

A Rural Mother's Guide to Breastfeeding

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A RURAL MOTHER'S GUIDE TO BREASTFEEDING

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WHY
BREASTFEEDING
IS BEST

HOW TO FIND
THE RESOURCES
NEEDED TO
SUCCESSFULLY
BREASTFEED

HOW TO
BREASTFEED
IN THE
WORKPLACE



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SCOPE OF THIS GUIDE

This resource guide focuses on the unique strengths, opportunities, and challenges faced by Kittitas Valley, a rural community in central Washington. The Rural Health Information Hub reports that Kittitas Valley is

deemed a medically underserved rural population (Rural Health Information Hub, 2020). They also report that Kittitas Valley has a shortage of health care providers.

WHY BREASTFEED?



Women have been breastfeeding their children since the beginning of humanity. It was not until 1865 that the first artificial formula was created (Stevens, Patrick, & Pickler, 2009). Today, only one-in-four infants is breastfed in the U.S. even though breastfeeding is highly supported and encouraged by clinical professional associations (Centers for Disease Control and Prevention, n.d.). The Centers for Disease Control and

Prevention (CDC) reports that “breastfeeding provides unmatched health benefits for babies and mothers. It is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. We must do more to create supportive and safe environments for mothers who choose to breastfeed.”

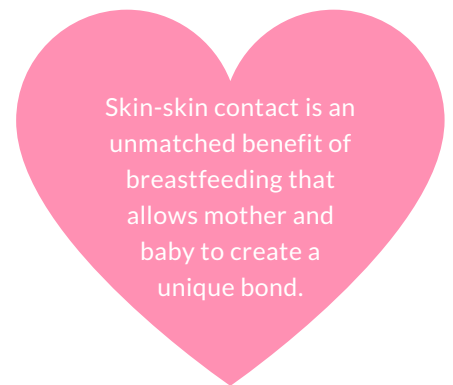


BENEFITS OF BREASTFEEDING

Not only is breastmilk easier for infants to digest, but it also contains antibodies to boost infants' immune systems (World Health Organization, n.d.). Another benefit is that it causes the uterus to shrink quicker after childbirth which may reduce the risk for bleeding after childbirth, a major maternal health risk (The National Women's Health Information Center). Infants who are not breastfed are at more risk to develop asthma, obesity, diabetes, frequent infections, or sudden infant death syndrome. A mother who chooses not to

breastfeed is more at risk to develop hypertension (high blood pressure), diabetes, ovarian cancer, or breast cancer. Beyond other health outcomes, breastfeeding is associated with lower risk of overall infant mortality; up to eight times lower mortality rates have been observed in some regions (Biks, Berhane, Worku, & Gete, 2015).

Mother and baby develop a strong bond while breastfeeding, creating a comforting environment for the infant (World Health Organization, n.d.). Breastmilk contains essential nutrients



for brain development, which are associated with reducing the risk of developing psychopathology such as depression or anxiety (Nishitani, et al., 2009). Breastfeeding allows the infant to develop a secure attachment to the mother while also allowing baby to benefit from the improvement in mental health.



The mother-infant attachment formation results from skin-to-skin contact, active talking, and eye contact. There is evidence of breastfeeding reducing infant stress response and overall socioemotional development (Nishitani, et al., 2009). Research also suggests that infants exclusively breastfed past six months were less temperamental later in childhood (Niegel, Ystrom, Hagtvet, & Vollrath, 2008). The psychological benefits for mothers include a reduction in post-partum depression, improvement in maternal sensitivity, and easing of maternal stress.

