

Milligan College

The Effects of Socioeconomics on Breastfeeding Mothers in
Carter County: A Paper on Exclusivity and Breastfeeding

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Abstract:

Over the course of the last few years, breastfeeding has regained popularity, and it has once again become rather normal that an upper or middle class woman will breastfeed her child after it is born. Most pediatricians even encourage new mothers to breastfeed exclusively to benefit the child and the mom. Unfortunately, most low-income women both nationally and locally deal with socioeconomic factors that prevent them from exclusively breastfeeding. Women in Carter County TN deal with many obstacles that they have to overcome to provide breast milk for their child. I will take a closer look at the relationship between the socioeconomic factors of prevention. I will investigate the ways that local and national pediatricians, lactation consultants, and advocates of breastfeeding can partner with these mothers in their breastfeeding journey. Focusing on ways to encourage lactation, I will defend and advocate for the low-income breastfeeding mother by exploring and brainstorming practical ways to enable women to breastfeed exclusively.

Key Words: Carter County, Low-Income Women, Exclusively Breastfeeding, Advocacy, Lactation

The Effects of Socioeconomics on Breastfeeding Mothers in Carter County

One Wednesday afternoon while I was folding clothes, she walked through the front door of the center packing a baby on her hips. She and the baby were covered in dirt, breast milk, and spit up, and both appeared not to have slept in days. Without hesitating, she handed her four-month-old boy over to me, and collapsed in a chair. For the next three hours, I bounced a fussy baby to sleep while his mom spent time being counseled. Not only did she have three young children, but also she was raising them all on her own with no help from her husband who was currently in prison. She came to the center because her friend brought her. She did not come wanting anything from us, but she left rejuvenated knowing that her baby boy was loved and she now had someone to help her.

Being a mother is not any easy task. The job requires time, money, effort, and support. Upper and middle class women can easily acquire the resources for motherhood, but low-income women are faced with more struggles due to their socioeconomic status. They are often forced to return to work, care for other children, and deal with financial struggles sooner than higher-income women. These socioeconomic factors often prevent them from exclusively breastfeeding their children. Many women nationally and even locally in Carter County face these particular struggles, and as a result breastfeeding is declining among low-income women, and the use of formula is increasing.¹ Though formula is a viable option, a mother should not be forced to use formula over breast milk because of the challenges that her socioeconomic status

¹ The American Academy of Pediatrics and the World Health Organization strongly suggest that infants exclusively breastfeed for 6 months. According to the US National Library of Medicine, in 2010, only 17% of American women adhere to this suggestion.

presents. On a local and national level, doctors, nurses, midwives, and breastfeeding advocates need to be aware of the factors that prevent women from exclusively breastfeeding in order to encourage low-income women and their families to make breastfeeding a priority. Breastfeeding a child provides many benefits for both mom and baby, including better nutrients for the child, weight loss for the mom, and a unique bond formed between the two. Evaluating the socioeconomic factors of low-income women and applying them to women in Carter County can help local doctors and breastfeeding advocates promote breastfeeding.

I have observed while volunteering at a women's center over the past year that most low-income women feed their babies with formula instead of breast milk. I have also seen many of the struggles that low-income women face. In Carter County, twenty-three percent of families live below the poverty line. This number has risen seven percent in fifteen years (ACS). Over five thousand children are enrolled in Carter County public schools from kindergarten to twelfth grade. In these elementary and middle schools, sixty to seventy percent of students qualify for free lunch, and in the high school, about half of all students qualify for free lunch (Public School Review). Most low-income families in Carter County struggle with socioeconomic issues that influence their ability to breastfeed. The Association of Women's Health Obstetrics and Neonatal Nurses assessed some of the obstacles facing women on the Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC) who wanted to breastfeed. They found that the most common socioeconomic variables were demographic, social, health status, and environmental resources. Their findings were comparable to those I see every week.

53% percent of lactating mothers introduce formula before their babies are a week old, 68% do so by 2 months, and 81% by 4 months. Dr. Wolf reported this data.

