

BEAR HUGS: An AAP CATCH Resident Grant Project to Empower Families through Breastfeeding Education

By Hyo-Jung Choi, MD, PGY-4

Racial and ethnic disparities exist in breastfeeding initiation and duration.¹⁻¹⁶ Data consistently shows that Black, Hispanic, Hawaiian/Pacific Islander, and American Indian/Alaska Native women are less likely to breastfeed their infants when compared with other racial/ethnic groups.^{1,4,8-9,12-13} Black women in particular experience a disproportionate number of barriers including lack of peer, family, or social support, insufficient education and support in health care settings, and concerns about navigating breastfeeding and employment.^{2,4,8-9,12-15} This is troubling because suboptimal breastfeeding can have negative impacts on health outcomes for mother and infant.

As a chief resident physician at Harbor-UCLA Medical Center, a county hospital located in Los Angeles (LA) County that serves primarily Medi-Cal and uninsured patients, I saw this firsthand. My interest in encouraging and empowering women to exclusively breastfeed started after my newborn nursery rotation as an intern. Every day on rounds we would discuss our exclusive breastfeeding rates, and most days, we were at 50%.

While counseling mothers, I found many women initiated formula because of their perception of inadequate supply, nipple pain or soreness, and/or infant inconsolability due to hunger. My co-residents and I expressed frustration at this situation since we felt these mothers had not previously received adequate education about breastfeeding. Further, the providers' messaging that "breastfeeding is best" and their reassurances about breastfeeding often came too late. Mothers often felt guilty when initiating formula feeding and felt judged by the staff. Hearing these sentiments from the newborns' mothers was alarming given all the known stressors in the postpartum period. Healthcare providers should be allies and advocates for mothers and not judge a woman's choice on how to feed their child.

I joined our hospital's Breastfeeding Taskforce to provide a voice from a resident's perspective and to work to address these issues. While on the taskforce, I learned that there was an obvious gap in education during the prenatal period. The patient population we serve at Harbor have a lower breastfeeding initiation and continuation rates in comparison to higher-income populations in LA County.^{8,12,16} I suspect it may be due to situations that I previously described. The lack of access to quality health education has detrimental effects on mother and child.

Following these experiences early in my residency training, I applied for an American Academy of Pediatrics (AAP) Community Access To Child Health (CATCH) resident grant and am a recipient for the 2021-2022 cycle. My AAP CATCH grant project aims to address barriers to breastfeeding by creating free pediatrician-led breastfeeding classes via video conference every three months. By targeting women during the prenatal period, we aim to increase quality breastfeeding education during this critical period before childbirth. We are partnering with MAMAs Neighborhood, a program that primarily serves LA County Medi-Cal and uninsured women, and who are enrolled with the Department of Health Services or a community partner.

MAMAs Neighborhood program focuses on providing multidisciplinary care for expectant mothers with multiple social needs (e.g. homelessness, food insecurity, psychosocial stressors) and serves over 2,000 expectant mothers each year. A majority of the women are between the ages of 20 and 29, identify as racial minorities (Black/African-American or Hispanic), and are Medi-Cal beneficiaries.⁸

The AAP CATCH resident grant project will complement the work carried out by MAMAs Neighborhood health educators and integrate a multi-disciplinary team to provide breastfeeding education. By having a pediatrician lead these classes, our aim is to increase access to pediatricians, empower women to search for a medical home prior to

delivery, and to educate women on the benefits of breastfeeding. Our goal is to establish a strong, trusting, and culturally sensitive relationship through these classes.



Hyo-Jung Choi, MD is a pediatric chief resident at the Harbor-UCLA Medical Center. She attended medical school at The University of Queensland – Ochsner Clinical School and grew up in Riverside, CA. She is currently in the midst of NICU fellowship interviews, as she aspires to become a neonatologist. She loves reading and is a member of the residency's equity, diversity, and inclusion book club. She enjoys hiking and being outdoors, listening to podcasts, spending time with her family and friends, and finding secondhand books/novels as she travels. A fun fact about her is that she has biked across the country (Baltimore to San Francisco)! Her clinical and research interests are health disparities and improving healthcare access for neonates and mothers.

