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Reducing Disparities in Breastfeeding Among African American Women Through Professional Support

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2025

Executive Summary: Staff Education Project

Reducing Disparities in Breastfeeding Among African American Women Through Professional Support

by

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Summary

This project involved developing a toolkit and implementing a staff education program to increase provider self-efficacy and knowledge concerning breastfeeding, increase provider understanding of the importance of a toolkit for addressing the gap in breastfeeding among African American women, and increase the intention of providers to use the toolkit by a minimum of 20%. The clinic reported breastfeeding in only 21% of African American patients, attributing this mainly to provider lack of breastfeeding self-efficacy and knowledge. It is essential for providers to deliver evidence-based, culturally sensitive breastfeeding information. This project involved evaluating provider self-efficacy, knowledge, understanding the importance of a toolkit, and intention to use the toolkit. Findings of evidence-based interventions indicated a percentage change increase in provider self-efficacy (43.47%), knowledge (24.33%), understanding the importance of a toolkit (66.67%), and intention to use the toolkit (50%). Provider self-efficacy, breastfeeding knowledge, and toolkit use intention were affected by education. The results may promote positive social change for patients and providers by improving maternal and newborn outcomes in the African American community and contributing to a broader, more supportive environment for patients and providers. This may lead to a systemic change that supports clinical- and societal-level infant breastfeeding. Recommendations include reviewing breastfeeding rates among African American patients regularly to assess improvements, continuing provider support, and incorporating a breastfeeding education session into new provider orientations.

Background

Breast milk is the optimal source of nourishment for newborns because it delivers numerous health benefits for mother and baby. Benefits include decreased risk for mothers developing hypertension, ovarian and breast cancers, diabetes, and depression along with reducing the risk for respiratory disease, childhood obesity, and sudden infant death syndrome in children (Gyamfi et al., 2021). Despite the known preventive health benefits afforded by breast milk, African Americans are consistently less likely to breastfeed when compared to other racial groups (Chiang et al., 2019). Only 27.2% of African American babies were exclusively breastfed in 2021, which was well below the 42.4% target sought by the Healthy People 2030 goal (Healthy People 2030, 2021).

A gap in practice was the lack of provider breastfeeding knowledge and self-efficacy, lack of consistency, and inability to know how to make a difference. Breastfeeding rates can be considerably higher through the support of active health care providers. However, many health care providers possess lower than expected breastfeeding knowledge and self-efficacy to be able to properly counsel mothers during their prenatal visits (Rosen-Carole et al., 2021). Research indicated that many health care providers are hesitant concerning the promotion of breastfeeding; furthermore, African American mothers feel that they do not receive sufficient breastfeeding information or support from their providers (Rosen-Carole et al., 2019), suggesting that the large gap in provider breastfeeding knowledge concerning African American women can result in conflicting and inappropriate delivery of information. Increasing provider self-efficacy and knowledge concerning breastfeeding in the African American community may have a practical influence on breastfeeding promotion and may aid in improving breastfeeding

rates in this population. Therefore, a strategy utilizing a breastfeeding toolkit to enhance health care provider self-efficacy and knowledge was essential to close this gap in practice.

The project question addressed the impact of a breastfeeding education session on provider knowledge and self-efficacy, particularly in relation to breastfeeding support for postpartum African American women. Additionally, this project addressed the importance of a prenatal breastfeeding toolkit and the intention of providers to use the toolkit to increase breastfeeding in the clinic. The purpose of this project was to increase provider knowledge and self-efficacy and to improve how providers support breastfeeding, especially in a population that may face unique challenges. This project was an evidence-based effort to enhance provider competency and patient care with the goal of improving breastfeeding initiation rates in the African American community.

A literature review indicated that providers lack adequate breastfeeding knowledge, training, communication, and supportive behaviors and have a significant influence on the initiation of breastfeeding. Providers who care for women during the prenatal period should have high self-efficacy and knowledge concerning breastfeeding and confidence in their ability to encourage initiation of breastfeeding (Blixt et al., 2023). Additionally, providers should have sufficient knowledge, skills, and competence to support breastfeeding, especially within the African American community (Tran et al., 2022). Breastfeeding promotion should take place at various levels (individual, institutional, and community) and at various points in time to ensure that African American mothers can confidently start and sustain breastfeeding (Johnson et al., 2015).

Lack of provider breastfeeding knowledge and self-efficacy are major problems concerning educating women in the African American community (Tran et al., 2022). African American patients are more vulnerable to morbidities and are hypervigilant to institutional bias and racism. This emphasizes the need for evidence-based interventions focusing on improving provider knowledge and self-efficacy. Scholars recommended evidence-based interventions to increase breastfeeding knowledge and self-efficacy. Key among these were evidence-based toolkits and education programs focused on increasing provider knowledge and self-efficacy to encourage promotion of breastfeeding within the African American population (Blixt et al., 2023; Johnson et al., 2015).

