



Public Health Advisory Committee

September 22, 2015, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions	Karen Soderberg	6:00	Approve agenda
PHAC Logistics and Updates Approve meeting minutes Reports from Sub-committees: <i>Communications/Operations:</i> <i>Update on member terms</i> <i>At large seat candidate vote</i> <i>Policy & Planning:</i> <i>Collaboration & Engagement:</i> <i>Raising of America update</i>	Karen Soderberg <i>Karen Soderberg</i> <i>Dan Brady</i> <i>Margaret Schuster</i>	6:05 – 6:15	Approve Minutes Any actions?
Presentation <i>Structural and Cultural Supports and Barriers for Breastfeeding in Minneapolis Cultural Communities</i>	Jennie Meinz, U of MN School of Public Health	6:15 – 7:15 7:15 – 7:30	Breastfeeding research report Questions/discussion
Department Updates	Gretchen Musicant	7:35 – 7:50	Informational / Discussion
Information Sharing Announcements, news to share, upcoming events	All	7:50 – 8:00	Informational

Next Sub-committee meeting: October 27, 2015, Minneapolis City Hall, Rooms 132 & 333

Last meeting of the Year*: December 1, 2015, Minneapolis City Hall, Room 132

*Please note: There is NO meeting in November. December 1 is the last meeting of the year. The PHAC voted to combine November and December meetings and meet only once in those two months. The date of the meeting was changed to reflect that interest and due to the proximity of regular meeting dates to national holidays.

If there are any problems/changes the night of the meeting, please call 612-919-3855.

**Public Health Advisory Committee (PHAC)
Minutes**



September 22, 2015

Members Present: Julie Ring, Jahana Berry, Dr. Happy Reynolds-Cook, Karen Soderberg, Sarah Jane Keaveny, Margaret (Peggy) Reinhardt, Autumn Chmielewski, Dr. Rebecca Thoman, Silvia Perez, Jane Auger, Jennifer Pelletier, Tamara Ward, Daniel Brady, Joseph Colianni

Members Excused: Sahra Noor, Akisha Everett, Abdullahi Sheikh, Cindy Hillyer

Members Unexcused: Harrison Kelner, Birdie Cunningham

MHD Staff Present: Gretchen Musicant, Margaret Schuster, Don Moody

Guests: Jennie Meinz, Yolanda Lee, Amy Goodhue, Chris Eaton, Kathy Czedn

Karen Soderberg called the meeting to order at 6:08 p.m. at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves.	
Agenda/Min Approval	July minutes were reviewed. Approval of the 2016 meeting schedule was moved to the October agenda.	Motion to approve minutes carried by unanimous consent
Sub-committee Reports:	Peggy Reinhardt joined this sub-committee. A summary of member terms expiration dates were reviewed. Those members with terms expiring on 12/31/2015 will receive an email from Margaret regarding re-application, if interested in another term.	Julie Ring made a motion nominating Yolanda Lee for the vacant Member at Large position. Peggy Reinhardt seconded; motion carried. Margaret Schuster will submit a request for Council Action to approve this appointment.
<i>Operations / Communication</i>	Karen Soderberg presented information about Yolanda Adams-Lee as a replacement for Tamara Ward who resigned her Member at Large seat. Yolanda spoke to the committee about her experience and interest in serving. As requested, she left the room for continued discussion.	
<i>Collaboration & Engagement</i>	The sub-committee watched an episode of the <i>Raising of America</i> documentary. The sub-committee has reached out to the Mayor's Cradle to K initiative and other interested parties. Details of local planned events will be provided at the October meeting.	
<i>Policy & Planning</i>	Jennie Meinz presented to the sub-committee in August; tonight is her full presentation.	
	The PHAC has requested follow up on the June 4 meeting with Council Members Gordon & Bender regarding the recommendation for a Citizen's Housing Advisory committee. Margaret emailed both CMs and their staff to inquire about a follow up meeting.	

