breasts and insist that "they are mine." Staff said this is more pronounced in the African American community.

It's really important that the guys know that they can go skin-to-skin. All of the benefits for baby are the same; you're just not going to be making milk. It can be an extremely intimate thing, babies doing skin-to-skin with dad, daddy is cuddling baby and mom while they're breastfeeding. Dad needs to know that he needs to support mom in the decision and not to hinder the baby's health by going in another direction, just because he wants time with the child. He still has that.

- San Antonio

...Then they want to talk a lot about a breast pump. If she pumps, she can put it in the bottle and that can feed the baby, too.

- Temple

Participant 1: *'Those are mine. Because it's not going to be enough. I think formula's okay.'*

Participant 2: *'I don't want her showing those in public. I don't want other people seeing her boobs.'*

- Temple

Many participants also had positive experiences with fathers supporting their partner in breastfeeding. One tactic used by participants to involve fathers is to "give dad a task," which makes them feel useful and connected to the care of their child.

They like to be told what they need to do. And they do it.

- Temple

And as someone once said, in the hospital, the dad is the breastfeeding police, making sure everything goes according to the family's wishes.

- Temple

The way I angle it towards the fathers is I tell them it's going to be so much easier for you this way. First of all, it's healthier for mom and baby. It's going to be less work for everyone.

- Harlingen



Many participants expressed that they would like to see more fathers attend breastfeeding classes so that they can learn alongside their partner. WIC staff praises the fathers who do attend classes.

I've had several dads show up, and we have a lot of support people that show up for the breastfeeding support group. I always encourage everybody to bring their support people, because, again, they need to learn and know and be supported, too. I always try to really point out when the men come into play, especially our clinic. It's not as prevalent as in Fort Hood, so I always try to be like, 'Woo-hoo, dads came! Yeah!' We're so glad our support people come, because that's so awesome. I try to really encourage that.

- Temple

Many participants said they get excited when fathers come to the clinic. They want the fathers to feel welcome and included.

It's the inclusion factor. I think any time a male walks into the clinic we're excited. It's like a rare jewel. We want to educate him, as well.

- San Antonio

Several participants mentioned that giving out dad-specific materials can help them feel included. Participants in Temple described a program on the military base that gives fathers their own diaper box that looks "manly," like a toolbox.

One of the really cool things they do at Fort Hood, they have a daddy boot camp. Which is a class for dads to come to, and they get them a little diaper bag, and it looks like a toolbox.

- Temple



The Hospital Experience

Staff reported mixed relationships with hospitals. Some detail good relationship with local hospitals when it comes to promoting breastfeeding, and others felt they were not on the same team with the hospital staff. Hospitals with Texas Ten Step/Baby-Friendly designations were viewed as positive breastfeeding promoters, since practices such as skin-to-skin contact and rooming-in encourage breastfeeding.

Even when you do tell them you're breastfeeding, they still bring you all the other backup stuff. I think a lot of it, too, is not just making the assumptions, but the staff, especially at some of our hospitals, are so understaffed that they don't want to take time – they don't have the time and don't want to take the time to spend with moms, so this is a quick fix, and then you can go get your help at WIC.

– Temple

Participants identified understaffed hospitals and lack of breastfeeding education across staff as hospital practices that hinder breastfeeding.

Yeah, they need some more education also in the hospitals, because you get a lot of the nurses that are not willing to help the moms. They're too busy, and we understand because they have a lot of people there, but a lot of education used to go towards the hospitals because we do get that. 'Well, they gave my baby the milk.' 'Okay. I'm sorry.'

– Port Arthur

Several participants have heard from mothers of jaundiced babies that they were encouraged by hospital staff to formula feed, and not breastfeed. Participants said there used to be tear-off sheets with information about jaundice, but current WIC materials do not address it. Clients need additional education on jaundice and breastfeeding before they arrive at the hospital so they can be advocates for themselves.

I just had a situation where a mom was breastfeeding 100 percent, and then the doctor comes and tells her, 'You need to do some formula, too.' And I was thinking, 'Why is he telling her that?' [...] He goes, 'Just in case he gets jaundice; just in case.'

– El Paso

'And if I'm not convinced, and there's something that goes wrong, and you tell me my baby's glucose level is dropping, oh, my God, we need to do something right now. Please give them formula, because I don't want them to die.'

– Temple



Participants believe more WIC presence at hospitals would significantly impact exclusive breastfeeding. In El Paso, where WIC holds a strong presence at local hospitals (five or more days per week at some), participants described hospital staff as collaborative in addressing patient challenges with breastfeeding.

I like the idea that the counselor is in the hospital and supposed to be there first-hand. [...] That's when you've got to be there, in the very beginning. If we're there to help them out, a lot of confusion wouldn't happen in that time, like we discussed before. If we're there from the very beginning, we can really help.

- Harlingen

The Temple and Beaumont staffs were asked what kinds of assumptions hospital staff might have about promoting breastfeeding to African Americans. Many said hospital staff assumed that African American moms are uneducated and uninterested in breastfeeding.

A lot of the doctors know whether their patients are on Medicaid or WIC, and I think that influences their care and their education in a great manner, because they assume that if you are on Medicaid or WIC that you're low education level, that you're young, and that it doesn't really matter. You're just in the system and you're not important. I know a couple of doctors that practice in the Killeen area that that is how they treat their Medicaid patients, as lower life forms, basically.

- Temple

I think they see women like that, and no offense, I'm not trying to be racist or anything, but they see young black women, and they automatically assume that they're uneducated and that they are just welfare people. You get what I'm saying?

- Temple

WIC staff in El Paso, San Antonio, and Harlingen reported that they do not see a significant difference in the treatment of Hispanic patients or any particular race. One participant said there may be a difference in treatment for patients of different socioeconomic status. However, another staff member thought there is a difference in treatment for private-paying patients.



Reaction to Educational Materials

In all three of the groups who work mostly with Hispanic WIC moms, staff members were shown existing USDA WIC materials from the *Breastfeeding: A Magical Bond of Love* campaign, which was designed specifically for Hispanics. Participants reviewed three brochures, each entitled *You Have Everything Your Baby Needs* and uniquely designed for mothers, grandmothers, and fathers (All tested educational materials can be found in Appendix B).

Participants were also shown the accompanying *You Have Everything Your Baby Needs* video. The goal of showing these materials was to determine if participants believed this information would be beneficial in improving the initiation, exclusivity, or continuation of breastfeeding among WIC participants.

Some had seen the materials, and others had not. Participants agreed that the information in the brochures and the video was good. Some participants liked the use of Hispanic imagery, the similarity between the topics of the brochures with questions frequently asked by WIC participants, and the illustration of diapers. Participants expressed a preference for the way these materials condensed the information into a small collection of pamphlets.

Several staff members said they would like to have access to more educational materials that reflect Hispanic culture in imagery, content, and language. Participants found the video's information about working and stomach sizes, as well as the use of illustrated visuals and the simplicity of the content, particularly helpful.

Not just with breastfeeding but with other situations, mom will say, 'Can you give me something for mom [grandmother] because she's always hassling me about this or that?' or for dad because of this or that. This gives them something like you see – this is how you can help me, as opposed to just in general this is what I need to do and this is how you should support me.

- Harlingen



Recommendations to Better Support Exclusive Breastfeeding

When asked what is the single most important strategy WIC could incorporate to improve exclusive breastfeeding in the baby's first month, many participants replied mandatory in-person breastfeeding classes. Some participants suggested not providing formula in the first month's food package, saying that that strategy is already being used in California.

One participant wished WIC could have a peer counselor at the hospital to help with the latch and advocate breastfeeding on behalf of the client - to block the nurse coming down the hall with the bottle. Additional public awareness campaigns, advertisements, use of social media and online videos, doctor education, and limiting access to formula in the hospitals were also suggested.

Social Media

Several participants said they would like to make better use of social media, and in particular, Facebook, to reach their clients where they are. Many said they thought Facebook is "outstanding" and a good tool for educating and normalizing breastfeeding. A few participants agreed with the spirit of that idea, but saw a lack of funding and staff time to manage the page as possible barriers to implementation.

I'm seeing something really interesting: Facebook support groups and other things like that. Be on the lookout for those, because they're there and they're fun to utilize.

- Temple

If you're not in it, you're left out.

- El Paso

Some participants said they would prioritize social media over printed education materials.



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Focus Group Guide: WIC Moms Breastfeeding Disparities Study

Moderator begins by introducing the concept, process, and purpose of the focus group. She will also lay ground rules for the discussion, explain the purpose of the tape and/or video recording equipment, and assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.

I. Introduction

- Please introduce yourself and tell us how old your baby is and his or her name, the names and ages of your other children if you have other children, and a little bit about yourself like if you have a job outside the home or if you are a full time mom.
- Card sort: Please pick a card from the picture cards laying in the middle of the table that expresses your feelings about breastfeeding. Then we will go around the table and you will share why you picked the card you picked.

II. Breastfeeding Experience

- Thinking back to the time when you were pregnant, how did you plan to feed your baby during his or her first few weeks? Sometimes plans change and if they did we will talk about that in a minute but for now just tell me what your plan was. I would like to hear from everyone on this question so we will go around the table.
- What factors or reasons influenced your original feeding plan for the first few weeks of your baby's life?
- How did your plan change?
- What were your concerns about breastfeeding?
Probe: What kind of concerns did you have about your body making enough milk?
- How do you think your body makes breast-milk? **Probe:** How does giving your baby formula affect milk supply?
- If you supplemented during the first few weeks, what were the reasons?

III. Breastfeeding education and influencers

- Who did you talk to about breastfeeding when you were thinking of how you were going to feed your baby?
- What have you heard from your mother, grandmother or aunt about breastfeeding? Did your mother breastfeed?
- What kind of conversations did you have with your husband or partner about feeding your baby?
- What did your doctor or health care provider say about breastfeeding? What did they say about exclusively breastfeeding your baby during the first month?
- Tell me about your experience at WIC when it comes to breastfeeding?
 - Which clinic did you go to?
 - Who did you talk with and what did they say? Peer-counselor?
 - What kind of materials did you receive about breastfeeding? Were any particularly helpful? Did you take a breastfeeding class?
 - Did they encourage you to go to any websites for more information? Which sites? Did you go?
 - What did they tell you about exclusively breastfeeding your baby in the first month?
 - What did they tell you about establishing your milk supply? What, if anything could WIC have done to improve your breastfeeding experience?
- Of all those people and groups we just discussed who or which would you say influenced you the most about your decision to breastfeed?

IV. Hospital Experience

Now we are going to focus on what happened when it comes to feeding your baby during the first few days after birth. Moderator passes out handout and walks participants through how to respond to it.

- Thinking back, how did you plan to feed your baby at the hospital? How did it work out? Probe: Who helped you? Who hindered your experience?
- Tell me what happened at the hospital right after the baby was born. **Probe** about skin-to-skin contact, rooming in, pacifiers etc.
- How educated were the nurses about breastfeeding and helping you breastfeed?

- For those who breastfed, who was there to support your decision? Husband, partner, mother etc. How did that go?
- In general, how were you treated at the hospital? Did you feel listened to? Did you feel respected? Did you feel engaged?
- Does anyone feel you were treated differently at the hospital than other mothers giving birth? If so, how?
- For those who fed their baby formula, what led up to formula being introduced?
Probe: did you ask for it or did someone bring it?
- If you could change one thing about your hospital experience in terms of breastfeeding what would you change?
- How could your hospital experience have been better in terms of supporting your breastfeeding plan?

V. **First few weeks at home**

- How did the plan you had for feeding your baby go at home – especially the first few days?
- What impacted your ability to do what you had planned?
- What kind of support did you need? How did you get it? (family, peer counselor, lactation counselor, websites or online videos)
- How have any of you used social media to support your breastfeeding? e.g. putting out a question on Facebook, mommy blogs, etc.
- Speaking of social media, or looking for information on the web, in what ways could WIC use it to better support new moms when it comes to exclusive breastfeeding?
- If you needed support breastfeeding would you be more likely to call a 1-800 number or go to a facebook forum?

Moderator: Pass out materials to test and give participants a few minutes to review. Distribute in this order: Mother's Brochure and get responses and then Father's and Grandmothers' together and get responses.

- What are your thoughts on these materials? What caught your eye? What if anything would you change?

- **For grandmother brochure only:** How do you think your mother would feel if you gave her this?

Moderator: Pass out the information on infant stomach size.

- What are your thoughts on this item? Was this new information? How would this have impacted how you feed your baby when he or she was a newborn? Probe: would you have felt more confident that your body can produce enough milk?
- Now let's go around the table and I want each of you to tell me, What is the number one thing that WIC or the people at the hospital could do to help women to exclusively breastfeed during the first month?

Thank you very much.

Focus Group Guide: WIC Fathers Breastfeeding Disparities Study

Moderator begins by introducing the concept, process, and purpose of the focus group. She will also lay ground rules for the discussion, explain the purpose of the tape and/or video recording equipment, and assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.

I. Introduction

- Please introduce yourself and tell us a little bit about yourself, how many children and you have, and the age and name of your youngest child.
- Card sort: Please pick a card from the picture cards laying in the middle of the table that expresses your feelings about breastfeeding. Then we will go around the table and you will share why you picked the card you picked.

II. Breastfeeding Experience

- What are the pros and cons of breastfeeding? (moderator list them on white board)
- How did you and your partner choose to feed your babies? Breast exclusively? Breast and formula? Or just formula?
- What do people say about breastfeeding?
- What role do you think dad's play in the decision to breastfeed or not?
- How were you involved with the decision about how your youngest child was going to be fed? What kind of conversations did you have about it?
- Were you with your partner at either WIC or the doctor's office when they talked about breast-feeding? What happened?

III. Breastfeeding Knowledge

You will see sticky notes around the table. I want you to write down all the questions you have about breastfeeding and have not asked for whatever reason. Any question is OK. In fact, I'd like all of your questions. We are going to do this anonymously so really any questions are good. Then I am going to read the questions aloud and we will discuss them.

Probe: What questions do you have about when the milk comes in? How the milk is made? How it feels? How much comes out? Etc.

