

Hispanic Women and Supplementation: Why They Do It and How to Help
Regina Maria Roig-Romero MPH, MCHES, IBCLC

You can reach Regina at:

Email: regina.roig-romero@flhealth.gov

Facebook: [regina.roigromero](https://www.facebook.com/regina.roigromero)

Twitter: [@ReginaIBCLC](https://twitter.com/ReginaIBCLC)

Flickr:

LinkedIn: <http://www.linkedin.com/pub/regina-roig-romero-mp-h-mches-ibclc/45/4b/460/>

<http://www.flickr.com/photos/sunnyreggie/>

Objectives

By the end of the session, the learner will be able to:

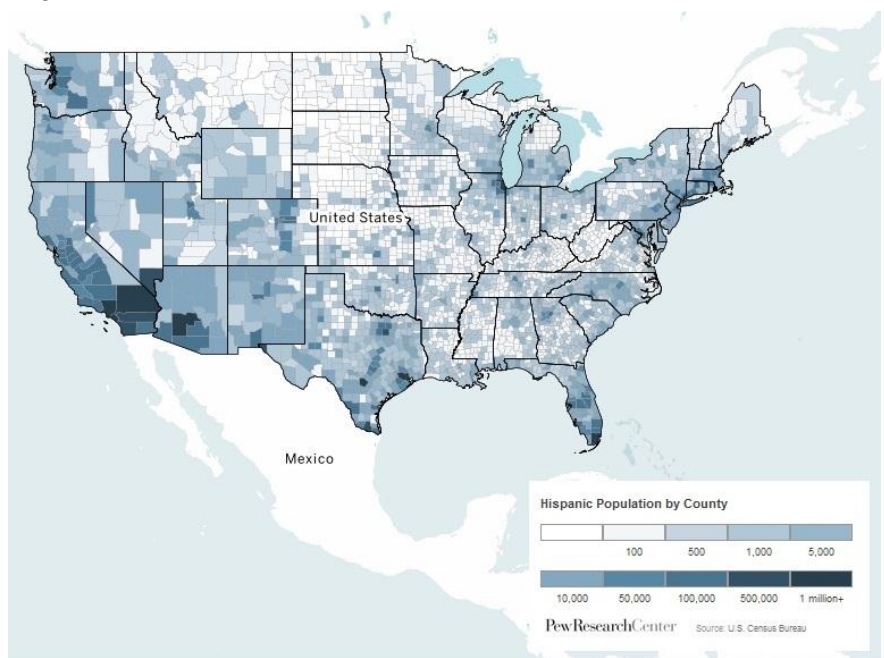
1. Describe at least one difference between the composition and/or distribution of the Hispanic populations of Florida versus the rest of the United States
2. Explain the impact of immigrant acculturation to the U.S. on breastfeeding rates and practices
3. State at least one reason why Hispanic breastfeeding mothers engage in more formula supplementation in the United States than they do in Latin America
4. Discuss how to help Hispanic Americans breastfeed more exclusively

Outline

I. Introduction

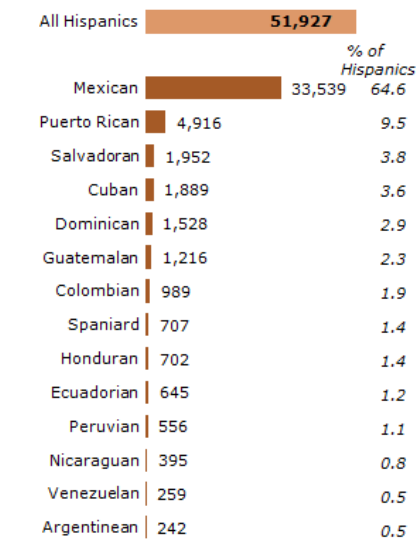
II. Who Are the Hispanics of the United States?