**Public Health Advisory Committee (PHAC)
Minutes**

Item	Discussion	Outcome
<p>Presentation: Structural and Cultural Supports and Barriers for Breastfeeding in Minneapolis Cultural Communities <i>Jennie Meinz, U of MN School of Public Health</i></p>	<p>Jennie Meinz presented her report of health care professionals’ perspectives of practices, protective factors and barriers for breastfeeding in the African American, American Indian, Hispanic and Latino, Hmong and Somali communities with the identified goal of generating ideas for how the City of Minneapolis can create a more supportive breastfeeding environment.</p> <p>Using a qualitative research design with chain referral recruitment, she recruited 55 individuals and compiled the details from 40 interviews in her reported findings.</p> <p>In general, the State of Minnesota breastfeeding initiation and continuation rates are higher than the national average and close to or exceeding the Healthy People 2020 Goals for breastfeeding. However, racial and ethnic disparities exist in breastfeeding rates between the Minneapolis communities and within the communities included in the study (e.g., in the African American community, breastfeeding initiation rate was 90% at a southside clinic, which predominantly serves east African immigrant population, while at a northside clinic which predominantly serves US born residence the rate was 63%).</p> <p>Some key themes emerged across the communities:</p> <ol style="list-style-type: none"> 1. Breastfeeding is known to be good for babies, but specifics of the benefits were unknown and there was a general lack of knowledge on the benefits to the breastfeeding mom. There is a misperception that breast milk and formula are equivalent. 2. Post-partum support when women return home is critical, as is support from extended family, partner and friends. Although supports are available, not everyone can take advantage of those supports as some require health insurance, other supports are paid for out of pocket. 3. Education is available (Echo video, pre-natal checkups, some culture- and language-specific support) and there are some good policies in place such as breast pumps through ACA, Minnesota Healthy Baby Act, and laws for nursing in public. <p>There are also many barriers in common:</p> <ol style="list-style-type: none"> 1. Lack of family, partner, peer, and community support. 2. Negative public perception of breastfeeding. 3. Within the health care system, presumptions among staff that some groups ‘always do this’ or ‘never do that’; staff are not equally informed, provide inconsistent information and practice; Doctors’ time with mom/baby is too short; and, implementing Baby Friendly policies can be costly. 4. Lack of workplace and school support: maternity leave is often unavailable or too short; on-site locations and allowed time for breastfeeding or pumping are often inadequate or inconsistent. 5. Insufficient credentialing of lactation consultants to meet insurance reimbursement criteria; education/appointments are at a different location; gaps in language and culture-specific support and lack of ethnic diversity of healthcare providers. 	<p>This study was commissioned by the PHAC to identify current breastfeeding practices, supports currently in place to help promote and encourage breastfeeding, existing barriers to the same, and intervention ideas which would increase support and reduce barriers.</p>

**Public Health Advisory Committee (PHAC)
Minutes**

Item	Discussion	Outcome
	<p>Interviewed participants had these key recommendations:</p> <ol style="list-style-type: none"> 1. Launch a public awareness campaign to normalize breastfeeding 2. Identify and recognize breastfeeding friendly organizations; create obvious places to breastfeed 3. Improve coordination of breastfeeding resources 4. Enhance support for peer-to-peer programs through community health workers 5. Make lactation services readily available, accessible and culturally specific <p>From these, Jennie generated these potential next steps:</p> <ol style="list-style-type: none"> 1. Engage mothers/families in cultural communities for assistance in developing a public awareness campaign, with special effort to engage the American Indian community 2. Identify best practices from cities (some identified in her presentation) with successful programs; reach out to program staff for lessons learned and advice 3. Ask mayor/health department to publicly recognize organizations (health care organizations, employers, childcare facilities) who are Breastfeeding Friendly 4. Have the Health Department reach out to existing coalitions/partners (identified in her presentation) and begin a dialog on how the city can partner with them to better support breastfeeding 5. Expand home visiting/lactation services as part of the Mayor's Cradle to K initiative 6. Increase public lactation spaces 	<p>Good discussion during and after the presentation. It was suggested that Jennie make this presentation to interested City and department staff as several who were invited were unable to attend tonight. Margaret will facilitate this.</p>
<p>Department Updates- Gretchen Musicant</p>	<p>Gretchen shared the Health Department budget presentation. There was awareness and interest among City Council on the value and long-term benefit of investing in Public Health and how the PHAC serves as a resource in these areas.</p> <p>The Mayor and City Council are looking at ways to support working families. In April, the City Council passed a resolution to establish a workplace policies workgroup to consider state, regional, and city policy support for earned safe and sick time, fair scheduling, preventing wage theft, and living wages. City Council will have a study session on October 6 on this. Currently, proposal drafts are available for review and comments can be submitted minneapolismn.gov/workingfamiliesagenda through October 16.</p>	

**Public Health Advisory Committee (PHAC)
Minutes**



Item	Discussion	Outcome
Information Sharing – Dr. Happy Reynolds- Cook	<p>The Phillips Indoor Pool has received funding; this is a great benefit to the City of Minneapolis. The PHAC wrote a letter of support several years ago supporting this effort.</p> <p>With the Super Bowl and other high profile events coming to Minneapolis, Happy recommended the PAC look at a plan to identify trafficking, reporting ‘how to’, and PSA for different locations such as hotels, restaurants, bars and residents (renters, home owners).</p>	
Dan Brady	<p>On September 24, the Connecting Housing and Health: A Regional Forum in Minnesota will be held at the University of Minnesota, Humphrey School of Public Affairs.</p>	
Julie Ring	<p>The new Vikings stadium will have dedicated lactation rooms.</p>	

Meeting adjourned at 8:00 p.m.

