

## Insights

# Breastfeeding Takes a Village and, Too Often, Black Women Don't Have One



*Work is Changing That*

“We know that for a woman to be successful at

breastfeeding, it takes a village; we also know that Black women in our country are profoundly likely not to have that village in their ordinary lives,” says Khadija Garrison Adams, co-founder of Black Lactation Circle (BLaC) of Central Ohio, a community empowering black pregnant and nursing mothers to meet their breastfeeding goals.

Black women in the U.S. have the [lowest rates of breastfeeding](#) initiation and continuation compared with other racial and ethnic groups. As a result, Black women and children disproportionately miss out on vital [breastfeeding benefits](#), including lower rates of diabetes and certain cancers for mothers; and reduced risks of asthma, obesity, and Sudden Infant Death Syndrome (SIDS) for babies.

Lower breastfeeding rates among Black women in large part reflects historic and systemic inequities, says Adams. “The history of being used as wet nurses when enslaved has put a darkness on the act of breastfeeding for a lot of Black women. And throughout the last century, there’s also been [this push of formula](#) onto Black women.”

In a [recent report](#) on breastfeeding and racial disparities, the CDC noted that strategies for increasing breastfeeding rates among Black women included improving peer and family support. The report echoes Adams and affirms the need for organizations like BLaC: breastfeeding peer support networks run for and by Black women. These networks can fill a gap in breastfeeding support for Black women—a gap largely created by the historic and systemic inequities that Adams describes.

Public health efforts have an opportunity to help address this gap by learning from and about groups like BLaC and supporting their work, says NICHQ Senior Project Director Stacy Scott, PHD, MPA. “These organizations are important partners in improvement. They not only give Black women the support needed to reach their breastfeeding goals; they also have a deeper understanding of the needs of the women in their community and can provide insight into system gaps and barriers that perpetuate breastfeeding disparities.”

To raise awareness about the importance of holistic, culturally competent care, Adams recently presented about BLaC for two NICHQ-led projects: the National Action Partnership to Promote Safe Sleep ([NAPPSS-IIN](#)) and the [Safe Sleep CoIIN](#). Both projects are funded by the Health Resources and Services Administration Maternal and Child Health Bureau.

BLaC started as a group of five women and evolved to more than 650 members within a few years. The community meets in person each month and has a Facebook group so that women can constantly connect with other breastfeeding women about their experiences.

“We are a tiny village where breastfeeding to 12 months, to 18 months and to 24 months is normal,” says Adams. “Instead of setting goals to breastfeed until they go back to work, our women are most often setting goals to make it to a year, and it is even very common for our babies to hit two years.”

Adams has found that the women in the group often face a host of outside pressures to discontinue breastfeeding: well-meaning but misinformed family members, daycare providers who pressure mothers to introduce food early, and health care providers who aren’t aware of the latest research. Recognizing that knowledge is power, **the Facebook group curates a foundation of evidence-based articles and resources about breastfeeding**, and group moderators monitor conversations so that all evidence is based in research rather than personal experiences. Giving women this knowledge empowers them to champion their breastfeeding goals and choices outside of the group. This is especially important for women returning to the work force, says Adams.

“We’ve found that our mothers are most often in situations where employers are legally required to make necessary breastfeeding accommodations and just aren’t doing it,” she says. “We hear about managers who are consistently hassling mothers about the time it takes to breastfeed (express milk), and about mothers who are given a room that doesn’t lock or put on a shift alone, so they need to close the store to breastfeed (express milk). Our network connects women with everything from Legal Aid, to coaching about conversations with their supervisor, to even finding a new job, if that is what is best for them.”

BLaC also **helps mothers meet breastfeeding experts** that can provide additional support during their breastfeeding journey, continues Adams. They’ve developed strong relationships with their local agency of Black doula, created a running list of Black Lactation Consultants, and connected with local Women Infants and Children (WIC) agencies and hospitals. This breadth of partnerships ensures that BLaC can connect mothers with holistic expert care at every stage of pregnancy.

Importantly, creating a safe space for Black women during the pre and perinatal period has benefits beyond breastfeeding—it **is also a safe space for mothers to learn about infant safe sleep practices**. When a mother shares a photo on Facebook that depicts an unsafe sleep environment, such as a baby sleeping with a blanket, BLaC moderators, who have already developed a relationship with the mother, can lovingly and promptly share safe sleep guidelines and connect mothers with resources.

BLaC’s significant impact on the health of Black women in Central Ohio illustrates the need for breastfeeding networks and organizations led by women of color. These groups offer a comprehensive, culturally competent network of support that black women often can’t find on their own because of a history of systemic failures. By partnering with groups like BLaC, hospitals and public health organizations not only receive vital insight into the barriers Black women face; they also gain a solution to some of those barriers: connecting the Black women they serve with a village of support.

“We have made the art of breastfeeding a gift that only the privileged can give to their child,” says Adams. “We like to say that breastfeeding is free, but it is only free if you discount women’s time. It takes a lot of time and a lot of support, and women need to have that support in their family circle, social circle and employment environment.”