Promoting Breastfeeding at a Migrant Health Center

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Abstract: A program to promote breastfeeding was introduced at a migrant health center in North Carolina. Strategies for promoting breastfeeding as a feeding method particularly suited to the migrant lifestyle were identified and implemented. Donated layettes were used to encourage attendance of prenatal patients at a class on breastfeeding. Women planning to breastfeed were given cards to alert the delivering hospital of their intention. These hospitals were provided with bilingual flipcharts to use in communicating with non-English speaking patients. Of the 158 women who came to the center for one or more prenatal visits, 101 attended a class or received individual counseling on breastfeeding; during this 13-month period, 52 per cent of 64 women who attended the class were breastfeeding at time of their hospital discharge (Mexican-Americans 60%, Black Americans 44%). In a comparison of similar ethnic distribution, the corresponding rate was 10%. (*Am J Public Health* 1988; 78:523–525.)

Introduction

Among the infants of migrant farmworkers in the United States, diarrhea is a common and potentially fatal problem;[1] breastfeeding offers an uncontaminated food providing superior nutrition and increased protection against infection.

Unfortunately, breastfeeding rates for lower socioeconomic groups remain below average for the nation.[2] In a Texas study, 43.5 per cent of the Anglo-American women, 22.6 per cent of the Latino women, and 9.2 per cent of the Black American women planned to breastfeed their expected infants.[3]

Educational levels, family experiences with breastfeeding, and the husband's attitude have all been observed as significantly influencing the Mexican-American woman's infant-feeding decision.[4] Reasons most frequently given by these women for choosing to bottle-feed are the need to return to work and feelings of embarrassment.[4,5]

This paper describes an intervention program at a migrant health center in North Carolina designed to promote breastfeeding.

Methods

Tri-County Community Health Center in Newton Grove, North Carolina (NC) is a federally funded facility open 12 months of the year providing comprehensive health care for migrant and seasonal farmworkers. Prenatal patients at the Center are predominantly Mexican-American (60 per cent). The balance are Black American (24 per cent), and others (15 per cent).* The women were participants in the Centers' Special Supplemental Food Program for Women, Infants, and Children (WIC). These women generally do not return to work before six weeks postpartum, and many do not return to work or work only part-time. Because they frequently leave the area after delivery and are difficult to follow, breastfeeding at time of hospital discharge had to be chosen to evaluate the intervention.

Current breastfeeding rates for the Center population were not available. Based on the 1984 data collected on all prenatal patients at the time of their application to the WIC program, 31 per cent responded as intending to breastfeed or being undecided as to how they would feed their infant (NC WIC Automated Tri-County 1984 Data).

Layettes as Incentive to Class Attendance

A review of infants' medical records brought to our attention the fact that infants were often brought to the Center unbathed and/or inadequately dressed. Staff at delivering hospitals provided information that migrant mothers many times were without clothing to dress their newborn at discharge.

Both the medical records and staff observations suggested a critical need for infant-care items among the migrant families. Since the women expressed a need for such items to the Centers' staff, it was thought that supplying infant clothing and care items would meet a serious need *and* provide an incentive to encourage attendance at a breastfeeding class. A list of basic layette items, including plastic infant bathtub, was compiled and distributed to church groups involved in migrant ministries throughout North Carolina. These groups responded with the needed number of layettes.

Posters at the Center informed patients that a free layette was available for expectant mothers who attended a breastfeeding class. During routine nutrition education encounters, the nutritionists and clerk invited each woman to attend a class on the day that she was scheduled to pick up her WIC food vouchers. The women were encouraged to bring relatives, friends, or the baby's father with them to the class. This breastfeeding class was the only routinely scheduled class for prenatal patients at the Center.

Classes

Classes were kept small—between two to 10 participants—and offered in the woman's preferred language; individual counseling sessions were also provided.

The classes usually began with a five-minute skit. Presented by staff, it portrayed two new mothers in the Centers' waiting room discussing the benefits of breastfeeding and expressing their feelings and concerns about feeding their infants. Following the skit the women were invited to discuss their feelings about the issues raised in the skit and to share with the group their own or family experiences with breastfeeding. Their comments provided the basis of the facilitator's presentation on the benefits and basic techniques of breastfeeding. Convenience to the mother and health benefits to the infant were emphasized. Reasons mothers commonly gave for choosing to bottle-feed received special attention. Concerns about modesty were discussed, and techniques and simple clothing alteration that permitted discreet nursing were suggested and demonstrated. For those women planning to return to work, the benefits of nursing for

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* MCH Migrant Health Project 1985–86 unpublished data.

even a short time were stressed. The option of combining breast and bottle-feeding was presented.

In the discussion of basic techniques the following points were emphasized

- most women are able to provide adequate breastmilk for their infants;
- nursing frequently on demand is important—it is normal for a breastfed newborn to be hungry every 1 ½ to 2 hours;
- supplementing with formula should be avoided during the infant's first month;
- wear loose clothing to allow nipples to air dry after feedings; and
- contact the nutritionist or health care provider as soon as possible if a problem arises with nursing.

At the end of the session, the women were encouraged to continue to think about breastfeeding and not to feel pressured to make an immediate decision. The women were invited to return for individual counseling if they should have more questions or want to discuss the issue privately. The layettes were distributed along with culturally appropriate pamphlets on breastfeeding. The date of class attendance was noted in a log of WIC participants. Information on breastfeeding at time of hospital discharge was later noted in this log.