Next Sub-Committee Meeting: October 27, 2015, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m.

Next Full Committee Meeting: December 01, 2015, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

APPROVED

Structural and Cultural Supports and Barriers for Breastfeeding in Minneapolis Cultural Communities

Jennie Meinz

MPH Candidate, Maternal and Child Health
School of Public Health
September 22, 2015

Project adviser: Zobeida E. Bonilla, PhD, MPH

Committee members: Eileen M. Harwood, PhD & Katy B. Kozhimannil, PhD, MPA



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Agenda

- Project summary
- Background and significance
- Conceptual framework
- Design, methodology and analysis
- Findings
- Recommendations and discussion



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Project summary

“In recognition of the Health Department’s goal to support ‘A Healthy Start to Life and Learning,’ The Minneapolis Public Health Advisory Committee requested this study to support PHAC’s work identifying policy and systems-level opportunities to support breastfeeding.”

The goals of this study were to understand from the perspective of health professionals:

Research questions

1. The perceived practices, protective factors and barriers for breastfeeding in the African American, American Indian, Hispanic and Latino, Hmong and Somali communities; and
2. Generate ideas for how the city of Minneapolis can create a more supportive breastfeeding environment



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Background and significance: Local racial/ethnic disparities

Table 2. Healthy People 2020 Goals, Centers For Disease Control And Prevention Breastfeeding Report Card 2014, And Minnesota WIC Information System 2012 On Breastfeeding Initiation And Continuation By Race/Ethnicity

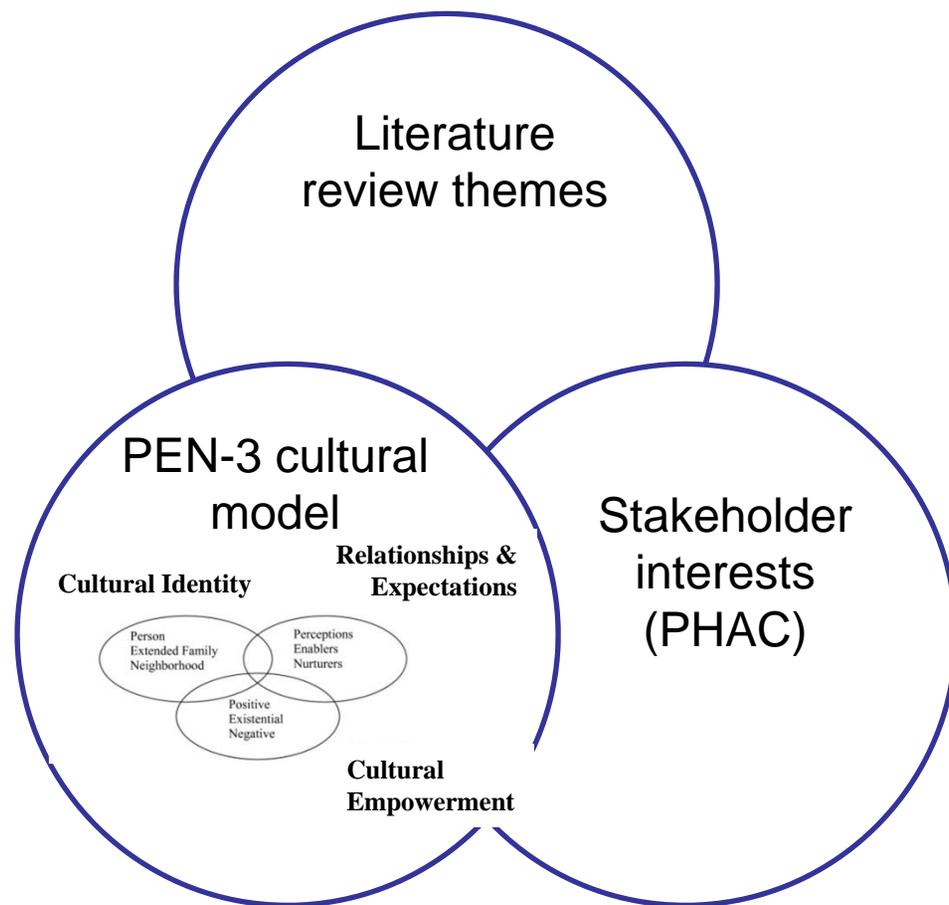
<i>Race/ethnicity</i>	<i>Breastfeeding</i>		
	<i>Initiation</i>	<i>At 6 months</i>	<i>At 12 months</i>
HealthyPeople 2020	81.9%	60.6%	34.1%
U.S. National 2014	79.2%	49.4%	26.7%
Minnesota 2014	89.2%	59.2%	34.6%
Minnesota WIC 2012	76.0%	32.1%	13.6%
American Indian, non-Hispanic	62.4%	16.5%	6.6%
Asian, non-Hispanic	61.3%	21.4%	9.9%
Black/African American, non-Hispanic	76.9%	38.8%	15.4%
White, non-Hispanic	75.9%	27.7%	11.2%
American Indian, Hispanic	87.9%	50.0%	29.0%
Other, Hispanic	75.8%	29.2%	9.8%
White, Hispanic	84.8%	40.8%	20.5%



