Women’s Health Grand Rounds

It Takes A Village: Promoting Breastfeeding at the Community Level

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Dr. Mary Applegate: Good morning and welcome to the 2013 edition of Breastfeeding Grand Rounds produced by the University of Albany School of Public Health with support from the Empire State Public Health Training Center and the New York State Department of Health. I am Dr. Mary Applegate, the Associate Dean for Public Health Practice at the School of Public Health and host of this morning’s broadcast. It’s a pleasure to welcome you today.

This year’s Breastfeeding Grand Rounds is called It Takes A Village: Promoting Breastfeeding at the Community Level. With me in the studio as always is Dr. Ruth Lawrence, Professor of Pediatrics, Obstetrics and Gynecology at the University of Rochester School of Medicine and Dentistry, author of Breastfeeding: A Guide for the Medical Profession – a woman, in short, who barely needs an introduction to a breastfeeding audience.

Also joining us for this year’s broadcast is Ms. Stephanie Sosnowski, Chair of the Mid-Hudson Lactation Consortium and Deputy Director of the Maternal Infant Services Network of Orange, Sullivan and Ulster counties. Stephanie has been leading community-wide breastfeeding promotion efforts in that part of New York State for the past 20 years. Her regions breastfeeding rates show that she is very good at what she does.

We had hoped to have a fourth person here today, Ms. Kimarie Bugg, Founding Director of ROSE – Reaching Our Sisters Everywhere – a nonprofit organization that promotes and supports breastfeeding among African-American mothers. Unfortunately, for today’s broadcast, but fortunately for every other reason, Kim was recently elected to the Board of the U.S. Breastfeeding Committee and had to be in Washington today for her first USBC board meeting. She gave us permission to include clips in the broadcast from ROSE’s recent documentary, Reclaiming an African-American Tradition. So, even though she isn’t here in person in the studio, she’ll be part of the broadcast.

As always, there will be time in the second half of the broadcast for your questions. You can phone, fax, or email us your questions. While we’re talking, please jot down questions so we’ll be ready when we open the phone lines. Or you can just email us at any point during the broadcast at bfgr.ny@gmail.com. The phone number to call this morning is 1-800-452-0662. And the fax number is 1-518-426-0696. If you do send a fax, please write legibly. At the end of the broadcast, please don’t forget to fill out your evaluation and post-test. Those are both online.

So, the focus of today, as I said, is how to support breastfeeding at the community level. The first question is, why focus on the community level? And the major reason is that in the U.S., there are still
huge disparities in breastfeeding rates among different racial subgroups in the population – particularly, disparities in race and ethnicity and disparities in income level. And, whenever we see these big disparities, you need to look really broadly at what are the reasons behind them and how can you address them. Before we really get started, let’s hear from a couple of real experts on that subject. Kimarie Bugg herself, as well as Dr. David Satcher, the former surgeon general.

**ROSE Documentary:** ROSE is at the forefront of a movement to encourage African-American mothers to embrace breastfeeding as a cultural and social norm.

**Kimarie Bugg:** It’s important for the health of mothers and babies. And we know that African-American women breastfeeding less. And because of that, our babies do suffer more of many ailments that could possibly be prevented if moms would breastfeed their babies. And also, moms have significant health benefits when they choose to breastfeed their babies.

**ROSE Documentary:** ROSE is an acronym for Reaching Our Sisters Everywhere.

**Dr. David Satcher:** It’s important first that every child has an opportunity for a healthy start in life. And, we know that breastfeeding is such an important part of that. We know that breastfeeding reduces infections in children. We know that it reduces childhood obesity. It reduces Sudden Infant Death Syndrome risk. And, it also benefits that mother. It hastens the cessation of bleeding from the uterus. And overtime, it actually decreases the risk of breast cancer and uterine cancer in women.

By 2010, 75% of all women in this country were breastfeeding. And 58% of African-American women were breastfeeding. And, by six months, only about 28% are still breastfeeding. We have a major problem.

**Dr. Mary Applegate:** As Dr. Satcher said, breastfeeding rates among African-American mothers are much lower than rates among Caucasian and other mothers. Let’s look for a minute at what are the national goals for breastfeeding. For decades, from the start of the Healthy People Program – setting national objectives for health measures – the rates were the same. 75% breastfeeding initiation, 50% at six months and 25% at a year. Those were nice round numbers that were easy to measure. They stayed the same because we never reached those goals. In the past ten years – just a few years ago, actually – we finally reached that 75% initiation rate, which means that it was time to reset the goals so that we have a new target to aim for. You can’t just aim for something that’s lower than where you already are or you don’t make progress.

So, here are the new breastfeeding goals for 2020. They’re not as memorable as the old ones, but I’m doing my best. So, the new breastfeeding initiation goal is 81.9%, six months 60.6%, and at 12 months 34.1%. I think it was a formula increase from where we were at that time to get us to these new goals. Anyway, there is still a major stretch, especially in the duration ones where we reach the initiation goal, but we’re still very far away from the old duration at six and 12 months goal. So, we’ve got a ways to go.

Next, we have some data from the CDC showing how the rates have looked over the past 20 years. Here’s a graph showing the progress that has been made since 1993. These are initiation rates for the
U.S. population as a whole. But, when we look at population subgroups, the picture isn’t quite so encouraging. You can see before that last bar, we did reach the 75% target and have gone a bit beyond it. But, when we look at the next slide, we can see that even though in all of the population subgroups that the CDC looked at, there has been upward progress during that time. The progress among African-Americans has been lower than among the others and the disparities continue. Fortunately, the disparities are narrowing a bit, but they’re still pretty significant.

As you can see, rates among Latino mothers are higher, and in fact, they’ve been at the national targets for longer than rates among white women. But, the rates among African-Americans are persistently lower, and that’s why our main focus this morning is going to be on promoting breastfeeding in African-American communities. When we look at progress at the six-month mark, we see a similar picture – continuing upward progress, but still major disparities among the racial subgroups.

So, let’s talk a little bit about what are the causes of some of these disparities. Poverty and maternal age are two of the common suspects when we look at other perinatal health disparities. You know, lower income women and younger mothers having higher rates of unfavorable outcomes. We’ve got some more CDC data looking at the combination of breastfeeding rates and race and poverty and maternal age. And, you can see on this one looking at race and poverty – in each of the racial groups, the low-income women have lower rates of breastfeeding than the upper income women. But, the disparities among racial groups persist even within the income groups.

So, the low-income women in the blue bars, the black low-income women are significantly less likely than white and Latina low-income women to breastfeed. So, the disparities can’t be just explained by the poverty effect. And in fact, among Latino women, there’s almost no disparity between the poor and middle income women. So, we can’t point to poverty as the reason why black women breastfeed less. By the same token, if you look at different maternal age groups, among the youngest mothers, they have the lowest breastfeeding rates. But, if you look across racial groups, black teen mothers have lower rates than white teen mothers and among Latinas, the age differences are least. So, clearly the Latina community has got it right in a way that the others of us need to learn from. And, especially we need to figure out how to help the African-American community achieve the same kinds of goals as the Latina women.

So, Dr. Lawrence, I know this is an issue that you’ve taught a great deal about over the years. Could you talk a bit about what we should be thinking about as the contributing factors here?

**Dr. Ruth Lawrence:** Well, we have a tendency to think that African-American women don’t know how to breastfeed. And that is so far from the truth. Historically, they have always breastfed. And, I had the privilege of training in New Haven with Dr. Edith Jackson who brought breastfeeding back to this country along with childbirth without fear and rooming in and all of those things were there in New Haven while I was trained. All of the African-American mothers were breastfeeding. All of my clinical mothers were breastfeeding, and I would say, how do you do that? And they’d look at me and say, ‘well, you just put the baby there.’

**Dr. Mary Applegate:** And the baby figures it out.
**Dr. Ruth Lawrence:** That’s right. And so, what’s happened is our cultural changes and forces kind of working against them because then in clinic, some of the doctors were saying, ‘oh, you shouldn’t bother to breastfeed. Let me give you a formula.’

**Dr. Mary Applegate:** This is scientific.

**Dr. Ruth Lawrence:** ‘Let me set you free.’ And, this caught on in the African-American community because they prescribed formula and sort of told, ‘that’s old-fashioned. Let’s do this other thing.’ So, there are a lot of external forces quite apart from poverty and quite apart from race. These mothers were led down another path.

**Dr. Mary Applegate:** So, anytime we’ve got these patterns that have become established over decades, we really need to look deeply at what are culturally appropriate role models and messages and resources to be available to communities. People need support from their communities, from their families, from their peers. Even though it was our predecessors fault as doctors that we got into this mess in the first place, it isn’t good enough just to say, you know, ‘we’re from the government. We’re here to help. This is what you should do.’

**Dr. Ruth Lawrence:** Right.

**Dr. Mary Applegate:** You know, it’s much too patronizing and isn’t going to work with a deeply ingrained kind of thing over generations.

**Dr. Ruth Lawrence:** And so many generations have passed. There’s nobody in their community to act as a model.

**Stephanie Sosnowski:** And as birthing practices have changed over the years, we’ve also seen the way that mothers were allowed to birth have a big impact on their ability to breastfeed in those first hours. We know now how important that first hour skin to skin contact is. I think back to my mother’s generation, they were knocked out. There was no way that they could have breastfed. So, of course they had to have formula for their babies. So I think, in addition to supporting breastfeeding in the community, we really need to focus on reaching women before they have their baby. You know, hopefully in their teens, when they’re thinking about it maybe, but really vital that our birthing practices help to make breastfeeding more successful.

**Dr. Mary Applegate:** And that’s why a lot of the sessions of Breastfeeding Grand Rounds have focused on what can be done at these institutional levels to help make breastfeeding more possible. So, this is kind of a complement to that, what can be done at the community level as well to help them – as the name of the documentary from ROSE says, ‘to reclaim a breastfeeding tradition; to reclaim an African-American tradition,’ in this case.

So, we came across as we were getting ready for this, a slogan that I think was first developed in South Africa by a group of disability rights advocates – “Nothing about us without us!” – and I think that that kind of encapsulates the issue here. We don’t want us as a bunch of white professionals coming into the
community and saying, ‘we know what’s best for you and this is how you should do it.’ It needs to really come from the community itself.

So, why don’t we go back to the documentary from ROSE and hear from Kimarie Bugg herself again.

Kimarie Bugg: I met with a few young women at my house a few weeks ago – had met these young women over the years many different times. I want you to see this two-minute video.

ROSE Documentary:

(Maya Nesbit): (Music) I’m not really sure why more African-American women don’t breastfeed. It’s certainly the best thing for your baby and its 100% free. (Music) Maybe it’s education. Maybe there’s a stigma there. Maybe a lot of African-American women believe that breastfeeding is for mothers back in the day and now people just use formula. (Music)

(Bria Koen): I heard people don’t like for you to do it in public. Some people don’t think that it’s healthier than formula. I’m still kind of nervous about it cause most mothers who breastfeed, they told me that they have had a hard time doing it. So, I’m just worried about that. I think it will be a good experience.

(Ebony Futch): So, I think once they get educated enough on breastfeeding that they’ll be more susceptible to actually doing it. It just that, basically it’s about getting educated on doing it and why is it important to do versus using, you know, Similac and stuff like that. (Music)

(Miriam Shelby): A lot of the teen mothers, they’re not really educated as to how and where—and don’t have the support of the family to cater to their decisions.

(Nikiah Grangent): People would say because he’s a little taller than other kids and then he had teeth, you know, from the time I can probably remember, so they would say the same things, like, ‘you breastfeed him and he has all those teeth? He doesn’t bite you?’