Provider education programs have been implemented to enhance provider breastfeeding knowledge and self-efficacy (Blixt et al., 2023; Johnson et al., 2015; Rosen-Carole et al., 2021). Rosen-Carole et al. (2021) highlighted the use of a prenatal provider breastfeeding toolkit that significantly decreased referrals to a Women, Infants, and Children's supplemental nutrition program. Blixt et al. (2023), on the other hand, found a significant positive change in provider self-efficacy after a breastfeeding training program that consisted of independent web lectures and an interprofessional training day. Hillenbrand and Larsen (2002) similarly concluded that the effectiveness of empowering providers using an interactive multimedia intervention increased breastfeeding knowledge and confidence. These studies supported using educational interventions to promote provider breastfeeding knowledge and self-efficacy, which has the potential to reduce maternal and neonatal morbidities and promote breastfeeding in the African American community. In line with the literature, this project involved implementation and evaluation of a provider education program equipping providers with breastfeeding

knowledge linked to increased self-efficacy to promote breastfeeding among African American patients.

Staff Education Project Development

A strengths, weaknesses, opportunities, and threats analysis was conducted to evaluate the organization's competitive position and to develop strategic planning. Some internal factors noted for the organization were diverse leaders, high staff morale, and limited patient education. External factors such as expanding services to other locations and new technology resources were noted as future opportunities available to the organization. This analysis helped me identify what the organization already possessed that could be leveraged to promote change. Following the analysis, an organizational readiness assessment was conducted. This assessment identified the capability of the organization to implement a change or a new practice. Change requires a collective effort in which all relevant staff, from providers to axillary staff, are aligned and committed to the goal. This assessment showed that the entire team would be involved and invested in the change, which was crucial for achieving projected outcomes. Additionally, a stakeholder analysis was completed to identify individuals who had an interest in the project, who could provide assistance in acquiring resources to aid in the practice change, and who could approve aspects of the project. This analysis assisted with identifying each stakeholder's role and responsibilities in the practice change to increase their buy-in.

A breastfeeding toolkit (see Appendix A) was developed for this clinic using evidence-based research. The staff education program was implemented by the delivery of a 30-minute PowerPoint presentation (see Appendix B) to all providers at the clinic along with a 10-minute pretest (see Appendix C) and a 10-mintue posttest (see Appendix

D) to assess knowledge, self-efficacy, understanding of the importance of a toolkit, and intention to use the toolkit to promote breastfeeding among African American women. Participants included staff in the obstetrical health care setting. The staff education program was voluntary, and all health care providers participated based on their willingness. The project required a conference room, projector screen, computer monitor, and writing utensils. The office manager developed a schedule to ensure that all providers would be in attendance for the education session during a specific time of day. Three participants were present in person and one participant attended via live Zoom video conference. The education presentation was delivered simultaneously to all participants.

This project was completed as a quality improvement initiative. Providers were given a pretest that measured their current breastfeeding knowledge, self-efficacy, understanding of the importance of a toolkit, and intention to use the toolkit prior to the education session. At the end of the education session, providers were given the same items in a posttest. The pretest/posttest consisted of 15 multiple choice items and five items answered on a Likert scale. To identify whether each objective was met, I grouped items together under each area of investigation. Questions 1, 4, 5, 8, 9, and 10 were used to determine whether there was an increase in provider self-efficacy. Questions 2, 3, 6, 7, 11, 12, 13, 14, and 15 were used to determine whether there was an increase in provider knowledge. Containing a Likert scale, Questions 2, 4, and 5 were used to assess provider understanding of the importance of a toolkit for addressing the gap, and Questions 1 and 3 aided in determining whether there was a minimum of a 20% increase in the intention of the providers to use the toolkit. The evaluation process consisted of calculating the percentage change to identify whether objectives were met.

Results

Project participants included two physicians and two nurse practitioners. Data collected from the pretest and posttest results were placed in Excel for analysis. The mean pretest score for increasing provider self-efficacy was 54.17 (min = 50, max = 66.67). The mean posttest score was 95.83 (min = 83.33, max = 100). The mean pretest score for increasing providers knowledge was 80.42. The mean posttest score was 100 (see Table 1). This indicated a difference in the data scores before and after implementing the education project. Providers demonstrated increased self-efficacy and knowledge.

Table 1

Participants' Pretest and Posttest Mean

Concept	Pretest mean	Posttest mean	Percentage change
Self-efficacy	54.17	95.83	43.47%
Provider knowledge	80.42	100	24.35%

A Likert scale was used to assess the intention of providers to use the toolkit, which was projected to increase by a minimum of 20%. Responses were scored from 1 to 5 (1 = *Definitely not* and 5 = *Definitely*). The mean pretest score was 3, which indicated providers possibly would intend to use the toolkit. The mean posttest score was 5, which indicated definitive toolkit use from all providers. The percentage increase was 50%, which exceeded the projected 20% minimum.

A Likert scale was also used to assess provider understanding of the importance of the toolkit. The mean pretest score was 3, which indicated possible understanding of

toolkit use importance. The mean posttest score was 5 (66.67% change), indicating providers' definitive understanding of the importance of a toolkit.