Conceptual framework derived from 3 sources

4 key concepts identified to design interview questions and guide analysis:

1. Breastfeeding practices
2. Supports
3. Barriers
4. Intervention ideas



(24) Iwelunmor J, Newsome V, Airhihenbuwa CO. Framing the impact of culture on health: a systematic review of the PEN-3 cultural model and its application in public health research and interventions. *Ethnicity & health* 2014;19(1):20-46.



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Design, methodology and analysis

- Qualitative research design
- Semi-structured, in-depth interviews with key informants (healthcare providers, doulas, community leaders)
- 11 initial contacts – snowball sampling – 55 recruited, 40 included in findings
- Coded interview data based on conceptual framework (practices, supports, barriers, ideas)

Participants included in findings

Total #	Occupation/Role	Race - Self-identified cultural community	Cultural Community Served				
			African American	Hispanic/Latino	Indian	Hmong	Somali
n=21	Healthcare Providers Midwife, n=2 Hospital Lactation Consultant, IBCLC, n=2 Visiting Nurse, n=10 Hospital Nurse, n=2 MD (Pediatrician, Family Medicine, Med-Peds Hospitalist, Obstetrician), n=5	White, African American	18	3	20	16	16
n=2	Doulas	White	2	1	1	1	1
n=17	Community Leaders - work in organization that serves pregnant women and children, either directly interact with families or supervise staff who do. (e.g. Case Manager, Program Manager, Educator, Nutritionist)	White, African American, African, Asian, Somali, Filipina, Guatemalan, Peruvian, Hmong	10	4	7	7	10
n=40			n=30	n=8	n=28	n=24	n=27



Breastfeeding practices - Somali

Key findings reported:

- Want to breastfeed and believe it's good for their baby
- Supplement with formula
- Value larger sized babies
- Lack of knowledge of value of colostrum
- Experience different post-partum practices in the United States compared to Somalia

- N=27 participants provided information about breastfeeding (16 healthcare providers, 1 doula, 10 community leaders)
- Professionals from different roles reported similar observations

"In our culture and our faith it is recommended. It is intertwined in our faith to breastfeed up to 2 years. So the majority of the women are willing to breastfeed and they do try it...to breastfeed.

Somali Community Leader

"Some of the challenges that I try to address is they like to do both. So they like to breastfeed and they like to also bottle feed, supplement with formula. And that is, I think, a belief that kids are going to thrive more, grow more, when you do both and that just breast milk is not enough. And, I don't know where that myth kind of comes from that breast milk is not enough..."

Somali Community Leader

"In Somalia women had a lot of help. Like a mom would come, or mother-in-law or sister would come. And you know she wouldn't have to cook, and somebody would help take care of other children in the home, and somebody would help with the baby through the night. So there was a lot more help. And here there isn't that help."

Somali Community Leader



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Breastfeeding practices - African American

Key findings reported:

- Resurgence in initiation among teens
- Lack of support from mothers and grandmothers
- Partners believe breasts are sexual and not for feeding
- Perception that Black women don't breastfeed in public

"I also hear that my mom didn't do it, so it wasn't something that I really thought of...they don't have, a lot of them don't have, kind of, that mother figure person that kind of helps them with..."

African American community leader

"...this is more teens. Breasts are for their boyfriends, not for their baby. I've heard that. I've been told that. They are sexual, they are sexualized...so they can't serve dual purposes."

African American midwife

"...the Black community, they're not doing it in public, they can't, you know, they forget that people wear a cover up, or that your breasts are not really exposed when you're nursing your baby...They just don't."

African American midwife

- N=30 participants provided information about breastfeeding (18 healthcare providers, 2 doulas, 10 community leaders)
- Professionals from different roles reported similar observations



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Breastfeeding practices - Hispanic/Latino

Key findings reported:

- Perceived family and cultural support
- Breastfeed for longer durations, know breastfeeding is good
- Experience different practices for breastfeeding in public compared to home country
- Supplement with formula

- N=28 participants provided information about breastfeeding (20 healthcare providers, 1 doula, 7 community leaders)
- Professionals from different roles reported similar observations

“They know. For our culture they know that breastfeeding is really good. They know that moms and grandmas, they did. And they want...they want to breastfeed.”