Women who are younger often have a lower education level and do not have supportive role models or husbands. These low-income women often work jobs that do not offer many break times and live in loud households filled with many people at all times (Tenfelde, Finnegan, and Hill, p.180-181). Low-income women in Carter County deal with many of these issues every day. I meet women at the center that do not have educations beyond the eighth grade, lack support from their families, work at fast food restaurants or gas stations, and live with all of their extended relatives. Most low-income families work hard and only earn enough to survive each month with no extra spending money. In contrast, middle and upper class women have the option to earn a college degree, not to work, and to live away from their relatives.² Higher-income women have the ability to plan their lives around breastfeeding, whereas lower income women do not have this option. Unlike upper and middle class women, low-income women worldwide and locally in Carter County are presented with socioeconomic factors that prevent them from exclusively breastfeeding.

Low-income women work hard long hours to provide for their families. The economic pressures low-income households face do not promote breastfeeding. The majority of low-income mothers do not have the option to stay home with their children for any period of time, and thus need a way to provide milk for their child while working. If a woman's job is one that allows babies, breastfeeding at work is a wonderful option. Most low-income women, however, do not have jobs that allow children to be present. Mothers that work in fast food or at gas stations can either pump or formula feed. "The

² According to U.S. News, in 2012, the annual income for a low class family of four is \$23,050 per year. A lower- middle class family of four is expected to make between \$32,500 and \$60,000 per year. An upper-middle class family can make up to \$100,000 per year, and an upper class family will make more than \$150,000 annually.

Patient Protection and Affordable Care Act of 2010 passed a law that required employers to accommodate working mothers who wanted to express breast milk while at work” (Ehrenreich, p. 65). According to this law, women should legally be allowed to breastfeed, pump, or discuss breastfeeding while at work. According to Ehrenreich, low-income women are often stereotyped as being lazy and that laziness only increases when requesting to breastfeed at work (p. 84). Breastfeeding or pumping at a job creates distrust in the mother from her co-workers when it appears that she pumps to avoid completing her assigned tasks (p. 84). However, people take smoking breaks for about the same amount of time a woman needs to pump, and yet only smoking is accepted. Pumping or smoking a cigarette takes about ten to fifteen minutes. If employees are not scrutinized for leaving their responsibilities to smoke, then women should not be disrespected or called lazy for pumping. While working, low-income women need to know that they have legal rights to pump regardless of what their employer or co-workers might say.

Family life can also prohibit exclusively breastfeeding. Most low-income families live together in one typically smaller house. Parents, children, grandparents, aunts, and uncles live together in order to save money on housing. This living situation provides more localized income for a family but often prevents women from exclusively breastfeeding. Privacy is a privilege that low-income women sacrifice. This lack of privacy decreases the rate of exclusively breastfeeding. Breastfeeding is emotional and challenging even for a well-supported mother. For a low-income mother who lacks support, breastfeeding, even with a cover, in a room full of people is embarrassing and frustrating. Anyone can stick a bottle in a baby’s mouth, and it eliminates the awkward

moments of having multiple disapproving people present when attempting to breastfeed a child.

Low-income women in Carter County specifically tend to have limited access to a vehicle. Most women I encounter at the center are brought there by a friend or drive there on what little gas they can afford from Roan Mountain or Mountain City, which is approximately forty-mile drive. Most lactation consultants and OB/GYNs now practice in Johnson City as opposed to Elizabethton because Carter County no longer has a hospital with a birthing center (BABE) which increased the length of travel for mothers coming from the mountains. Studies show that women who attend prenatal and breastfeeding classes are more likely to exclusively breastfeed than women who do not attend. Women who sought breastfeeding information described increased confidence when attempting to breastfeed (Tenfelde, Finnegan, and Hill, p.181). Education on how to breastfeed provides a way for low-income women to gain the knowledge needed that they would never receive at home. Breastfeeding rates could rise among low-income women if they had access to an increased amount of prenatal and postnatal support. In Carter County, most support to be gained is found in Johnson City. The lack of vehicles or gas for the vehicle can prohibit the frequency of care that a pregnant woman needs to gain information and support to breastfeed. Mothers who are on WIC can choose to have follow-up support through peer counselors. Part of a peer councilors job could expand to driving mothers to and from doctor appointments while following up during the drive.