IV. Hospital Experience and Home

- Were you with your partner at the hospital when she delivered? How did it go? What did you notice or see about how the hospital staff talked to her about feeding the baby?
- While you were at the hospital with her, did you feel listened to and respected by the hospital staff?
- What was your role when your baby came home?
- What factors or reasons do you think influenced your feeding plan for the first few weeks of the baby's life?
Probe: What kind of things happened when you all got home that may have affected exclusive breastfeeding?
- Were there other family members who had thoughts about breastfeeding that impacted you and your partner's decision to breastfeed? What did they say and do?

V. Materials Testing

Now I am going to distribute a brochure designed for fathers and I will give you a few minutes to read it and then I will ask you a few questions about it.

- What comes to mind after you read this brochure?
- What did you like about it?
- What did you dislike about it?
- What if anything did you learn?
- What information, if any, impacted your thoughts about breastfeeding?

Now I want you to look at something else (moderator passes out information on the size of the babies stomach)

- What are your thoughts on this information?
- Does this surprise anyone?
- How does this impact your thoughts about feeding your grandchildren?

For Hispanic Only

Now I am going to show you a short video clip.

- What did you like about it?
- What did you dislike about it?
- What if anything did you learn?
- What information, if any, impacted your thoughts about breastfeeding?
- What do you think about the materials all showing (African Americans or Hispanics depending on audience) Do you think it would be better if it were multicultural or do you prefer the single race?

VI. Conclusion

- Now let's go around the table and I want each of you to tell me, What is the number one thing that could be done to increase the number of women who decide to breastfeed and to exclusively breastfeed during the first month?

Thank you very much.

Focus Group Guide: WIC Grandmothers Breastfeeding Disparities Study

Moderator begins by introducing the concept, process, and purpose of the focus group. She will also lay ground rules for the discussion, explain the purpose of the tape and/or video recording equipment, and assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.

I. Introduction

- Please introduce yourself and tell us a little bit about yourself like what kind of work you do, how many children and grandchildren you have, and the age and name of your youngest grandchild.
- Card sort: Please pick a card from the picture cards laying in the middle of the table that expresses your feelings about breastfeeding. Then we will go around the table and you will share why you picked the card you picked.

II. Breastfeeding Experience

- What are the pros and cons of breastfeeding? (moderator list them on white board)
- How did you feed your babies? Breast exclusively? Breast and formula? Or Just formula?
- What did people say about breastfeeding when you were a young mom? How has it changed?
- What role do you think grandmother's play in a daughter's decision to breastfeed or not?
- How were you involved with your daughter's decision about how she was going to feed her baby? What kind of questions did she ask you? What kind of conversations did you have with her?
- What did she end up doing? How do you feel about that?
- Were you with her at either WIC or the doctor's office when they talked to her about breast-feeding? What happened?

III. Hospital Experience and Home

- Were you with your daughter at the hospital when she delivered? How did it go? What did you notice or see about how the hospital staff talked to her about feeding the baby?
- While you were at the hospital with her, did you feel listened to and respected by the hospital staff?
- What was your role when your daughter and the baby went home?
- What factors or reasons do you think influenced her feeding plan for the first few weeks of the baby's life?
Probe: What kind of things happened when she got home that may have impacted her ability to exclusively breastfeed?
- What was the father's attitude about breastfeeding? How do you think that impacted your daughter's decision?

IV. Materials Testing

Now I am going to distribute a brochure designed for grandmothers and I will give you a minutes to read it and then I will ask you a few questions about it.

- What comes to mind after you read this brochure?
- What did you like about it?
- What did you dislike about it?
- What if anything did you learn?
- What information, if any, impacted your thoughts about breastfeeding?
- How would you feel if your daughter gave you this brochure?

Now I want you to look at something else (moderator passes out information on the size of the babies stomach)

- What are your thoughts on this information?
- Does this surprise anyone?
- How does this impact your thoughts about feeding your grandchildren?

For Hispanic Only

Now I am going to show you a short video clip.

- What did you like about it?
- What did you dislike about it?
- What if anything did you learn?
- What information, if any, impacted your thoughts about breastfeeding?
- What do you think about the materials all showing (African Americans or Hispanics depending on audience) Do you think it would be better if it were multicultural or do you prefer the single race?

V. Conclusion

- Now let's go around the table and I want each of you to tell me, What is the number one thing that could be done to increase the number of African American women who decide to breastfeed and to exclusively breastfeed during the first month?

Thank you very much.

Focus Group Guide: Nurses

Breastfeeding Disparities Study

Moderator begins by introducing the concept, process, and purpose of the focus group. She will also lay ground rules for the discussion, explain the purpose of the tape and/or video recording equipment, and assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.

I. Introduction

- Please introduce yourself and tell us your professional position, where you work, and how long you've been doing this type of work.
- In general, tell us about the demographics of the women you see, including race and age.

II. Breastfeeding Support and Education

- Please find a photograph on the table and choose one that illustrates what it is like for you when you are working with a new mom and helping her learn to breastfeed.
- Please describe what happens at your hospital after a baby is born as it relates to feeding the baby?
- Now I would like to go back around the table and have each of you tell me your role in breastfeeding education and support.
- We've talked about what you do individually, what about the approach of the hospital, what strategies, or messages does your hospital use to promote breastfeeding?
Probe: What about exclusive breastfeeding?
- What would you say are the strengths and weaknesses of your hospital when it comes to promoting breastfeeding especially exclusive breastfeeding?
Probe: Who ask the mother if she wants to breastfeed? How is it recorded so other staff know? Is skin-to-skin promoted? When do babies room-in? Under what circumstances are pacifiers used?
- Under what circumstances is formula offered?
- When are pumps offered?

- What strategies are used to help the breastfeeding mom transition from hospital to home so they continue to breastfeed?

Probe:

- Do they have feeding plans?
- What kind of referral information are they given?
- What do you know firsthand about the services offered by the people you are referring them to?
- If mom has used a pump in the hospital how do you assure they have a pump when they go home?

III. Cultural Specifics

- What kind of differences do you see among cultures when it comes to breastfeeding?
- Which cultures and/or races are most likely to breastfeed?
Probe: From your experience, why do you think this is so?
- Which cultures and /or races are the least likely to breastfeed?
Probe: From your experience, why do you think this is so?
- How might you help a new nurse understand how to help a Hispanic women breastfeed? What should she know about breastfeeding and Hispanic moms that come to your hospital?
- How might you help a new nurse understand how to help a Caucasian women breastfeed? What should she know about breastfeeding and Caucasian moms that come to your hospital?
- How might you help a new nurse understand how to help an African American women breastfeed? What should she know about breastfeeding and African American moms that come to your hospital?
- Now I am going to read you a statistic about breastfeeding. This statistic will form the basis for the rest of our conversation: *Only about 74% of black mothers initiate breastfeeding compared to 86% of Hispanic moms and 81% of white mothers and white infants were more than twice as likely (60.6%) vs. (28.4%) to be exclusively breastfed at day two of life than black infants.*
- Why do you think this is?
We are going to specifically talk about African Americans from this point forward because we are interested in learning what you know and understand your experiences so we can learn more about this statistic.

- What practices do you see at your hospital that may impact an African American moms decision to breastfeed? What, if any practices impact her success and her chances of exclusively breastfeeding when she leaves the hospital?
- In general, what cultural norms do you think impact an African American mom's decision to breastfeed? What about exclusive breastfeeding?
- Thinking specifically about African American women, what do you think are their barriers in prenatal decision-making about breastfeeding?
- In the African American community how does dad's involvement at the hospital impact moms breastfeeding? What do you see?
- What about the impact of the baby's grandmother on mom breastfeeding? What do you see?

IV. Community Partners

- How does your hospital partner with other organizations that promote breastfeeding?
- What is your hospitals relationship with WIC?

V. Conclusion

- What kind of tools, strategies, or trainings would you like to have to support exclusive breastfeeding?
- I would like to go around the table and ask each of you what you think is the single most important change that should occur so that more African American women are exclusively breastfeed at hospital discharge?

Thank you very much.

Focus Group Guide

WIC Staff Breastfeeding Disparities Study

Moderator begins by introducing the concept, process, and purpose of the focus group. She will also lay ground rules for the discussion, explain the purpose of the tape recording equipment, and assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.

I. Introduction

- Please introduce yourself and tell us how long you have been with WIC, your title, the clinic you work at and a little about the work you do for WIC.
- In general, tell us about the demographics of the women you see, including race and age.

II. Breastfeeding Support and Education

- What do you consider your role in breastfeeding education and support.
- Please describe how your clinic promotes exclusive breastfeeding. Please describe the materials you use.
- Do you have specific materials, strategies, or messages to promote breastfeeding to different cultures? Please describe them.
Probe: Specific materials, strategies, or messages for African Americans, or Hispanics.

III. Cultural Specifics

- What kind of differences do you see among cultures when it comes to exclusive breastfeeding?
- What about when it comes to supplementing?
- What cultural norms do you think impact an African American woman's decision to breastfeed? What about exclusive breastfeeding? (separate questions for Hispanic and African American as well as asking what they see in the Caucasian community that may be different.)
- Do you have specific materials promoting breastfeeding for African Americans (or Hispanics based on location)? Describe.
- What impacts duration? How does duration vary among different cultures?

- How do family members like fathers or mothers influence an African American woman's decision to breastfeed? What about to exclusively breastfeed?
- What outside external pressures impact a women's breastfeeding duration? What outside external pressures impact exclusive breastfeeding?

IV. Hospital Practices

- What kind of relationship do you have with your local hospitals when it comes to promoting breastfeeding?
- What hospital practices are promoting or hindering women exclusively breastfeeding by the time they leave the hospital?
- What kind of assumptions do you think hospital staff have about promoting breastfeeding to different cultures?
- What do you hear from clients about their hospital experience when it comes to breastfeeding? Does it vary by culture?
- What do you think are the gaps or challenges to your clinic's/region's approach to promote breastfeeding? Are there additional challenges when it comes to promoting exclusive breastfeeding?

V. Conclusion

- What kind of tools, strategies, or trainings would you like to have to support exclusive breastfeeding for the African American population?
- I would like to go around the table and ask each of you what you think is the single most important strategy that WIC could incorporate to improve exclusive breastfeeding in the baby's first month?

VI. Redemption

- Now I would like to talk for few minutes about retention. Why do you think clients who are eligible for WIC are not renewing?
- What do you think could be done about this at a local level?
- What about at a state level?
- What about at a federal level?

Thank you very much.

Appendix B: Creative Materials

African American Creative Materials

"Support Your Daughter" Pamphlet	1
"Support Your Partner" Pamphlet	3
"Your Baby Your Gift" Pamphlet	5
"Support Your Daughter 2014" Pamphlet	7
"Support Your Partner 2014" Pamphlet	9
"Your Baby Your Gift 2014" Pamphlet	11

Hispanic American Creative Materials

"Breastfeeding: Magical Bond of Love" Brochure	13
"La Lactancia: El Enlace Magico de Amor" Brochure	15
"Dads Play an Important Role" Brochure	17
"Los Padres Juegan un Papel Importante" Brochure	19
"Grandparents Play an Important Role" Brochure	21
"Los Abuelos Juegan Papel Importante" Brochure	23

Breastfeeding Education Tool developed by Amy Spangler	25
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*Support, protect,
love, and nurture.*

African-American Breastfeeding Alliance

1 (877) 532-8535

Monday–Friday, 8:00 a.m.–5:00 p.m.

<www.aabaonline.com>



BreastMilk

100% Natural Ingredients



*Support your
daughter*



BreastMilk

100% Natural Ingredients



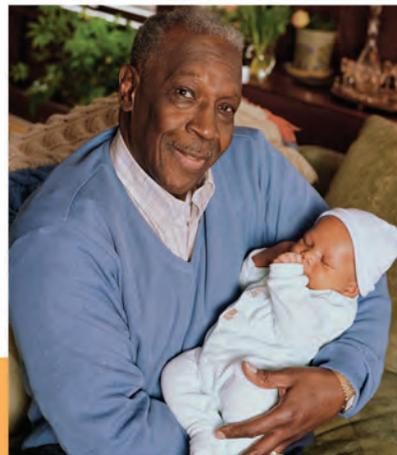
Support Your daughter

So your baby is having a baby.

Becoming a grandparent can be one of life's most rewarding experiences. You've raised your children, yet you still have lots of love to give. And you have a wealth of knowledge and experience about child rearing to pass on to your daughter. Supporting your daughter's efforts to breastfeed is one important way you can make the most of your role.

What your daughter should know about breastfeeding.

- It's the healthiest choice for feeding her baby.
- It helps the baby to grow at a normal pace.
- It promotes bonding.
- It reduces medical bills.
- It contains 100% natural ingredients.
- It helps her uterus shrink more quickly.
- It helps Mom lose weight faster.
- Breastfeeding fights infection.
- It keeps the baby healthier, reducing the risks of obesity, diabetes, and other diseases.



Grandparents can be a major source of support.

Breastfeeding can be challenging at first. Below are some of the ways in which you can support your daughter in her efforts to breastfeed your grandbaby!

- Encourage and support your daughter's decision to breastfeed.
- Share your positive experiences and thoughts about breastfeeding.
- Assist your daughter with feeding techniques.
- Encourage her to get help with breastfeeding if she needs it.
- Provide consistent babysitting support.
- Help with household chores.
- Encourage prenatal doctor visits.
- If your daughter pumps, bottle feed your grandbaby the breastmilk.

Remind your daughter that breastfeeding is beautiful. Help her give your grandchild the very best. It's the natural thing to do!

My grandbaby is an extension of my life, so I want to support my daughter all I can!



"I did not breastfeed ... but, oh, how I wish I had ... I missed a lot of work and spent hours in the emergency room with two sick babies ... If I could do it all again, breastfeeding would be my only choice. I encourage my daughter to breastfeed. It's healthier for the baby and has many benefits for the mom, too!"

—Grandma

*Support, protect,
love, and nurture.*

African-American Breastfeeding Alliance

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Monday–Friday, 8:00 a.m.–5:00 p.m.

<www.aabaonline.com>



BreastMilk
100% Natural Ingredients



*Support your
partner*



BreastMilk
100% Natural Ingredients



Support Your partner

Proud Fathers want healthy babies.