Peruvian community leader

“...in my culture...mom works with the baby on the back, hugging the back...every time the baby wants to nurse just go somewhere...and breastfeed, and work or sit down on the street and breastfeed it. That’s normal, you know. And moms here change, when they came here they change all what they know, all what they think, all the beautiful, beautiful culture they got they lose here because of the difference.”

Peruvian community leader

“Within that 10 days after post-partum...so when I see them they’re already, some are giving formula already, they do breastfeed, but they do supplement a little bit...”

Filipina community leader



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Breastfeeding practices - Hmong

Key findings reported:

- Younger moms breastfeeding
- Low breastfeeding initiation and duration
- Cultural belief that other people should not handle a woman's breast milk
- Supplement with formula, perceive formula as healthy
- Perceive that Americans don't breastfeed

- N=24 participants provided information about breastfeeding (16 healthcare providers, 1 doula, 7 community leaders)
- Professionals from different roles reported similar observations

"Our Asian community is probably pretty low in initiation. Or they are quick to move to formula if they start. They'll probably do it [breastfeeding] for the first 6-8 weeks but then they...return to work or to school..."

Caucasian visiting nurse

"Some Hmong families believe that no one else should touch or handle a woman's breast milk except for herself or they will have bad luck...with this you will find grandparents or relatives who care for a breastfed infant request formula so they can help care for baby."

Hmong community leader

"Originally I saw mostly Hmong women who were fairly recent immigrants and...almost none of them breastfed originally... they had ...kids overseas and breastfed all of them but...viewed coming to America as wanting to do what Americans do...and so one of the barriers that jumped out is that of course in some countries breastfeeding your baby in public, for example, is common place...I think their perception was that people just didn't do it because they didn't see it happening."

Caucasian midwife



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Breastfeeding practices - American Indian

Key findings reported:

- Low initiation and duration of breastfeeding
- Lack of support from family and their culture
- Lack of knowledge about whether substances are passed to the baby through breast milk

“Not a lot of breastfeeding happening from everything that I hear, unfortunately. There is from what I can get a sense of, a younger new generation that’s interested in it and wants to try, and what I heard over and over is ‘no support, no support’. Surprisingly, to me, from mom, a lot of time, or older families members, aunts and whomever, and not a lot of support from husbands or from partner or from the child’s father.”

Caucasian community leader

“...The women knew that substances would get into baby via breastfeeding. And some of the agencies even were hesitant to promote breastfeeding at all because of the high substance use and the risk there.”

Caucasian community leader

- N=8 participants provided information about breastfeeding (3 healthcare providers, 1 doula, 4 community leaders)
- 3 community leaders and 1 midwife roles reported similar observations



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Breastfeeding practices – across communities

Key findings reported:

- Know breastfeeding is healthy for babies but don't cite specific health benefits
- Perceive breast milk and formula as equivalent
- Maternal benefits less known

“So, when Baby Friendly was here they audit the mothers, so one of the things they say is ‘tell us the health benefits of breastfeeding’. And most of the moms, like when we first started, they could all say it was healthy for babies but they couldn't really give you any health benefits...they know it's healthy, I don't think people have a good understanding about the risks of formula...”

Caucasian doctor

“I think in general, most women have heard that breastfeeding is good, that it's good for babies. I would say that many women don't know the benefits of breastfeeding for themselves. The maternal benefits are less known. Many women think that breast milk...still believe that breast milk and formula are kind of equivalent, that it's calories no matter what.”

Caucasian doctor

- N=40 participants provided information about breastfeeding (21 healthcare providers, 2 doula, 17 community leaders)
- Professionals from different roles reported similar observations



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Supports

6 key themes emerged:

1. Post-partum support when women return home is critical
2. Extended family, partner and friends
3. Other mothers
 - WIC Peer Counseling, doulas (Everyday Miracles, Somali Doula Program), Baby Cafes
4. Within the healthcare system
 - Lactation consultants, Baby-Friendly Hospital Initiative (7), training healthcare staff, donor milk depot
5. Education
 - Echo video, pre-natal checkups, some culture- and language-specific support
6. Policies
 - Breast pumps through ACA, Minnesota Healthy Baby Act, laws for nursing in public

- N=40 participants provided information about breastfeeding (21 healthcare providers, 2 doula, 17 community leaders)
- Professionals from different roles reported similar observations

*“I see babies in the hospital and then **one of the key times of care would be within the first week, or that first post-partum visit in the clinic with the baby...**those are the times when moms have the most number of questions and the most trouble. Because often it’s the milk, secondary milk with her milk supply has come in, they’re engorged at 4-5 days, maybe baby’s not latching...within the first week.”*
Caucasian doctor

“There is a certain level of support women can get informally from their moms, their grandmas, whoever is around them, a lot of times their peers, their best friends.”
Caucasian doula