(Ebony Futch): So you get the stereotypical stuff like ‘you shouldn’t be breastfeeding that long’ or ‘ew, that’s nasty.’ And I’m like, why is it nasty? You know, what makes this nasty? I’m nurturing my child.

(Bria Koen): Like not feeding as often as she should have. She told me how her breasts would get sore, and she’d have engorged nipples and how it hurt and was painful.

(Miriam Shelby): If they had more access to information on meetings or workshops in the community about breastfeeding and plus they don’t see it a lot.

(Maya Nesbit): I think African-American women need the chance to meet and talk one-on-one with other African American mothers who breastfeed and really get the facts and decide for themselves that that is something that they would be willing to do. (Music)
::Technical Difficulties::

Dr. Mary Applegate: Looking farther back in history, as Dr. Lawrence was saying, African-Americans almost all breast-fed. But during the last half of the 1900s, in the efforts to recover from the real dip in breastfeeding that was caused by the move toward scientific formula, a lot of those efforts involved middle class white women. Peer support efforts like Nursing Mothers’ Counselors and the La Leche League, despite its Spanish name, largely involved Anglo moms. In recent years, leaders in the black community, David Satcher, Kimarie Bugg, and others have been working hard to reclaim that African-American tradition. One of those leaders has been Dr. Michael Young who was our guest for Breastfeeding Grand Rounds 2004, in case anyone wants to revisit that. It’s available on the archives, but we have a clip from her from the recent documentary. Let’s go and listen to what she had to say there.

(Dr. Michal Young): Breastfeeding is the first food, it’s the first immunization, it’s the best thing next to a mother’s love that a mother can give her baby. This was our tradition to breastfeed for many years. When the wars came along, health care providers went to work and more women in the work force, and formulas came in as a supplement and then they took over. We spent $850 million a year in WIC for families who could be breastfeeding. That’s $475 per non-breastfed infant in the first year. WIC (Women, Infants, and Children) program initially was not really on the breastfeeding bandwagon. A lot of women got free formula without that education. I think WIC has really changed that; they are big force in promoting breastfeeding. But we have work to do in that regard.

Dr. Mary Applegate: In public health, when we think about community engagement, we work with the socio ecological framework which recognizes that health is influenced by all kinds of different factors, not just whether somebody has access to healthcare or not. We have a graphic that shows what the socio ecological framework looks like. It’s a tiered approach starting at the individual and going out to interpersonal interaction, organizational environments that people have to interact with, live in, their communities, the values and ethos of a whole community and then public policy issues. Today we’re not going to talk about so much about the public policy issues, but we’re going to look at those community organizational and the interpersonal layers of the socio ecological framework. Dr. Lawrence, when we look at the individual level of that framework, that’s the area where most health care providers are usually interacting, pediatricians less so because pediatricians always recognize that children don’t occur in isolation, children are part of a family and you’ve got to deal with the whole family at least. But, even so, most health care focuses on that individual level. What are the major issues that we deal with at that individual level?

Dr. Ruth Lawrence: Well, we always think about education. As health care providers we always want to educate everybody. Derrick Jelliffe said something very interesting years ago and he said, ‘breastfeeding is a confidence game.’ And probably our most important responsibility is to instill confidence in the mother that she can do it because the baby knows what to do.
**Dr. Mary Applegate:** It’s not just a step-by-step, do this, do this and this and you will be fine. If you do it right, it’s a matter of believing that you will do it right and your baby will do it right.

**Dr. Ruth Lawrence:** You can do this.

**Stephanie Sosnowski:** That’s a big piece of the community education that we do at our agency. We always believed very much so that women have the power to make these decisions but they need the information. We try not to make it too complicated, really the baby knows what to do, we just have to kind of let it happen.

**Dr. Mary Applegate:** Moms and babies would be doing this for a long time. And hopefully will continue to for a very long time and we won’t be arrogant enough to think that we can figure out a better way than what Mother Nature has invented over the years.

**Stephanie Sosnowski:** Corporate America is trying to take that away from us, but we can take it back.

**Dr. Mary Applegate:** Yes. So when we move away from that individual level and move to the interpersonal level, there are tons of influences at that level for better and for worse. One of the most important is the role of the father in helping to promote and support his partner in breastfeeding. What are some of the examples that you two have seen over the years of fathers having a tremendously positive impact on the mom’s ability to breastfeed?

**Stephanie Sosnowski:** In my experience in working at the community level, we know that if we can get a father to be present at the breastfeeding class or childbirth class, we know that that baby is really off to a good start because the mother needs so much support coming home from the hospital. The fathers really make a big difference. The partner in her life really makes a big difference in helping her in other ways and we spend a lot of time talking to the fathers about it’s not your only job to feed the baby a bottle. There are so many other things; it’s your child, put the baby on your chest.

**Dr. Mary Applegate:** And it’s not just a matter of I get to feed the baby or I have to change the diapers. There’s lots of things.

**Dr. Ruth Lawrence:** Well, there’s a chore that’s very important and that’s nonnutritive cuddling. Babies need quieting and calming and that sort of thing from somebody who doesn’t smell of milk, and that’s dad’s role.

**Stephanie Sosnowski:** In our prenatal classes we talk to the fathers about how important it is to make the connection with the baby during the pregnancy; talk to the baby, read a book to the baby. When that baby is born, he or she is going to recognize the father’s voice and be comforted, as Dr. Lawrence said, on the father’s chest.

**Dr. Ruth Lawrence:** And in the hospital, the father is not considered a visitor, he’s considered part of
family. He can come and go at his leisure, he can spend the night, he can be there; he’s just part of the picture.

**Dr. Mary Applegate:** They’re no longer segregated out in the dad’s waiting room that is the subject of so many New Yorker cartoons over the years.

**Stephanie Sosnowski:** And it is, if we look at the media way of presenting birth, we are seeing some changes, which is really nice. You know, instead of the mother screaming during labor, we’re seeing some more natural birth and things like that on sitcoms which makes a big difference.

**Dr. Ruth Lawrence:** Well that’s where the title “Childbirth Without Fear” came from—was understanding what’s happening.

**Dr. Mary Applegate:** Because it becomes a vicious cycle. If you are afraid of it you tense up and it just gets worse. I think with the growing popularity in the general public of things like yoga and recognition that calming and centering can have a positive influence on all kinds of aspects of our life, I think there’s, at least hopefully, a growing recognition that this is a really key place for that to happen too.

**Stephanie Sosnowski:** Absolutely, our agency now offers yoga for birthing which is an integration of yoga breathing techniques along with the education part of childbirth. It’s very successful. The couples love it.

**Dr. Mary Applegate:** So it’s not called “The Magic of Lamaze Breathing Techniques” it’s just having an approach to getting that focus and calm?

**Stephanie Sosnowski:** Right. As a childbirth educator, Lamaze has been one of the leading organizations ands and leading the change. They have come away from the breathing to being the only thing you learn to really promoting natural and normal birthing; birth is normal—which is a wonderful concept.

**Dr. Mary Applegate:** And we were talking about dads a minute ago. And we have another clip from the documentary that specifically is about dads. The beginning of it is pretty funny, actually. Let’s take a look at that.

**ROSE Documentary:**

(Music: “Go Daddy, Go Daddy, Go!”)

**(Jonathan “Jay-Pee” Phillips):** The mom that’s delivering the newborn, she’s the quarterback, she’s the head coach, she’s the wide receiver, the tail, she’s in charge!

**(Pete Alexander):** At least once a month, we gather men who are going to be new dads or expecting fathers together and we answer any questions that they may have.
**Dr. Mary Applegate:** Another key group in that interpersonal level of the socio ecological model are the people I would call the role models: the grandmothers, the aunts, the sisters, the friends. People who have had successful breastfeeding experiences in the past and they can provide all kinds of informal education and support and encouragement for the new breastfeeding mom. When a community loses its breastfeeding tradition, that group of role models is one of the first interpersonal connections to disappear and one of the hardest to rebuild. We can reeducate health professionals as long as we want. But until you’ve had enough time for there to be members of the community available to serve in that role model kind of interaction, it’s an uphill climb. How have you seen all of that kind of thing play out in your communities?

**Stephanie Sosnowski:** Well, again, we do community level prenatal breastfeeding classes and birth education. And I know that if I find out that the mother herself has been breast-fed, like yay, we’ve got a grandmother who can really support her and that’s like a big hurdle, knowing that when she comes home from the hospital, her own mother is going to be able to support her in her choice to breastfeed instead of fighting with her saying ‘I wanna feed the baby, you sleep for six hours’ and ‘we have a free case of formula, let’s use that.’

**Dr. Mary Applegate:** Or saying ‘you think that those make enough milk for that baby?’ You know, saying all kinds of undermining things.

**Stephanie Sosnowski:** And we have great tools that we use in our classes now just showing the grandmother and the mother and the father, whoever is there with her, really how tiny the newborn’s belly is. They don’t need two ounces of formula to be full.

**Dr. Mary Applegate:** Not a football player who needs to drink gallons of stuff.

**Stephanie Sosnowski:** Yeah, so reaching the community is really important. We’ve been doing that for a long time. Just—and we’ll talk about it a little bit later—but just having places in the community where moms can feel comfortable breastfeeding their baby. If they come into our agency, we have breastfeeding-friendly signs up and it makes a big difference to know that they’re supported. We have role models now that women tend to look at celebrities. So we do have some important celebrities, well not important, but we have some celebrities now who have chosen to breastfeed so I think that’s a really, really—

**Dr. Mary Applegate:** And going public with their choice to breastfeed.

**Stephanie Sosnowski:** It’s a really great thing. I know that the Kellogg Foundation just reported—I don’t think it’s news to those of us in the field of information but I think it raises a level of awareness among the general population that most people believe in breastfeeding and it’s the right thing to do for your baby. But when it comes to being able to continue breastfeeding, sometimes that’s difficult. That’s why we’re here today, because mothers and families need that support in the community. When they leave
the hospital, they need somebody to say, it’s okay, you can do this, and we’re here to make it easier for you.

**Dr. Mary Applegate:** Yeah, that Kellogg Foundations study, they produced this wonderful info graphic, I just saw it yesterday for the first time so too late to insert into today’s handouts for today but the Kellogg’s Foundation’s website is wkkf.org and if you look on there you’ll be able to get it. It’s a great graphic and it would have been perfect for this because it talks about the percent of people who believe that hospitals should adopt breastfeeding friendly practices. They talk about the number of people who believe that work sites ought to adopt breastfeeding-friendly practices. Well, you have a copy there. What are the other things that they—

**Stephanie Sosnowski:** I do. Well, 68% of their polled group believes that there should be baby-friendly or breastfeeding-friendly hospitals. That 66% of the people polled felt there should be more support in the workplace. We know that it’s a real issue. We have federal department of labor laws now as well as here in New York State but we know that women have a lot of difficulties when they go back to work in trying to have their employer really accommodate them. 71% said that they would like to see public spaces for breastfeeding and nursing and not be told if you’re in a grocery store that you have to go find the bathroom. Nobody wants to eat a meal—

**Dr. Mary Applegate:** Or go out to your car.

**Stephanie Sosnowski:** Yeah.

**Dr. Ruth Lawrence:** I think we need to have a cheer for the Kellogg Foundation.

**Dr. Mary Applegate and Stephanie Sosnowski:** Oh absolutely, yes, yes.

**Dr. Ruth Lawrence:** They joined us five years ago supporting the first summit. Now they’re using all of their resources to support breastfeeding. And it’s most incredible support—

**Dr. Mary Applegate:** Yes, and they’re doing a lot of work at this community level.

**Dr. Ruth Lawrence:** Exactly. They’re offering grants, they’ve funded over 100 places who are trying to support breastfeeding. So eat your corn flakes.