If you knew that breastfeeding was the best thing for your baby, would you be supportive of your partner and encourage her to breastfeed your new baby? Of course you would!

Dad, you play a very important role in the life of your child.

There are many ways you can assist Mom during pregnancy and after the baby is born.

Getting involved.

- Help Mom cook, clean, and do the laundry.
- Make sure Mom eats healthful foods.
- Plan feeding times.
- Help Mom stay relaxed.
- Compliment Mom often, because breastfeeding and being a mother are beautiful and natural things.

Bonding is for Dads, too.

- Burp baby after Mom breastfeeds.
- Cuddle and hug your baby.
- Change your baby's diaper.
- Give your baby a bath.
- Sing, read, and talk to your baby.
- After Mom pumps and bottles milk, help feed your baby.

Talk about breastfeeding.

- Talk to Mom about what you've heard and learned about breastfeeding.
- Talk to other dads whose mate may have breastfed.
- Ask the doctor questions during visits with Mom.
- Help Mom map out a support plan.
- Discuss health issues and benefits.

Encourage your partner to do what's best for your child!

Remember, Mom and the baby are depending on you for support, protection, love, and nurturing. So stay involved and encourage breastfeeding.

Why should you help Mom breastfeed?

- Breastmilk's all-natural ingredients help keep the baby healthier, lowering chances of obesity, diabetes, and other diseases.
- It fights infection.
- It helps prevent excessive bleeding.
- It helps Mom lose weight faster.
- It can save you money through reduced medical bills and formula costs.

Mom and the baby need your strength!

- The first few days of breastfeeding can be challenging. Support her efforts to breastfeed by taking her to get breastfeeding help if she needs it.
- Help Mom eat healthfully.
- Don't smoke around your baby.
- Spend time with your family.
- Help Mom and baby get lots of rest.



*For breastfeeding help and information,
please call your local WIC clinic or*

African-American Breastfeeding Alliance
1 (877) 532-8535
Monday–Friday, 8:00 a.m.–5:00 p.m.
<www.aabaonline.com>

National Women's Health Information Center
1 (800) 994-9662
Monday–Friday, 8:00 a.m.–5:00 p.m.
<www.4woman.gov/breastfeeding/>

La Leche League
To find local breastfeeding counselors and support groups, call
1 (800) 519-7730
<www.lalecheleague.org>



*Your Baby.
Your gift.*



100% Natural Ingredients

BreastMilk. 100% natural ingredients.

Your Baby.

Your gift.



The All-Natural Ingredients in Breastmilk are good for your new baby.

- It's the best food for your baby's growth and development.
- It's all your baby needs for the first six months.
- It reduces chances of infection.
- It keeps the baby healthier, lowering chances of obesity, diabetes, and other diseases.

How does breastfeeding help save money?

- You won't have to purchase expensive formula.
- It reduces sick days for working moms.
- It can result in lower medical bills.

What kind of help is available if I have problems or questions about breastfeeding?

- Lactation consultants may be available at the hospital, so ask your doctor to refer you to one.
- Breastfeeding counselors are available through WIC, so call the office nearest you to get help.
- The back of this brochure lists telephone numbers you can call for simple breastfeeding questions.
- Breastfeeding can be challenging at first. Hang in there. Your efforts will result in a healthier child and a healthier you.

*Give your baby the best start!
Breastfeeding is good for both of you.*

- Get back in shape faster.
- Improve your baby's health.
- Bond with your baby.
- Save money.

Breastfeeding has many health-related benefits to help you feel better sooner.

- It helps shrink your uterus to its pre-pregnancy size.
- It helps prevent excessive bleeding.
- It helps you lose weight quicker.
- Breastfeeding is one way to bond with your baby.
- Breastfeeding releases hormones that help you relax.

I have to go back to work soon after I have the baby!

A lot of mothers go back to work a couple of weeks after delivering or sooner. Start planning your breastfeeding strategy once you decide to breastfeed:

- Find a babysitter or day-care center near your job.
- Start talking to relatives, your babysitter or day-care center about your plans to breastfeed.
- Talk to friends, relatives, or coworkers who have breastfed to learn all you can before your baby is born.
- Talk to your baby's dad about your plans to breastfeed, so he understands how he can help.

Develop partnerships.

If you plan to breastfeed, you will need support from many different people. Start creating those partnerships early. Your partners should include:

- *WIC* — we can answer breastfeeding questions and provide you with a breast pump if you are returning to work.
- *Your employer* — if you plan to breastfeed, you will need a private place to pump or express your breastmilk.
- *Your mate* — your mate can help with the chores, bring the baby to you for feedings, protect you and the baby from noise and stress, and care for other children.

- *Your relatives* — you will need them to help with chores, cook, babysit once you go back to work, and be understanding of you and the baby's need for quiet time.
- *Your babysitter* — you will need your babysitter to understand your routine, know when to feed the baby, and be flexible with you so you can come by as needed to breastfeed your baby.

Raising a healthy baby is the most important thing in your life right now. Use all of your resources. A healthy baby is a happy baby.



Breastmilk. 100% natural ingredients.

- Provide consistent babysitting support.
- If your daughter pumps, help bottle-feed your grandbaby the breastmilk. Burping baby after feeds, changing diapers, bathing and cuddling the baby also helps you bond with your grandchild.

My grandbaby is an extension of my life, so I want to support my daughter all I can!

"I did not breastfeed.....but, oh, how I wish I had....i missed a lot of work and spent hours in the emergency room with two sick babies....if I could do it all again, breastfeeding would be my only choice. I encourage my daughter to breastfeed. It's healthier for the baby and has many benefits for the mom too!" - Grandma

Remind your daughter that breastfeeding is beautiful. Support her for giving your grandchild the very best. It's the natural thing to do!

Breastfeeding resources

Texas Breastfeeding Support Hotline 1(800) 514-6667

<http://www.breastmilkcounts.com/>

<http://www.womenshealth.gov/ItsOnlyNatural/>



Support Your Daughter





Congratulations!

You are going to be a grandparent or maybe your grandchild has just been born. Being a grandparent is one of life's most rewarding experiences. You've raised your children, yet you still have lots of love to give. Your children may not have been breastfed, but you have a wealth of knowledge and experience about child rearing to pass on to your daughter. Supporting your daughter's or son's partner's efforts to breastfeed is one important way to make the most of your role.

Why is breastfeeding so important?

- Breastmilk contains 100% natural ingredients and meets all your grandbaby's nutritional needs for his first six months.
- Colostrum, the thick yellow breast milk produced just after birth, is very rich in nutrients and antibodies that boost immunity and protect infants like your grandbaby, from infections.
- Breastfeeding helps your grandbaby grow at a normal pace and helps in brain development.
- Breastfeeding promotes bonding between your daughter and grandbaby.
- Breastfed babies are happier, and have lower chances of developing obesity, diabetes, and other diseases later in life.

- Breastfeeding saves money through reduced medical bills and formula costs.
- Breastfeeding helps your daughter lose pregnancy weight faster. It also reduces her risks of breast cancer, ovarian cancer, and heart disease.

How can grandparents support breastfeeding?

- Breastfeeding can be hard at first and Grandparents can be a major source of support during this period.
- Encourage and support your daughter's decision to breastfeed. Praise and compliment her often to build her confidence. Encourage her to keep breastfeeding, and remind her of what an important thing she is doing and how proud you are of her.
- Share your positive experiences and thoughts about breastfeeding with your daughter.
- Learn all you can about breastfeeding so you can assist your daughter with feeding techniques.
- Encourage and assist your daughter to get breastfeeding help if she needs it.
- Encourage your daughter to breastfeed frequently and on demand, rather than on the clock. The more often the baby feeds, the more milk the mother's body produces.
- Offer practical help with shopping, cooking, and other household chores. This will allow her time to rest and spend more time with the baby.



Your partner and your baby need your strength!

- The first few days of breastfeeding can be hard. Stay positive and encourage mom to keep breastfeeding. Praise her and tell her she is doing a good job. If she believes she *can* breastfeed, she probably will.
- Be protective. Keep negative friends and family away from mom.
- Keep your home environment safe and smoke-free. Don't smoke around your baby and ask friends and relatives to smoke outside. Babies exposed to smoke have more health problems.
- Spend time with your family.
- Help mom and baby get lots of rest.

Remember, your partner and baby are depending on you for support, protection, love, and nurturing. So stay involved and encourage breastfeeding. Proud fathers want healthy babies. Be a proud father. Support breastfeeding!

Breastfeeding resources

Texas Breastfeeding Support Hotline 1(800) 514-6667

Support Your Partner





**Dad,
Congratulations on your new
baby! You play an important
role in the life of your child
and in making breastfeeding
a success.**

Why should fathers support breastfeeding?

- Breastmilk is **100% natural** and meets all your baby's nutrition needs.
- Breastmilk contains ingredients that **protect your baby** from infection and lower your baby's risk of obesity, diabetes and other diseases.
- Breastfeeding **helps your partner** lose weight faster, and it lowers her risk of breast and ovarian cancer, and heart disease.
- Supporting breastfeeding **saves money** by lowering medical bills and formula costs.

Getting Involved

- **Be encouraging.** Let mom know you are proud of her for all she is doing for your baby.
- **Be helpful** around the house. Take care of mom by making her healthy meals and snacks and helping her stay relaxed. Take over chores like cooking, cleaning, and laundry — as well as caring for other kids in the home.

- **Be a breastfeeding supporter** by talking with other dads whose partners breastfed. Take your partner and baby to doctor appointments. Use the information on the back of this brochure to find help if your partner is having trouble breastfeeding.

Bonding is for Dads, too.

- **Get skin-to-skin** with your baby. Remove your shirt and have your baby lay on your chest with only a diaper on and a blanket across your baby's back. Skin-to-skin contact is a great way to bond with your baby.
- **Burp your baby** after mom breastfeeds.
- **Cuddle and hug** your baby.
- **Change your baby's diaper.**
- **Give your baby a bath.**
- **Sing, read, and talk** to your baby.
- Get up when your baby wakes and bring him to mom for feeding. Then put your baby back to bed after feedings, especially at night, so mom can sleep.



partnerships ...

- Your babysitter — you will need your babysitter to understand your routine, know when to feed the baby and be flexible with you so you can come by as needed to breastfeed your baby.
- Breastfeeding mothers — Other moms who are breastfeeding can be a great source of support. Mothers can share tips and offer one another encouragement.

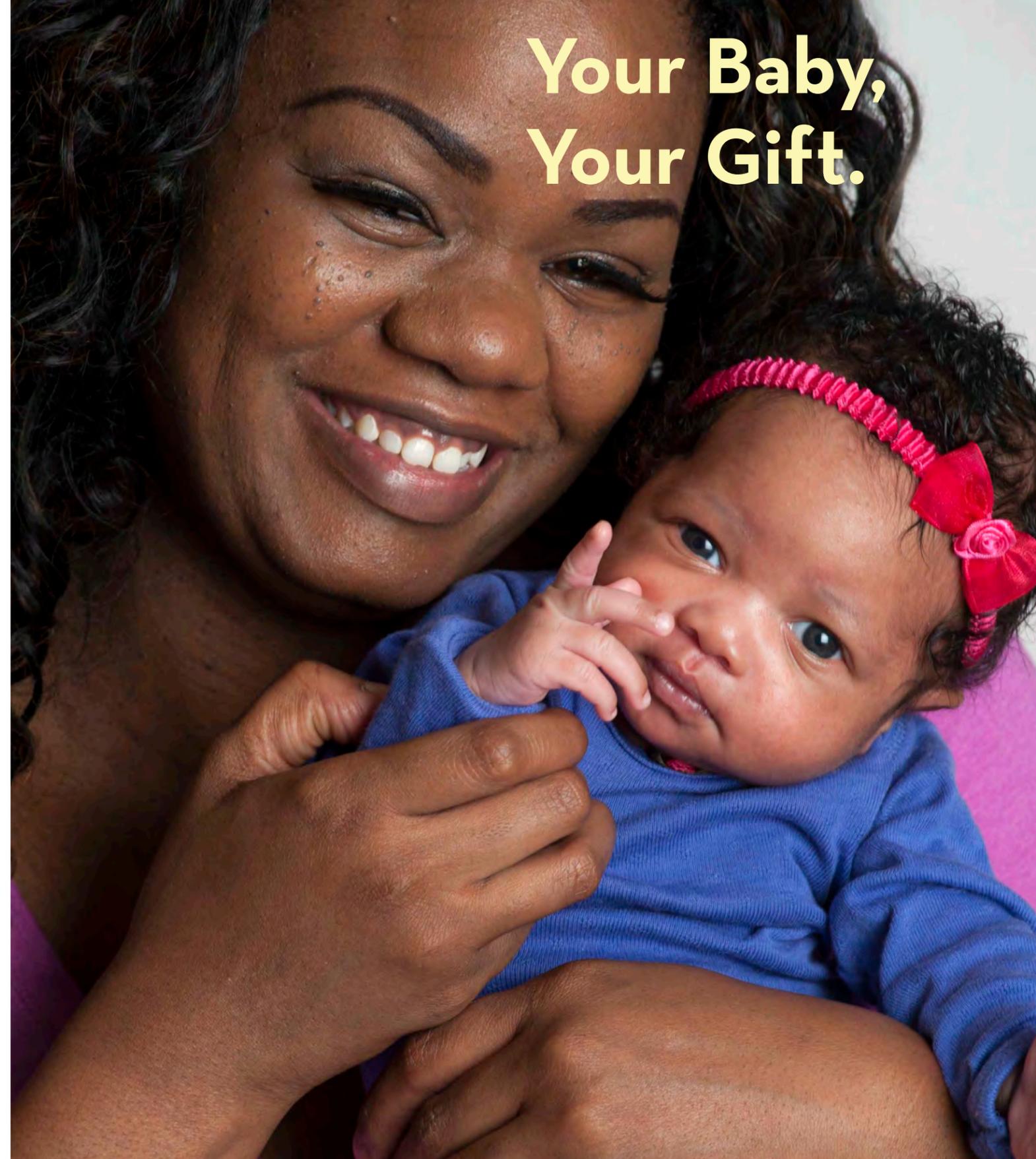
Need Breastfeeding help?