References:

1. Anstey EH, Chen J, Elam-Evans LD, Perrine CG. *Racial and Geographic Differences in Breastfeeding - United States, 2011-2015*. MMWR Morb Mortal Wkly Rep. 2017 Jul 14;66(27):723-727. doi: 10.15585/mmwr.mm6627a3. Erratum in: MMWR Morb Mortal Wkly Rep. 2017 Aug 04;66(27):815. PMID: 28704352; PMCID: PMC5687589.
2. Bartick MC, Jegier BJ, Green BD, Schwarz EB, Reinhold AG, Stuebe AM. *Disparities in Breastfeeding: Impact on Maternal and Child Health Outcomes and Costs*. J Pediatr. 2017 Feb;181:49-55.e6. doi: 10.1016/j.jpeds.2016.10.028. Epub 2016 Nov 10. PMID: 27837954.
3. BreastfeedLA. *Taking Action to Reduce Infant Feeding Inequities in Los Angeles County; Our Collective Responsibility*; May 2019.
4. Centers for Disease Control and Prevention (CDC). *Progress in increasing breastfeeding and reducing racial/ethnic differences - United States, 2000-2008 births*. MMWR Morb Mortal Wkly Rep. 2013 Feb 8;62(5):77-80. PMID: 23388550; PMCID: PMC4604816.
5. California Department of Public Health. *California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence by Race/Ethnicity*; 2017.
6. Department of Health Services. Department of Health Services (DHS) Fact Sheet. 2020.
7. Department of Health Services. *Los Angeles County – Department of Public Health Medi-Cal Paid Live Births by Delivery Hospital, Sorted by Descending Order of Percent Medi-Cal, Los Angeles County Residence, 2014*. 2014.
8. Heck KE, Braveman P, Cubbin C, Chávez GF, Kiely JL. *Socioeconomic status and breastfeeding initiation among California mothers*. Public Health Rep. 2006 Jan-Feb;121(1):51-9. doi: 10.1177/003335490612100111. PMID: 16416698; PMCID: PMC1497787.
9. Jones KM, Power ML, Queenan JT, Schulkin J. *Racial and ethnic disparities in breastfeeding*. Breastfeed Med. 2015 May;10(4):186-96. doi: 10.1089/bfm.2014.0152. Epub 2015 Apr 1. PMID: 25831234; PMCID: PMC4410446.
10. Los Angeles County Department of Public Health: The Los Angeles Mommy and Baby Project; *Provider Encouragement Impacts Breastfeeding Initiation and Continuation in Los Angeles County*. Breast feeding Policy Roundtable, February 2013.
11. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. *Key Indicators of Health by Service Planning Area*; January 2017
12. Louis-Jacques A, Deubel TF, Taylor M, Stuebe AM. *Racial and ethnic disparities in U.S. breastfeeding and implications for maternal and child health outcomes*. Semin Perinatol. 2017 Aug;41(5):299-307. doi: 10.1053/j.semperi.2017.04.007. Epub 2017 Jun 16. PMID: 28624126.
13. McKinney CO, Hahn-Holbrook J, Chase-Lansdale PL, Ramey SL, Krohn J, Reed-Vance M, Raju TN, Shalowitz MU; Community Child Health Research Network. *Racial and Ethnic Differences in Breastfeeding*. Pediatrics. 2016 Aug;138(2):e20152388. doi: 10.1542/peds.2015-2388. Epub 2016 Jul 12. PMID: 27405771; PMCID: PMC4960721.
14. Mount Saint Mary's University. *2018 Report on the Status of Women in Los Angeles County*. 2018
15. Neifert M, Bunik M. *Overcoming clinical barriers to exclusive breastfeeding*. Pediatr Clin North Am. 2013 Feb;60(1):115-45. doi: 10.1016/j.pcl.2012.10.001. PMID: 23178062.
16. Temple Newhook J, Newhook LA, Midodzi WK, Murphy Goodridge J, Burrage L, Gill N, Halfyard B, Twells L. *Poverty and Breastfeeding: Comparing Determinants of Early Breastfeeding Cessation Incidence in Socioeconomically Marginalized and Privileged Populations in the FiNAL Study*. Health Equity. 2017 Jun 1;1(1):96-102. doi: 10.1089/heq.2016.0028. PMID: 30283838; PMCID: PMC6071891.