**Stephanie Sosnowski:** Well that’s what breastfeeding has needed, is some financial backing. We’ve never had that because breastfeeding doesn’t cost anything and nobody earns a profit.

**Dr. Mary Applegate:** Yes. And there are major profits to be earned by the formula companies who are trying to undermine efforts to breastfeed while putting on a gloss of ‘oh, yes, we’re very breastfeeding friendly.’ Yeah, right. Looking at that graphic, it’s very encouraging that such high numbers are supportive. But I also think to myself, ‘we’ve got to get to those 30 plus percent who don’t think
employers have any role here. We need to get to the 30 plus percent who don’t think that hospitals have a role.’ So the numbers are good but they’re not where we need them to be. And that’s part of this whole—

**Stephanie Sosnowski:** Right.

**Dr. Mary Applegate:** Looking at it at a community level. So getting back to the interpersonal peer support role model thing. While we’re waiting for the next generation to pass and get to the point that we’ve got a whole cadre of grandmothers who have had positive breastfeeding experiences themselves, WIC in particular has done a lot to try to make up for that by developing a huge peer counselor program. And Stephanie, that’s a lot of what you do at work.

**Stephanie Sosnowski:** Yes. It’s absolutely wonderful, at least in New York State, every WIC agency is mandated to have a peer counseling program. And I’ve had the privilege of starting the one in Orange County with our local health department. Peer counselors are women who were or are WIC participants themselves who have breast-fed their own babies, have experience with it. We’ve had tremendous, tremendous increases in breastfeeding rates. When we first started, less than half of the mothers that came to WIC even thought about breastfeeding and now we’ve almost doubled that. We have almost—it’s really remarkable that the whole feeling in the WIC clinic has changed from the time that we started it three years ago. We started with three peer counselors; we have two wonderful peer counselors now, moms that do such incredible work in supporting their peers. It makes such a difference when you have a WIC mom come in and we have another WIC mom to come in and talk about how much easier it is to breastfeed and how we can support you. Our peer counselors have 24/7 phones. They can call any time. We’re working on getting our peer counselors into the hospitals so that they’re there as soon as the baby—

**Dr. Mary Applegate:** Meet the moms right away.

**Stephanie Sosnowski:** To meet them right away, yes. Because we know that a lot of times in that first week when moms are not supported when they come back to WIC, what happened? We thought you were going to breastfeed? This, that, and the other thing, so we’re trying to do our best. And there are WIC agencies that already have peer counselors in hospitals, so we use that as a model.

**Dr. Ruth Lawrence:** We do in Rochester.

**Stephanie Sosnowski:** Yeah, absolutely, yes. So it really is a great model. And I know WIC is really trying to get away from being the formula people and they’re doing a wonderful job at becoming the breastfeeding people.

**Dr. Mary Applegate:** Right, and Dr. Michael Young on that video clip that we saw mentioned that in its early years, WIC really was inadvertently doing a lot to undermine breastfeeding. But over the past 10, 20 years have made a huge turn around and have become major supporters of breastfeeding.
**Stephanie Sosnowski:** So we really hope at the federal level the funding continues for the peer counselor program because everything is always on the chopping block but it’s such an effective program. We’re saving so much money in not giving these babies formula for months and months and increasing and improving their health, improving the mother’s health as well. It makes no sense at all to get rid of a wonderful program like that.

**Dr. Ruth Lawrence:** Well, the original model for that was La Leche league, of course, because they were peer counselors. And they continued to work and model that concept.

**Stephanie Sosnowski:** Yes, and we have our peer counselors go to the La Leche League meetings so they’re known in the community. We work together with the La Leche group in all kinds of activities so it really is wonderful. The hospital in our community now has a mom’s support group, our peer counselors are there so it really makes a nice community level of support.

**Dr. Mary Applegate:** Well, as you can imagine, Kimarie Bugg has done a lot with peer counselors with ROSE, so let’s take a look at the clip from the documentary that has some of her peer counselors talking about their experiences in that role.

**ROSE Documentary:**

**(Kala Elamparo):** As someone who works in an area where there aren’t a lot of African-Americans in general, the ones that I do meet in the WIC offices I really want to target them and help them see that it’s not taboo in our culture and community, that it’s something that’s beautiful and that we want to embrace it. That’s really my mission.

**(Tenesha Turner):** Sometimes moms just don’t want to do it and I hear it all the time in my clinic. ‘Well, I can’t do it because I gotta go back to work and school’ or ‘every Friday I have to get my hair done and no one wants to keep the baby because he always wants to be on the breast.’ And when they see a peer counselor and we’re working and we’re going to school and we’re looking like they are and we’re going through everything that they’re going through and we’re still able to breastfeed, and they ask you, ‘well, how do you do it?’ And we’ll tell them. They wanna know who else is breastfeeding, especially my dads when they come in class. Do you know that Michael Jordan was breast-fed for three years? And they’re like ‘oh, well maybe it’s ok.’

**(Nicole Liger):** I had a mom actually a week ago, she’s 39 and this is her third child. Her oldest is in the military, 19-years-old so it was like starting all over for her, but she had flat nipples and didn’t think that she could do it. But I did a home visit and she got the baby latched on and she was so happy.

**Dr. Mary Applegate:** So you can see that those young women have so much more credibility with the population that we’re trying to reach than any of us would really. And they look at us and think, ‘you’ve got all kind of advantages. How am I supposed to do it in my life?’ But having peer counselors who have
done it in lives very similar to the women we’re trying to reach makes a huge, huge difference.

**Stephanie Sosnowski:** The peer counselors understand food stamps and all those things that are just part of their lives and they’ve done a marvelous job as educators and as mothers being really great role models for the moms that come into the WIC program.

**Dr. Mary Applegate:** And it gives them positive reinforcement and empowerment for themselves. It has advances on all kinds of levels.

**Stephanie Sosnowski:** That’s one of the beauties of the program, we encourage them to continue with their education and opportunities to go to conferences and breastfeeding conferences. We have regular meetings. It really is a very successful program. It’s going to make a big difference.

**Dr. Mary Applegate:** And more and more hospitals and other organizations get interested in improving their breastfeeding rates, there’s a potential career ladder even for people who start out as peer counselors to become lactation counselors and lactation experts in two or three years.

**Stephanie Sosnowski:** Right and we know for hospitals that are working on baby-friendly or ten stepped or whatever they’re doing, that a big piece of it is having that connection to the community. The peer counselors really make that easy for them to do. They have to connect with the local WIC agency.

**Dr. Mary Applegate:** And now we move on to the next level to the whole organizational environment. This is the level that we’ve talked about in lots of past Breastfeeding Grand Rounds. The hospital and workplace environment. All of those past broadcasts are available on the website if you want a full recap of what we talked about then. Let’s do a brief overview of what the major organizations at that level are that we need to be thinking about. The most obvious one is the healthcare environment. As we’ve talked already a bit before, the birthing environment itself has a major impact on the success of breastfeeding initiation. And if breastfeeding doesn’t get off to a good start, it can’t get off to a good continuation. So really, even though the amount of time people spend in the birthing environment is shrinking, what happens in that environment has a huge impact.

**Stephanie Sosnowski:** We can usually help them. But it’s unnecessary. If things would have gone better in the hospital, we wouldn’t have these issues a week later or two weeks later.

**Dr. Mary Applegate:** On surveys like the Maternity Childbirth Connections, they did a survey that showed that trouble getting breastfeeding going was the number one cause for early weaning in the first couple of weeks of the breastfeeding experience. So really getting that good start is key to success through the rest of the breastfeeding year or two or three. With the African-American community, another important part of the healthcare environment that we need to think about is the NICU. African-Americans have higher rates of premature babies and low birth weight babies, so higher numbers of babies spend time in the neonatal intensive care unit. Conveniently enough, Kimare’s husband is the Director of Neonatology at Grady Memorial Hospital in Atlanta, and he and their daughter, who is a
future obstetrician, both appeared in clips on the documentary. Why don’t we hear from them next.

ROSE Documentary:

(Dr. George Bugg, Jr): Breastfeeding is a very important topic to us because the infants who are born prematurely need the nourishment that they get from the mother’s milk. The artificial substitutes do not provide the protection that the babies need in their first few months of life. It increases their risk of infections if they don’t get mother’s milk. So for our babies it can be a matter of life or death.

(Paula Bugg): I’m thinking about becoming an OB-GYN and I feel like this conference is really important because I do want my patients to breastfeed their babies because I know the important I have learned from attending this conference. It benefits the babies and it benefits the mother.

Dr. Mary Applegate: So that’s it for the Bugg family hour on the Breastfeeding Grand Rounds. It’s so cool to see their daughter following her parents’ footsteps into this world.

Stephanie Sosnowski: It’s so important to reach the younger generation and my agency has been working in the middle and high school region for a long time really talking to young people about their futures as potential parents. When you bring up breastfeeding; they’re like sponges. They’ve never had anybody talk to them about it and they all get it. Hopefully the next generation will—we won’t have to fight so much with getting them to understand how great it is.

Dr. Mary Applegate: That job will have been done. Check mark. So another really key organizational environment that women have to deal with in terms of the continuation part of breastfeeding is the workplace environment especially in the continuation part of breastfeeding is the workplace environment, which again, we’ve talked about numerous times in past Breastfeeding Grand Rounds. Codified in lots of state laws, including one in New York State, and now in the Federal Affordable Care Act, there are some requirements on workplaces that they need to provide time for breastfeeding mothers to either breastfeed or pump during the workday and they need to provide spaces for them that aren’t just the bathroom down the hall to do the pumping. So unfortunately, in the past, a lot of employers, even if they have accommodated the, ‘okay, you can have a space to pump,’ it’s really not much more than a bathroom and it may be a bathroom. So our next humorous clip from the documentary is what if we all had to eat in the bathroom? From a group called Table for Two.

ROSE Documentary:

(Sojourner Marable Grimmett): The table for two is a community organization that seeks to establish public lactation rooms for breastfeeding moms. ‘So what did you eat in the bathroom?’ We went to undergrad at Clark Atlanta University just around the corner and we took over a bathroom at Clark. We said, ‘hey, we’ll feed you guys if we can put you in a bathroom and take photos.’ And now they are ambassadors for breastfeeding. How about that?
Dr. Mary Applegate: So Stephanie, please talk to us about what the New York Statewide Coalition has been doing to support employers.

Stephanie Sosnowski: Well, the New York Statewide Breastfeeding Coalition, back in 2008 I believe, we received a grant through the United States breastfeeding committee to provide training of the business case or breastfeeding toolkit which is a wonderful document that’s available online now at our womenshealth.gov website. But we were able to train over 350 health and human service providers throughout NYS from Long Island all the way up to Buffalo to help them reach out to businesses to educate them on why it was so important for their business, the bottom line, would be improved if they were able to support their nursing mothers at the workplace. And fortunately, we had the passage in 2007 of the New York State Nursing Mothers in the Workplace Law. So it gave us teeth to go out and reach out to organizations. And the best and easiest thing that happened was because so many people that attended the trainings already worked in agencies, we said ‘start there—look at your own organization or healthcare agency and see what you can do to make some changes.’ And we did see a lot of positive changes. The statewide coalition was able to offer mini grants to help them work with local businesses, even if it was something as small as providing a refrigerator for the business so the mother could put her pumped milk in the refrigerator during the day. Or perhaps they needed to buy a screen or a lock; it didn’t have to be much. But we were able to at least reach out to many businesses. And since then the NYS Department of Health WIC program has actually come out with a new tool called Making it Work which is aimed at employers and employees of low income wage earners. So, whereas the business care for the breastfeeding toolkit was really sort of corporate America—and we know if you have an office of course you can close your door and you can pump for the most part. But if you’re working at McDonald’s or a Bodega, it’s not the same thing.

