

Breastfeeding and Early Combination Feeding ‘*los dos*’ in Latinas

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Despite what is known about the benefits of breastfeeding to both the infant and mother, racial and ethnic discrepancies exist regarding decisions about breastfeeding, hospital initiation, and duration. According to national data from Pediatric Nutritional Surveillance Survey, Latina women have breastfeeding initiation rates of 73%, but only 30% are breastfeeding at 6 months, which is well below the Healthy People 2010 goals of 50% at 6 months. Mothers with lower socioeconomic status and those enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) have even lower initiation rates of 53% initiation and 21% duration at 6 months of age.

We and others who work with this population had noticed that many of the Latina mothers in Denver initiate breastfeeding with ‘*los dos*’ (combination of breast- and bottle-feeding in the newborn nursery). Frequent bottle feedings of formula (topping off after each feeds and other variations on supplementation) in the first week of life often result in lowering of mother’s milk supply. As a result, babies refuse to latch onto the breast and by 2 weeks of age mothers fear of “*no tengo leche*” (‘I don’t have milk’) becomes a reality. We recently published a qualitative study in Breastfeeding Medicine where we explored this issue of combination feeding with Latino families at Denver Health (see reference at end of the article). Although non-Hispanics may also be using this combination feeding method, this appears to be more common in Latinas than in other cultures and in those Latinas who live in the United States in contrast to Latinas in their country of origin (increased bottle feeding with acculturation).

Focus groups and interviews with Latina mothers and their family members (fathers and grandmothers) revealed some common themes:

1) By giving both breast milk and formula, Latina mothers feel they are insuring the baby gets the ‘best of both’-healthy aspects of breast milk and the vitamins in formula. Mothers told us that they want to provide insurance by having the baby get both both, in case there was something in formula (i.e. vitamins and other things) that was necessary. They also said that they get mixed messages from medical providers regarding formula supplementation and from receiving formula samples from hospital at discharge.

2) Breastfeeding is natural but it is associated with problems (or hardship). Many first-time Latina mothers were surprised that breastfeeding causes pain, sore nipples, embarrassment/discomfort in public, and can change the appearance of breasts postpartum. Latinas commonly reported that they heard that mothers who ate chile, spicy foods and beans would cause problems in the baby, particularly colic. Mothers also reported that if mothers do not eat well their milk would be more watery. Most participants also were told of the importance of drinking *atole* (cornstarch gruel protein drink) for breastfeeding mothers. This information is shared widely among Latinas, although it is never specifically linked with professional advice or instruction.

3) Mothers want to breastfeed, but things can happen to them that are beyond their control (*fatalismo*). Violation of *La Cuarentena* (40 days postpartum period) offers explanation for milk supply issues and other problems. Going outside or getting cold exposure to the back was often used to explain low milk supply or milk supply going away. Evaluation by a medical expert was not sought for problems of milk supply. Being away from the baby for school or work or social reasons was another reason given for formula supplementation. Mothers pumped (using a manual pump) only to remove milk and relieve full and engorged breasts, but usually discarded this milk. For these women, pumping was extraneous to the breastfeeding experience. Some babies were reported to have a ‘preference’ for formula. Mothers with anatomic issues or illness again did not consider contacting a health care provider or ask for professional advice for breastfeeding difficulties.

4) Hispanic parents and grandparents want what is best for the baby and give strong messages about cultural beliefs. We found that families who were involved with raising animals in Mexico (*rancheros*) came with a knowledge and appreciation for colostrum and breast milk. Mothers reported family members advising supplementation with formula if the infant has excessive crying or is not *gordito* e.g. Mothers expressed concern that others make comments on the infant’s body size or shape implying a chubby child is more desirable and a leaner child may be associated with not getting enough breast milk. It is common knowledge among Hispanic families that any negative emotion can affect breast milk in mothers—*coraje*, pathologic anger, is believed to spoil breast milk or *susto*, a sudden disturbance of emotions, also is believed to affect milk and both are to be avoided.

Our work and research in this population leads us to several recommendations for those providing breastfeeding support in Latino populations:

- 1) Providers need to acknowledge the hardships of breastfeeding, but clearly explain to new mothers about the importance of doing it. Emphasize the importance of delayed supplementation and perhaps provide specific recommendations, such as a maximum of one bottle of formula a day and coming to see their provider if they have concerns about perceived insufficient milk supply may also prove helpful.
- 2) Emphasize that breast milk from a mother who is taking vitamins has everything in it needed by the baby initially. Later, they can add vitamins for the baby.
- 3) Ask the mother about her concerns about breastfeeding and breast milk. And ask the mother what she has heard from others about breastfeeding and breast milk. As myths arise, provide her with current medical information to counter the myth.
- 4) Emphasize the benefits of feeding pumped milk to the baby rather than discarding it. This should be communicated to mothers and family members. This may also require working with the mother on the appropriate storage, manipulation and time limit of pumped milk. Improving access to breast pumps through WIC and limiting access to free formula, as well as raising awareness among employers that facilitate pumping milk and milk storage in work places are important policies that influence this population and need to be addressed on a community level.

- 5) Providers should appeal to the traditional family values by including other persons in the family that the mother thinks can support the breastfeeding mother (fathers, grandparents, comadres) especially during the critical period of *la cuarentena*.

References

Bunik M, Clark L, Zimmer LM, Jimenez LM, O'Connor ME, Crane LA, Kempe A. Early Infant Feeding Decisions in Low-Income Latinas. *Breastfeeding Medicine* 2006. 1(4): 225-235. If you are not able to get access to *Breastfeeding Medicine*, contact us for reprints.

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Utilizing a cross cultural communication model such as LEARN (see Newsletters 2 and 5) may assist in identifying potential barriers to successful breastfeeding. Once the barriers are identified, the provider may be able to counsel the mother on appropriate ways to deal with those barriers, and /or direct her to existing resources. Understanding and exploring Latino core values (refs Sauaia 2004, Welsh 2005, Sauaia 2007) of family, fatalism and trust may be of assistance in solving breastfeeding problems.

Be aware that socio-economic reasons are among the most frequent causes of breastfeeding failure (e.g., unable to take time off work), and always explore this issue. Don't be quick to attribute failure to cultural values or beliefs. (see ref below)

Engage the family in the process: ask about her family's ideas and traditions on breastfeeding (pros and cons), look for positive aspects; engage the family in assisting her in the process (can Grandma assist in latching, can someone take over family roles so she can breast feed, etc); make sure the rest of the family knows how important it is to breastfeed (especially the husband). Always build on the positive aspects that already exist, carefully but firmly clarify misconceptions that can be harmful and offer current medical ideas.

Acknowledge fatalism by working with her and her family to understand that she can and should actively influence the success of breastfeeding for the sake of her baby.

Ask her who she most trusts for advice on breastfeeding (and what that person advises). Suggest that person come with her to the breastfeeding-related appointments.

Reference:

Welsh AL, Sauaia A, Jacobellis J, Min S, Byers T. Effect of a Church-Based Approach to Increase Breast Cancer Screening Among Latinas on Medicaid. Preventing Chronic Disease Prev Chronic Dis [serial online] 2005 Oct. Available from: URL: http://www.cdc.gov/pcd/issues/2005/oct/04_0140.htm. 2005.