Although this project demonstrated increased provider breastfeeding self-efficacy and knowledge, there were a few limitations. This project consisted of a small sample size. This may not be representative of the larger population, limiting generalizability of findings. Furthermore, small sample sizes are more susceptible to bias due to sampling methods, researcher influence, or participants not adequately representing the target population. Another limitation was the self-reported measures of a pretest/posttest that may have led to response bias. Providers may have over- or underestimated their knowledge or confidence in assessment items, leading to inaccurate pretesting results. It may be difficult to draw direct links between increased provider self-efficacy, knowledge, and improved maternal outcomes. Changes in provider knowledge and self-efficacy may not translate into improved patient outcomes without additional support or follow-up. Last, this project had a short-term duration and did not capture the long-term educational intervention impact on provider behavior. Although providers' self-efficacy and knowledge increased, lasting behavioral changes in practice might require ongoing reinforcement and follow-up. Nonetheless, project results suggest that these limitations may not have negatively affected the findings.

Pregnant African American women seek care beyond obstetrics and gynecology, highlighting the need for a broader approach to maternal care. It is recommended that all clinicians be prepared to address questions concerning breastfeeding. This project may have a far-reaching impact. When providers have higher self-efficacy and knowledge regarding breastfeeding, they are more equipped to offer guidance and address

breastfeeding challenges. This project may help promote trust within the community. Clinics that prioritize breastfeeding education often become trusted resources. This may help attract new patients, particularly in underserved or marginalized populations, who may seek clinics with a reputation for providing compassionate and culturally competent care. This project may also increase provider confidence and job satisfaction, fostering a more supportive work environment.

Conclusions

This staff education project informed providers about evidence-based interventions to increase staff breastfeeding knowledge and self-efficacy concerning African American patients. The outcome of the education session indicated that providers' breastfeeding knowledge, self-efficacy, understanding of the importance of a toolkit, and intention to use the toolkit increased after the education project. The results indicated that providers require breastfeeding education, specifically related to the African American population, to increase their self-efficacy and knowledge, to update their expertise and practice, and to increase breastfeeding rates. A recommendation is that providers regularly review breastfeeding rates among their African American patients and institute work standards. It is also recommended that continuing education programs be initiated to stay up-to-date on current evidence-based breastfeeding research in the African American community. An education session that focuses on breastfeeding in this population should be included in all new provider orientation requirements within the organization.

Implementation of evidence-based practice related to increased provider breastfeeding self-efficacy and knowledge has the potential to effect positive social

change. Providing providers with education related to breastfeeding may empower them to deliver adequate, culturally sensitive, consistent information to African American patients, helping mothers make informed breastfeeding decisions. This information has the potential to increase breastfeeding self-efficacy and knowledge, decrease maternal and neonatal morbidity rates, and improve health outcomes. This may promote diversity and equity because African American women face unique barriers that affect their ability to meet their breastfeeding intentions. This project may lead to a range of positive impacts within the clinic, from improved patient outcomes and provider satisfaction to better community engagement and clinical sustainability. The project may create a ripple effect that not only enhances the quality of care but also positions the clinic as a leader in maternal and child health, fostering a supportive, inclusive, and evidence-based environment for providers and patients.

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Appendix A: Breastfeeding Toolkit

Evidence Based Self-Efficacy Toolkit to Increase Provider Breastfeeding Self-Efficacy Among African American Patients

Developed by: Latonia Feagin DNP candidate

https://www.cdc.gov/nutrition/infantandtoddlernutrition/breastfeeding/newborn-breastfeeding-basics.html

Toolkit components:

1. Breastfeeding Importance
2. Breastfeeding Complications
3. Breastfeeding Barriers
4. Breastfeeding Motivation and Support
5. Cultural Sensitivity
6. Building Self-Efficacy
7. Educational Resources for Providers and Patients

1. *Breastfeeding Importance*: Breastfeeding provides optimal nutrition for baby and protection from diseases and illness. The World Health Organization (WHO) appreciates the compelling benefits of breast milk and recommends exclusive breastfeeding for the first six months of life (CDC, 2013), then after introducing complementary foods along with breast milk until 2 years of age. African American babies are at greater risk for developing diseases that can be prevented with breast milk, such as obesity, sudden infant death syndrome (SIDS) and asthma (Hines et al., 2018), hence it is imperative to understand the importance and benefits of human milk as it relates to this population.

Healthcare providers play a virtual role in a woman's decision to breastfeed and her belief in her ability and desires to continue breastfeeding. According to the Center of Disease Control and Prevention (CDC, 2013), 86% of Americans look at their healthcare providers as their main source for health information. Per a study conducted by Blixt (2023), healthcare providers identified the most important barriers for supporting mothers who desire to breastfeed as the lack of knowledge and skills with breastfeeding as well as negative attitudes towards breastfeeding. Female healthcare providers who may have not reached their personal breastfeeding goals more often have negative emotions related to

breastfeeding (Ingrid, 2023). Therefore, equipping providers with the appropriate knowledge and skill base directly related to breastfeeding will improve their confidence in their ability to deliver professional breastfeeding support.