- a. A Word About Hispanics and Race
- b. Distribution – throughout the US but primarily in California, Texas, Florida and New York



- c. Group Share – the vast majority of the nation’s Hispanics are Mexicans, but group share varies widely across the country with Mexicans dominating the west, Puerto Ricans the northeast, Salvadorans in the nation’s capital, and Cubans in southern Florida

Figure 1
U.S. Hispanic Population, by Origin, 2011
(in thousands)



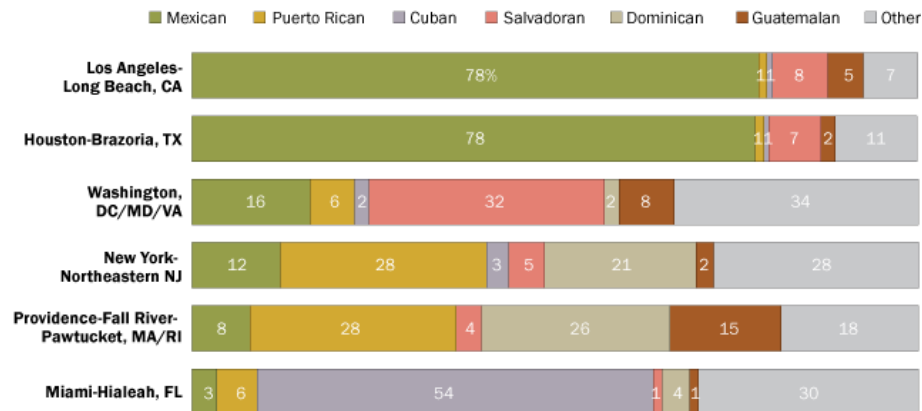
Note: Total U.S. population is 311,592,000 (rounded to the nearest thousand).

Source: Pew Hispanic Center tabulations of the 2011 ACS (1% IPUMS)

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Largest Hispanic Origin Group Shares in Selected Metropolitan Areas, 2011

Percent of the Hispanic population in the metro area that is ...



Notes: In Los Angeles-Long Beach, CA, and Houston-Brazoria, TX, Dominicans make up less than 0.5% of the area’s Hispanic population. In Providence-Fall River-Pawtucket, MA/RI, Cubans make up less than 0.5% of the area’s Hispanic population. Figures may not add to 100% due to rounding.

Source: Pew Research Center tabulations of the 2011 American Community Survey (1% IPUMS)

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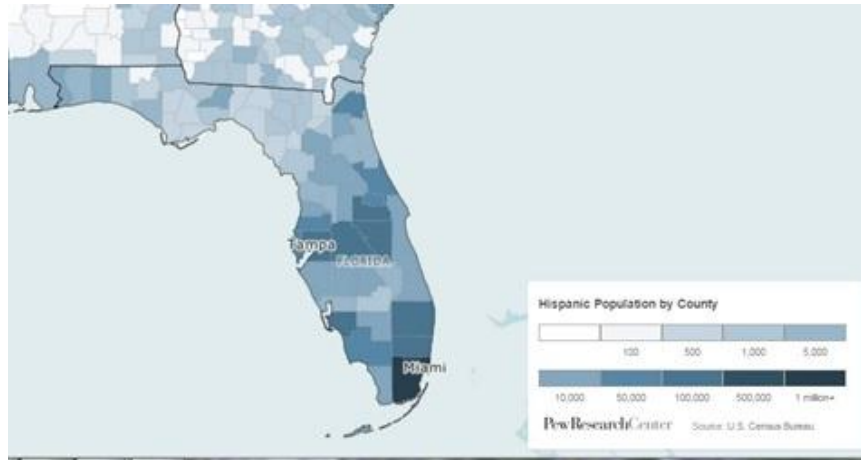
- d. Nativity – 64% of Hispanics in the U.S. were born in the U.S.; 75% are U.S. citizens
- e. Education – 29% of the U.S. population overall have a Bachelor’s degree. **South Americans** in the U.S. (except for Ecuadorians) are more likely to have a Bachelor’s degree than the overall US population, or than individuals from the **Caribbean, Mexico, or Central America**

Venezuelans	51%
Argentinians	40%
Spaniards	32%
Colombians	31%
Peruvians	31%
US Average	29%
Cubans	25%