Locally in Carter County, low-income women face many economic struggles. Many women that I meet on weekly basis at the center come down from areas around Mountain City to receive free baby clothing, diapers, and wipes. At Wal-Mart, one thirty-

three ounce container of formula is twenty dollars and will last about one week. Breastfeeding is generally seen as the cheaper option. Breast pumps are not cheap though. In 2009, Dr. Rojjanarirat and Dr. Sousa interviewed women about their perceptions of pumping their breast milk. Most women they interviewed stated that buying or renting a breast pump was not something they could afford. The average breast pump from Target costs three hundred dollars. In her book, Work. Pump. Repeat. Jessica Shortall, reminded women that the Affordable Care Act of 2010 requires most health insurance companies to cover the cost of a breast pump and lactation support. These things, she says, are provided because breastfeeding is seen as a preventative health measure (p. 27). Locally in Johnson City, Mountain States Health Alliance offers free breast pumps to any mother who does not already have one. For women living in Carter County, receiving a breast pump is simple if they have been educated on requesting one while in the hospital. The cost of formula is much greater than breastfeeding if one receives a free pump. The only variable cost of breast versus formula then is the time that a mother has available.

Hannah Rosin, a writer for The Atlantic, made an excellent point regarding the cost of breastfeeding. She said, “It [breastfeeding] is only free if a woman’s time is worth nothing” (Bloom, p. 3). Breastfeeding eliminates the cost of formula if one has the time needed to either breastfeed or pump. Low income mothers need to understand that breastfeeding their child is not easy. It will require many long sleepless hours to develop a routine. While it is the cheaper option, the mother has to be willing to commit many hours to feeding and pumping. If a low-income mom does not believe that she has the ability to breastfeed and pump, she needs to be encouraged to at least give it a try. Breast

milk can enhance the quality of a baby's life even if it only receives a small portion. Rosin was right in saying that breastfeeding is only free if a mother's time is worth nothing, and I do not wish to discount any mother's time, but breastfeeding is an important task that is worth the time.

Breastfeeding rates among low-income women are already low, and they decrease drastically when a woman experiences postpartum depression. For most mothers, breastfeeding is a rewarding experience, but for mothers who desire to breastfeed and yet struggle, the feeling of being overwhelmed and depressed can consume them (Lavoie, p. 55). Most women who suffer postpartum depression either fail to initiate breastfeeding or give up after many failed attempts. Often a woman's inability to think clearly and make decisions during a period of depression can make breastfeeding much more complicated. Studies have shown that low-income postpartum mothers are less likely to seek mental health treatment than middle and upper class mothers (Abrams and Curran, p. 351). All mothers can suffer from post partum depression, but an upper or middle class woman has more resources available to overcome the depression. Low-income women suffer from postpartum depression, never receive help, and thus quit breastfeeding exclusively. "Seven days after birth, only approximately sixty percent of infants in the United States are exclusively breastfeeding" (Allen, Perrine, and Scanlon, p. 440). This statistic should shock anyone who is an advocate of breastfeeding. Almost half of all children in the United States are not breastfed for more than one week. Babies and mothers both benefit from exclusively breastfeeding, and yet many women do not breastfeed. Low-income women in Carter County do not have to contribute to this statistic. Lactation consultants, doctors, midwives, and breastfeeding advocates have the responsibility of encouraging

the mothers they come in contact with to breastfeed, if not exclusively, then as much as time allows. The socioeconomic factors of low-income women should not prevent them from providing breast milk for their babies.

“Breast is best” is one of the most common phrases used by breastfeeding advocates. An article in the New York Times promoting breastfeeding ended with a quote saying, “for God’s sake, please breastfeed” (Waggoner, p. 153). An increased push for breastfeeding has occurred in this country over the last few years. Since the 1950’s, the La Leche League has been pushing for more breastfeeding acceptance and accommodation. The organization has even gone as far as defining “good” and “bad” motherhood based on whether the mom breastfeeds or not (Waggoner p. 154). Defining the quality of parenthood based on breastfeeding can leave a woman feeling judged rather than supported, and keep her from reaching out for help when all she wants in the moment is to give her baby a bottle. Breastfeeding advocates should focus on enhancing the quality of parenting by supporting mothers to breastfeed and continuing to support them even if they choose a bottle.