2. *Breastfeeding Complications*: There are many problems that can occur postnatally that can affect a woman's breastfeeding journey. Nipple pain, mastitis, breast pain, along with perceptions of insufficient milk production and flattened nipples can result in a mother prematurely discontinuing breastfeeding if she was not aware that such complications could occur or how to manage them. Such complications affect up to 80 % of breastfeeding women (Tran et al., 2022).

3. *Breastfeeding Barriers:* Barries that affect breastfeeding among African American women should be known and understood by healthcare providers. Some of these are below:

- Historic cultural events: Traumatic events in the African American culture continue to impact current events which can change women's views of breastfeeding.
- Lack of knowledge/support: Studies have highlighted the overwhelming challenge of breastfeeding in a population where formula feeding is seen as the norm. When women are not equipped with the appropriate breastfeeding information and education prior to birth then swarmed with such information during their short postpartum stay at the hospital, they are less likely to initiate breastfeeding (Otsuka et al., 2014).
- Low Breastfeeding Self-Efficacy: Breastfeeding self-efficacy is one's belief in their ability to successfully breastfeed (Shafaei et al., 2020) and their confidence to work through any complications that may arise. A high maternal self-efficacy=high breastfeeding rates.
- Convenience of Formula: African Americans represent a large portion of individuals that are of lower income which means they may be eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children

(WIC). WIC provides discounted or free formula which makes it an "easier" option for women (Hines et al., 2018).

4. *Breastfeeding Motivation and Support:* Breastfeeding is a skill that needs to be learned.

Knowledge is power. One cannot perfect a skill that one does not know they possess, and one cannot fix what one does not know. Without proper information which includes the good, the bad and the ugly of breastfeeding, one will not be properly equipped with the tools to be successful nor to overcome challenges if they may arise. Increasing the length of time providers spend with patients and engaging in follow-up care can be effective in enhancing healthcare outcomes and reducing racial health disparities (Rosen-Carole et al., 2021; Johnson et al., 2015).

Breastfeeding education during the antepartum period is extremely time sensitive (CDC, 2013). Breastfeeding education that takes place in the hospital setting after delivery is generally less formal than education during the prenatal period and often rushed resulting in increased stress concerning breastfeeding and leaving mothers feeling discouraged. For such reasons, it is imperative to help mothers increase their self-efficacy, knowledge, and skills during the prenatal period, which will help them establish a positive attitude towards breastfeeding.

Additionally, to help support mothers it is important to involve their support systems and provide them with appropriate external resources. Individuals that are present with the mother during prenatal appointments present as persons of importance in the mother's life. One negative comment or misconception about breastfeeding verbalized by the mothers' support person can derail the mothers' thoughts about breastfeeding. Partners, friends, and peers can influence the mothers' viewpoints on breastfeeding, rather positive or negative (Hines et al., 2018; Johnson et al., 2015; Tran et al., 2022).

5. *Cultural Sensitivity:* It is imperative that healthcare providers have background information of individuals they care for in order to address barriers and issues that

may affect their care implementation. Slavery and non-normalized breastfeeding experiences have impacted the views that African American women have towards breastfeeding. The traumatic history surrounding African Americans during and after slavery, being used as wet nurses for their master's wife, for some meant, breastfeeding is affiliated with a lack of choice (Hinson et al., 2018; Johnson et al., 2015). This history partly is responsible for whether black people have a social and societal support to start and maintain breastfeeding. African Americans are hypervigilant to institutional bias and racism. Research suggest that African Americans receive less attention in healthcare because of presumptions made based on race, so in relation to breastfeeding this often means limited education, limited assistance when breastfeeding problems arise and fewer referrals for lactation support. These women express feelings of being ignored or not heard by their healthcare providers (Gonzalez-Nahm & Benjamin-Neelon, 2023; Johnson et al., 2015). Increasing the length of time spent with each patient and engaging in follow up during each appointment is effective in reducing racial health disparities and enhancing outcomes (Rosen-Carole, 2022; Hines et al., 2018). Studies have shown that African American women emphasized the need for persistent, truthful, culturally sensitive support from the beginning of pregnancy (Johnson et al., 2015; Tran et al., 2022).

Additionally, African American women have expressed the feeling that breastfeeding is sexual in nature (Hines et al., 2018; Johnson et al., 2015; Tran et al., 2022). Popular media has portrayed black women as sexual objects. A significant culture shift needs to occur within the African American community concerning sexuality, the female body, and breast so women are empowered to breastfeed without the negative implication by the media or other influences. A facilitator is time and conversation with the intent of normalizing the fact that breast can have a dual role, sexual purpose for their significant other as well as for nurturing their baby when the time comes.