“People talk about WIC, and the breastfeeding support through WIC...peer educators...being able to talk to a lactation consultant, or a doula...”
-African community leader

“The Healthy Baby Act is what’s being proposed...the bill is to license IBCLCs”
Caucasian doctor



Barriers

6 key themes emerged:

1. Lack of family, partner, peer and community support
2. Negative public perception, especially about breastfeeding in public
3. Barriers within the health system, health policies and with health providers
 - Racism, discrimination, assumptions of staff
 - Lack of staff knowledge
 - Lack of coordination of care
 - Doctors short on time
 - Baby Friendly costly

- N=40 participants provided information about breastfeeding (21 healthcare providers, 2 doula, 17 community leaders)
- Professionals from different roles reported similar observations

“Lack of support for breastfeeding from spouse, partner, grandparents, employers”

Caucasian doctor

*“The DJs need to talk about breastfeeding in a positive way. And **even the women DJs feed into it. They need to not talk about how disgusting it is for a woman to be breastfeeding her baby at a restaurant.** Everyone is driving in their car listening...there’s like 50 thousand – a 100 thousand people listening to them talk about how breastfeeding is disgusting.”*

Caucasian hospital nurse

“I’ve seen...a number of Somali women it’s been, you know, their third baby and now they’re exclusively breastfeeding when they weren’t before because they really didn’t know...there are biases and stereotypes that if you have a staff that says ‘oh, Somali women always supplement’ and a Somali woman asks for formula, ‘oh, yeah they always do that...’”

Caucasian doctor

“...the baby has low blood sugar and formula is given pretty quickly ...I think nurses don’t know or don’t have the confidence that you can breastfeed...or that you can use colostrum...a number of our sites have started using pasteurized human milk.”

Caucasian doctor

“And so if there isn’t the support for moms right then and there, like in the setting where they are, that’s where a lot of missed opportunities are. Because I think that a lot of times if moms are then referred to lactation...then they have to schlep across town to go to another place to get the lactation care....”

Caucasian doctor



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Barriers

6 key themes emerged:

4. Lack of workplace and school support

- Short maternity leave, time and space to pump, type of job

5. Inconsistent messages and disconnected resources

- Inconsistent access to lactation
- Variability in lactation training credentials
- Lack of connectedness between OB and Pediatrician
- Prenatal education moved to Amma Parenting Center

6. Gap in language- and culture-specific support

- Lack of information and visuals
- Lack of ethnic diversity of healthcare providers

- N=40 participants provided information about breastfeeding (21 healthcare providers, 2 doula, 17 community leaders)
- Professionals from different roles reported similar observations

“Lack of time off from work, workplace support and legal protection for pumping”

Caucasian doctor

“there are IBCLCs out there in the community, they’re not particularly accessible I think depending on who you are and the ability to pay for those services, because, you know, IBCLCs aren’t licensed right now...”

Asian community leader

“Connectedness between your OB and your pediatrician...your OB person takes care of mom, and the Pediatrician is the baby’s with the breastfeeding...but they don’t really always support the same thing in breastfeeding, or talk to the mom about the same thing...but I still hear there’s a disconnect between...or even medications...like if you have a cesarean or something, you hear this, the doctor said, oh you have to stop breastfeeding because...”

Caucasian community leader

“if we’re using an interpreter then there’s no sense to ask whether they’ve taken a class because the class is only offered in English...I mean that [our hospital] offers.”

Caucasian doctor

“not everyone needs an IBCLC to help them breastfeed, but there are very few, if any, very few IBCLCs of different cultures...Native American...Hmong...African American...”

Asian community leader



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Ideas

Q: What are your ideas for ways the city of Minneapolis could better support breastfeeding families?

5 key themes emerged:

1. Launch a public awareness campaign to normalize breastfeeding
 - Positive
 - Visuals in maternity facilities, stories, cultural birth art, nursing cover-ups from beautiful fabric
 - Tag-lines
 - Cultural champions (Imams)
2. Recognize breastfeeding friendly organizations and create obvious places to breastfeed

- N=40 participants provided information about breastfeeding (21 healthcare providers, 2 doula, 17 community leaders)
- Professionals from different roles reported similar observations

“public perception is something I think the city of Minneapolis could do a little more about.”

Caucasian doula

“Get at the young women. Young women do nurse and the decision to do that really needs to be celebrated. The girl from the hood – 16-, 17-years-old nursing her baby, that’s a proud image.”

African American community leader

“People like me breastfeed”

“I breastfeed because...”

“Let’s normalize breastfeeding”

“Help people ‘see’ breastfeeding.”