Low-income women may not know why the breast is perceived to be best, so they will need to be educated. Formula-fed infants are at a higher risk for respiratory infections, otitis media, and gastrointestinal infections (Rojjanarirat and Sousa, p. 2015). Breast milk contains the antibodies that are naturally in a woman’s body, and they are passed to the baby providing instant immunity that is not possible to gain from formula. Unlike formula, breast milk does not contain the same few ingredients throughout the time a baby receives milk. Breast milk naturally changes over time to meet the needs of the baby during the different stages of development (Godfrey and Lawrence, p. 1597). A

baby receives many more nutritional benefits from breast milk rather than formula, but nutrition is not the only benefit of breastfeeding. The Journal of Women's Health defines breastfeeding as an intricate process of interaction between mother and infant that is far more than nutrition (Godfrey and Lawrence, p. 1597). Skin-to-skin contact creates a unique bond between mother and child. Skin-to-skin connects mother to child and can help reduce postpartum depression according to Jilian Reece, the president of the BABE Breastfeeding Coalition. Breastfeeding can also benefit the mother's health. Studies have shown that women who breastfeed exclusively for one year have a lower risk of breast cancer, type 2 diabetes, cardiovascular disease, and rheumatoid arthritis (Godfrey and Lawrence, p. 1598). Even breastfeeding for a short period of time after birth can strengthen the physical health of the baby and the mental and emotional health of the mother. The benefits of breastfeeding appear to speak for themselves. A low-income mother may not see the benefits right away, so continued education is essential.

Education is the key to success. Low-income women normally do not have good breastfeeding role models and support systems. Because these women lack strong support for breastfeeding, they are unaware of the options available to help them succeed in breastfeeding. As an aspiring midwife, I desire to encourage low-income women to exclusively breastfeed. Before encouragement can happen though, women and their partners need to be educated prenatally on the resources available to them. Education is best implemented when information is processed in person to allow for questions and answers. Breastfeeding mothers gain confidence when they know that their technique for feeding is providing their child with adequate nutrition.

Low-income mothers must return to work eventually. Mothers need to know that they can receive a free pump in the hospital if they ask for one. Women that I meet at the center, who never even went to high school, do not even know that there are laws protecting their rights as mothers to breastfeed or pump at work. All women have the right to pump at their place of work. Women with lower educations working in low-income jobs are easy targets for discrimination because they are more likely to fear being fired. A woman cannot and should not be discriminated against because she chooses to breastfeed her child. There has been a recent push towards the empowerment of all women, but if this push is going to happen it needs to extend fully to all women regardless of their social standing. Low-income women need to be empowered with knowledge to defend their rights to pump or breastfeed at work, and in turn, breastfeeding rates will rise.

Educating women who do have access to transportation can be more challenging because these women will normally be seen in a doctors office environment. More often than not, doctors run behind and cannot spend quality time fully educating a low-income pre-partum woman on the benefits of breastfeeding. In these circumstances, doulas, midwives, and lactation consultants are essential. OB/GYNs provide quality care for pregnant women pre-partum and during delivery, and pediatricians care for the child after it is born, but the professionals who support breastfeeding women from beginning to end in their normal environment have the opportunity to make the most impact. The Journal of Midwifery and Women's Health performed a study focusing on the impact that doula care has on breastfeeding initiation among diverse low-income women. The results showed that breastfeeding initiation rates were higher with a doula than without a doula

by over seventeen percent (Kozhimannil, p. 380). Doulas, midwives, and lactation consultants are perceived to be fields of work that are of the past, but people in these fields are able to spend one on one time with a new mother that is necessary for her to continue exclusively breastfeeding.