Advocacy around breastfeeding has primarily been led by white women, and therefore focus on issues that are specific to that group. Printed ads and television media concerning breastfeeding lack representation of the African American community. Not until the last couple of decades have women of color been included in the advocacy for

breastfeeding, therefore when African Americans do not see people that look like them breastfeeding, feelings of being ignored or not cared for arise (Tran et al., 2022). It is imperative to make an intentional effort to use posters or visual aids that include Black women breastfeeding when discussing the mother's decision to breastfeed.

African American women are more likely to return to work earlier or have shorter maternity leaves when compared to other ethnic groups and are disproportionately more likely to experience an unsupportive work environment (Johnson et al., 2015; Tran et al., 2022). These women are at greater risk for discontinuing breastfeeding when they return to work as less flexible work conditions and lack of privacy are unfavorable for pumping. The Fair Labor Standards Act (U.S. Department of Labor, n.d.) allows for employees to take reasonable break times for pumping at work for children under the age of one. Employees should be provided with a place that is shielded from the view of others, other than a bathroom. Continuing to breastfeed as a working mother is possible provided that the mother is informed on the policies or laws concerning pumping at work which can be conducive to initiating breastfeeding within this population.

6. *Building Self-Efficacy:* Self-efficacy is an essential concept to breastfeeding success. Self-efficacy is the belief in one's personal ability to succeed in a specific action. It predicts one's choice to breastfeed and the amount of effort that will be expended on breastfeeding. Breastfeeding success is thought to increase as the mother's breastfeeding self-efficacy perception increases (Johnson et al., 2015; Shafaei et al., 2020; Ozturk et al., 2022), and helps the mother be confident and think positively if breastfeeding challenges arise.

Discussions concerning breastfeeding should begin at the initial prenatal visit and continue throughout the duration of the pregnancy (Mitzrak et al., 2017). Providers should ask patients the open-ended question of "What do you know about breastfeeding?" instead of "Are you going to breastfeed or bottle feed?" to open dialogue about personal concerns and doubts about breastfeeding. It is imperative to assume an effortless demeanor about breastfeeding which will help prevent the mother from seeing breastfeeding as an obligation. Highlight the importance of staying calm, accepting that

breastfeeding initiation takes time and not to feel overwhelmed or stress if it is challenging initially. It is ideal for the mother to not dwell on what people around her may think, she should concentrate on what is best for herself and her baby, not feeling guilty if breastfeeding is does not work out. Personal, ideological, and cultural views on how to feed a baby influences not only breastfeeding experiences but also ideas of what constitutes as "being a good mother" (Ozturk et al., 2021). Healthcare providers need to lessen fears of judgement, shame, or defeat when breastfeeding hardships occur.

Seeing breastfeeding on a scale from no breastfeeding to exclusive breastfeeding helps to build breastfeeding self-efficacy. Work with the mother to build personalize breastfeeding strategies that will assist her to reach her personal breastfeeding goal. Additionally, allow the mother to see breastfeeding as a personal chosen decision, which diminishes stress hence seeing breastfeeding more pleasurable and less demanding.

7. *Educational Resources for Providers and Patients:* *Community support plays a significant role in breastfeeding success.* Aside from breastfeeding guidance from the healthcare provider, providing breastfeeding resources, culturally appropriate support, and breastfeeding health information is critical to increasing initiation rates (Hines et al., 2018). The goal of support groups and outside resources is to encourage and support the breastfeeding women, therefore connections to external networks of support during the course of trying to breastfeed strengthens breastfeeding self-efficacy (Johnson et al., 2015). Support groups provide mothers with a safe place to discuss breastfeeding experiences, allowing women to ask uncomfortable questions. Not only do these groups provide emotional support and engagement but the camaraderie is just as significant.

Professional Breastfeeding Resources

- **The Drip: Breastfeeding Support Group**

Provides online breastfeeding networking and support for African American women.
https://breastfeedingrose.org/

- **La Leche League International (LLLI)**

This interactive website provides resources for breastfeeding mothers. LLLI has a toll-free telephone helpline (1-877-452-5324) from 9am to 9 pm CST which is answered by trained volunteers. The LLLI also has an online help form and a Facebook group where women can use to get answers to breastfeeding questions.
https://llli.org/

- **Kelly Mom**

Evidence-based breastfeeding information for mothers
https://kellymom.com/

- **Office of Women's Health**

U.S. department of health and human services offers tips and suggestions to help with successful breastfeeding
https://www.womenshealth.gov/breastfeeding

- **United States Department of Labor**

Information on the Fair Labor Standards Act Protection law for employees to pump at work.
https://www.dol.gov/agencies/whd/fact-sheets/73-flsa-break-time-nursing-mothers

- **U. S. Department of Labor Frequently Asked Questions**

This website provides answers to frequently asked questions concerning pumping at work.
https://www.dol.gov/agencies/whd/nursing-mothers/faq

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Developed: 10/1/2024

Appendix B: PowerPoint Presentation

https://www.cdc.gov/breastfeeding/pdf/about/index.html

Reducing Disparities in Breastfeeding Among African American Women Through Professional Support

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WALDEN UNIVERSITY

Objectives

At the end of this presentation, learners will be able to:

1. Discuss the importance of breastfeeding along with common breastfeeding complications.
2. Identify barriers to breastfeeding that affect African American women.
3. Identify culturally sensitive approaches to initiate ongoing breastfeeding dialogue with prenatal African American women
4. Demonstrate an increase in individual breastfeeding self -efficacy and confidence in using this toolkit to promote breastfeeding in African American patients.