Breastfeeding also reflects economic and cost benefits, with breastfeeding behaviors often requiring lower overall costs than formula

supplementation (The National Women's Health Information Center). It's estimated that formula costs roughly \$250 a month although costs vary depending on the type of formula, store where it was purchased, whether it is bought in bulk, and more (Meadows-Fernandez, 2018). Both breastfeeding and formula feeding mothers may need to purchase bottles, bottle cleaning products, and possibly a bottle warmer. Many mothers will freeze breastmilk in a milk bag then use bottles for the frozen breastmilk when away from the child. Breastfeeding mothers may also choose to purchase breastfeeding accessories including breastfeeding bras, nursing pads, nipple ointment, nursing pillows, and more. Federal law requires insurance companies provide

one free breast pump, although this is a barrier for women without insurance who wish to breastfeed. Some programs offer assistance obtaining a breast pump to qualifying mothers. The cost of these purchased items is relatively low compared to the costs associated with formula. The American Pregnancy Association reports that formula costs approximately \$54 to \$198 per month (Breastfeeding vs Bottle-feeding, 2019). Further, taken as a whole, approximately three billion dollars of extra medical bills are associated with non-breastfed infants and their mother (Centers for Disease Control and Prevention, 2019).



BREASTFEEDING RECOMMENDATIONS AND BARRIERS

Mothers milk is tailored for an infant's needs; it has the ideal ratio of fat, sugar, water, and protein for proper development. The World Health Organization (WHO) says "colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth. Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years

of age or beyond" (World Health Organization, n.d.). Many populations are not able to achieve the recommended targets for breastfeeding initiation and duration, especially those located in rural areas who are at risk of having access to fewer educational opportunities, less support (via community or medical providers), and tend to experience lower incomes. These risks are associated with a decrease in breastfeeding often due to workplace complications. Depending on

occupation and socioeconomic status, mothers may return to work and face challenges with breastfeeding. While some mothers stay home longer, that is not a luxury that all have. Certain employment industries and types of positions also support breastfeeding better than others; for example, a mother that has her own private office will find pumping more doable than a mother that works in a public setting such as the food industry.

Finding a comfortable and private space to pump may also prevent women from breastfeeding in the workplace.

Community support for breastfeeding is associated with higher breastfeeding rates in rural areas. The longer infants are breastfed, the greater the benefits are. Many women do not continue breastfeeding past the first six months of their infants' lives, despite the CDC recommendation to breastfeed for at least the first year of life or the WHO recommendation to breastfeed up to and past two years of age (The National Women's Health Information Center). The 2018 CDC breastfeeding report card showed that "while nearly 6 in 10 (57.6 percent) infants are still breastfeeding at



GREATEST ABOND

six months of age, only 1 in 4 are breastfeeding exclusively," (Centers for Disease Control and Prevention, 2018). Women in rural areas are less likely to meet the breastfeeding recommendation at six months compared to women in urban areas (Breastfeeding Facts, 2019). However, few studies have examined the specific barriers and strategies that rural communities face in their aims to improve maternal, infant, and family's health. Therefore, the purpose of this guide is to outline the resources available for rural mothers who are breastfeeding, including Women, Infants, and Children Nutrition Program (WIC), hospital/birthing center education, community-level support, and more.



BREASTFEEDING SUPPORTS

- **WIC:** a federal program that offers many types of aid to breastfeeding mothers
 - Education
 - Lactation consultant appointments
 - Support groups
 - Assistance with breastfeeding in the workplace or when in school
 - Accessing breast pumps
- Hospitals and birthing centers
 - Training
 - Lactation consultants
- **Community level support**
 - La Leche League International (LLLl)
 - Support groups
 - Advocacy in the workplace
 - Breastfeeding coalitions
 - Strives to create a breastfeeding friendly community
 - Offers training and community education

LLLl's mission "is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother" (La Leche League international, n.d.)

WOMEN, INFANTS, AND CHILDREN NUTRITIONAL PROGRAM



WIC has been improving nutrition in women, infants, and children since 1974. WIC promotes breastfeeding as their recommended feeding practice for infants. WIC also strives to promote mother's nutrition before and after birth, baby's nutrition after breastfeeding up to age five, immunizations, health screenings with referrals for medical care, and more.

Research shows WIC babies have an advanced vocabulary, improved memory, healthier growth rates, and more cognitive advantages when compared to children that did not receive WIC benefits (About WIC). Breastfeeding WIC mothers are also found to have a lower post-partum obesity rate, a known benefit to breastfeeding.