“We are a breastfeeding friendly city”

African American and Caucasian community leaders, doctors, visiting nurses

“Feature and recognize Minneapolis businesses, healthcare providers, childcare providers that do a great job supporting breastfeeding families...if you can get one big company...on board...and then Minneapolis saying, we’ll give you a certificate, we’ll feature you in our newsletters...”

Asian community leader

“mobile lactation units...they’re like little pods... when you go to something at a convention center, there’s no place to nurse...places can buy or rent these...it’s a room on wheels basically...”

Caucasian community leader



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Ideas

Q: What are your ideas for ways the city of Minneapolis could better support breastfeeding families?

5 key themes emerged:

3. Make lactation services more available, accessible and culturally specific

- More on-site
- Home visiting lactation
- Diversify IBCLCs

4. Enhance support for peer-to-peer programs through community health workers

- peer counseling and doulas

- N=40 participants provided information about breastfeeding (21 healthcare providers, 2 doula, 17 community leaders)
- Professionals from different roles reported similar observations

"I would really recommend on-site lactation support in every single pediatric and family practice clinic in the city of Minneapolis..."

Caucasian doctor

"lactation consultant home visiting...I think that would be wonderful from our perspective...someone to come to your home..."

Caucasian visiting nurse

"Encourage clinics/hospitals to have community health workers who are trained as a peer breastfeeding counselor"

Asian community leader

"Hospitals are interested in having their own peer program...WIC could provide the training...this is where I think partnerships...partnerships where there is this model [peer counseling]"

Asian community leader

"I would really work with more of the community health workers. I think they know the cultures way better than any of us. I know my culture, but I don't know other people's culture and what's important and how to impact them the most. So I think if we could put more money into the community health workers, getting people into their homes, meeting people where they're at, giving them the information about what is impactful for them. I think we could really do a lot more."

Caucasian hospital nurse



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Ideas

Q: What are your ideas for ways the city of Minneapolis could better support breastfeeding families?

5 key themes emerged:

5. Improve coordination of breastfeeding resources
 - Partner on existing coalitions
 - Breastfeeding support centers in the community

- N=40 participants provided information about breastfeeding (21 healthcare providers, 2 doula, 17 community leaders)
- Professionals from different roles reported similar observations

*“the importance of breast milk and breastfeeding is a public health issue and not a lifestyle issue. **And that we need to promote healthy infant feeding in the state of Minnesota or in the City of Minneapolis and create a web of support to help moms reach their infant feeding goals throughout the entire lactation continuum** - from preconception, prenatal, immediate post partum and pediatric care.”*
Caucasian doctor

“I would say... just having a coordinated group effort that targets all walks of life, all pregnant moms, to make sure they have the right education to make informed choices. And support them, support their breastfeeding.”
Caucasian doctor

— *“Hennepin County breastfeeding coalition...the city would be a great partner...”*
Caucasian community leader

*“I would definitely... **it would be great if the city of Minneapolis and the Minnesota Department of Health, and the Minnesota Hospital Association, or whoever, would work together and make a year-long support program that was available to all people regardless of payments...** they could have little community centers throughout...North Minneapolis...not WIC, but...they could have a lactation consultant, a scale to weigh kids, and make something more available to the community...so in their community...kind of like a birth center, but a breastfeeding support center”*
Caucasian doctor

Summary of participants' key recommendations

1. Launch a public awareness campaign to normalize breastfeeding
2. Identify and recognize breastfeeding friendly organizations and create obvious places to breastfeed
3. Improve coordination of breastfeeding resources
4. Enhance support for peer-to-peer programs through community health workers
5. Make lactation services more available, accessible and culturally specific



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Potential next steps

1. Engage mothers/families in cultural communities for assistance in developing a public awareness campaign, with special effort to engage the American Indian community
2. Identify best practices from cities with successful programming and reach out to program staff for lessons learned and advice
 - [Latch On NYC](#)
 - [HealthConnectOne](#) (Chicago)
 - [MOMobile concept](#) of Maternity Care Coalition in Philadelphia
 - Brookings, South Dakota [Baby-Friendly Brookings project](#)
3. Ask mayor/health department to publicly recognize organizations (health care organizations, employers, childcare facilities) who are Breastfeeding Friendly
 - [Minnesota Department of Health – Breastfeeding Friendly](#)



Potential next steps

4. Have the Health Department reach out to existing coalitions/partners to begin dialog on how the city can partner with them to better support breastfeeding
 - [Minnesota Breastfeeding Coalition](#)
 - [Hennepin County Breastfeeding Coalition](#)
 - [Minnesota Hospital Association](#)
 - [Minnesota Community Health Worker Alliance](#)
5. Expand home visiting/lactation services as part of the Mayor's Cradle to K initiative
6. Increase public lactation spaces
 - [Mamava Lactation Suite](#)



Thank you to the participating organizations!