Breastfeeding

Laying Out the Facts

1. African American babies have an increased risk of developing SIDS, asthma, and obesity when compared to babies of Caucasian decent.
2. The World Health Organization American(WHO) and the American Academy of Pediatrics (APP) recommend exclusive breastfeeding for the first 6 months of life
3. 86% of Americans see their healthcare provider as their primary source for health information and guidance.

Breastfeeding

Complications & Barriers

Breastfeeding

Complications

- Mastitis
- Nipple pain
- Breast pain
- Insufficient milk production

Barriers

- Historic cultural events
- Lack of knowledge and support
- Low self-efficacy
- Convenience of formula

Breastfeeding

Motivation & Support

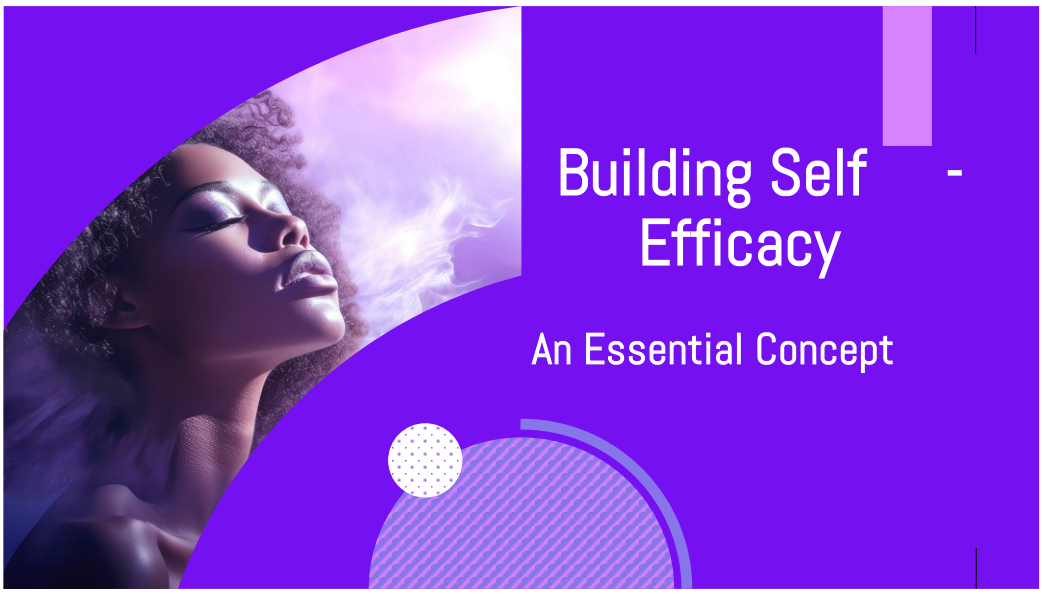
Breastfeeding is an action that needs to be learned

- Educate patients on the benefits of breastfeeding along with potential complications.
- Continual follow up during prenatal visits encourages successful breastfeeding.
- Involve the mothers support system.
- Provide women with adequate and consistent information.
- Provide women with external resources to help support their breastfeeding journey.

Cultural Competency

Understanding the Care You Deliver

- Slavery and non-normalized breastfeeding experiences have impacted women's views towards breastfeeding.
- African Americans are hypervigilant to institutional bias and racism.
- The feeling of being ignored or not heard by health care provider.
- Lack of visual examples of African American women breastfeeding reduce identification with breastfeeding.
- Breast have been perceived solely for the purpose of sexuality.
- African American women return to work earlier than women from other ethnic groups.



What is Self-Efficacy?

- Ones belief in their personal ability to succeed in a specific situation.
- Confidence to overcome challenges.
- It predicts one's choice to breastfeed and the amount of effort one will expend on breastfeeding.
- Breastfeeding success is thought to increase as mothers breastfeeding self-efficacy perception increases.

Self-Efficacy Tools

1

- Higher levels of self-efficacy relates to higher breastfeeding success rates.
- Ask open-ended questions concerning breastfeeding.

2

- Laying a positive breastfeeding foundation builds confidence.
- Keeping an effortless mindset about breastfeeding.

3

- Reduce fears of shame, judgement, or failure.
- See breastfeeding on a scale from no breastfeeding to exclusive breastfeeding.

An Essential Concept

Educational Resources for Patients

Community Support Plays a Role in Breastfeeding Success

- Aside from clinical guidance and support, knowledge of external support networks contributes to building maternal breastfeeding self -efficacy.
- The goal of support groups is to encourage and support breastfeeding women.
- Most studies have shown that counseling is effective on self -efficacy.