Breastfeeding can be challenging at first. Hang in there. Your efforts will result in a healthier, happier child and a healthier you. If you have problems or questions about breastfeeding, don't wait:

- Ask for help from a Lactation Consultant while you are in the hospital.
- Breastfeeding peer counselors are also available at WIC. Contact your closest WIC clinic for help.



Your Baby, Your Gift.



Raising a healthy baby is the most important thing in your life right now.
Use all of your resources. A healthy baby is a happy baby.

Additional Breastfeeding Resources
Texas Breastfeeding Support Hotline
1(800) 514-6667

<http://www.breastmilkcounts.com/>

<http://www.womenshealth.gov/ItsOnlyNatural/>



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Breastmilk. 100% natural ingredients.



Every baby deserves a chance at the best start in life.

- Breastmilk is the natural and healthy choice for babies but it's more than just food. It's like medicine for your baby. No substitute comes close.
- Breastfed babies are less likely to develop asthma and other allergies, ear infections, childhood leukemia, and diabetes. They're also less likely to become obese.
- Breastfed babies are less likely to die from Sudden Infant Death Syndrome (SIDS).
- Breastfed babies tend to score better on intelligence and developmental tests as they grow older.

Breastfeeding is good for you too.

- It helps you lose weight and get back in shape faster.
- It lowers your risk for developing breast and ovarian cancer.

Your Baby, Your Gift.

- It lowers your risk of getting diabetes and heart disease.
- Breastfeeding helps you bond with your baby.
- Breastfeeding moms are less likely to suffer from postpartum depression.

Breastfeeding saves money.

- Breastfed babies are sick less often so you will spend less money on health care costs.
- Breastfeeding moms miss less work days to care for a sick child.

Your milk is all your baby needs.

- Breastmilk is the only food your baby needs for the first six months of life.
- Breastmilk changes as your baby grows, adjusting to his needs. For example, your milk will make antibodies to protect your baby from germs and bacteria that he comes in contact with. And as your baby gets older, your breastmilk will change to fit your older baby's needs.

Learn the truth about common breastfeeding myths.

- Is breastfeeding painful?
Breastfeeding should not be painful. Pain is usually a sign that something is wrong. Consult your local WIC office/ Lactation consultant if you experience pain during breastfeeding.
- Do breastfed babies become overly attached to the mother?
Breastfeeding provides a natural and unique bond that can last a lifetime between mom and baby. But breastfed babies are more likely than formula-fed babies to grow into independent children and adults.

- Will breastfeeding take more time?
Breastfeeding is a learned skill that may take time at first, but it gets easier the more you do it. Breastfeeding does not require sterilization, measuring, mixing or heating, and is the most convenient way of feeding a baby.

- Will I be able to make enough milk?
The more you breastfeed your baby, the more milk you will make. Exclusive breastfeeding (feeding your milk and nothing else) for the first few weeks will also help you have a large milk supply.

- Does breastfeeding affect size and shape of breasts?

Pregnancy effects the shape and size of the breast, not breastfeeding. Age and the number of pregnancies also play a part in the shape and size of breasts.

- Will my partner be able to bond with our baby?
While breastfeeding promotes bonding for mom and baby, dads and others can bond with the baby too. Dads can get involved by cuddling your baby, holding your baby skin-to-skin, burping, bathing, changing, and singing to your baby.

You can keep breastfeeding after returning to work.

Many mothers go back to work or school a few weeks after delivering or sooner. If you decide to breastfeed, planning ahead can help make the transition easier.

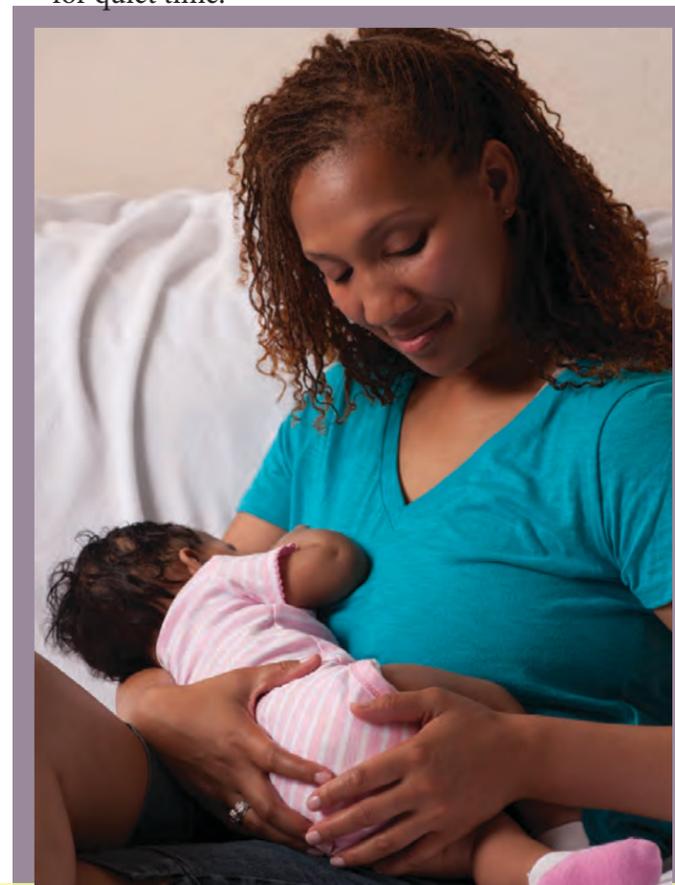
- Talk with your employer about your plans to breastfeed. The Fair Labor Standards Act requires employers to provide reasonable break time for breastfeeding employees to express breastmilk for up to 1 year after the child's birth. A private place other than a bathroom for breastfeeding employees to express breastmilk must also be provided.
- Talk to your baby's dad about your plans to breastfeed and ask for his support.
- Talk to friends, relatives, or coworkers who have breastfed after returning to work to learn all you can before your baby is born.

- Contact the WIC clinic nearest you and ask them for more information on how to continue breastfeeding after returning to work.

Develop partnerships.

If you plan to breastfeed, you will need support from many different people. Start creating those partnerships early. Your partners should include:

- WIC — we can help you breastfeed successfully and comfortably, answer breastfeeding questions and help you plan for breastfeeding after returning to work.
- Your employer — talk to your employer as early as possible to ensure you have a private space ready for you when you return to work.
- Your partner — your partner can help with chores, bring your baby to you for feedings, bathe and change the baby, and care for other children.
- Your relatives — you will need them to help with chores, cook, babysit once you go back to work, and be understanding of you and the baby's need for quiet time.





Our mothers and grandmothers are right when they tell us that breast milk is the best food for the baby.

Breast Milk:

- has all the nutrients your baby needs for proper growth and development
- may reduce the risk of ear infections and colds
- may reduce the risk of obesity, diabetes, and other diseases
- is easier for your baby to digest
- is always the right temperature, never too hot and never too cold

Did you know that breastfeeding is healthier for you, too?

Breastfeeding:

- helps shrink your uterus to pre-pregnancy size
- helps prevent excessive bleeding
- may help you lose weight faster
- helps you bond with your baby
- releases hormones to help you relax



How will I know my baby is getting enough?

You can be assured that the baby is getting plenty of milk in a number of ways, including counting the number of wet diapers and poops. The color, texture, and frequency of your breastfed baby's poops will change as your baby grows. The chart below offers a guide for the frequency and color of your baby's daily poops and wet diapers.

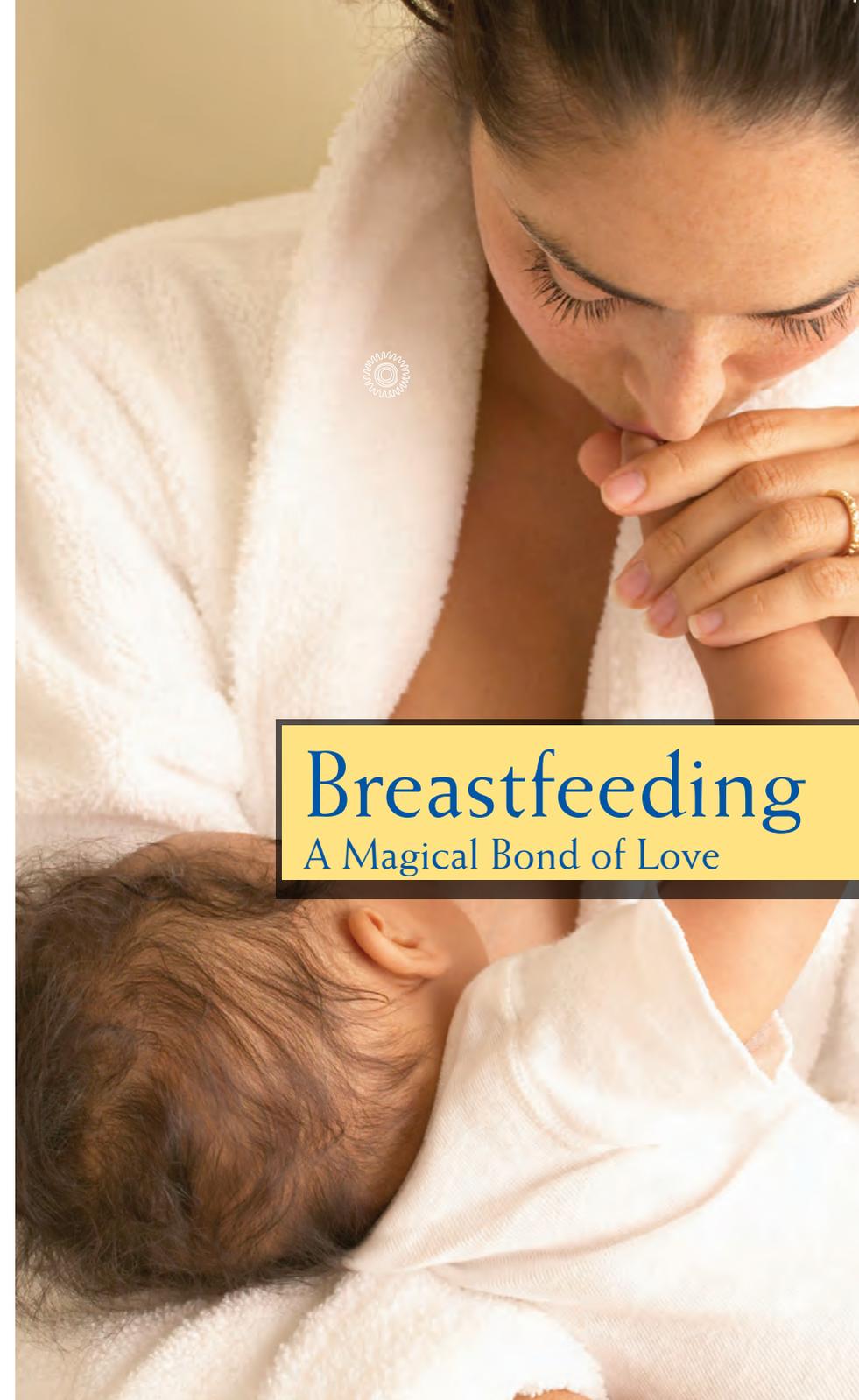
The boxes show the smallest number of diapers for most babies. It is okay if your baby has more diapers than what is shown.

Your baby may have more than 6 poops a day after the first week. Do not worry if your baby loses a little weight in the first few days. After about 5 days, the baby should gain 4–8 ounces or more per week with breast milk. After 6 weeks, there may be fewer dirty diapers.

Baby's Age	Wet	Poops
DAY 1 (birthday)	■ ■	■
DAY 2	■ ■ ■	■ ■
DAY 3	■ ■ ■ ■	■ ■ ■
DAY 4	■ ■ ■ ■ ■	■ ■ ■ ■
DAY 5	■ ■ ■ ■ ■ ■	■ ■ ■ ■
DAY 6	■ ■ ■ ■ ■ ■	■ ■ ■ ■
DAY 7	■ ■ ■ ■ ■ ■	■ ■ ■ ■



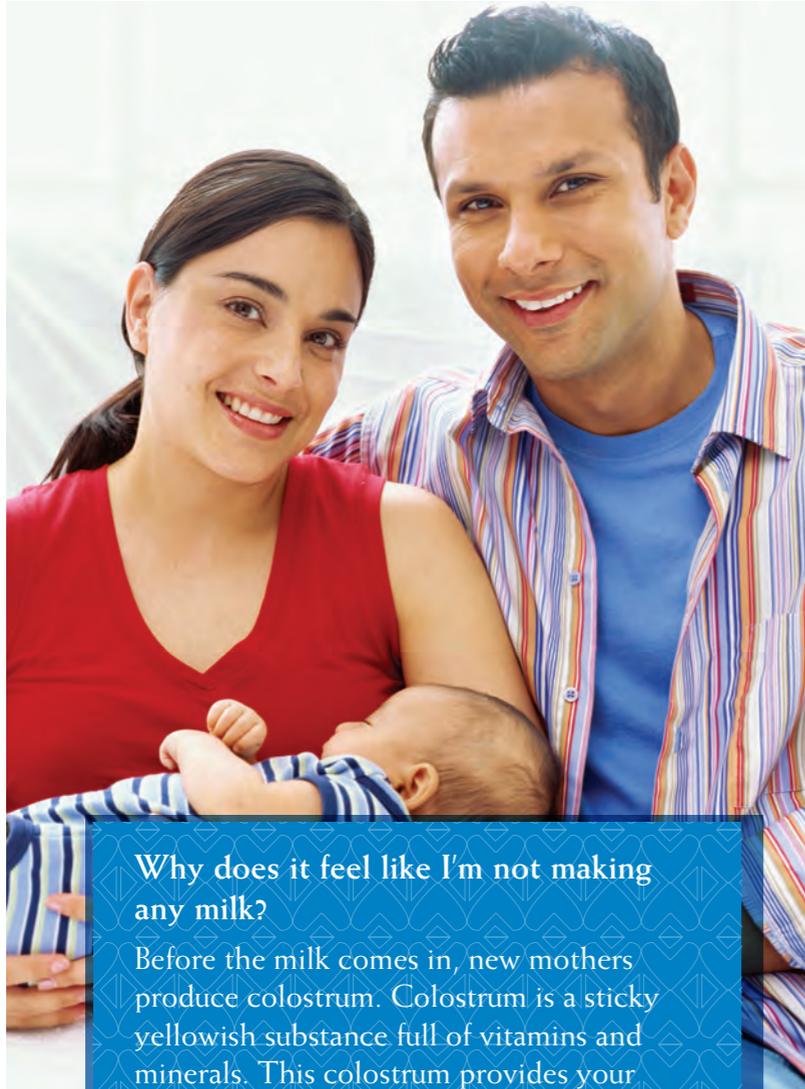
Contact your local WIC office for more information. USDA is an equal opportunity provider and employer. This project was funded by USDA/FNS WIBR-05-TX-1. October 2008



Breastfeeding
A Magical Bond of Love

You Have Everything Your Baby Needs

Learning how to breastfeed takes time *and* patience. Here are some frequent questions *new* mothers have about breastfeeding.