Dr. Mary Applegate: There are big challenges.

Stephanie Sosnowski: It’s very challenging, so the New York State WIC program, the department, went out and through a grant they put together this wonderful toolkit with lots of really great ideas on how small businesses can accommodate nursing mothers. It might be something in New York City where one of the perinatal networks, which is a community network, opened up a lactation room that all of the businesses and all the women that work within their block can come in and use. Simple ideas like that. Even in Upstate where there were women that work on the telephone line. You know, they could go in their truck. But they looked at portable tents like you take to the beach and you just pop it open and she was able to pump. You can plug your pump in; some of them even operate on a battery, manual expression works too. But it gave her the privacy and she was able to pump and it’s just simple things like that.

Dr. Mary Applegate: So these are telephone line workers?

Stephanie Sosnowski: Yes, yes.

Dr. Mary Applegate: At first I thought you meant a telephone call center.
Stephanie Sosnowski: No, out in the line, in their trucks, climbing those poles and doing whatever they do up in the air there.

Dr. Mary Applegate: Moms do all kinds of jobs now.

Stephanie Sosnowski: Both toolkits have a lot of information that you should access. And if you come to the New York State Breastfeeding Coalition’s website, we have a lot of links to all that stuff on there. And of course we have our Facebook page, we have a lot of followers there, and we are always giving information and links there as well. But the fact that here in New York State we have the support of the Health Department, we have the support of the statewide coalition, we have the support of in very—the New York State Health Department has funded perinatal networks for the past 20 years and those are one of the great community level places where we find that women can be supported in breastfeeding.

Dr. Mary Applegate: So we’re lucky in this state to have lots of layers of support available. And even in other states, many states have developed statewide and regional networks as well as lots of national level resources from the CDC from the womenshealth.gov.

Stephanie Sosnowski: And really all following that framework that you mentioned earlier, it’s a great tool to use to help you focus on what you need to do.

Dr. Mary Applegate: Mhm, figure out which level you need to operate on and whatever you can do. One of the sort of cornerstones of workplace support has always been the lactation room. And I know at the University of Rochester, Strong Memorial Hospital has a fabulous lactation room with rocking chairs and pumped in music and privacy screens and all kinds of—

Stephanie Sosnowski: The elite pumping room.

Dr. Mary Applegate: Yes, it’s like the gold standard of gold standards for lactation rooms. But they don’t—I mean, as you said, the pop-up tent can be an extremely simple lactation room. We have a photograph of something in between those two extremes. An employer can provide a lactation room without going to a huge expense and still have what you need to have. You know comfortable chair, a refrigerator to store the milk, a pump to plug in an electric pump.

Stephanie Sosnowski: And some place close-by to wash up.

Dr. Mary Applegate: A sink. That’s one—the sink was one of the reasons people got moved into the bathrooms but you can have it next to the bathroom so there’s a sink nearby.

Stephanie Sosnowski: As little as four feet by five feet. They really can be—you know look for that unused closet somewhere and you can revamp it. There are actually organizations that can help you do that. And we can get you the link to those too. But it doesn’t have to be elaborate.
**Dr. Ruth Lawrence:** Well, this is on the first floor of the hospital. It’s accessible to everybody. And we agonized over the name. It’s called “The Pump Place.”

**Stephanie Sosnowski:** Seems appropriate.

**Dr. Ruth Lawrence:** Yeah well we—you can see an engineer running in there with a clamp and some devices.

**Dr. Mary Applegate:** No, that’s a different kind of pump!

**Stephanie Sosnowski:** In one of the counties that I work in, one of the first places that made changes for the business case of breastfeeding was the hospital and really looking at the HR policy. And yes, if you were a nurse you knew that you could go up to the maternity floor and use their pump and have their office. But if you were a custodian or worked someplace else, you had no idea. So, just putting that into their HR policy to let everyone know that yeah, any employee can come up here—it’s a nice room, not anything elaborate, but it’s really nice and clean and comfortable. And there is a public one now down by the emergency room so the families that are coming in have a place to go too.

**Dr. Ruth Lawrence:** We have pumping places all across the university. So it’s permeating.

**Stephanie Sosnowski:** Model programs, wonderful, yeah.

**Dr. Mary Applegate:** Not surprisingly.

**Stephanie Sosnowski:** One of the organizations that received a mini grant from us was Cornell University. We know that they went to make some changes in their campus as well.

**Dr. Mary Applegate:** Well, and as you said, you can have the greatest lactation room but it’s only the people in the know or it’s not much good. Making changes in the human resources office whenever somebody inquires about maternity leave, that should be a trigger to provide more information about the breastfeeding support that’s available.

**Stephanie Sosnowski:** Exactly, and that’s why even when we are working with a mom who is pregnant, we talk to her about her plan for going back to work and how important it is for her to reach out to her HR department now and let them know that these are the things that she’s going to need. Because you don’t want to show up when you come back in six weeks and say, ‘where is my pump room?’ and have HR go ‘woah!’ So if you go in, one of the great tips that we gave at our training from Cathy Carothers is that you should go back with your baby and let everybody see how beautiful this is and why you’re doing this during your six or eight weeks or whatever limited maternity leave you have. Let everyone see how wonderful your baby is.
Dr. Mary Applegate: And how they’re flourishing because they’re breastfed and how you’re not going to be home sick all the time with the baby because the baby is being breastfed and therefore is not getting ear infections all the time, etc, etc. So we talked about lactation rooms, but that isn’t absolutely necessary. Sometimes the major adjustment that an employer needs is an attitude adjustment. And just being supportive and helping figure out even if it’s a small place and they can’t set up a whole lactation room, what can they do short of sending you to the bathroom or sending you to your car that would accommodate your need to pump during the workday and take breaks and that kind of thing. So having a positive supportive, ‘let’s figure it out’ kind of attitude can go a huge amount of the way toward finding solutions.

Stephanie Sosnowski: And as we see in the photos here, we have a mom who has her baby with her. What better place, you know, you’ve solved a lot of issues. Until the baby is actually mobile, mom can wear the baby and accomplish a lot of things at work.

Dr. Mary Applegate: And the baby spends a fair amount of time sleeping so they can sleep near the mom. As long as the baby isn’t too cute and a distraction to everybody else, it can work out really well. After a while, even the cutest babies are sort of part of the background and people stop fussing over them.

Stephanie Sosnowski: And, you know, getting your colleagues to not feel like you’re getting something they’re not. I mean, for years people took cigarette breaks and they were gone two hours probably out of the whole day and no one complained about them. But a nursing mom goes to pump for ten minutes, what is she getting that I’m not? Having the education office-wide is really important, too.

Dr. Mary Applegate: Yeah, so often with the workplace environment, the other environment that really needs to be accommodating is the childcare setting.

Stephanie Sosnowski: Yes.

Dr. Mary Applegate: Because not everybody has the wherewithal to have a nanny at home to support the breastfeeding mom when she goes back to work. And not everybody has a grandma who can retire right at the moment the first grandbaby is born and become that stay at home nanny for the baby. So having supportive childcare environments is also a key part of the whole thing. What are some successful models of that that you guys have seen?

Stephanie Sosnowski: I would like to say thanks to Dr. Mary Applegate when you were with the state health department, developing best practices for childcare centers in New York State, and it’s been a great tool to have. The New York Statewide Breastfeeding Coalition, we take emails and get calls and things from mothers who have issues and we’re able to send them to the state health department website and say, ‘here’s a list of breastfeeding-friendly childcare centers and here is a list of what your childcare center can do or should be doing.’ Breast milk is not a toxic substance.
**Dr. Mary Applegate:** You don’t need to wear rubber gloves or put on a mask.

**Stephanie Sosnowski:** Yeah, and those children are healthier. Why not support that? In my agencies one of the things I’ve done over the years is gone to any childcare center that will have me and come in and talk to them about how easy it is to support breastfeeding mothers. Even if they just have a place where the mother can get my pamphlet and say, ‘call this agency and they can help you.’ Or a list of the La Leche groups or a list of the lactation consultants. A book, anything at all. But to not chastise the mother because she wants to come to the daycare center to breastfeed her baby. She has an hour for lunch, she’s coming in. And we had that recently with a childcare center on Long Island who didn’t want the mother to come in and breastfeed. You have to go out in your car with your baby. It was just ridiculous.

**Dr. Mary Applegate:** Crazy, yeah, and that’s just a setting where an attitude adjustment is really the biggest thing that needs to happen.

**Stephanie Sosnowski:** Yes, and you know, for some of the head starts that I’ve worked with, they’ve just been wonderful. They’re federally funded agencies, so they have a lot of rules to follow. But they’ve been wonderful. They’ve accommodated mothers with nursing places, and because they have it there, their staff can use it. So it’s really perfect.

**Dr. Mary Applegate:** So Dr. Lawrence, do you have anything you wanted to comment on about childcare centers?

**Dr. Ruth Lawrence:** Well, I could give you a list of ones that cooperated and are wonderful. We have to get rid of that term breastfeeding Nazis—and have people realize that it’s normal and the best thing that could happen.

**Stephanie Sosnowski:** And I think as an advocate myself, I think one of the real important messages is that we’re not trying to force people to breastfeed.

**Dr. Mary Applegate:** We’re trying to help them reach their own goals.

**Stephanie Sosnowski:** Exactly, exactly, exactly.

**Dr. Mary Applegate:** And that’s the sad part. We’re often portrayed as people who are forcing women to do what they don’t want to do. But in fact, as the website, “Best for Babes,” they point out what’s really out there in the community is not people being forced to breastfeed it’s the booby traps that undermine women’s ability to reach the goals that they set for themselves. And all of this community support is about helping people avoid those booby traps and be able to reach their own goals.

**Stephanie Sosnowski:** We know from research, a study done in NYC that I think close to 90 percent of the women that were giving birth said they wanted to breastfeed, but within a week or so they were not
breastfeeding because of all the issues that they encounter.

**Dr. Mary Applegate:** Because of all the potholes in the road.

**Stephanie Sosnowski:** Yes.

**Dr. Mary Applegate:** Our goal here is to pave over the potholes.

**Stephanie Sosnowski:** Pave it over, yes.

**Dr. Mary Applegate:** So beyond their role as employers, businesses can—and we’ve mentioned a couple of times, lactation rooms that were set up for employers that then were open to the general public. That’s an excellent example of how a business, as a key part of a community, can really go a long way to making a community breastfeeding-friendly. What are some other examples that you can think of of breastfeeding-friendly things that a business can do?

**Stephanie Sosnowski:** Well, even if it’s a restaurant—to not throw a mother out for breastfeeding her baby, or thinking they’re terrorists.

**Dr. Mary Applegate:** Not making a big fuss out of the whole thing.

**Stephanie Sosnowski:** Absolutely, not making a big fuss. We did see, I think it was a couple of weeks ago, it made the national news that somebody actually paid for their pizza because they were happy that she was breastfeeding her baby. We need more people to pat moms on the back when they do see them breastfeeding, and say yes, that’s really great, that’s absolutely wonderful that you’re breastfeeding. We’re really happy and proud that you’ve made that choice for your baby! In Ulster County, one of my counties that I work in, we’re working with the businesses there to give them a little sticker for their window: ‘This is a Breastfeeding-Friendly Business.’ In Orange County, we have little stickers: ‘This is a Breastfeeding-Friendly Workplace.’ So, just a little recognition like that—

**Dr. Mary Applegate:** —a pat on the back for business and it changes the environment for the breastfeeding moms out there if they see these little stickers all over the place and think, oh, I could go there. They’re supportive of what I’m doing. It just changes the environment in subtle, but important ways.