Breastfeeding advocates need to be conscious of the fact that many low-income women do not have the necessary means of transportation to receive education. A low-cost option to solve the problem of poor transportation is a nurse who makes home calls. The Association of Women's Health Obstetrics and Neonatal Nurses suggests, based on study results, that the total cost of nurse time per home is one hundred and seventy-four dollars per visit. If organizations targeted the most vulnerable high risk women and children, the total expense would not be that great in comparison to what a nurse makes each year (Frick, Pugh, and Milligan, p. 147). Money is always a factor, though. An OB/GYN office would need to be willing to pay a nurse to visit mothers in the area. This would take away active hands at the office and not bring money to the practice unless insurance would cover these costs for low-income mothers, and likelihood of insurance covering these costs is not probable. A doctor's office would have to see the need in the community in order to sacrifice a nurse and a profit to better serve low-income women who lack easy access to transportation.

With the right approach, breastfeeding advocates could increase the number of exclusively breastfeeding women in Carter County by working together with nonprofits as a united force. If doctors were able to identify, with the help of a nonprofit, low-income breastfeeding women in the area who are struggling that could use a special visits, they could focus their attention on these women; increase breastfeeding rates, and

lowering postpartum depression. There are two nonprofits one in Johnson City and one in Elizabethton that focus on low-income women. Angie Odom, the director of the TLC Community Center in Elizabethton, has spent many hours in her van driving women to and from doctor appointments. She stressed the importance of being willing to “get down and dirty with your clients.”³ She focuses on building relationships with low-income women, living their lives with them, encouraging them to take care of their babies and themselves, and educating them about all things baby. Angie has a well-maintained relationship with many OB/GYNs in the area, and she uses her connections to help her clients have honest conversations to better the lives of their babies. Because of her nonprofit work, many low-income women are able to attend their doctor’s appointments each month. If breastfeeding advocates coordinated with people such as Angie, they would be able to identify women that need special attention or more education in order to successfully breastfeed.

Breastfeeding mothers need to have outlets to seek support from other breastfeeding moms. Local breastfeeding advocates, such as Jilian Reece, host breastfeeding seminars multiple times a year in Elizabethton and Johnson City. These seminars are free to the public and offer free guidance, food, give aways, and time to talk to lactation consultants. Medical professionals and local businesses volunteer their time to attend these events and donate prizes. Events such as these should be done on a more regular basis so that breastfeeding mothers can meet other breastfeeding mothers. One of the greatest resources for a low-income mother is another low-income mother who deals

³ Angie Odom lives in Elizabethton and serves low-income women in Carter County. The information about her in this paper came from a conversation that I had with her at the TLC Community Center.

with the same struggles. These events only happen a few times a year so other sources of support come from local Facebook breastfeeding support groups. BABE Breastfeeding Coalition is the most popular page for this area of Tennessee. Social media sites open the door for easy communication between mothers, while at the same time promoting local events and resources. Uniting low-income women to encourage each other to breastfeed will reduce the frequent need for professional encouragement, and empowers women to rely on each other.

Relying on other breastfeeding women for support is wonderful, but having the support of your child's father can drastically increase the success rate of breastfeeding exclusivity. Low-income fathers generally do not support breastfeeding because they see a deep bond forming between mother and baby that they do not have. In order to promote breastfeeding, Jilian Reece stated that fathers should know that skin-to-skin contact benefits the baby if the contact comes from the dad as well as the mom. Fathers may not be able to breastfeed due to their genetic make-up, but they are able to create a similar bond to a mother's if they spend a few minutes each day just lying with their child skin-to-skin.

Most women desire to give their babies the best nutrition they can provide. Unfortunately, most low-income women are unable to continue exclusively breastfeeding after a few weeks due to socioeconomic factors. The majority of upper and middle class women have the ability to plan their lives around their desire to breastfeed, but low-income women do not have this option. To tell a mother to endure the difficulties of breastfeeding and push through is unreasonable. Breastfeeding requires time, hard work, establishing a routine to feed and pump, support, and education. Many low-income

women have no idea where to begin. Across this country and locally in Carter County, low-income women need advocates. They need other woman to come along side them, encourage them, and educate them in their breastfeeding journey regardless of the amount of time they exclusively breastfeed. Life for low-income mothers would be much less complicated if all they had to do was stick a bottle in their baby's mouth, but often less complicated is not always the best answer. A low-income mother has the freedom to choose the way her child is fed, but before she makes this decision, she needs to understand that her social class does not have to prevent her from exclusively breastfeeding.

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