Why does it feel like I'm not making any milk?

Before the milk comes in, new mothers produce colostrum. Colostrum is a sticky yellowish substance full of vitamins and minerals. This colostrum provides your baby with important immunities and nourishment. Though it may not seem like a lot, it is enough to fill your baby's stomach in the first days. Your milk supply will come in within a few days.

How can the doctors and nurses at the hospital help me breastfeed?

Let your doctor or nurse know that you want *only* to breastfeed your baby. Ask for their help in getting started with breastfeeding.

You have everything you need to make enough milk to feed your baby. You do not need to give your baby any additional fluids. You will have better success getting your milk supply established if you give your baby only breast milk.

How often should I breastfeed my baby?

Newborn babies breastfeed frequently, about every 1½ to 3 hours around the clock. Feed your baby when he or she shows signs of hunger:

- squirming or restless movements while asleep
- sucking on hands or fingers
- smacking lips or opening mouth when lips are touched
- rooting or searching for mother's nipple

The more milk your baby sucks out, the more milk you will produce! This is called *supply and demand*, and it is very important to the success of breastfeeding.

Can I feed my baby both breast milk and formula?

Feeding your baby both breast milk and formula in the first month can decrease your ability to make enough milk. Giving the baby both breast and formula will reduce your milk supply! If your baby gets full with formula and does not breastfeed, your breasts will make less milk.



Does crying mean my baby is hungry?

Babies cry for many reasons and you will learn how to tell when your baby is hungry. In truth, your newborn baby's stomach is no bigger than a toy marble! Your colostrum is enough to fill a tiny stomach. By the third day, your baby's stomach grows to the size of a walnut, and by day 7 it is the size of a ping-pong ball.



Why do my breasts hurt when the baby starts to suck?

You may feel pain if your baby is not positioned properly or not latching on correctly to breastfeed. Talk to a WIC breastfeeding counselor to help position your baby properly.

Mothers, grandmothers, sisters, other relatives, and friends who have breastfed can be good sources of information too!

How do I prepare to go back to work if I am breastfeeding?

If you are returning to work soon after your baby is born, it is best to make a plan about how to work and breastfeed. Find a day care center or babysitter near your job and talk to them about your plans to breastfeed. You can use a breast pump to collect and store milk for your baby to have while you are at work. WIC can help you learn about pumping and storing breast milk. You should start to pump a week before you return to work to ensure you have a good supply.

Breastfeeding creates a magical bond of love between mothers, babies, and families that lasts a lifetime! You have everything your baby needs!



Nuestras madres y abuelas tenían razón cuando nos decían que la leche materna es el mejor alimento para el bebé.

Leche Materna:

- Tiene todos los nutrientes que su bebé necesita para crecer y desarrollarse adecuadamente
- Puede reducir el riesgo de infecciones del oído y de gripas
- Puede reducir el riesgo de obesidad, diabetes y cualquier otra enfermedad
- Es más fácil de digerir para su bebé
- Siempre está a la temperatura correcta. Ni muy caliente ni muy fría

¿Ya sabía que amamantar es más saludable para usted, también?

Amamantar:

- Ayuda a reducir su útero al tamaño que tenía antes del embarazo
- Ayuda a prevenir el sangrado excesivo
- Puede ayudarle a bajar de peso más rápidamente
- Le ayuda a crear un lazo con su bebé
- Libera hormonas para ayudarla a relajarse



¿Cómo puedo saber si mi bebé está tomando suficiente leche?

Usted puede asegurarse que su bebé está tomando suficiente leche de diferentes maneras, como contar el número de pañales mojados y con excremento. El color, la textura y la frecuencia del excremento de su bebé amamantado cambiarán conforme su bebé crezca. La siguiente gráfica proporciona una guía para monitorear la frecuencia y el color de los excrementos diarios de su bebé así como sus pañales mojados.

Las casillas muestran el menor número de pañales para la mayoría de los bebés. Está bien si su bebé tiene más pañales de los que se muestran.

Su bebé puede producir más de 6 excrementos al día después de la primera semana. No se preocupe si su bebé baja un poco de peso durante los primeros días. Después de 5 días, el bebé deberá aumentar de 4 a 8 onzas o más por semana con la leche materna. Después de 6 semanas, puede que haya menos pañales sucios.

Edad del bebé	Pañales Mojados	Pañales Sucios
DIA 1 (al nacer)	■ ■	■
DIA 2	■ ■ ■	■ ■
DIA 3	■ ■ ■ ■	■ ■ ■
DIA 4	■ ■ ■ ■ ■	■ ■ ■ ■
DIA 5	■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■
DIA 6	■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■
DIA 7	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■



Para más información comuníquese con su oficina local de WIC. USDA es un proveedor y patrón con igualdad de oportunidades. Este proyecto se llevó a cabo con fondos de USDA/FNS WIBR-05-TX-1. Octubre de 2008



La Lactancia:
El enlace mágico de amor

Usted Tiene Todo lo que su Bebé Necesita

Aprender a amamantar toma tiempo y paciencia. A continuación le presentamos las preguntas más frecuentes que tienen las mamás primerizas acerca de la lactancia.



¿Por qué se siente como si no estuviera produciendo nada de leche?

Antes de que baje la leche, las nuevas madres producen calostro. El calostro es una sustancia pegajosa y amarillenta, llena de vitaminas y minerales. Esta primera leche proporciona a su bebé importante inmunidad y alimento. Aunque pudiera parecer que no es suficiente, es justo lo necesario para llenar el estómago de su bebé durante los primeros días. Su suministro de leche bajará dentro de unos pocos días.

¿Cómo me pueden ayudar a amamantar los doctores y enfermeras en el hospital?

Hágale saber a su doctor o enfermera que desea únicamente amamantar a su bebé. Pídales su ayuda cuando empiece a amamantar.

Usted cuenta con todo lo necesario para producir suficiente leche para alimentar a su bebé. No necesita darle a su bebé líquidos adicionales. Usted logrará tener una buena demanda de leche si únicamente amamanta a su bebé.

¿Qué tan seguido debo alimentar a mi bebé?

Hay que amamantar a los bebés recién nacidos frecuentemente, más o menos, cada 1½ a 3 horas las 24 horas del día. Alimente a su bebé cada vez que él o ella muestre signos de tener hambre:

- Retorcerse o estar muy inquieto cuando esté dormido
- Chuparse las manos o los dedos
- Hacer ruidos con los labios o abrir la boca cuando se tocan los labios
- Buscar el pezón de la madre

¡Mientras más succione su bebé, usted producirá más leche! A esto se le llama *estimulación y producción*, es sumamente importante para amamantar con éxito.

¿Puedo alimentar a mi bebé con leche materna y con fórmula?

Si durante el primer mes usted alimenta a su bebé tanto amamantándolo como con fórmula puede disminuir su capacidad para producir suficiente leche. ¡Al darle a bebé las dos cosas se reduce su producción! Si su bebé se llena con la fórmula y no succiona lo suficiente, los senos de la madre producirán menos leche.



¿Cuando el bebé llora significa que tiene hambre?

Los bebés lloran por muchas razones y usted aprenderá a saber cuándo su bebé está hambriento. ¡En realidad, el estómago de su recién nacido no es más grande que el tamaño de una canica! Su calostro es el suficiente para llenar un pequeño estomaguito. Para el tercer día, el estómago de su bebé crece al tamaño de una nuez, y ya para el séptimo día, es del tamaño de una pelota de ping-pong.



¿Por qué me duelen los senos cuando el bebé empieza a succionar?

Puede que a usted le duela si su bebé no está posicionado o cubriendo su pezón adecuadamente para amamantar. Comuníquese con una consejera de lactancia de WIC para ayudarla a posicionar a su bebé en su pezón adecuadamente.

¡Las madres, abuelas, hermanas, otros familiares y amigos que han amaman-

tado pueden ser también una buena fuente de información!

¿Cómo me preparo para regresar a trabajar si estoy amamantando?

Si usted va a regresar a trabajar al poco tiempo de haber tenido a su bebé lo mejor es hacer un plan sobre cómo regresará a trabajar y amamantará a su bebé.

Encuentre una guardería o una niñera cerca de su trabajo y hable con ellos sobre sus planes para amamantar. Usted puede usar un tiraleche para almacenar su leche y que su bebé la tome mientras usted trabaja. WIC puede ayudarla a aprender cómo sacarse leche con el tiraleche y almacenarla. Usted deberá empezar a sacarse leche una semana antes de que regrese a trabajar para asegurarse que su bebé tendrá un buen abastecimiento de leche.

¡Amamantar crea un lazo mágico entre madres, bebés y familias que dura toda la vida! ¡Usted tiene todo lo que su bebé necesita!

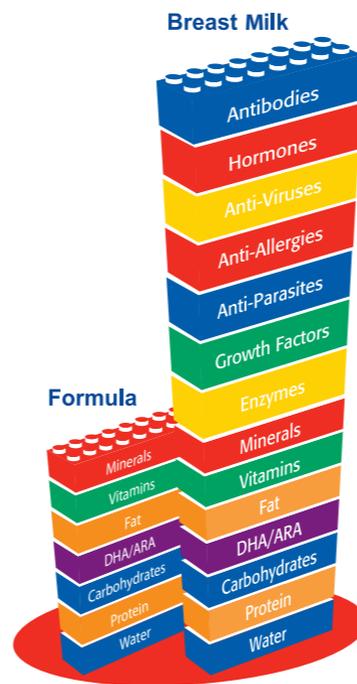


What Is the Cost of Formula Feeding?

Formula feeding costs money. The dollars add up because you must buy extra formula as your baby grows, since WIC does not give you all the formula your baby will need. But the real cost of formula is the cost to your baby's health ... and the time you spend away from work or at the doctor when your baby is sick.

Compared to mother's breast milk, formula is missing many things babies need to be strong, healthy, and smart.

See for yourself!
Breast milk has more of the good things babies need.



Breastfeeding Is Healthiest for Mom

- Breastfeeding helps mom's uterus shrink to its pre-pregnancy size.
- It may help mom lose weight faster.
- It reduces her risk for breast and ovarian cancer, and osteoporosis (brittle bones) later in life.

Breastfeeding Saves Money

- It saves on formula, bottles, utilities, and medical bills.
- It reduces sick days used by working mothers.
- It's good for the environment because there is less trash and plastic waste.



Dads Play an Important Role



Contact your local WIC office for more information.
USDA is an equal opportunity provider and employer.
This project was funded by USDA/FNS WIBR-05-TX-1.
October 2008

Breastfeeding: A Magical Bond of Love

The Magical Bond of Love and Family

As you and your partner expand your family circle, you will have many new experiences as a father.

Taking care of your family is a big responsibility, and you want to protect them and make healthy choices. That is why encouraging your partner to breastfeed is important.



Breast Milk Is Healthiest for Babies

- Breast milk is easier to digest. Breastfed babies have less diarrhea, constipation, and colic.
- Breast milk contains antibodies to fight infections.
- Babies may have less risk of becoming obese, having diabetes, and developing other diseases.
- Breastfed babies have a lower risk of asthma, allergies, and certain cancers.
- Breast milk contains special ingredients to promote brain growth.

How Fathers Can Help

Some fathers think they may feel left out if their partner breastfeeds the new baby. But there are many ways you can help your partner care for your baby.



- Help with housework and cooking.
- Help limit the number of visitors and visiting time. New moms do need plenty of rest!
- Bathe and dress your baby. Change his diapers. Sing and talk to your baby. If you see the baby searching for mom's breast, sucking his fist, or making sucking noises, take him to mom for a feeding. Cuddle and protect her while she feeds the baby.

It takes time for mom to learn how to breastfeed.

If your partner is uncomfortable or has pain, it may be because the baby is not latching on correctly or because she is engorged. Many new mothers need help in the beginning. Contact a WIC breastfeeding counselor who can help her stay on track.

Take the baby to mom when she is ready to feed. Look at your baby's tiny fist and remember: that is about the same size as his or her stomach! The baby will need to nurse often, every 1½ to 3 hours, around the clock.

Mom's early milk, called colostrum, is there from the beginning and is the only food the baby needs. Colostrum's special role is to help your newborn stay healthy. It is filled with important vitamins, minerals, proteins, and immunities. Between the third and fifth days after birth, mom will start to feel fullness in her breasts, indicating her milk has come in.

Do not give your baby water or formula in the first weeks. Feeding the baby anything other than breast milk interferes with mom's ability to produce enough milk.

Let Your Partner Know How Proud You Are

Breastfeeding is a loving commitment. Let your partner know how proud you are of her accomplishment! Sometimes moms worry that their babies are not getting enough milk. You can reassure her that the baby is getting plenty of breast milk in a number of ways:

- Baby is interested in feeding every 1½ to 3 hours, around the clock.
- Baby wakes to feed.
- Mom can see or hear your baby swallowing.
- Baby appears satisfied and content after feeding.
- Mom's breast softens during the feeding.
- Baby has 3–5 wet diapers and 3–4 soiled diapers by 3–5 days of age.
- Baby has 4–6 wet diapers and 3–6 soiled diapers per day by 5–7 days of age.
- Baby's poops are yellow and seedy (by day 3).