There are many ways breastfeeding mothers can benefit by WIC including breastfeeding education, lactation consultants, breastfeeding support groups, aid with breastfeeding in the workplace, and free or discounted breast pumps; although the services provided by WIC are not limited to breastfeeding. Based on data from WIC and the US Census Bureau, 34.1% of infants and children in Kittitas County received WIC benefits in 2019 (WIC Data, 2019).



WIC eligibility is determined based on income and household size. Although established for mothers, fathers or other caregivers can qualify for WIC. Foster children or pregnant foster teens also qualify. Most low-income or military families qualify as well. See the figure below to determine WIC eligibility based on income and household size (for Washington state). Visit <https://www.nwica.org/wic-basics> for more information on WIC in your area.

WIC ELIGIBILITY

Number of people in your household*	Maximum annual income to qualify	Maximum monthly income to qualify
2	\$31,284	\$2,607
3	\$39,461	\$3,289
4	\$47,638	\$3,970
5	\$55,815	\$4,652
6	\$63,992	\$5,333
7	\$72,169	\$6,015

HOSPITAL/BIRTHING CENTERS



The Kittitas County Family Birthing Place aids mothers before, during, and after childbirth. Childbirth classes are a valuable resource offered by the birthing center. The Childbirth Series are seven 2-hour classes that include breastfeeding counseling as well as topics such as what to expect before childbirth, non-medicinal aids in

labor and delivery, medical intervention, and post-partum care for mother and baby. The birthing center encourages mothers to bring their support person to the classes. Other classes offered by the birthing center include a childbirth and breastfeeding refresher course as well as sibling preparation.



BABY FRIENDLY

Kittitas Valley Healthcare (KVH) aims to “protect breastfeeding and pumping mothers at home, in the workplace, and in public by offering information, resources, and referrals on breastfeeding laws and protections, in addition to support and guidance for workplaces looking to increase support of breastfeeding and pumping employees,” (Kittitas County Washington, n.d.).

Kittitas Valley Hospital and the Kittitas County Family Birthing Place take part in the Breastfeeding Friendly Washington Hospitals program, which encourages organizations to become breastfeeding friendly through changes in policies. The program was inspired by the Baby-Friendly Hospital Initiative, which is a ten-step program that aims to increase breastfeeding rates through maternal support. The Ten-Steps to Successful Breastfeeding was developed by WHO and UNICEF in 1991 (World

Health Organization, 2018). The CDC reports that a third of mothers stop breastfeeding early due to a lack of hospital support, the Baby-Friendly Hospital Initiative aims to decrease this (Centers for Disease Control and Prevention, 2011). The Washington State Department of Health works one-on-one with organizations to help them become Baby-Friendly. They encourage all hospitals, birthing centers, and community health clinics to become Baby-Friendly.

10 STEPS TO BABY FRIENDLY

1. Act in accordance with the International Code of Marketing of Breast-milk Substitutes and develop an infant feeding policy
2. Provide staff training
3. Educate new mothers on the importance of breastfeeding
4. Ensure immediate skin-to-skin feeding quickly after birth
5. Provide support for mothers to maintain breastfeeding



6. Do not provide breastfed newborns any breastmilk substitutes unless medically necessary
7. Allow for mother and baby to share the same room during their stay
8. Encourage on-demand breastfeeding in response to babies' cues
9. Discourage the use of artificial nipples such as pacifiers
10. Initiate outpatient follow-up for breastfeeding support

The International Code of Marketing of Breast-milk Substitutes was established by WHO in 1981 which discourages advertisement of breastmilk substitutes, providing free samples of substitutes, promotion of substitutes such as free or discounted formula, labels or information idealizing substitutes, and encourages education on the risks of artificial feeding for mothers (World Health Organization, 1981). The Kittitas County Family Birthing Place recently began offering pasteurized human donor milk for mothers that cannot breastfeed due to medical conditions or in the case of adoption/foster care. This is a very valuable resource to increase rates of breastfed infants.