**Stephanie Sosnowski:** Until the day we don’t have to do that anymore when everybody just thinks it’s normal.

**Dr. Mary Applegate:** Right, like, of course it’s breastfeeding-friendly, like most of the rest of the world is.

**Stephanie Sosnowski:** But you know, in our region and actually in lots of places in New York State, ‘breastfeeding cafes,’ or ‘baby cafes’ in my neck of the woods, we do our baby talk—places for mothers
to come and chat with other mothers. There are no entrance fees or anything like that. You don’t have to be a member—

**Dr. Mary Applegate:** —you don’t have to be part of the club.

**Stephanie Sosnowski:** No, no club, and really, mother-to-mother support is crucial. They can commiserate with each other about what they’re going through and what their baby is doing. Sometimes it gets a little out of hand; we have to kind of bring the conversation back towards what’s appropriate.

**Dr. Mary Applegate:** It’s not all terrible out there. Let’s be solution-oriented here and not just be a gripe session.

**Stephanie Sosnowski:** Yeah, which is really nice for the baby caves. They have a nice format and they’re licensed organizations. Breastfeeding cafes, which a lot of the New York State perinatal networks run in their community, they do baby talk, just to drop in weekly— we don’t even like to call it a support group, it’s just weekly chatting, that’s all.

**Dr. Mary Applegate:** Just a place where you can come and bring your baby or presumably not bring your baby if the baby is having some quality time—a walk in the park with dad—or whatever. Just a comfortable place to come and talk about stuff.

**Stephanie Sosnowski:** Yeah.

**Dr. Mary Applegate:** Yeah, great models. So we have a couple of pictures of other kinds of community organizations and what they do, and one, Stephanie, is from your County Health Department’s WIC office.

**Stephanie Sosnowski:** Yes. Our peer counselors decorate our bulletin board for the season. That was for the fall season.

**Dr. Mary Applegate:** We guessed.

**Stephanie Sosnowski:** Yeah. One of the nice things in educating is that we share the clinic space with the public health clinic. So there are no more formula ads, there are no more pictures of bottles anywhere; there’s breastfeeding stuff every place. So, even though they’re not WIC participants, they have to sit and look at all that stuff. So, too, just raising the awareness that breastfeeding is normal. It’s absolutely normal.

**Dr. Mary Applegate:** So if somebody comes in for a flu shot, they can see all of this breastfeeding stuff, and they can see that breastfeeding is normal.
Stephanie Sosnowski: Yes, they’re sitting there for an hour so they can look at all of our posters and a lot of times we have something playing on the DVD player that’s appropriate. The other picture that was there was of our ‘Rock and Rest’ tent which we’ve been doing at the county fairs in our region. Not that it was my idea, I got it probably fifteen years ago from down South, but going to the county fairs where of course you can breastfeed anywhere you want, but to make a nice little comfortable spot with some shade, we rent a tent—you can see that it’s really simple. There’s just a table, there’s a rocking chair in the back, we had some bottled water, a fan, a changing table for the moms. It’s just wonderful that we have people who are not breastfeeding come in and say what are you doing in here? And look around and they go, oh this is a really great thing.

Dr. Mary Applegate: In exchange for learning a little about breastfeeding, you can sit here too as long as there is not a mom who needs the shade.

Stephanie Sosnowski: Oh, yes, the shade is fine for everybody, but we have them at the Ulster County Fair, the Sullivan County Fair, Dutchess County Fair and it’s grown now that we have other organizations that are helping, you know, it’s not just me running around to set everything up. But really, there are mothers who come back looking for us every year so it’s really been great. Mothers, fathers, grandmothers, they all come back.

Dr. Mary Applegate: And this is county fair season, so if your county does not have a ‘Rock and Rest’ tent, this is the time to implement one.

Stephanie Sosnowski: Very easy to do, yes.

Dr. Mary Applegate: Yeah, an easy way of again making it just part of the normal atmosphere for the community.

Stephanie Sosnowski: Right, and the county fair people are happy to have some place that the mommies can go. You’re doing a service for them, we’re not a business and we’re not, you know, going against anybody—

Dr. Mary Applegate: Not everybody is comfortable just sitting at a table at the concession area breastfeeding in that much in public and so having a quieter space can be very good for them too.

Stephanie Sosnowski: And we have the volunteers that come in who are from local agencies and organizations. They bring their information and are able to reach out to families that otherwise may not know that they’re around.

Dr. Mary Applegate: As long as they don’t have formula ads on the front page.

Stephanie Sosnowski: No, that’s in my rules of being a participant in the ‘Rock and Rest’—there are no
formula promotional items ever. No pacifiers or anything at all, so they’ve gotten the message.

**Dr. Ruth Lawrence:** That’s better for an older child who is being breastfed because they’re so distractible. I mean they like to nurse and look around at the same time.

**Stephanie Sosnowski:** Yes.

**Dr. Mary Applegate:** Yes. And at a county fair, there is so much to see that it’s hard to keep them focused.

**Stephanie Sosnowski:** Yeah, and especially for the older ones, it’s nice to get them away from all the cotton candy—everything that’s distracting.

**Dr. Mary Applegate:** Yes, the cotton candy too. Yeah, and just have a little down time so they aren’t as high-strung whether they’re eating tons of cotton candy or not.

**Stephanie Sosnowski:** Hopefully they’re not.

**Dr. Mary Applegate:** Yes, just a little quiet oasis in the middle of the hubbub.

**Stephanie Sosnowski:** Crayons and coloring books for the older kids at a little table for them, diapers, wipes...

**Dr. Mary Applegate:** You have a family friendly oasis. Excellent. Another key part of communities are faith communities and whether it’s Christian, Muslim, Jewish, Hindu, Unitarian Universalist, there’s a major role for faith communities in setting community values and just being part of the atmosphere that families are surrounded by. Dr. Lawrence, you have had a special relationship with this having met with, was it Pope John Paul II on the subject of breastfeeding? So why don’t you lead our discussion about faith communities.

**Dr. Ruth Lawrence:** Well, as a matter of fact, we did look at this back in the ‘90s and realized that the Quran, for instance, has information about breastfeeding and suggested that you breastfeed for at least two years. The Old Testament says the same thing, that a mother should breastfeed her infant for at least two years, and the Christian religion had nothing. At that time Pope John Paul II was touring the world, particularly underdeveloped countries, and we thought what a spokesperson!

So a small group of us, 16 in total, who were very ecumenical—we had a few Catholics but we had some Agnostics and some Atheists in the group—but we all went to see Pope John Paul II. We spent three days at the Vatican preparing a statement for him and we were taken to his private quarters and we presented the statement. A bishop from Trenton NJ in all his garb presented the statement, and we sat there in this little room with him. Pope John Paul II did pontificate that the women of the world should breastfeed.
Dr. Mary Applegate: He literally pontificated.

Dr. Ruth Lawrence: Yes, he did, and he published this and all of this sort of thing and then he greeted each one of us as well so it was a very awe-inspiring event. But the most important thing was that he spoke out and he suggested that the women of the world should assume their role of breastfeeding their infants—it’s a beautiful piece, if you wanted to read that.

Dr. Mary Applegate: Yeah, and after all, you know, all of those little bracelets, What Would Jesus Do? What Would Jesus Eat?—it was definitely breast milk; there were not alternatives at the time.

Dr. Ruth Lawrence: Right.

Stephanie Sosnowski: And we’ve seen wonderful initiatives in New York City. They had a wonderful faith-based initiative that really worked with the churches to help them understand how to support breastfeeding mothers—you know, not to throw them in a bathroom. So if you go to the NYC Department of Mental Health and Hygiene, you can actually click on the links for that information. At the USBC conference that I went to several years ago, I went to a wonderful workshop presented by some faith-based organizations and the tremendous work, the changes that they were able to do when they got behind them—I mean there are a lot of faith-based organizations out there. If you can get them behind in supporting this, it’s wonderful. In my community, when we do our community baby showers, we always look to the churches or a religious organization because they usually have a nice big space and are not going to charge us too much money and they have a kitchen.

Dr. Mary Applegate: And they tend to be family friendly.

Stephanie Sosnowski: Exactly, and a big part of the education that we’re doing at the community baby shower is breastfeeding. We involve the church members, usually they’re there helping us out for the day, and they’re always very supportive of what we’re doing. So, again, it’s just raising the level of awareness of everybody.

Dr. Mary Applegate: Getting the grandmothers in the congregation to be aware that this is an important thing and to be supportive.

Stephanie Sosnowski: So the Grandmother’s Tea Curricula is out—you can actually Google that, and it’s a really great way to involve the generation of mothers who may not have breastfed their babies.

Dr. Mary Applegate: When we were preparing for this, I found a quote on the “Best for Babes” website from a pediatrician, I think from Washington, D.C. named Sahira Long. I wrote it down so I wouldn’t forget what she said. She said, “I had one mother share with me that her decision to breastfeed in church was met with remarks that it should be a sin. This was from a child who clearly had not been taught that breastfeeding is the normal way to feed your baby. My response would have been it can’t
be a sin because Jesus was breastfed.” But, you know, women take their newborns into church with them and they’re going to be sitting there for quite a while, the baby is likely to get hungry and nobody wants a screaming baby in the middle of a religious service at the quietest time especially. So of course you’re going to want to breastfeed the baby, and then to be met with a congregational reaction like, that should be considered a sin, is just totally going to undermine the mom’s confidence in her ability and the feeling that she’s welcome in that place. And congregations don’t want to convey the message that you aren’t welcome here, so I think they’re very receptive to the whole idea that they have a role to play in making the breastfeeding-friendly community.

**Stephanie Sosnowski:** They don’t want people to not come to church or synagogue; they want them to come there so let’s accommodate them.

**Dr. Mary Applegate:** And with Hinduism—when I was preparing the slides—any religion whose most iconic temple, the Taj Mahal, looks like that, has got be pro-breastfeeding. I mean look at that right there. So, we’ve alluded over and over again to things happening in the community as a whole, sort of a general ambiance that influence the breastfeeding friendliness of an area. Stephanie, could you comment a little more on that kind of stuff?

**Stephanie Sosnowski:** So, we know that breasts are sexy in our society. So any time there’s a picture of a breastfeeding baby on a poster or billboard, it always elicits some interesting comments or feedback. We know that from the campaigns that have been run in New York State, the WIC program got a grant award and we had wonderful breastfeeding campaigns and we saw them on sides of buses and billboards and things like that, and the reaction was not as good as we expected. It really is very controversial and it’s really sort of sad that mothers and babies belong together and women can have barely anything on on a local ad, you know, huge stand-up statues of Victoria’s Secret models in hardly anything in the middle of the mall and that’s okay, but the mom who is sitting there nursing her baby very discretely covered up, you know, the guard comes over and throws her out. The more we see breastfeeding, the better off we’ll be. Some of the things we saw on the slide, just putting those pictures out there are very important. You can go to a lot of the websites and download these pictures. You should just get them out there.

**Dr. Mary Applegate:** And that little breastfeeding welcome here symbol, the blue with the breastfeeding mom and baby--

**Stephanie Sosnowski:** It’s a free logo. It’s an international symbol that is designed and it is free for everybody to use. Make your own poster. There’s a lot of stuff that’s out there already, and we know that it will be controversial but the more we see it, the better off. This year the statewide coalition offered some mini grants and one of the applications that we received was to help them purchase life-size statues of breastfeeding mothers and they were going to plant them around in the city. And I do believe that New York City is going to be doing that.