Do not worry if your baby loses a little weight in the first few days. After about 5 days, the baby should gain 4–8 ounces or more per week with breast milk. After 6 weeks, the number of dirty diapers may decrease.

You Can Bond With the Baby Too!

- Babies love skin-to-skin contact with their daddies!
- Talk, sit, sing, rock, read to, burp, or diaper the baby.
- Make some time just for you and your baby - babies need cuddles and hugs from their dads too.

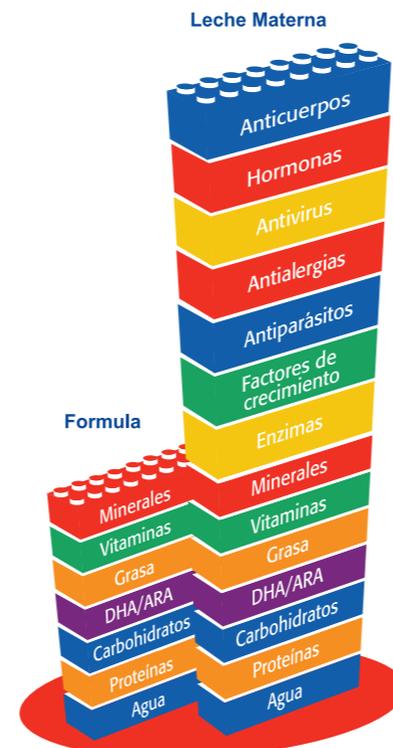


¿Cuál es el costo de alimentar al bebé con fórmula?

Alimentar con fórmula cuesta dinero. Los dólares se van sumando porque usted tiene que comprar más fórmula conforme su bebé crece, ya que WIC no le proporciona toda la fórmula que su bebé necesitará. Pero el costo verdadero de la fórmula es el costo de la salud de su bebé... y el tiempo que usted estará sin ir a trabajar o que pasará en el doctor si su bebé se enferma. Comparada con la leche materna, la fórmula carece de aquellas cualidades que los bebés necesitan para estar fuertes, saludables y ser inteligentes.

¡Véalo por usted mismo!

La leche materna tiene más de las cosas buenas que los bebés necesitan.



Para más información comuníquese con su oficina local de WIC. USDA es un proveedor y patrón con igualdad de oportunidades. Este proyecto se llevó a cabo con fondos de USDA/FNS WIBR-05-TX-1. Octubre de 2008

Lo más saludable para la madre es amamantar

- Amamantar ayuda a que el útero de la madre regrese a su forma que tenía antes del embarazo
- Puede ayudar a que la madre baje de peso más rápidamente
- Reduce su riesgo de padecer cáncer de seno y ovario, así como osteoporosis (huesos quebradizos) más adelante en su vida

La lactancia le hace ahorrar dinero

- Se ahorra en fórmula, botellas, servicios y cuentas médicas
- Reduce los días de ausencia por enfermedad de las madres que trabajan
- Es bueno para el medio ambiente porque hay menos basura y desperdicio de plástico



Los padres juegan un papel importante

La Lactancia: El Enlace Mágico de Amor

El enlace mágico de amor y familia

Conforme usted y su pareja amplíen su círculo familiar, tendrá muchas experiencias nuevas como padre. Ocuparse de su familia es una gran responsabilidad, y usted quiere protegerlos, y hacer elecciones saludables. Por eso es importante que anime a su pareja para que amamante.



La leche materna es lo más saludable para los bebés

- La leche materna es más fácil de digerir. Los bebés que son amamantados padecen menos de diarrea, estreñimiento y cólico.
- La leche materna contiene anticuerpos para pelear contra las infecciones.
- Los bebés podrían correr menos riesgo de desarrollar sobrepeso, diabetes y otras enfermedades.
- Reduce el riesgo de padecer asma, alergia y ciertos tipos de cáncer.
- La leche materna contiene ciertos ingredientes especiales para promover el crecimiento del cerebro.

Cómo pueden ayudar los padres

Algunos padres sienten que se les hace a un lado si su pareja amamanta al nuevo bebé. Pero hay varias maneras en que usted puede ayudar a su pareja a cuidar de su bebé.

- Ayude a cocinar y con el quehacer.
- Ayude a limitar el número de visitas y tiempo de visita. ¡Las nuevas mamás necesitan mucho reposo!
- Bañe y vista a su bebé. Cámbiele los pañales. Cánteles y háblele. Si ve que el bebé está buscando el seno de su madre, al chupar su puño o al hacer ruidos de succión, llévelo con su mamá para que lo alimente. Abrácela y protéjala cuando amamanta al bebé.

A la mamá le toma tiempo aprender cómo amamantar.

Si su pareja está incómoda o tiene dolor puede deberse a que el bebé no está cubriendo el pezón y la mayor parte de la areola adecuadamente al amamantar, o porque ella tiene los senos congestionados. Muchas mamás primerizas necesitan ayuda al principio. Contacte a una consejera de lactancia WIC que puede ayudarla a que no se rinda.

Llévele al bebé a su madre cuando esté listo para comer. Fíjese en el puño de su bebé y recuerde: ¡es casi del mismo tamaño que su estómago! Los recién nacidos necesitarán ser amamantados frecuentemente, cada 1½ a 3 horas, las 24 horas del día.

La primera leche que la mamá produce, llamada calostro, está ahí desde el principio y es el único alimento que el bebé necesita.

El papel especial del calostro es ayudar al recién nacido a mantenerse sano. Está lleno de importantes vitaminas, minerales, proteínas e inmunidades. Entre el tercer y quinto día después de haber dado a luz, la mamá empezará a sentir sus senos llenos indicando así, que le ha bajado la leche.

No le dé al bebé agua o fórmula durante las primeras semanas.

Darle al bebé cualquier otro alimento que no sea leche materna interfiere con la capacidad de la madre para producir suficiente leche.



Hágale saber a su pareja lo orgulloso que se siente

La lactancia es un compromiso de amor. ¡Hágale saber a su pareja lo orgulloso que está de sus logros! A veces la madre se preocupa de que su bebé no está tomando suficiente leche. Puede tranquilizarla diciéndole que el bebé está tomando suficiente leche y lo hace de diferentes maneras:

- El bebé está interesado en alimentarse cada 1½ a 3 horas, las 24 horas del día.
- El bebé se despierta para comer.
- La mamá puede ver u oír a su bebé tragando.
- El bebé se ve satisfecho y contento después de comer.
- El seno de la mamá se suaviza cuando está amamantando.
- El bebé tiene 3 – 5 pañales mojados y 3 – 4 pañales sucios a los 3 – 5 días de nacido.
- El bebé tiene 4 – 6 pañales mojados y 3 – 6 pañales sucios por día a los 5 – 7 días de nacido.
- El excremento del bebé es amarillo y como con semillas (al día 3 de nacido).

No se preocupe si su bebé baja un poco de peso durante los primeros días. Después de 5 días, el bebé deberá aumentar de 4 a 8 onzas o más por semana con la leche materna. Después de 6 semanas, puede disminuir el número de pañales sucios.

¡Usted también puede establecer ese enlace afectivo con el bebé!

- ¡A los bebés les encanta el contacto de piel con piel con sus padres!
- Háblele, siéntelo, cánteles, mézalo, léale, repítalo o cámbiele el pañal al bebé.
- Tome tiempo para estar solo usted con su bebé - los bebés también necesitan cariños y abrazos de sus padres.

Some Things Never Change: Nothing Is Better Than Breast Milk

- Breast milk is easier to digest. Breastfed babies have less diarrhea, constipation, and colic.
- Breast milk contains antibodies to fight infections.
- It may reduce the baby's risk of becoming obese, having diabetes, and developing other diseases.
- It lowers the risk of asthma, allergies, and certain cancers.
- Breast milk contains special ingredients to promote brain growth.

Breastfeeding Benefits for Moms

Breastfeeding is best for the mother too! It helps mom's uterus shrink to its pre-pregnancy size. Mom loses weight faster. And it reduces your daughter's or daughter-in-law's risk for breast and ovarian cancer.



How will I know my grandbaby is getting enough?

Sometimes you might worry that your grandbaby is not getting enough milk. You can be assured that the baby is getting plenty of milk in a number of ways, including counting the number of wet diapers and poops. The color, texture, and frequency of your breastfed grandbaby's poops will change as your grandbaby grows. The chart below offers a guide for the frequency and color of your grandbaby's daily poops and wet diapers.

The boxes show the smallest number of diapers for most babies. It is okay if your grandbaby has more diapers than what is shown.

Your grandbaby may have more than 6 poops a day after the first week. Do not worry if your grandbaby loses a little weight in the first few days. After about 5 days, the baby should gain 4–8 ounces or more per week with breast milk. After 6 weeks, there may be fewer dirty diapers.

Baby's Age	Wet	Poops
DAY 1 (birthday)	2	1
DAY 2	3	2
DAY 3	4	3
DAY 4	5	4
DAY 5	6	4
DAY 6	6	4
DAY 7	6	4



Contact your local WIC office for more information.
USDA is an equal opportunity provider and employer.
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October 2008

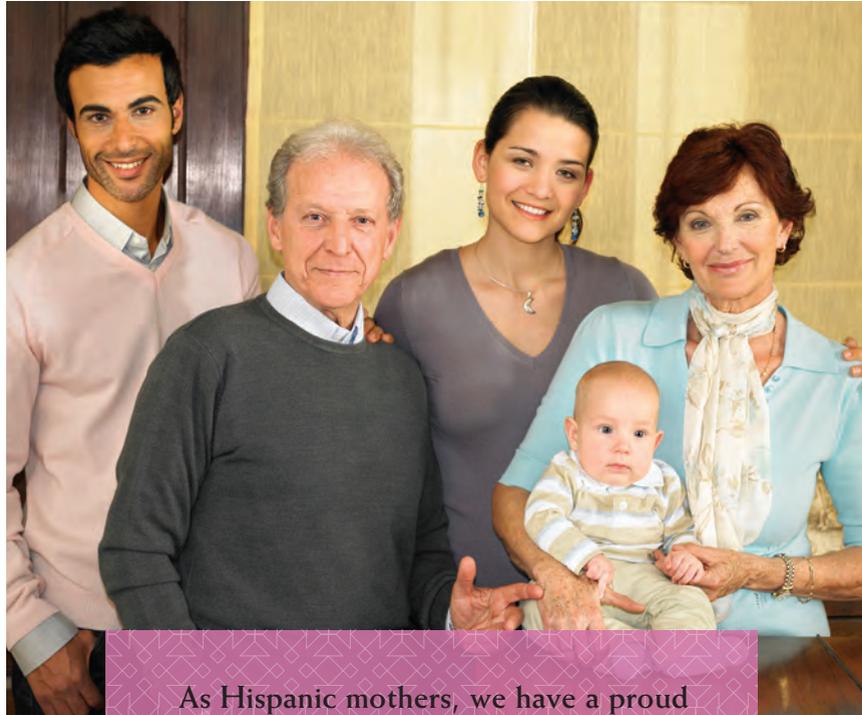


Grandparents Play
an Important Role

Breastfeeding: A Magical Bond of Love

The Magic of Sharing Wisdom

Each new grandchild is a jewel in a grandparent's crown. And when your children become parents themselves, they turn to you for advice and wisdom. They value your experience when they make their decisions about how to take care of your grandchildren. This is especially true when it comes to feeding their newborn babies.



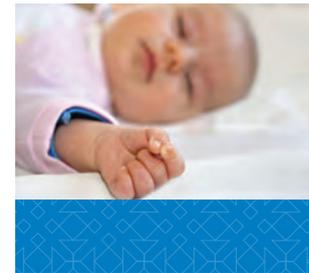
As Hispanic mothers, we have a proud heritage of breastfeeding. Many of us breastfed our children, and want our grandchildren breastfed. We know that breast milk is the most nutritious food for babies. Sometimes, though, our children have to live differently. For example, they may have to go back to work or school after the baby is born. They may become unsure about the best way to feed their babies.

How Grandparents Can Help

Remember the cuarentena? Our grandmothers used to tell us to take 40 days to rest after the birth of a new baby. While new mothers do not need a full 40 days, special foods, or to avoid the outdoors, they still need plenty of help the first few weeks.

Here is how you can help:

- Help with housework and cooking to give mom and baby time alone to get to know each other.
- Help limit the number of visitors and visiting time.
- New moms do need plenty of rest and fluids!
- Change your grandchild's diapers. Bathe and dress him. Sing and talk. If you see your grandchild searching for mom's breast, sucking his fist, or making sucking noises, take him to mom for a feeding. Let only mom feed the baby!
- Some new mothers experience pain when they first breastfeed. They may become engorged, or the baby may not latch on correctly. A WIC breastfeeding counselor can help. And you can offer support and encouragement to stay with it!
- Look at your grandbaby's tiny fist and remember - that is about the same size as her stomach! Newborn babies will need to breastfeed often, every 1½ to 3 hours, around the clock.



Mom's early milk, called colostrum, is there from the beginning and is the only food her new baby needs.

Colostrum's special role is to help her newborn stay healthy. It is filled with important vitamins, minerals, proteins, and immunities. Between the third and fifth days after birth, mom will start to feel fullness in her breasts, indicating her milk has come in.

Do not give the baby water or formula in the first weeks.

Feeding the baby anything other than breast milk interferes with mom's milk production.

Let Her Know What a Proud Grandparent You Are



You know how valuable breastfeeding is for babies. So be sure to let your grandbaby's mom know you support her breastfeeding. When you do, you show your love and pride for your daughter or daughter-in-law for making such an important, healthy choice.

Your daughter or daughter-in-law has everything she needs to successfully breastfeed her baby. Be sure she gets her rest and lots of nutritious meals. You can reassure her that the baby is getting plenty of milk in a number of ways:

- Baby is interested in feeding every 1½ to 3 hours, around the clock.
- Baby wakes to feed.
- Mom can see or hear her baby swallowing.
- Baby appears satisfied and content after feeding.
- Mom's breast softens during the feeding.