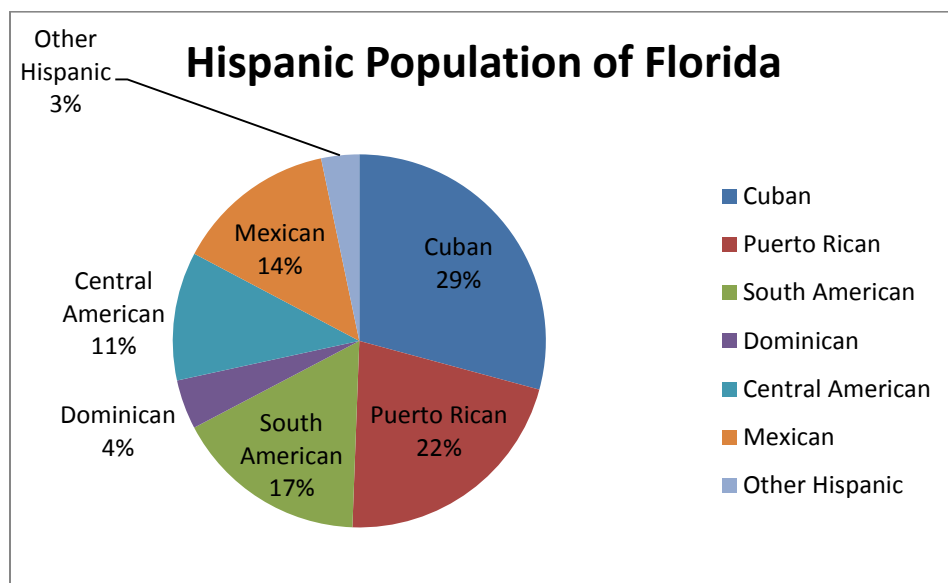
Nicaraguans	20%
Ecuadorians	19%
Puerto Ricans	16%
Dominicans	16%
Mexicans	10%
Hondurans	8%
Salvadorans	7%
Guatemalans	7%

III. Who Are the Hispanics of Florida?

- a. Distribution – heaviest in the south; significant in central Florida; less in north Florida



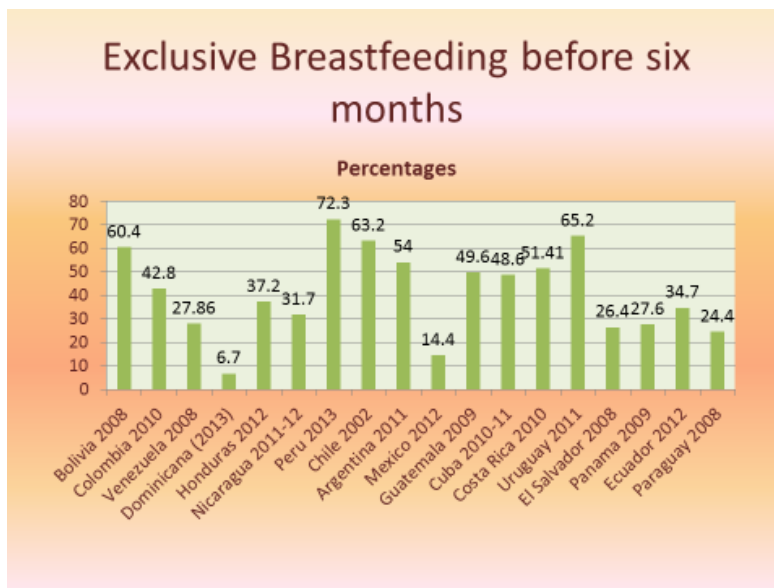
- b. Group Share - very different from the rest of the U.S., but also very different from one major metropolitan area of Florida to another



- c. Nativity: 52% of Hispanics in Florida overall were born in the US, and 68% are citizens; about 35% of Hispanics in Miami were born in the US, and about 62% are citizens.