**Dr. Mary Applegate:** So sort of like the horse sculptures in Saratoga Springs--
Stephanie Sosnowski: Yes, but mommies breastfeeding in public places and they can just move the statues around—not statues, poster board I guess it is—

Dr. Mary Applegate: —life-size, get your picture taken next to President Clinton and he’s a two-dimensional cutout but on the photo it doesn’t look that bad.

Stephanie Sosnowski: Right, right so to put those things out there to sort of normalize breastfeeding.

Dr. Mary Applegate: Well, yeah, I think the next campaign should be for a city to adopt—a lot of these cities have these horse statues all over the place or—it’s different for each city, various statues. But we could have, you know, competitions for statues sprinkled around a city of breastfeeding mother-baby pairs.

Stephanie Sosnowski: And if you look at artwork, there’s so much artwork out there that mothers and babies are breastfeeding, so, get more of that stuff out there.

Dr. Ruth Lawrence: And then we have the negative approach that appeared on “Time” magazine that had so many inappropriate innuendos associated with it.

Dr. Mary Applegate: They sold a lot of magazines and that was their purpose. Those are the kind of issues that we have to deal with. It’s just sexualized and it shouldn’t be at all.

Dr. Mary Applegate: And in Europe, I had a breastfeeding talk that I gave for a number of years that I had found a great bus placard from Rome that was a picture of this smiling baby with his or her head nestled in between its mother’s ample breasts. And you know these buses driving through the streets of Rome, and I could not imagine this happening in Albany. But maybe we’ll get there. People will think of breasts as part of the mother-baby experience more than part of the selling the next, you know—

Dr. Ruth Lawrence: Well in London, in Westminster Abby, where there are many statues, there is a statue of a mother breastfeeding what would probably be a 2-year-old, and of course, you’re not supposed to take pictures in Westminster Abby. The guard was standing there and my husband went over to him and said, “We need a picture of the statue,” and he said, “I can’t give you permission, but I’m going to be looking the other way.”

Stephanie Sosnowski: Good for him. Good for him.

Dr. Mary Applegate: Isn’t it downtown Oslo that has a huge statue of a mother with lots of babies sort of milling around and she’s leaning over with pendulous breasts so, you know, in other countries this is much more part of the public space.

Stephanie Sosnowski: It’s just human.
Dr. Ruth Lawrence: Human art form.

Dr. Mary Applegate: Right. Stephanie, at the beginning, you alluded to the public figures going public with the fact that they were breastfeeding.

Stephanie Sosnowski: It has been nice to see that we have, you know, over in England a certain mommy there gave birth, we were all waiting for her and thank goodness she is breastfeeding the baby but--

Dr. Mary Applegate: And not giving dummies, which is what they call pacifiers in England.

Stephanie Sosnowski: So that’s really very, very encouraging.

Dr. Mary Applegate: That will be great for English breastfeeding rates.

Stephanie Sosnowski: And if Kate doesn’t have support, I don’t know who will.

Dr. Mary Applegate: Exactly, exactly.

Stephanie Sosnowski: There’s really no reason for her not to be able to breastfeed that baby. But I think it’s a great—she can be a great role model. I know I’ve read, I don’t know if it’s true or not, that she doesn’t want to be that, but she is. She knew that when she got into the family.

Dr. Mary Applegate: She can be a new mom privately and not be on posters as the face of a breastfeeding mom but still just the fact that she--

Stephanie Sosnowski: I mean here in America we tend to idolize the rock stars and movie stars as opposed to we don’t have royalty, but fortunately we have notable celebrities who are choosing to breastfeed, and that’s important, that’s very important. And the more African-American celebrities we have that are showing breastfeeding like Beyoncé and other new moms--

Dr. Mary Applegate: --and Michelle Obama wasn’t a breastfeeding mom when she became first lady but she was one when Sasha and Malia were little and she’s been very supportive and included lots of messages of breastfeeding in her white paper about childhood obesity. She and Beyoncé are two very prominent African-American faces for breastfeeding being the way to go.

Dr. Ruth Lawrence: Well, she lived in Chicago at the time and the local community helped her breastfeed.

Dr. Mary Applegate: Good for them.

Stephanie Sosnowski: Very good. But, you know, the media is really very important to people these
days, and with Facebook banning pictures of breastfeeding, it makes it interesting to read Facebook. But I think it's really such a great tool to—

**Dr. Mary Applegate:** —and interesting to moderate a New York Statewide breastfeeding coalition Facebook group. Yeah, that needs to change.

**Stephanie Sosnowski:** It really is a great tool to get out the information that mothers need so they do feel supported. At least electrically they know there’s a place for them to go and they can get tweets from celebrities talking about their breastfeeding experiences. I think we’re going to continue to see our breastfeeding rates, at least initiation, increase. The CDC just released their Maternity Practices in Infant Nutrition scores just yesterday. We do see that we still need improvement, though. Even though mothers go in to the hospital choosing to breastfeed, very often they’re given formula for whatever reason, but we need to continue to work on that so we can help those mothers exclusively breastfeed their babies and that will help them to continue. And as you mentioned earlier, the Healthy People 2020 goals are including exclusive breastfeeding, you didn’t mention the rates now, but we need to work towards that and in order to work towards that all of the community stuff needs to get better.

**Dr. Mary Applegate:** Yes, especially for the duration goals. We have another clip from the documentary about this issue of getting comfortable with breastfeeding in the public marketplace. Why don’t we take a look at that next?

**Video [Kimarie]:** We all need to become more comfortable with nursing. This is the President of Venezuela talking to a young woman who is nursing. We can’t go to a restaurant and cover up and be comfortable nursing our babies without someone saying something to us. I try to tell the young ladies that I work with, when I try to talk to them about breastfeeding, they’re like, I’m going to try, and I’m like, no, I don’t want to hear that. This is what I want you to say. This is going to be the new mantra. Yes, I can, I will, and watch me. I’m going to do this.

**Dr. Mary Applegate:** So, I take it, Dr. Lawrence, you were the origin of “Yes, I can, I will, and watch me,” and Kim learned that from you?

**Dr. Ruth Lawrence:** Well, I wouldn’t take credit for that.

**Dr. Mary Applegate:** It’s certainly your attitude.

**Dr. Ruth Lawrence:** It’s such an important attitude to have and we need to support mothers.

**Dr. Mary Applegate:** Build that confidence, breastfeeding is a confidence racket.

**Stephanie Sosnowski:** You know, some of the mommies that come to my breastfeeding classes, they’re so confident in everything else they do. They’re business women and they’ve got it all together, their schedules and blackberries and everything and they come to the breastfeeding class and they’re sort of
like a deer in the headlights. Their own mothers may not have breastfed them, their friends haven’t breastfed their babies or maybe they have and they’re just sort of overwhelmed by the whole thing.

**Dr. Ruth Lawrence:** And the mother-in-law—

**Stephanie Sosnowski:** I always say that I’m not anti-mother-in-law, but very often that’s the real sticky wicket; that the mother-in-law wants her grandson or granddaughter to gain enough weight and be a nice healthy baby and you need to use formula and there’s no way you have enough milk in those little breasts or big breasts or whatever the issue is. But the family system is very important. But I think that we need to really continue with prenatal breastfeeding education, and it’s very difficult because women don’t know what they don’t know and childbirth classes in general are less attended than they ever were. Back in my day, everybody, you know, you looked for your Lamaze class, your Bradley class or whatever class you were going to.

**Dr. Mary Applegate:** You figured that was your ticket to get to the hospital to have your baby.

**Stephanie Sosnowski:** Yes, yes, you had to take the class and nowadays you can go on Facebook and get all the information you need or the Internet and look something up and watch things on television that you think are—

**Dr. Mary Applegate:** —a childbirth movie on TV.

**Stephanie Sosnowski:** And say, oh that’s fine. So, the education is really key and we know, at least in my organization, that it makes a difference. The women who come through our classes, we keep records on them, they do have better success with breastfeeding and have less caesarian sections and are more likely to get what they want out of their birth experience and breastfeeding experience. Even going back to the WIC participants, we have WIC participants who are nursing their babies at a year and beyond, which was not happening before, not at all happening.

**Dr. Mary Applegate:** Yeah that was unheard of a generation ago.

**Stephanie Sosnowski:** Yeah.

**Dr. Mary Applegate:** Yeah, so progress is being made.

**Stephanie Sosnowski:** Yes, it is.

**Dr. Mary Applegate:** Before we wrap up, I wanted to mention the U.S. Breastfeeding Committee has a wonderful selection of their website with lots of stories about success stories about how women were supported in their breastfeeding by members of their families, by their work site, by their faith community, by their employer, by all different parts of the community. So if you’re looking for inspiration for something that you or your group can do in your community to help raise the level of
support in your area for breastfeeding, it’s a great resource to go and read some of those stories and see how things can change for the better to make a more pro-breastfeeding environment.

**Stephanie Sosnowski:** And for those of you in other states who are watching, if you go to the USBC website you can connect with your local coalition in your state, they’re all listed on the website. If you ever see my car in the parking lot, I have the bumper sticker: ‘Everyone Can Help Make Breastfeeding Easier’ and you can probably still make a donation and get a bumper sticker for your car too.

**Dr. Mary Applegate:** Yes, because that is the message. Just like there are many opportunities to undermine breastfeeding, there are also opportunities for all of us to work toward making breastfeeding more successful and more prevalent and all those things.

**Stephanie Sosnowski:** Everyone plays a part.

**Dr. Mary Applegate:** Yes, so all of these things working together form what an editorial in The Lancet from what, twenty years ago almost, 1994, John Dobbing, et al. referred to as a “warm chain for breastfeeding.” In the world of public health, in the immunization world, specifically, there’s been attention over the decades to the cold chain which is a system of governments and community organizations working together to get vaccines to the farthest corners of the planet still cold and still effective. Dobbing and colleagues were making the point that breastfeeding doesn’t need a cold chain, in fact especially twenty years ago, breastfeeding often got the cold shoulder. But what breastfeeding needs is a warm chain—people at every level support in the hospital and then people that the hospital folks can turn the mother over to when she leaves the hospital so that she knows that she’ll get the next level of support in her breastfeeding. So altogether, it actually should, instead of being a warm chain, it’s more like a warm web for breastfeeding, and as you said, all of us have a role to play in supporting breastfeeding.

**Stephanie Sosnowski:** And there’s a wonderful new national initiative called “Best Fed Beginnings” that’s working with, I think 90 hospitals across the United States to really help them make those connections to their community. We’ve just finished up doing community assessments to see what are the gaps in the community, why is there no referral to a support group? Or maybe there isn’t a support group and maybe the hospital needs to start a mommy group so we have more support in the community. But breastfeeding really is something that we all need to be involved with to help those mommies.

**Dr. Ruth Lawrence:** Even John said it’s a confidence game and that is so important as a thread to all we do.

**Dr. Mary Applegate:** Yeah, well New York City is talking about developing breastfeeding empowerment zones. I’m just dying to see what those look like when they’re all up and running. That’s such a great idea, a breastfeeding empowerment zone because that’s the same kind of thing, the confidence and empowerment as yes, I can, I will, and watch me.
**Stephanie Sosnowski:** Yes.

**Dr. Mary Applegate:** So with that, why don’t we turn back to Kimarie Bugg and let her have the last word in the show today. Then we do have time for questions. We already have some that have been phoned in and faxed in. Let’s go to Kimarie Bugg and then your questions.