**Algunas cosas nunca cambian:
No hay nada mejor que la leche materna**

- La leche materna es más fácil de digerir. Los bebés que son amamantados padecen menos de diarrea, estreñimiento y cólico.
- La leche materna contiene anticuerpos para pelear contra las infecciones.
- Puede reducir el riesgo del bebé de volverse obeso, tener diabetes, y de desarrollar otras enfermedades.
- Reduce el riesgo de padecer asma, alergia y ciertos tipos de cáncer.
- Contiene ciertos ingredientes especiales para promover el crecimiento del cerebro.

Beneficios para las madres al amamantar

¡Amamantar también es lo mejor para la madre! Ayuda a que el útero de la madre regrese a su forma de antes del embarazo. La madre baja de peso más rápido. Amamantar reduce el riesgo que tendría su hija o nuera de padecer cáncer de seno o del ovario.



¿Cómo sabré si mi nieto está comiendo lo suficiente?

A veces a usted puede preocuparle que su nieto no esté tomando suficiente leche. Puede asegurarse que el bebé esté tomando suficiente leche de diferentes maneras, como contar el número de pañales mojados y con excremento. El color, la textura y la frecuencia del excremento de su bebé amamantado cambiarán conforme su nieto crezca. La siguiente gráfica proporciona una guía para monitorear la frecuencia y el color de los excrementos diarios de su nieto así como sus pañales mojados.

Las casillas muestran el menor número de pañales para la mayoría de los bebés. Está bien si su nieto tiene más pañales de los que se muestran.

Su nieto puede producir más de 6 excrementos al día después de la primera semana. No se preocupe si su nieto baja un poco de peso durante los primeros días. Después de 5 días, el bebé deberá aumentar de 4 a 8 onzas o más por semana con la leche materna. Después de 6 semanas, puede que haya menos pañales sucios.

Edad del bebé	Pañales Mojados	Pañales Sucios
DIA 1 (al nacer)	■ ■	■
DIA 2	■ ■ ■	■ ■
DIA 3	■ ■ ■ ■	■ ■ ■
DIA 4	■ ■ ■ ■ ■	■ ■ ■ ■
DIA 5	■ ■ ■ ■ ■ ■	■ ■ ■ ■
DIA 6	■ ■ ■ ■ ■ ■	■ ■ ■ ■
DIA 7	■ ■ ■ ■ ■ ■	■ ■ ■ ■



Para más información comuníquese con su oficina local de WIC. USDA es un proveedor y patrón con igualdad de oportunidades. Este proyecto se llevó a cabo con fondos de USDA/FNS WIBR-05-TX-1. Octubre de 2008



Los abuelos juegan un papel importante

La magia de compartir la sabiduría

Cada nieto nuevo es una joya en la corona de los abuelos. Y cuando sus hijos se convierten en padres, buscan a los padres para pedir consejos y sabiduría. Valoran las experiencias de los abuelos cuando tienen que tomar decisiones sobre cómo éstos van a cuidar a sus nietos. Esto es cierto especialmente cuando se trata de alimentar a sus recién nacidos.



Como madres hispanas, tenemos la orgullosa herencia de amamantar a nuestros hijos. Muchas de nosotras amamantamos a nuestros hijos y queremos que nuestros nietos sean amamantados. Sabemos que la leche materna es el alimento más nutritivo para los bebés. Sin embargo, hay veces que nuestros hijos tienen que vivir de manera diferente. Por ejemplo, algunas madres tienen que regresar a trabajar o a la escuela después de que nace su bebé. Pueden dudar sobre cuál es la mejor manera de alimentar a sus bebés.

Cómo pueden ayudar los abuelos

¿Recuerda la cuarentena? Las abuelas antiguas solían decirnos que nos tomáramos 40 días de reposo después de haber dado a luz a nuestro nuevo bebé. Aunque las nuevas mamás no necesitan todos los 40 días, alimentos especiales o evitar salir al aire libre, sí necesitan mucha ayuda durante las primeras semanas. A continuación mencionaremos algunas maneras en que usted puede ayudar:

- Ayudar a cocinar y con el quehacer para darle a la mamá y al bebé tiempo para estar solos y poder conocerse.
- Ayudar a limitar el número de visitas y tiempo de visita. ¡Las nuevas mamás necesitan mucho reposo y líquidos!
- Cámbiele los pañales a su nieto. Báñelo y vístalo. Cántele y háblele. Si ve que su nieto está buscando el seno de su madre, al chupar su puño o al hacer ruidos de succión, llévelo con su mamá para que lo alimente. ¡Deje que sólo la mamá alimente al bebé!
- Algunas madres primerizas experimentan dolor cuando amamantan por primera vez. Puede que sus senos se congestionen, o que el bebé no esté cubriéndole el pezón y la mayor parte de la areola adecuadamente al amamantar. La consejera de lactancia WIC puede ayudar y, ¡usted puede darle ánimo y ofrecerle su apoyo para que no se rinda!
- Fíjese en el puño de su nieto y recuerde- ¡es casi del mismo tamaño que su estómago! Los recién nacidos necesitarán ser amamantados frecuentemente, cada 1½ a 3 horas, las 24 horas del día.

La primera leche que la mamá produce, llamada calostro, está ahí desde el principio y es el único alimento que el bebé necesita.

El papel especial del calostro es ayudar al recién nacido a mantenerse sano. Está lleno de importantes vitaminas, minerales, proteínas e inmunidades. Entre el tercer y quinto día después de haber dado a luz, la mamá empezará a sentir sus senos llenos indicando así, que le ha bajado la leche.



No le dé al bebé agua o fórmula durante las primeras semanas

Darle al bebé cualquier otro alimento que no sea leche materna interfiere con la producción de leche de la madre.

Hágale saber que es un abuelo orgulloso



Usted sabe lo valiosa que es la lactancia para los bebés. Así que asegúrese de hacerle sentir a la mamá de su nieto su apoyo a la lactancia. Al hacerlo, usted muestra su amor y orgullo por su hija o nuera por hacer esa elección saludable tan importante.

Su hija o nuera tiene todo lo que necesita para amamantar exitosamente a su bebé. Asegúrese que la mamá descanse y coma muchos alimentos nutritivos. Puede tranquilizarla diciéndole que el bebé está tomando suficiente leche y lo hace de diferentes maneras:

- El bebé está interesado en alimentarse cada 1½ a 3 horas, las 24 horas del día.
- El bebé se despierta para comer.
- La mamá puede ver u oír a su bebé tragando.
- El bebé se ve satisfecho y contento después de comer.
- El seno de la mamá se suaviza cuando está amamantando.

What is the size of an average feeding during the first week?

Day 1

1–3 teaspoons
every 1–3 hours



Day 3

1 ounce
every 1–3 hours



Day 7

1–2 ounces
every 1–3 hours



How much milk does my baby need at each feeding during the first week?

- Your baby needs only small amounts of milk at first. These small, frequent feedings give you and your baby a chance to practice breastfeeding.
- During the first day or two, a breastfeeding baby eats about 1–3 teaspoons of breastmilk every 1–3 hours.
- As your baby grows, so does your milk supply.
- The more milk your baby takes from your breasts, the more milk you will make.
- By the end of the first week, your baby will be eating as much as 1–2 ounces at a feeding.

Appendix C: Qualitative Plan vs. Reality

Qualitative Plan vs. Reality	1
Hispanic Mothers Focus Groups	1
07/09/14 San Antonio 4:00 p.m.	1
07/09/14 San Antonio 8:00 p.m.	2
07/14/14 McAllen 5:30 p.m.	3
07/14/14 McAllen Spanish 7:30 p.m.	4
07/16/14 Harlingen 6:00 p.m.	5
07/17/14 Harlingen 5:30 p.m.	6
07/22/14 El Paso 6:00 p.m.....	7
07/23/14 El Paso Spanish 8:00 p.m.	8
African American Mothers Focus Group	9
06/11/14 Killeen 5:30 p.m.	9
06/12/14 Killeen 5:30 p.m.	10
06/16/14 Beaumont 5:30 p.m.	11
06/17/14 Beaumont 5:30 p.m.	12
06/18/14 Houston 6:00 p.m.	13
06/18/14 Houston 8:00 p.m.	14
06/25/14 Dallas 6:00 p.m.	15
06/25/14 Dallas 8:00 p.m.	16
06/26/14 Dallas 8:00 p.m.	17

Qualitative Plan vs. Reality

Hispanic Mothers Focus Groups

07/09/14 San Antonio 4:00 p.m.

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed, formula	"Mine changed because of the engorgement..."
2	Breastfeed	Breastfeed, formula	"I had stopped producing after a month. Even when I would try to latch him one, he wouldn't; he was used to the nipple on the bottle, so he wouldn't latch on."
3	Breastfeed	Breastfeed	"I'm just going to do it. I'm going to just take it and prime it. You don't actually just plan. Because you're a mom, that's your first instinct, is to breastfeed."
4	Breastfeed	Breastfeed, formula	"Bottle-fed, because she was too busy. Making formula is so much quicker."
5	Bottle-feed	Formula	Due to medications and elevated health risk for the baby.
6	Bottle-feed	Formula	"When my baby came, he was premature; he had bilirubin or something like that, so he had to take a formula so he could get vitamins from the formula. For it to go away, he needed the formula."
7	Breastfeed	Breastfeed, formula	"Yeah, she never got filled up, so I just gave her a bottle."
8	Breastfeed, pump	Breastfeed	"Pumping is so hard; it's not easy, so it's strictly breastfeeding."
9	Breastfeed, bottle-feed	Breastfeed, pump	"I was able to get the time off, and now he doesn't want the bottle at all."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed, formula	"I couldn't breastfeed with all the medicines that I was taking."
2	Breastfeed	Breastfeed, formula	"I tried it, and it hurt, and then, after a while when it was hurting, and then I was like, 'This isn't going to work.'"
3	Breastfeed	Breastfeed, formula	"I would try to breastfeed, and then if he was still hungry, I would feed him formula."
4	Breastfeed	Breastfeed, formula	"I would give her the breast milk, and then, if she was still hungry, I would give her formula"
5	Breastfeed	Breastfeed, pump, formula	"Lactation [glands] removed with the surgery."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed, pump	Started pumping to keep up with the baby's needs.
2	Breastfeed	Breastfeed	"I'll try – we've got to go out, just have a bottle of formula. She's just like, 'No. I don't want it.'"
3	Breastfeed	Breastfeed, formula	"I try to force breastfeeding, but it didn't go. "
4	Breastfeed	Breastfeed, formula	"Because he had to stay in the hospital for about a week. I wasn't eating properly from going to the house to the hospital. I just stopped."
5	Breastfeed	Breastfeed	"For me, it was all four of them. I breastfed every single one of them, and it was the best experience that I can honestly say that I share with my children."
6	Breastfeed	Breastfeed, formula	"I stopped breastfeeding and I was having a lot of problems; I didn't feel like he was getting enough."
7	Breastfeed	Formula	"My daughter was born premature, and she wouldn't latch."
8	Breastfeed, bottle-feed	Breastfeed	"The doctor would always tell me, 'Breastfeed, breastfeed, breastfeed.' WIC, 'Breastfeed, breastfeed.'"
9	Breastfeed	Breastfeed, formula	"I was still breastfeeding up until he was 4-and-a-half [months], then I stopped because I didn't think it was – it wasn't enough for him, so I stopped producing..."
10	Breastfeed	Pumped	"I would pump and I would feed her with the bottle."
11	Breastfeed	Breastfeed, formula	"My body couldn't keep up with her, so I had to supplement with formula to the point where I just did formula."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed	"From the beginning I started breastfeeding, but the first days my nipples did get very sore. Little by little, I tried to feed them more from the breast, and now it's just nothing but breast."
2	Breastfeed	Pump	"Because my milk wouldn't come out."
3	Breastfeed	Breastfeed, formula	"In the beginning she was latching on in the first week. I was giving her breast milk, and then, all of a sudden I wasn't getting any, and she just didn't want to latch on."
4	Breastfeed, bottle-feed	Breastfeed, formula	"With the third one, he only wanted to drink for the first two months..."
5	Breastfeed	Breastfeed, formula	"[My baby] was always hungry, and I would have her latch on but I wasn't having milk come out so I had to give her bottles."
6	Breastfeed, formula	Breastfeed, pump, formula	"She preferred the bottle, because the breast was not enough."
7	Breastfeed	Pump	"They gave me a breast pump, and with that, I pulled out the breast milk and that's how they've been able to drink my milk because they haven't wanted to latch on."
8	Breastfeed	Breastfeed	"For me, it's better to breastfeed because it's just very comfortable. I don't go heat up the water or I'm having a hard time measuring."