Professional Breastfeeding Resources

➢ **The Drip: Breastfeeding Support Group**

Provides online breastfeeding networking and support for African American women.

www.breastfeedingrose.org

➢ **La Leche League International (LLLI)**

This interactive website provides resources for breastfeeding mothers. LLLI has a toll -free telephone helpline (1-877-452-5324) from 9am to 9 pm CST which is answered by trained volunteers. The LLLI also has an online help form and a Facebook group that women can use to get answers to breastfeeding questions

www.llli.org

Professional Breastfeeding Resources cont.

- **Kelly Mom**

Evidence-based information for breastfeeding mothers

www.kellymom.com

- **Office of Women's Health**

U.S. department of health and human services offers tips and suggestions to help with successful breastfeeding

www.womenshealth.gov/breastfeeding

Professional Breastfeeding Resources cont.

- **United States Department of Labor**

Information on the Fair Labor Standards Act (FLSA) -Protection law for employees to pump at work.

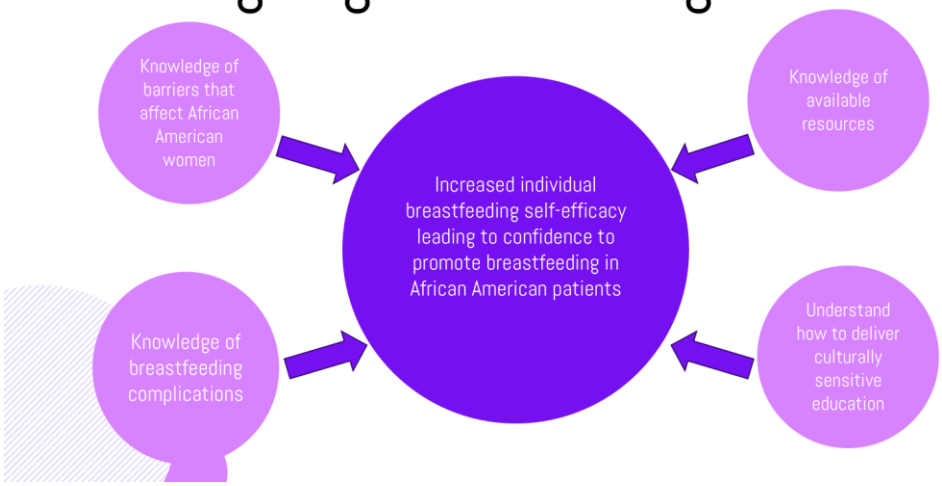
www.dol.gov/agencies/whd/fact-sheets/73-flsa-break-time-nursing-mothers

- **U. S. Department of Labor Frequently Asked Questions**

This website provides answers to frequently asked questions concerning pumping at work.

www.dol.gov/agencies/whd/nursing-mothers/faq

Bringing it All Together



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THANK YOU
At this time, I welcome any comments or questions


Reducing Disparities in Breastfeeding Among African American Women Through Professional Support
LATONIA FEAGIN
Walden - Doctor of Nursing Practice
WALDEN UNIVERSITY
https://www.cdc.gov/breastfeeding/php/about/index.html

Appendix C: Pretest Questions

Evidence Based Self-Efficacy Toolkit to Increase Provider Breastfeeding Self-Efficacy Among African American Patients

Directions: This assessment is designed to identify your prior knowledge of breastfeeding as well as obtain your perspective on the use of toolkits. Please respond to all items.

Identification Number: Please place a six-digit number on this test that you will remember as you will need to use it again following the presentation. Do not use sequential numbers but a random number sequence. Only place the number on the test – not your name or any other personal information.

Six Digit Identification Number: _____

Instructions – *Multiple Choice Items*: Please answer the following questions by circling the correct response.

1. Breastfeeding is a learned skill. How can a healthcare provider motivate and support an African American woman who desires to breastfeed?

   A. Encourage mothers to listen to all the advice their support people provide them concerning breastfeeding.
   B. Begin breastfeeding education during the antepartum period, involving the mothers support system. Proper breastfeeding information given overtime can promote maternal confidence.
   C. Majority of patients do not see their healthcare providers as their main source of health information therefore there is no need to motivate women to breastfeed.
   D. Inform mothers that they will gain the majority of their breastfeeding knowledge during their postpartum stay in the hospital and to rely on the nurses to provide them with all the information needed to be successful during their breastfeeding journey.

2. What is a breastfeeding complication that affects up to 80% of women?

   A. Large areolas.
   B. Over production of milk.
   C. Increased breast size.
   D. Nipple pain.

3. What are some barriers to breastfeeding that affect African American women?

A. Cost of breastfeeding, the amount of time it takes to breastfeed, and failure to understand proper nutritional intake while breastfeeding.
B. Presumptions of insufficient milk production, flattened nipples, and the need to supplement with formulas.
C. Low breastfeeding self-efficacy, historical cultural events, and the convenience of formulas.
D. The inability and lack of willingness to have open conversations about breastfeeding with their healthcare provider each prenatal visit.