**Kimarie Bugg [Video]:** We feel that we can make a major difference. It’s about the images and being positive and one of the main things we like to say is instead of hearing people say, well I’ll try, that yes, I can, I will, watch me do it. (music)

**Dr. Mary Applegate:** So, thank you Kimarie, even though you aren’t here in person we’ve missed you and we’ve been thinking about you this whole time. So let’s go to some of the questions from the audience next. Here’s one we’ve touched on a little bit: “A challenge for many moms is having a job in a gas station or small store where they are the only employee. Also wait staff have a hard time with busy tables or busy environment. Please comment on or give some ideas about how that can be solved.” This is from Jessica in Vermont.

**Stephanie Sosnowski:** I would say that one of the things is of course talking to the business owner to see what arrangements could be made. Maybe you could work shorter shifts so that you’re not expected to be there all the time, but having the opportunity to go to your car possibly to pump. Women have used that with portable pumps, but it really needs to be a conversation. There are solutions, but you need to have a conversation with your employer to see what works for them as well. Maybe you can go into the boss’ office for twenty minutes two or three times a day, whatever is needed.

**Dr. Ruth Lawrence:** I think one of the key things about that question was that this was the only employee on the premises at that time and I think until our community is comfortable with the clerk coming to—

**Stephanie Sosnowski:** —with a pump on her, yeah.

**Dr. Mary Applegate:** Well if President Chavez can stand there talking with that mom breastfeeding right out there with the cameras rolling, then if he could do it, then the customer at the gas station can do it too, eventually, maybe, hopefully.

**Stephanie Sosnowski:** I would equate the wait staff to the same as nurses working in hospitals, I mean they have long shifts and they’re busy on their feet all the time. But if you make it a priority and you work with your employer to see how we can—I mean you’re not going to be doing this for the next ten years. It may just be the next three or four months that you need to pump three times a day and eventually your child is going to have solid foods. We can actually do the sort-of reverse nursing thing so that the baby doesn’t need to get as much pumped milk.
Dr. Ruth Lawrence: Well, babies sometimes adapt to that and they sleep while mothers are working and of course they wake up and want to eat all the time she’s home, but the baby adapts too. So that’s part of this picture. We’re expecting a lot of the employer—

Dr. Mary Applegate: It’s this whole mother-baby system.

Stephanie Sosnowski: Right, right.

Dr. Ruth Lawrence: --but we can adapt the baby too to the parent.

Stephanie Sosnowski: Right, can the child care provider bring her baby to her once a day so she can just nurse? And really a customer seeing a mom nursing should be more comfortable than seeing a mom pumping.

Dr. Mary Applegate: Right, yes, that’s more overtones of the dairy industry. Many people would really be keen about it I think.

Dr. Ruth Lawrence: But that’s a challenge.

Stephanie Sosnowski: It’s definitely a challenge.

Dr. Mary Applegate: It’s definitely a challenging situation. And starting early to talk it through and come up with solutions.

Stephanie Sosnowski: Solutions prior to that moment.

Dr. Mary Applegate: Yeah.

Dr. Ruth Lawrence: Yeah.

Dr. Mary Applegate: Okay, next question from the audience, “I’m heading the breastfeeding initiative in Warwick at St. Anthony’s Community Hospital”—they didn’t say what Warwick. There’s one in Rhode Island, there’s probably Warwicks in many states, but wherever you are—“I’m trying to get a tent going for Warwick’s apple fest. Any tips?”

Stephanie Sosnowski: Well, call me. I live right outside of Warwick, so whoever you are, that’s in my community and apple fest is a huge, huge event.

Dr. Mary Applegate: So it is Warwick, New York?

Stephanie Sosnowski: Yes. It’s a huge event, so just find me, you probably know me.
**Dr. Mary Applegate:** You have local suppliers.

**Stephanie Sosnowski:** Yeah, we can help out with that.

**Dr. Mary Applegate:** Excellent, okay, another question, “Are any efforts being made to try to work with the service sector to make the workplaces more breastfeeding friendly? For example, fast food restaurants.”

**Stephanie Sosnowski:** Well, it’s a work in progress; it’s an absolute work in progress. As I mentioned before, the New York State Department of Health WIC program does have their “Making it Work” toolkit which is available on their website online. Lots of good tips and handouts for both employees and employers but this is going to take a lot of work. Nationally, it’s going to be a huge uphill climb. You know, without having better paid maternity leave, something has to give, and we’re asking business to make these accommodations. But really if we could let mommy stay home longer and make some money, we would probably eliminate those issues.

**Dr. Ruth Lawrence:** Well, this is why we haven’t talked about milk banks or anything like that. There is a new cooperative milk bank in Michigan which is operating around the country with the idea that here are these mothers with this milk and they need to earn money and so forth. A co-op is very different than an industry and you can’t belong to the co-op unless you’re lactating and contributing milk and I think it’s a beautiful concept.

**Stephanie Sosnowski:** It is.

**Dr. Ruth Lawrence:** And with all this need for mother’s milk and that sort, to have something that women can belong to and control and contribute to and earn some money so they can stay home and breastfeed their own babies. So it’s a little action to watch.

**Stephanie Sosnowski:** Very interesting.

**Dr. Mary Applegate:** Yes, stay tuned for future Breastfeeding Grand Rounds.

**Dr. Ruth Lawrence:** Yes.

**Dr. Mary Applegate:** Okay, we got a call from Cheryl from the Madison County Health Department, “Where will the ‘Rock and Rest’ station be at the NYS Fair in Syracuse at the end of August?” She would like to promote it. Do either of you have any information about that?

**Stephanie Sosnowski:** I’m not from that area, so I don’t know, um—

**Dr. Mary Applegate:** Yeah, there’s this whole huge statewide, multicultural fair in Syracuse every year but you’re from the Finger Lakes, you’re from the Mid-Hudson, I’m from the capital region—
Stephanie Sosnowski: So, I would suggest if you’re not associated or affiliated with your local breastfeeding coalition, go into the USB website, find your local coalition and contact them and see if they have something that they’re setting up there.

Dr. Ruth Lawrence: And Syracuse does have a lot of activities throughout the region because they run from Watertown to Binghamton.

Dr. Mary Applegate: Yeah, or the Onondaga Health Department may very well know, as well, or even the state fair website, they might have a map that would have it—

Stephanie Sosnowski: That’s very true, if they already had one it’s probably on their map already. We’re already on the map at some of other ones since we’ve been there so many times. But the state fair is a long one, it’s ten days I think.

Dr. Mary Applegate: Yeah, it’s a huge event.

Stephanie Sosnowski: So that’s a lot of volunteer effort and that’s one of the reasons we never did the Orange County Fair because it was ten days long and it’s just overwhelming to try to organize all of that. The other county fairs are five days, or six days, or a week, and that seems to be more reasonable.

Dr. Ruth Lawrence: Well, we have a local one that’s about four days. They could recruit; I could see a group of volunteers coming from Rochester to help them out.

Dr. Mary Applegate: Yeah, well when I was at the State Health Department, they always recruited people to go staff the health department’s booth at the state fair. So, you know, maybe that’s a project for the statewide breastfeeding coalition, launch a ‘Rock and Rest’ station at the state fair and get people from all over the state to chip in half a day each.

Stephanie Sosnowski: I think that’s a great idea.

Dr. Mary Applegate: As if the coalition doesn’t have enough to do already. We’ll add that to the list. One more question, “Do you have any good success stories or tips related to addressing a workplace that was reluctant to encourage breastfeeding but then came around?”

Stephanie Sosnowski: Hmm. You know, the one thing that just pops into my head, the—in Orange County, we’re in a county department building. And one of the Sherriff’s who drives her car around with a bullet proof vest on and everything needed a place to pump. And they—they gave her a hard time at first. You know, because they wanted her to use the locker room or bathroom. We ended up making this great change in the county, so in every county building she would come into, there was a space for her to go in and pump. So we made it work.
Dr. Mary Applegate: A floating lactation room.

Stephanie Sosnowski: Yeah, floating lactation, yeah.

Dr. Ruth Lawrence: Well and I think the health care facilities have to be the model. If we don’t have such facilities in the hospital and health department and so forth, how can we ask somebody else?

Stephanie Sosnowski: And that’s why when we did the breastfeeding training, we said start with your own organization. You’ll be the model for your community about what you’ve done and what changes you’ve made. And we’ve seen that.

Dr. Ruth Lawrence: But in this particular situation where somebody has just converted to the religion and they need support and compliment and thank you very much and everybody rising up and recognizing that they have taken a great leap of faith.

Stephanie Sosnowski: Yeah, and it’s one of the things at the coalition level that we’ll be talking about tomorrow is how to do a little bit more recognition of the businesses that have made these great strides and accomplish something for the nursing mothers in their employ.

Dr. Mary Applegate: That would actually be this afternoon.

Stephanie Sosnowski: Oh, I forgot!

Dr. Mary Applegate: We have the rest of the day; the day is still young. The coalition meeting is today. What are the best strategies that you’ve found for getting grandmothers onto the breastfeeding bang wagon i.e. helping them become effective breastfeeding supporters?

Stephanie Sosnowski: Just talking to them. At the WIC clinic at baby talk, we have grandmothers bringing their daughters in and just starting those conversations with them about it, it makes a difference. They really want to know. They really want to know. They want the information because a lot of times the first thing they tell me is, oh, I couldn’t. And I say, well you probably weren’t supported, you know, tell me about your birth experience.

Dr. Mary Applegate: It wasn’t your fault.

Stephanie Sosnowski: It wasn’t their fault and tell me about your birth experience. And women remember everything that happened during their birth.

Dr. Mary Applegate: Decades later.

Stephanie Sosnowski: It’s a real ice-breaker to meet with the women in the waiting rooms and just having that plain, old simple conversation with her really gets her—we have pamphlets designed for the
grandmother or the breast-fed babies so they get something of their own. We give them our phone number, you can call us. One of the things that we want to do is a grandmother’s tea. We just haven’t gotten to do a formal setting yet but we do meet with them on a one-to-one basis.

**Dr. Mary Applegate:** The grandmother’s tea is sort of like the breastfeeding café, but for grandmas?

**Stephanie Sosnowski:** For the grandmas to come, yeah.

**Dr. Mary Applegate:** Well I think a lot of programs need to do that. I think your approach to saying tell me what happened when you had your children because they pass down these myths of, “Well, you aren’t going to be able to breastfeed because I couldn’t,” and that kind of thing. “Nobody in my family could ever breastfeed, so you won’t be able to do that.”

**Stephanie Sosnowski:** I didn’t have enough milk. Well, tell me what happened.

**Dr. Mary Applegate:** And yet they’re diagnosing the problem wrong, it wasn’t them, it was the environment that they were working and living in.

**Dr. Ruth Lawrence:** Well, and many people interpret the fact that, you know, initially you’re kind of engorged and so forth. But when that engorgement goes away and your breasts are pretty—including physicians who don’t realize that that breast—

**Dr. Mary Applegate:** It’s a milk machine, it isn’t a gallon jug.

**Dr. Ruth Lawrence:** It will produce the milk when it’s called for and that the engorgement dissipation is normal and appropriate.

**Dr. Mary Applegate:** You don’t want to stay engorged for the entire duration of the lactation period.

**Dr. Ruth Lawrence:** So many women stop breastfeeding because they don’t think they have milk because they’re not engorged like they used to be.

**Stephanie Sosnowski:** Right, right, so you know these are moms that come back to us at the WIC clinic a week after they have their baby with the same sentiment, they don’t have any milk and they can’t do this and well come to my little office and let’s see. Put the baby to breast and the baby is right there, and they’re like, “Oh, I didn’t know.”