Respondent	Plan	What they did	Why
1	Breastfeed	Breastfeed, formula	"It's really good for them, so I breastfed for four months. Then she didn't want it anymore."
2	Breastfeed, bottle-feed	Formula	"I had my boy, and it was C-section. Three months later I was pregnant again, so I had a real hard time right after. My back was hurting and everything, so I couldn't just breastfeed."
3	Breastfeed	Breastfeed, formula	"It took a long time for my milk to come in, but I was just – I did it for three months, because then I had problems with my right breast. I only did it for three months."
4	Breastfeed, Bottle-feed	Breastfeed, formula	"I went back to my work, and I started working all day. I did give breast milk, but not too much like I hoped to."
5	Breastfeed	Formula	"Both of my sons were C-section, and neither of them wanted to latch on."
6	Breastfeed, bottle-feed	Breastfeed, formula, pump	"I work full-time; I tried breast pumping"
7	Breastfeed, bottle-feed	Breastfeed, formula	"I think it's a handful, I mean, breastfeeding. I had a hard time..."
8	Breastfeed, bottle-feed	Breastfeed, formula	"I couldn't produce the way I thought I was going to produce, and I went back to work."
9	Breastfeed, bottle-feed	Breastfeed, formula	"I breastfed for three full months. Then, after that, I just didn't produce milk anymore. It's like a rhythm; you have to keep up with it. At the end I wasn't producing."
10	Breastfeed	Breastfeed, formula, pump	"I pumped for a month, and then I tried to latch him on, but he wouldn't take it, so after a month I just stopped."
11	Breastfeed, pump	Breastfeed, pump	"I breastfed for about three months. She wasn't latching on, though, as she was supposed to. I tried pumping, but that was really, really hard. It takes too much time."
12	Breastfeed, bottle-feed	Formula	"I don't know. I didn't know anything about breastfeeding. I didn't breastfeed."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed, formula	"Since I was working I had to do both. I couldn't breastfeed while I was at work."
2	Bottle-feed	Breastfeed, formula	"So I did, and I breastfed him for three-and-a-half months. I did suffer, because it hurt, but seeing him smile and all that was worth it."
3	Breastfeed	Breastfeed, formula	"[The hospital] had given her the bottle in there without my consent."
4	Bottle-feed	Breastfeed, formula	"I planned breastfeeding, but when it came to it, he didn't want it at all. I tried and tried and tried, and he didn't want it."
5	Bottle-feed	Pump, formula	"I don't feel comfortable breastfeeding."
6	Breastfeed	Pump	"No formula, so you pump now and give her a bottle from pumping."
7	Breastfeed	Breastfeed, formula	"I just stopped because it hurt me. I just started to give him formula."
8	Breastfeed	Breastfeed	"The bond between the mother – if she chooses to breastfeed the baby, it builds a very strong bond with her kids."
9	Breastfeed	Breastfeed	"Just what everybody tells you, what you read, what you see on TV or places. Breastfeed, breastfeed, it's good for you kids. It gets them healthier."
10	Breastfeed	Breastfeed, formula	"She wouldn't latch on anymore, because I believe she wasn't fulfilling her need."
11	Breastfeed	Breastfeed	"[Nurses] would say, 'It's two hours. Go and breastfeed.' They would say it was really important, so that's why I wanted to breastfeed my little one."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed	"I enjoyed it with my daughter, and I had always planned to."
2	Breastfeed	Breastfeed	"But this [second child,] she loves it and doesn't want to let go."
3	Breastfeed	Breastfeed	"Because I don't like the idea of bottles [of formula] because I don't think this is healthy."
4	Breastfeed, bottle-feed	Breastfeed, formula	"I stopped because I felt that my baby wasn't eating that much..."
5	Breastfeed	Breastfeed	"No, I'm determined to [breastfeed], so eventually it was like three weeks into it now, and she's a pro."
6	Breastfeed	Breastfeed	"That it's the best for your baby, and she breastfed us when we were little, and we never got sick growing up."
7	Breastfeed	Formula	"I planned to but I couldn't. [He was] both premature... [and] I couldn't because of his heart condition."
8	Breastfeed, bottle-feed	Breastfeed	I'm not doing that for a whole year. And now, since I'm feeding my daughter and breastfeeding her I would say, oh, only three months, but now she's 3 months and I'm like, okay, maybe six.
9	Bottle-feed	Breastfeed	"I went to a WIC class, and they pretty much showed me the difference, so I gave it a shot and enjoyed it."
10	Breastfeed	Breastfeed, formula	"I breastfeed...my baby for about three months but at least I tried – did it for as long as I could."
11	Breastfeed	Formula	"My plan was to breastfeed, but it just hurt too much. "

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed, pump	"In my case, it was because my baby was born premature, so they told me that by breastfeeding I would be able to prevent a lot of future problems."
2	Breastfeed	Breastfeed, formula	"I also had postpartum depression, so they had to give me anti-depressants, and they cut off my milk, so I couldn't breastfeed him anymore at 2 months."
3	Breastfeed	Breastfeed, pump	"And I learned after my third baby, but I was in school, so I also had to pump and keep it in the fridge, and then I was able to keep breastfeeding."
4	Breastfeed	Breastfeed, formula	"I stopped producing milk after two weeks and I had to move her to formula."
5	Breastfeed, bottle-feed	Breastfeed, formula	"Because I knew that they loved it but, for me, I know that it's natural, but sometimes you can't."
6	Breastfeed	Breastfeed	"It's the best nourishment that you can give them."
7	Breastfeed	Breastfeed, formula	"I also had to take antibiotics, so that's also why I had to stop breastfeeding for a little while, and after the first six months, I also chose formula because of the quality of the milk."
8	Breastfeed	Breastfeed	"Yes. Because I know that it's healthier, and you're passing all the antibodies and defenses on to your baby."
9	Breastfeed	Breastfeed, formula	"My plan was to breastfeed, but when she stayed in the hospital, I think they gave her formula... I still struggle."
10	Breastfeed	Breastfeed	"I tried breastfeeding and when I tried giving her formula, she did not like it. So she didn't drink any formula ever."
11	Breastfeed	Breastfeed, formula	"For me, when I was in the hospital, I breastfed and then I did for a month after coming home, and then it just didn't come out anymore. I didn't make enough milk."
12	Breastfeed	Breastfeed, formula	"With the breast milk, they choke, so I became really afraid to breastfeed, too. And so I think it was easier, because they can suck on the bottle and you can see how much they drink."

African American Mothers Focus Group

06/11/14 Killeen 5:30 p.m.

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed, formula	"I planned on breastfeeding, but I wasn't lactating, so it didn't work that way."
2	Breastfeed	Breastfeed	"I planned to feed him for two years."
3	Breastfeed	Breastfeed, pump, formula	"I changed to milk. He has a very weak stomach."
4	Breastfeed	Breastfeed, formula	"Maddox was born with digestive issues, so she didn't latch onto the breast or the bottle for about nine days."
5	Breastfeed	Formula	"I just couldn't breastfeed. I never could find any kind of way to lactate. No remedy, method, nothing. It didn't work."
6	Breastfeed	Breastfeed	"I was doing it and doing it. My milk didn't go away until, I want to say, maybe two months ago, when I used to wake up in puddles."
7	Breastfeed	Breastfeed, formula	"He couldn't eat or feed, suckle. (laughs) We didn't know in the beginning, so when he did finally, he was just ill. That's why we cut that out."
8	Breastfeed	Breastfeed, formula	"I just stopped because I'd decided that I was going to go back to work and I wanted him more on a schedule..."
9	Breastfeed	Breastfeed	She planned to exclusively breastfeed her baby.
10	Breastfeed	Breastfeed, formula	"It's like when they just stopped, it just would come out nothing. That's why I stopped."
11	Breastfeed	Breastfeed, formula	"I don't know what happened. It seemed like one day, my milk just wasn't producing enough."

Respondent	Plan	What they did	Why?
1	Bottle-feed	Formula	"It was just to give her a bottle. Basically just give her a bottle, but I did it before, but I didn't want to do it because I know how it felt. It was just painful."
2	Breastfeed	Breastfeed, formula	"I can't physically sit down and breastfeed her for an hour, or however long, because I have two others, and there's only four – me and my husband..."
3	Breastfeed	Breastfeed, formula	"For me, it was latching on. Teaching her to latch, because she'd never latch."
4	Breastfeed	Breastfeed	"I knew all of them – I breastfed all my kids. I knew I was going to do it, because my kids never been sick. I've never had to – had no colds. They're in perfect health. I did it for at least three months."
5	Breastfeed	Breastfeed, formula	"I knew I was going to attempt, and I was going to try, and I was going to cross my fingers, and hope that it lasted this time, but I was full, and the baby wanted formula. He already has, I'm stopped."
6	Pump, breastfeed	Pump, breastfeed	"My plan was to only do it for a couple of months, maybe three, but most people have told me to do six or do a year. I'm going to try to do it a year. I pump a lot of milk. Mom was even shocked. She's just like – I do about two bottles at one time. Since it's doing good..."
7	Breastfeed	Breastfeed	"The hospital forced me to breastfeed. Then I was saying, you breastfeed your baby you won't – if I don't breastfeed, she'd probably break out with stuff. The powder wasn't good, and then the breast milk was good."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed, formula	"I just recently stopped not too long ago when I started back working."
2	Breastfeed, formula	Breastfeed, formula	"I planned to do both because I wasn't sure how long I was going to breastfeed. I wanted to introduce him to the bottle right off, so it wouldn't be a problem switching him, whenever I switched him to formula."
3	Breastfeed	Breastfeed, formula	"I like breastfeeding but I couldn't do it too much, because he wasn't getting enough, so I just started giving him the bottle."
4	Breastfeed	Breastfeed, formula	"I stopped because of the medicine that the hospital gave me..."
5	Breastfeed	Breast-milk bank	"My breastfeeding days have been put on hold, because when I graduated I had a breast reduction in 1998."
6	Breastfeed, bottle-feed	Breastfeed	"This one I was able to do – and I'm still doing it – up until six months, and I'm going to try to keep doing it, but I don't know."
7	Breastfeed	Breastfeed, formula	"I got really, really sick when I was breastfeeding my daughter and I was in the hospital for almost two weeks."
8	Breastfeed, bottle-feed	Breastfeed, formula	"It was hard for him to latch on. I did it as long as I could but I'd just dry up."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed	"I did just breast milk for the first six months and then, after the six months, a bottle."
2	Breastfeed	Formula	"Both of [mine], they wouldn't latch on."
3	Breastfeed	Breastfeed, formula	"[I] had some problems with [my] baby on the nipple and [I] had to get stitched up and it was very, very painful."
4	Breastfeed	Breastfeed, formula	"[I] got home and then there was complication and you had to go back to the hospital so [I] quit breastfeeding. "
5	Breastfeed	Breastfeed, formula	"[After the hospital I went] straight to the bottle, no lie. I wasn't interested."
6	Breastfeed	Breastfeed, formula	"[I was] breastfeeding but then [I] had a tooth problem and [I] had to take hydrocodone so [I] didn't want to keep breastfeeding with the – or [the doctor] told [me] not to."
7	Breastfeed	Breastfeed, formula	"I lasted the seven weeks I was on leave. [Then I went back to work.]"
8	Breastfeed	Breastfeed, formula	"I was interested in doing it, but at the same time I was, 'No, don't want to do it.'"

Respondent	Plan	What they did	Why?
1	Breastfeed	Formula	"I was in the process of getting a blood transfusion. I had to sign up for that while I was having her. They told me it's maybe not the best thing to do, because it's going to take too much of me to feed her."
2	Bottle-feed	Breastfeed	"When you breastfeed you can hold them also, but it's a certain way you have to hold them. When you bottle-feed them – I don't know."
3	Breastfeed	Breastfeed	"Didn't bottle-feed [any] of them. Everything was working just fine."
4	Breastfeed	Breastfeed, formula	"I tried it, but I bottle-fed after that because I didn't like the breast feeling."
5	Bottle-feed	Breastfeed, formula	"I wanted to continue the breast milk, but I was so stuck on what I've done for the other children."
6	Breastfeed	Breastfeed, formula	"I was breastfeeding. When he was in the hospital, he couldn't eat for a month and a half. I couldn't produce, because my stress levels were high."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed, formula	"My milk didn't produce the protein, so my baby was just drinking milk and having no bowel movement. When we switched to the milk – the formula."
2	Breastfeed	Breastfeed, pump	"We decided that we wanted to breastfeed, because it was better for her. He was a breastfed baby up until 6 months."
3	Breastfeed	Breastfeed, pump	"I still breastfeed from the hospital until now. I pump it."
4	Breastfeed	Breastfeed, formula	"I just stopped and started giving my baby bottles."
5	Breastfeed	Breastfeed, formula	"Mine's worked out, because I'm still bottle-feeding. I tried to breastfeed, but then I couldn't. Mine is still on formula."
6	Breastfeed	Breastfeed, formula	"I got tired because I was getting lazy. Then I had started school in January, so it was hard."
7	Bottle-feed	Breastfeed, formula	"I tried it, and it hurt."
8	Breastfeed	Breastfeed, formula	"I decided to go back to work so I switched to the formula. She gets breast milk, too."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed	"How I feel about breastfeeding – nurturing and bonding with my child."
2	Breastfeed	Breastfeed, formula	"It changed, because he wouldn't latch..."
3	Breastfeed	Breastfeed, formula	"Then, like I said, as the time came, I thought again that it hurt. Sometimes you can't get your baby to latch on and things like that, so I just changed my mind."
4	Breastfeed	Breastfeed, pump, formula	"Mine changed, because I had to pump. I had to pump every two to three hours. If I didn't, my breasts would go so hard that I could barely stand it."
5	Breastfeed	Breastfeed, pump, formula	"Even though he didn't latch on, I had to pump every three hours, and that's why I didn't breastfeed as long as I wanted to."
6	Breastfeed	Breastfeed, formula	"The oldest one, I got to breastfeed him for 15 weeks, but the youngest one I had to stop, because he eats too much." "

Respondent	Plan	What they did	Why?
1	Breastfeed	Formula, pump	"In the hospital, they tried, but he wouldn't even latch on at all. "
2	Breastfeed	Breastfeed, formula	"The only way you lose [weight] is if they latch on, but if you pump it out, it's going to be the same as the bottle. That's [why] I only did it two weeks."
3	Breastfeed	Breastfeed, formula	"Similac is just not his thing. I was forced to breastfeed him, and it hurt."
4	Bottle- feed	Pump, formula	"Then I started working, and I didn't feel like doing a pump. I just didn't feel like doing it."

Respondent	Plan	What they did	Why?
1	Breastfeed	Breastfeed, formula	When she started taking birth control pills, her milk supply stopped.
2	Breastfeed	Breastfeed, formula	"I probably would not have done it if I didn't have to. My son came three months early, so I breastfed until I dried up, and then they gave me a prescription to get back, but it didn't really do that. Not like they thought it would."
3	Breastfeed	Breastfeed, formula	"She would latch on and stuff but she wasn't getting full."
4	Breastfeed	Breastfeed, formula	"I started giving them formula because I was really getting tired of breastfeeding."
5	Bottle-feed	Breastfeed, formula	"I just went to plan B and gave her some formula because I tried. I tried to breastfeed, so then I could say I tried it and I gave it a chance, but it didn't work out."
6	Breastfeed	Pump, formula	"[Wouldn't latch] so I pumped out a little bit and gave her that and then I had to give her formula."
7	Breastfeed	Breastfeed, formula	"[Surgery] – that's the only thing that stopped me, plus she wasn't getting full."
8	Breastfeed	Formula	"I can't, because my husband already told me the first day, don't do it. I don't want the people to see your breasts."