Hospital Support Services

An author survey of the obstetrical nurses at the delivering hospitals confirmed the impression that the staffs' inability to converse with non-English speaking patients limited their ability to provide support services to breastfeeding migrant women. To improve communication in the hospital, the author provided those women intending to breastfeed with an identification card which alerted the hospital staff to their intention. The hospitals were also provided with a bilingual, pictorial flip chart designed by the author to assist non-English speaking patients to request that their infants be brought for feedings. This aid included other basic patient concerns such as requests for food, pain medication, and information. In the second year, a follow-up questionnaire was mailed to the hospital nurses to evaluate the usefulness of these aids.

Results

During the 13-month period from June 1985 to July 1986, 158 pregnant women received health care at the Center and participated in the WIC program: 101 of these women attended a class or received counseling on breastfeeding. The women were often accompanied by female friends and relatives, but rarely by the father of the expected child. Of the 57 women who did not attend a class, most visited the Center no more than two times and then left the area or had arrived in the area less than one month before delivery.

The percentage of women indicating an interest in breastfeeding remained constant in 1985 and 1986. For both years 31 per cent of the women at the time of their initial Tri-County WIC encounter responded that they were planning to breastfeed or were undecided. Information on infant feeding method was obtained on 64 of the women who attended a breastfeeding class or received individual counseling. Of these women 52 per cent (33) were breastfeeding at time of hospital discharge. Among the 40 Mexican-American women, 60 per cent (24) were breastfeeding and among the 18 Black American women the rate was 44 per cent (8).

Responses from the questionnaire mailed to the hospitals' obstetric nurses indicated that they found the aids improved their ability to provide services for the migrant patients. Hospital site visits in 1987 confirmed their continued use of the flip charts.

Discussion

This service project is presented as one model of an intervention that was successful in increasing the breastfeeding rate among migrants at a public health facility. Because this was not a research study with a control group, conclusions are of a general nature and are to some extent speculative. In the absence of a planned control, some comparison of the results were made with the breastfeeding rates at a migrant health center in Baily, North Carolina. With a population that resembles the Tri-County Center in size and ethnic distribution, the Baily Center did not have a breastfeeding promotion program and reported a rate of less than 10 per cent for the same year the Tri-County rate was 52 per cent.**

Since the percentage of women indicating an intention or possibility of breastfeeding at the time of their arrival at the Tri-County Center remained constant, it is assumed that the increase in breastfeeding was a result of the intervention. Unfortunately, actual rates at time of hospital discharge were not available for previous years. However, since it is common for fewer women than plan to breastfeed to actually do so, it is likely that the Tri-County rate prior to this program was less than 31 per cent. Therefore the 52 per cent rate represents a significant increase for this population. Limited project resources and the small number of participants prevented any evaluation of the separate components of the program.

One of the inherent problems of any study involving a migrant population is the obvious difficulty in obtaining follow-up data. Because these women came from a large three-county area, were without telephones, and usually could not provide a forwarding address when they left the area, information on duration of breastfeeding could not be collected. The project staff recognized that early, unplanned discontinuation of breastfeeding was a problem in this population. The need for information on the duration of breastfeeding and for postpartum support of the nursing mother was the impetus for a new grant proposal by this Center.

Center staff had described previous attempts at providing regular classes as poorly attended. The offer of free items can motivate even wealthy individuals to purchase items or patronize a business. Therefore, it is not surprising that the offer of free baby-care items appears to have motivated a group of migrant women to attend a class. If the women's expressions of pleasure are a reliable indicator, it might be further conjectured that the layettes also helped create more positive and receptive attitudes toward the information offered in the class.

It was found that simple, practical information is necessary to encourage women to breastfeed and help them to be successful. It was observed that it was important to address the concerns and feelings of the women. Small, informal classes and individual counseling provided a comfortable setting for each woman to express her feelings about breastfeeding. While it appeared helpful to have female friends and relatives attend the class, the women said that

** Personal communication with Jackie Pully, Nursing Director, Nash County Health Department, Baily, North Carolina.

they were not comfortable discussing breastfeeding in the presence of men. Sensitivity to cultural differences is necessary in providing a setting where women feel comfortable discussing breastfeeding.

From discussions with the women, the nutritionists observed that most patient-perceived barriers to breastfeeding related to issues concerning the women rather than the infant. Feelings of embarrassment, a need to return to work, convenience, or a desire to use oral contraceptives were the most common reasons cited for choosing to bottle-feed. For this reason, the benefits of breastfeeding were presented as advantages for the mother as well as health advantages for the infant. The relative ease of traveling with a breastfed infant was contrasted with the difficulty of providing clean, refrigerated formula on long car trips. Fewer episodes of illness were compared to the stress of caring for a sick child and the attendant long waiting times at a clinic. Less spitting up and dribbling was translated into less laundry for the mother. Recognition of the stresses faced by migrant mothers can enable health professionals to present breastfeeding as particularly convenient for the migrant lifestyle.

From this experience, it was concluded that health professionals working with migrant mothers should investigate the reasons why their patients do not breastfeed or discontinue breastfeeding before the infant has received the full benefit of breastmilk. This information can be used to design and implement culturally sensitive programs that encourage and support breastfeeding in practical and innovative ways.

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