**Dr. Mary Applegate:** And listen. You hear that swallow, swallow, swallow, the baby is swallowing milk.

**Stephanie Sosnowski:** Baby wants to breastfeed.

**Dr. Ruth Lawrence:** Well, and you weigh them and you take a history of wet diapers and all that sort of
thing and that’s such an important part of diagnosis.

**Dr. Mary Applegate:** So let’s get more of our questions. “What can community coalitions do to make sure that lactation support is available to women who don’t qualify for WIC (since WIC has become such a force for breastfeeding—the rest of us are getting jealous)?”

**Stephanie Sosnowski:** The model of the baby café, you can actually go to their website and look how they’ve done that and those are not just for WIC moms, the baby café is really for all moms. Work with your local hospital and see if they will allow you to run a mommy group there. Some of the hospitals are very happy if somebody else will come in and do it. There’s ways to do things, you just have to get a group of people together and go for it. Just do it. Built it and they will come. They’ll be there and with social media, it’s easy to reach out to all the mommies that are out there.

**Dr. Ruth Lawrence:** Well, we’re talking about like we have just invented this whole idea, but the league has been here for over 50 years and that’s where mothers went.

**Dr. Mary Applegate:** And the WIC program is trying to compensate for the fact that the league wasn’t active in these community spaces. A generation ago, I was part of a group in Harrisburg, Pennsylvania, of nursing mothers’ counselors and we were based at the Harrisburg Hospital and there were 30 of us. So every month we would take a day, go into the hospital, meet all of the new moms who had said they were planning to breastfeed. We didn’t get to talk to the ones who weren’t planning to breastfeed and then we would make follow-up phone calls and go visit them if they wanted somebody to help them that way. So there are lots of mechanisms for sort of re-creating all of the wonderful stuff that WIC has done.

**Stephanie Sosnowski:** And breastfeeding USA is another new organization that’s out there with the community level moms for one-on-one support so look them up too.

**Dr. Ruth Lawrence:** Well and there’s a new lactation consultant, a whole new specialty if you will, and we ought to be working with lactation consultants. We’re very fortunate, we have six on our normal birth center, we have three more in the NICU and so—

**Stephanie Sosnowski:** The ideal situation.

**Dr. Ruth Lawrence:** Exactly but they’re lactation consultants in the community too so ya’ll come.

**Dr. Mary Applegate:** Another question, “Please comment on how coalitions can impact formula marketing and the distribution in physician’s offices.” There’s the challenge.

**Stephanie Sosnowski:** Wow, it’s definitely something that we always talk about. We know that in New York City, they—you probably all heard about the ‘Latch On’ campaign—I think it was last year or maybe the year before then. Time flies, but the fact that the health department down there realized that
Stephanie: Hospitals were marketing agents for the formula companies and they asked for voluntary hospitals to not market formulas. So it was a big backlash. Of course the media latched on to that and called Mayor Bloomberg the Nanny State, etc. but really the idea is that hospitals are offering health care; they shouldn’t be selling products or giving products away or being an arm of the formula companies. I really think that women—

Dr. Mary Applegate: Free advertising for the formula companies.

Stephanie Sosnowski: Yeah, and we know that now that many hospitals are going after baby friendly status or working on the ten steps to improve their breastfeeding at the hospitals that the formula companies need to go elsewhere to market their stuff and they’re going after pediatric offices, OB-GYN’s offices.

Dr. Ruth Lawrence: Pediatricians as a group do not take them. They’ve gone to the OB-GYN offices.

Stephanie Sosnowski: We still hear in our community that they’re getting information from their health care providers about the formulas because they signed up for baby pictures or whatever it is in a magazine and the formula company has their home address and they have a case on their doorstep and they may not have even thought about formula feeding before but once it’s there...

Dr. Mary Applegate: And we’re all up in arms about what the NSA is finding out about us. But the formula companies have their surveillance teams out there.

Stephanie Sosnowski: And the fact that the United States has not signed on to the WHO code, the World Health Organization code of marketing of breast milk substitutes, make it really difficult to have any say in getting rid of that marketing. There is an organization waba.org and there’s a national organization that’s run by I think Marcia Walker and she takes all these reports. You can look that up online and report on these violations of the code even though the United States is not signed on—

Dr. Mary Applegate: —not signatory, but it’s still a national standard that we’re aiming for.

Stephanie Sosnowski: Still, educating mothers is one of the tools that I use in my class. We take out a baby magazine and I say show me the pictures of breastfeeding. Every other page is formulas. This is how good they are at getting you to believe that formula is the norm.

Dr. Ruth Lawrence: Well, unfortunately in the United States, it’s the only large country that did not sign on.

Stephanie Sosnowski: Exactly.

Dr. Ruth Lawrence: And the code says you shall not advertise breast milk substitutes so the magazines
that take their ads are breaking the code.

**Stephanie Sosnowski:** Absolutely. They’re on television now. It really is very disheartening.

**Dr. Mary Applegate:** So, here’s another kind of related issue. “I’m interested in what you think about the language we use as health care professionals to try to normalize breastfeeding. Talking about it in terms of “benefits, ideal or optimum,” sets the stage that it’s something higher than normal. What are your thoughts? What about using the term infant feeding to mean breastfeeding assuming that it’s just the way to feed your baby? How can we use language to normalize this as the behavior?”

**Stephanie Sosnowski:** I say that’s key to what we do; we expect that you will breastfeed your baby. It’s just the way we feed babies, and we continue to use that language, at least in the work that I do.

**Dr. Ruth Lawrence:** I think this is referring to the various written materials about the benefits of breastfeeding. There also is the verbiage, what are the risks of not breastfeeding? And that does change the whole concept.

**Dr. Mary Applegate:** Turns the tables.

**Dr. Ruth Lawrence:** So the cost of not breastfeeding, Melissa Bartick’s work out of Harvard, has shown that we’ve saved billions of health care dollars, but the risk of not breastfeeding has increased illness, increased asthma—

**Dr. Mary Applegate:** Reduced IQ as the baby grows up.

**Stephanie Sosnowski:** Really turning that message around is so important. When I first started and I did my community resource brochure and we listed some of the benefits, but I also put down that formula use increases the risk of such and such. I got phone calls from the nurses and the hospitals, like, you can’t say that! Well, you show me otherwise, so it’s still in there, but now they’ve come around. As a matter of face, the hospital in my community actually has a wonderful brochure, in English and Spanish, “The 14 Risks of Formula.” And they’re giving it out.

**Dr. Ruth Lawrence:** So you actually can do this without saying the word formula; it’s the risk of not breastfeeding and you haven’t insulted anybody.

**Dr. Mary Applegate:** Or hopefully you haven’t yet. I mean people get so caught up in this or that increases the risk of breastfeeding like knowing exactly what type of plastic is in the cups you’re drinking water out of, and you know, but not breastfeeding your baby increases the mother’s own risk of breast cancer much more than these subtle differences in plastic types. Not to dismiss those, by any means, because we are exposed to all kinds of chemicals, but one thing that we have control over ourselves is decisions we make about feeding our babies. If we choose not to breastfeed our babies, we’re putting ourselves at all kinds of increased risks as well as putting out babies at higher risk.
Dr. Ruth Lawrence: And there’s an article that just came out two days ago in JAMA, a very definitive article on thousands of children showing the intellectual impact of exclusive breastfeeding.

Dr. Mary Applegate: And that’s one of those intergenerational things that you can really help to break the intergenerational cycles of disadvantage by giving the babies the best possible start in their intellectual development.

Stephanie Sosnowski: So it’s up to all of us to expect mothers to breastfeed.

Dr. Mary Applegate: We’re getting more questions in all the time and we don’t have all that many minutes to go. “Any pointers on how to work on dads to become breastfeeding supporters?”

Stephanie Sosnowski: Well, actually, the fathers that have been in the classes that I’ve done really bond with each other. There are videos out there that are specifically aimed at dads and breastfeeding so you can look up some of those things but—

Dr. Mary Applegate: Michael Jordan was breastfed for three years. I thought that was a good one.

Dr. Ruth Lawrence: Well, Bill Cosby was breastfed also. We tried to get him on one of our ads about ten years ago when he was Dr. Huxtable and he demurred but he did admit he was breastfed.

Stephanie Sosnowski: But I think just engaging the fathers and there are models out there, “Dad’s Boot Camp” is one of the models. The classes, information sessions are run by fathers so they’re able to talk to each other. I’ve had lots of the fathers who have said if you want me to come back I’ll talk about it. So yes you can come back to the next group! And again, it’s like peer-to-peer type of model that works very well. I just wanted to mention that the New York City Department of Mental Health and Hygiene has just published a wonderful new prenatal breastfeeding curriculum, it’s available on their website, you can download it and use it to teach dads.

Dr. Mary Applegate: Excellent. I think we only have time for one more question. So apologize—apologies to the people who we aren’t getting to their question. “How can we improve our work with childcare providers to encourage initiation and follow through on becoming breastfeeding friendly?”

Stephanie Sosnowski: All I can say is if you the local IBCLC in the area, knock on their door, make an appointment and offer yourself to do an in-service training for your staff. They might sit there like this for the first hour but by the end of it, they get it, they really get it. But they didn’t have the information before. They didn’t see the value of it. So it’s up to everybody out there to do that education.

Dr. Ruth Lawrence: Well, and also to publicize and congratulate the child care centers who do support breastfeeding.
Stephanie Sosnowski: And here in New York State, the CACFP actually has an award that they designate breastfeeding friendly childcare practices.

Dr. Mary Applegate: The Child and Adult Feeding Program?

Stephanie Sosnowski: Yeah.

Dr. Mary Applegate: Yeah, and on the internet, I think you can find ratings of child care centers so the more women realize that and vote with their feet by switching child care providers if they have one who is not supporting breastfeeding, the more people will get the message. Also, from the child care centers’ point of view, emphasizing the huge value in terms of keeping babies from getting infectious diseases that will spread throughout the center, you would think that they would be strong advocates just on that ground alone. So I think that we’ve reached the end of time and as usual, are leaving more questions on the line but I think that we’ve got to the most of the important ones. So thank you Stephanie Sosnowski and Ruth Lawrence for a wonderful morning and thank you in the audience for tuning in to this morning’s broadcast. We hope you learned a lot about community wide efforts to promote breastfeeding. We know that many of you are interested in having all of your staff watch this archived broadcast at some point. Fortunately it’s now world breastfeeding month, so the broadcast it always takes a couple of weeks before it’s available on the School of Public Health website, but by the end of August all of your staff should be able to see it. Our website is www.albany.edu/sph/coned. All of our past Breastfeeding Grand Rounds broadcasts are available on the website as well if you want more about the workplace or more about family maternity and parental leave that we did last year, etc., etc., so we really encourage you to go to that site to see more of the work we’ve done over the years. We hope you’ll join us next year, I think it’s the 17th edition of Breastfeeding Grand Rounds. I think we’re up to more than that but for the first year it was a live, small thing rather than this big broadcast so I think we’re just up to the 17th broadcast next year, but we’re getting close to our 20th anniversary. As usual, we will be broadcasting on the Thursday morning of World Breastfeeding Week. Next year that’s going to be August 7th, so mark your calendars. We’ll start at 8:30 A.M. again. Mark it in ink, we’ll be there and hopefully you will too. Thank you for joining us and we will see you next year. Happy World Breastfeeding Week. Thank you both for being here and enjoy the rest of the week.

Stephanie Sosnowski and Dr. Ruth Lawrence: Thank you.