4. It is important that healthcare providers have background information about the individuals they care for and an understanding of the care that they need to deliver. What are some culturally sensitive issues that can affect an African American woman's decision to breastfeed?

A. Lack of African American community representation concerning breastfeeding, portrayal as sexual objects in popular media, and history of being used as wet nurses during slavery.
B. African American women are usually more likely to have longer maternity leave time available to them through organizational settings and have the flexibility at work to pump and store their milk.
C. Representation of African American women in older movies that portray them as caring mothers to their children.
D. African American women being seen as high paid governesses to children of wealthy political figures.

5. Self-efficacy is an essential concept to breastfeeding success. Self-efficacy is defined as:

A. Ones confidence in their physical appearance.
B. Ones belief in their ability to succeed at a specific task.
C. A strong sense of identity and having a sense of self-worth.
D. Ones reflection of how much one approves or likes themselves.

6. What are some diseases that affect African American babies that can be prevented with breastfeeding?

A. Osteoporosis, bone cancer, and ovarian cyst.
B. Breast, ovarian, endometrial cancer.
C. Sudden infant death syndrome (SIDS), asthma, and obesity
D. Gestational diabetes, pre-eclampsia, and oligohydramnios

7. Educational resources play a significant role in promoting breastfeeding and increasing self-efficacy. Aside from guidance from a healthcare provider, what is another way patients can receive quality breastfeeding support?

A. Guidance from a close friend, who formula fed her infant within the past year.
B. A family member who is a paramedic and works for a county ambulance service.
C. Online blogs that are supported by baby formula company advertisements.
D. Breastfeeding support groups and online evidence-based breastfeeding programs.

8. How can a healthcare provider reduce healthcare disparities and enhance breastfeeding outcomes among African American women?

A. Deliver similar breastfeeding education to all women despite race or ethnicity.
B. Provide persistent, truthful, culturally sensitive support that lessens fears of judgment or shame.
C. Encourage breastfeeding during prenatal visits.
D. All of the above.

9. Identify barriers that most healthcare providers recognize as a limitation to their ability to support breastfeeding.

A. Lack of adequate educational office materials.
B. Positive attitudes towards breast feeding.
C. Lack of breastfeeding knowledge and skills.
D. Failure to learn about breastfeeding in their academic program.

10. Identify a way to support breastfeeding communication and build self-efficacy with African American's patients.

A. Ask open ended questions to expand dialogue about personal breastfeeding concerns or doubts.
B. If a woman is unsure if she can breastfeed, inform her that formula feeding is easier and reduces stress after pregnancy.
C. Inform mothers that choosing to formula feed can result in other people viewing her as not being a good mother.
D. Inform mothers that breastfeeding is a natural skill that all women possess therefore continual breastfeeding conversations are unnecessary.

11. Which of the following is the most effective time period for education regarding breastfeeding?

A. Prenatal.
B. Prior to pregnancy.
C. Antepartum.
D. Third trimester.

12. Which of the following support persons can be instrumental in affecting the attitude of the mother regarding breastfeeding?

A. Partners.
B. Friends.
C. Peers.
D. All of the above.

13. Advocacy around breastfeeding has primarily been led by which ethnic group?

A. Mexican Americans.
B. African Americans.
C. Asians.
D. Whites.

14. The World Health Organization and the American Academy of Pediatrics recommend exclusive breastfeeding for what period of time?

A. The first 1 month of life.
B. The first 3 months of life.
C. The first 6 months of life.
D. The first 9 months of life.

15. According to the Centers for Disease Control, Americans look to which of the following groups as their main source for healthcare information?

A. Healthcare providers.
B. Their family members.
C. The internet.
D. Peers.

Instructions – *Intentions Regarding to Toolkit Use*: Please give your response to each statement by placing an X in the box under the number that best provides your level of likelihood for each item.

Item	**5 Definitely**	**4 Probably**	**3 Possibly**	**2 Possibly Not**	**1 Definitely Not**
1. Are you comfortable using a toolkit for patient education?	5	4	3	2	1
2. Do you see toolkits as a potentially positive educational patient tool?	5	4	3	2	1
3. Would you use a toolkit with educational explanation and an opportunity to obtain more information?	5	4	3	2	1
4. Do you agree with the statement “Toolkits improve patient education”?	5	4	3	2	1
5. Do you feel that accurate toolkit use can improve patient outcomes?	5	4	3	2	1

Appendix D: Posttest Questions

Evidence Based Self-Efficacy Toolkit to Increase Provider Breastfeeding Self-Efficacy Among African American Patients

Directions: This assessment is designed to identify your current knowledge of breastfeeding as well as obtain your perspective on the use of toolkits following the provider education presentation. Please respond to all items.

Identification Number: Please place the six-digit number that you previously used on the pretest on the line below.

Six Digit Identification Number: _____

Instructions – *Multiple Choice Items*: Please answer the following questions by circling the correct response.

1. Breastfeeding is a learned skill. How can a healthcare provider motivate and support an African American woman who desires to breastfeed?

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