The Kittitas County Family Birthing Place reports “we support breastfeeding your newborn, and recommend you start within one hour of birth. If you choose to breastfeed, we will help you with positioning and assess your newborn’s latch” (Kittitas Valley Healthcare, n.d.). Most hospitals or birthing centers have a lactation consultant, including the Kittitas County Family Birthing Place. A lactation consultant is trained to assist with breastfeeding support. A board certified lactation consultant has completed a comprehensive training and passed a board test regarding the most complicated breastfeeding issues (Lactation Consultants, 2019). The lactation consultant provides many services before and after birth (Steele, 2020). Pregnant mothers are encouraged to make an appointment with the lactation consultant to discuss their questions or concerns. During pregnancy, the mother is provided information on community involvement, breastfeeding accommodations in the workplace, WIC, obtaining a pump, and more. At 30 weeks, the mother will receive an intake form to assess her history with



breastfeeding, self-efficacy, and breastfeeding confidence. The lactation consultant is present for most births to assist the mother with the initial feeding. After the mother and baby are discharged home, a 24-hour registered nurse (RN) is available via phone for questions regarding feeding and will do an in-person consult in case of emergency. The RN has specialized breastfeeding education. Mothers that have trouble breastfeeding can meet with the lactation consultant in person or via phone up to five times weekly through the weaning process. The Kittitas County Family Birthing Place also offers the Milk Bar, a mother’s group, co-sponsored by the LLLI, which meets monthly.

“We understand the value of breastfeeding support to the families we serve and its impact on our community’s public health. In an effort to remove barriers that prevent mothers from seeking help, breastfeeding support is free of charge at KVH,” (Kittitas Valley Healthcare, n.d.). There is generally less access to a specialist in rural areas; Kittitas Valley has one lactation consultant. Counties with a small population, or rural counties, have less specialized healthcare (Cyr, Etchin, Guthrie, et al., 2019). Residents are often required to travel for specialized care, although this is not an option for everyone. However, the benefit to rural health is that lactation consultants, if available in the area, can provide more one-on-one time due to the lower patient census.



COMMUNITY BASED SUPPORT



Community support groups aim to provide the needed resources to support more women to breastfeed, whether at home or in the workplace. Successful models of breastfeeding support have included community-level action, including the support offered by community-based coalitions or other organizations such as the La Leche League.

Coalitions "promote breastfeeding in every stage and environment" (Kittitas County Washington, n.d.). This includes activities such as World Breastfeeding Week events, operating baby feeding stations at community events, and providing opportunities to learn more about breastfeeding through academic and community presentations.



PHYSICIAN APPROVED SUPPORT

Community involvement allows for more access to education and resources for new mothers (Keitt, Reis-Reilly, Fuller-Sankofa, & Carr, 2018), which is especially important for women in rural communities who may otherwise lack access to these resources due to geographic isolation, limited health services capacity, or other related barriers unique to rural areas.

Many communities offer a breastfeeding coalition. The Kittitas County Breastfeeding Coalition (KCBC) “promotes, protects, and supports breastfeeding for lifelong individual, family, and community health” (Kittitas County Washington, n.d.). KCBC enables sharing of information and resources for community-based breastfeeding promotion, as well as participates in creating safe breastfeeding environments in the community.

La Leche League International (LLLI) is a national organization that acts at the community level to

provide education and support to breastfeeding mothers by mother-to-mother support. LLLI was established in 1956 by seven mothers who wished to “provide breastfeeding help and support to interested women” (La Leche League International). Breastfeeding was not as encouraged by the medical community when LLLI was formed versus today. The initial meetings covered topics such as pre-natal concerns, labor, and Breastfeeding. Some physicians were associated with the group and provided medical advice. The group established a board of physicians to reply to letters

from mothers struggling to breastfeed but did not live near a LLLI group (just the La Leche League at the time). Over the years, the LLLI grew from a small community group to an international organization. LLLI “believes that the breastfeeding relationship can stimulate the optimal physical and emotional growth of the child and the development of close family relationships” (La Leche League International).