IV. Breastfeeding Rates in Latin America by Countries of Origin in Florida

- a. Cuba
- b. Puerto Rico: intention 94%; initiation 70%; 6 months (any BF) 23.5%; 1 yr 14.5%
- c. The countries of South America
- d. Mexico



V. Impact of Acculturation on Breastfeeding

- a. Increased years of residence in the US was associated with lower breastfeeding initiation and shorter duration of exclusive and any breastfeeding (Harley, Stamm & Eskenazi 2007)
- b. Immigrant women of each racial/ethnic group had higher breastfeeding initiation and longer duration rates than native women. Acculturation was associated with lower breastfeeding rates among both Hispanic and non-Hispanic women (Singh, Kogan & Dee 2007)
- c. Gibson-Davis & Brooks-Gunn (2006)
 - i. Native-born mothers had 85% reduced odds of breastfeeding compared to foreign-born mothers and 66% reduction in the odds of breastfeeding at 6 months.
 - ii. Each year of US residency decreased the odds of breastfeeding by 4%; this held true for Mexicans, other Hispanics, and non-Hispanics.
 - iii. Having a partner born in the US decreased breastfeeding initiation by 83%
 - iv. For every year a father resided in the US, a mother was 5% less likely to breastfeed and less likely to be breastfeeding at 6 months
 - v. For every year a foreign-born father resided in the US, the odds of breastfeeding at 6 months decreased by 2%
- d. Higher acculturated women were less likely to BF than less acculturated women even after controlling for education, age and income (Gibson et al 2005)
- e. Choice? What choice? Hispanic history and culture that favor breastfeeding are insufficient to overcome systemic obstacles to breastfeeding in the United States or elsewhere
- f. Formula is more available and, for WIC participants, much cheaper
- g. Supplementation choices in Latin America are often more dangerous than formula – to supplement with formula in the United States is safer than the supplementation practices common in many parts of Latin America – it represents an improvement in health behavior over what they might have otherwise done in their home country
- h. Lack of family, role models, and support system
- i. “That’s why we’re here” – families that emigrate to improve their family’s economic stability adapt American behaviors that they perceive to be associated with the success of the American middle class, such as formula supplementation and early weaning

VI. Strategies to support a Hispanic family to breastfeed

- a. ASK lots of questions
 - i. Breastfeeding history: duration (each child)? Exclusivity? How much supplementation, when and what kind? Did she work outside the home or away from her children when they were infants?
 - ii. Breastfeeding history: for women who have previously breastfed, did they do so here or in their home country?
 - iii. What’s different for them about breastfeeding here versus in their home country?

- iv. What's their biggest breastfeeding challenge? Their greatest hope?
- v. Breastfeeding history of her mother
- vi. Where is her mother? Will she be here and available during the first 6 weeks after birth? How supportive is she of breastfeeding and exclusive breastfeeding?
- vii. Any other support system after birth? Help with the house, other kids?
- viii. Will any other female family member be supporting her after birth, and if so what is the extent of her breastfeeding experience and supportiveness?
- b. ASSESS her readiness for change - (Stages of Change)
 - i. Precontemplation
 - ii. Contemplation
 - iii. Preparation
 - iv. Action
 - v. Maintenance
- c. PROBLEM-SOLVE and SET SMALL, ACHIEVABLE GOALS - help her arrive at practical solutions to her challenges. This takes time; get into the details with her; listen, empathize.
- d. Key Messages
 - i. Supplementation will adversely affect milk supply if done repeatedly throughout the day and night or after every nursing
 - ii. Supplementation will adversely affect milk supply even if the breast is always offered first
 - iii. Exclusive or near-exclusive pumping often results in reduced milk supply and premature weaning
 - iv. Employ time-targeted supplementation over chronic supplementation
 - v. There are no such things as "hunger cues"; they are all "breastfeeding cues" – whether the infant wants to suckle for hunger or for other reasons (or some of both) is difficult to assess in the early weeks
 - vi. Differences between normal newborn and adult sleep patterns; the most common reason for the baby to appear "hungry" shortly after breastfeeding is that s/he was put down while in active – not deep – sleep
- e. Use the "[SECRETS OF BABY BEHAVIOR](#)" – especially the handout on sleep.
- f. INVOLVE and INCLUDE her family in all aspects of breastfeeding support, including support groups and classes; offer and tailor some messages, activities and materials for family
- g. TACKLE THE BIG-PICTURE OBSTACLES through community action and collaboration with trusted immigrant champions, organizations and community centers
 - i. Work
 - ii. Hospitals

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