LLLI offers monthly support meetings, Facebook support groups, webinars, a newsletter, and more mother-approved support on their website. LLLI has 6000 leaders internationally; leaders are volunteer breastfeeding counselors that have breastfed their children and provide one-on-one support to women as well as phone and group support (La Leche League International). The website offers information on breastfeeding regarding adoption, substance use, allergies, rashes, and much more. Find this information at <https://www.llli.org/breastfeeding-info/>. Local LLLI groups can be located at <https://lllusa.org/locator/>.



MOTHER TO MOTHER



WORKPLACE PROTECTION FOR NURSING MOTHERS



Washington State Legislature (RCW 43.10.005) workplace pregnancy accommodations law states employers must provide “reasonable break time for an employee to express breast milk for two years after the child's birth each time the employee has need to express the milk and providing a private location, other than a bathroom, if such a location exists at the place of


business or worksite, which may be used by the employee to express breast milk. If the business location does not have a space for the employee to express milk, the employer shall work with the employee to identify a convenient location and work schedule to accommodate their needs,” (Workplace Pregnancy Accommodations, 2019).



BREASTFEEDING IN THE WORKPLACE IS POSSIBLE

What this means for breastfeeding mothers is that their employer is required to allow breaks and establish a safe pumping or breastfeeding location. This law also states that employers must reasonably consider any other accommodation and may only deny a request if it would cause undue hardship to the employer or business operations. The last aspect of this law that breastfeeding mothers

benefit from is regarding new employment; an employer may not deny employment due to the need to make accommodations if the employee is otherwise qualified (Workplace Pregnancy Accommodations, 2019). This is a Washington state law; however, the federal law does not vary much under the Fair Labor Standards Act. To view federal breastfeeding laws see <http://www.usbreastfeeding.org/workplace-law>.



Employers are required to work with mothers to determine a comfortable feeding plan in the workplace.

The Washington State Department of Health updates its breastfeeding page with information regarding legal rights, assistance transitioning back to work, and resources to help employers adapt; see <https://www.doh.wa.gov/YouandYourFamily/Breastfeeding>. Residents of other states can contact their Human Resources department or union representative for assistance locating their legal rights as well as how to approach their employer about accommodations.

Many states have also enacted a paid leave act such as Washington's Paid Family Leave Act. This act provides paid time off for new mothers (or other caregivers) who work an average of 16 hours a week. A recent study found that "women who received 12 or more weeks of paid leave were more likely to initiate breastfeeding compared to women with no paid leave, 87.3% versus 66.7%" (Mirkovic, Perrine, Scanlon, 2016). They also found that women were more likely to continue breastfeeding past six months. Exemptions apply to federal employees, those employed on tribal lands, self-employed, and union members (Washington Paid Family & Medical Leave, 2019). Interested women should contact their employer or Human Resources department with questions. Residents of other states should still contact their Human Resources to determine if a similar program exists in your state. If eligible, new mothers can take up to 12 weeks of paid family leave if they did not give birth (e.g., adoption) and up to 16 weeks if they did give birth. If there are complications with the pregnancy preventing the mother from returning to work, an additional two weeks of paid leave is available. The Paid Family Leave Act provides up to 90% of the weekly pay with a maximum of \$1,000 a week. Thanks to the Paid Family Leave Act, mothers can stay home to care for their new baby and establish a feeding routine that will work once returning to work. For more information, to determine eligibility, or to apply, visit <https://paidleave.wa.gov/>.

KNOW YOUR RIGHTS





ESSENTIAL RECOMMENDATIONS

If you are struggling to find the resources necessary to successfully breastfeed, begin by determining if you have LLLI, a coalition, or another community level group to contact. Local mothers may be able to answer your questions, or direct you to assistance. If you are facing physical limitations between you and baby (i.e. latching)

locate your nearest lactation consultant. If you're eligible and seeking breastfeeding training, apply to WIC. Lastly, if you need guidance with returning to work while breastfeeding, contact your Human Resources department or a community level group.

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CASSI CLARK -

**“IF WE WEAR OUR
NURSING COVERS
BACKWARDS LIKE
CAPES, THEN
EVERYONE CAN
SEE WE’RE
BREASTFEEDING
SUPERHEROES.”**

”

THANK YOU FOR READING!