- Abbott Northwestern and Children's Hospitals and Clinics of Minnesota
- Allina Home Health-Mother and Newborn/Abbott Northwestern Campus
- Central Pediatrics, St. Paul and Woodbury
- Cultural Wellness Center
- Everyday Miracles
- Fairview Clinics – Riverside
- Hennepin County Medical Center
- Hennepin County Medical Center Richfield Clinic
- Hennepin County WIC
- Indian Health Board
- Minneapolis Health Department
- Minnesota Breastfeeding Coalition
- Minnesota Department of Health
- MVNA
- North Memorial Medical Center
- North Memorial Midwifery Care
- Northside Achievement Zone
- The Peoples Center Health Services
- The Family Partnership
- University of Minnesota Masonic Children's Hospital
- University of Minnesota Medical Center - Fairview Riverside
- Women's Health Consultants, PA, a Member of the Allina Integrated Medical Network/Abbott



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

QUESTIONS?

DISCUSSION!



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

**FOLLOWING SLIDES NOT FOR
PUBLIC PRESENTATION ON
9/22 – ONLY IF QUESTIONS**



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Background and significance: Importance of breastfeeding

- Breastfeeding is important for the healthy development of infants and the health outcomes of mothers
- National and international health organizations advocate for exclusive breastfeeding through 6 months and continued breastfeeding with complementary foods through 1+ years

American Academy of Pediatrics

“exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant” and emphasizes that **“infant nutrition should be considered a public health issue and not only a lifestyle choice.”** (1,4,11,16,17)

World Health Organization

“exclusive breastfeeding through six months and continued breastfeeding with complementary foods until up to two years of age or beyond” (4,7)

In **2011 the U.S. Surgeon General** issued a special call to action to support breastfeeding.(6)



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Background and significance: Current breastfeeding rates

Table 1. Healthy People 2020 Goals, Centers For Disease Control And Prevention Breastfeeding Report Card 2014, And Minnesota WIC Information System 2013 On Breastfeeding Initiation And Continuation(5,18,19)

<i>U.S./Minnesota/Minneapolis</i>	<i>Breastfeeding</i>				
	<i>Ever</i>	<i>At 6 months</i>	<i>At 12 months</i>	<i>Exclusive at 3 months</i>	<i>Exclusive at 6 months</i>
HealthyPeople 2020	81.9%	60.6%	34.1%	46.2%	25.5%
U.S. National 2014	79.2%	49.4%	26.7%	40.7%	18.8%
Minnesota 2014	89.2%	59.2%	34.6%	48.5%	23.5%
Minnesota WIC 2013	77.6%	37.0%	27.2%		
Minneapolis WIC 2013	79.3%	48.1%	38.4%		

Key Takeaways

- Most national, Minnesota and Minneapolis breastfeeding rates lag behind the HealthyPeople 2020 targets
- Good news – Minnesota overall rates higher than national rates in all categories
- Focus on improving breastfeeding continuation and exclusive breastfeeding among state and local WIC populations



Background and significance: Racial/ethnic disparities in U.S.

Significant differences exist in breastfeeding rates

- **No racial or ethnic group – including White, non-Hispanic** – is meeting HealthyPeople 2020 goals for continued breastfeeding at 6 months and 12 months and exclusive breastfeeding at 3 months and 6 months;(15)
- **African American** women consistently have lowest rates of breastfeeding initiation and continuation at 6 and 12 months;(1, 15,16,20,21)
- At 6 months and 12 months post partum **Asian** women have highest rates of any breastfeeding;(16,21)
- **Hispanic** mothers have among the highest rates of breastfeeding initiation and continuation among all U.S. women, but they also are more likely than other racial/ethnic groups to supplement with formula in the first two days of life;(15,16)
- There is a **gap in the literature** on breastfeeding practices among **American Indian and Native American** women.(15,16)
- U.S. national data do not report breastfeeding outcomes for racial/ethnic subgroups, which hides **variability in practices among ethnic subgroups** (e.g. Somali, Hmong, Puerto Rican, Dominican, Mexican);(15,16)



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Conceptual framework: Literature review themes

- **Breastfeeding practices**
 - Predictors of intention to feed (10)
 - Mother's income associated with whether she breastfeeds as long as desired (10,15,17)
- **Structural supports**
 - CDC measures for all women(5,18)
 - Supports for racial/ethnic minority women (15,16,30)
- **Barriers to breastfeeding**
 - Well-documented for all women (6,15)
 - Some barriers may disproportionately impact ethnic minority and low income women
- **Selected community actions**
 - Best Fed Beginnings and Baby-Friendly, Latch on NYC, Peer Counseling, Minnesota Healthy Baby Act

'Latch On NYC' hospital poster



Source: <http://www.nyc.gov/html/doh/pregnancy/html/after/latchonnyc-hospital-posters.shtml>

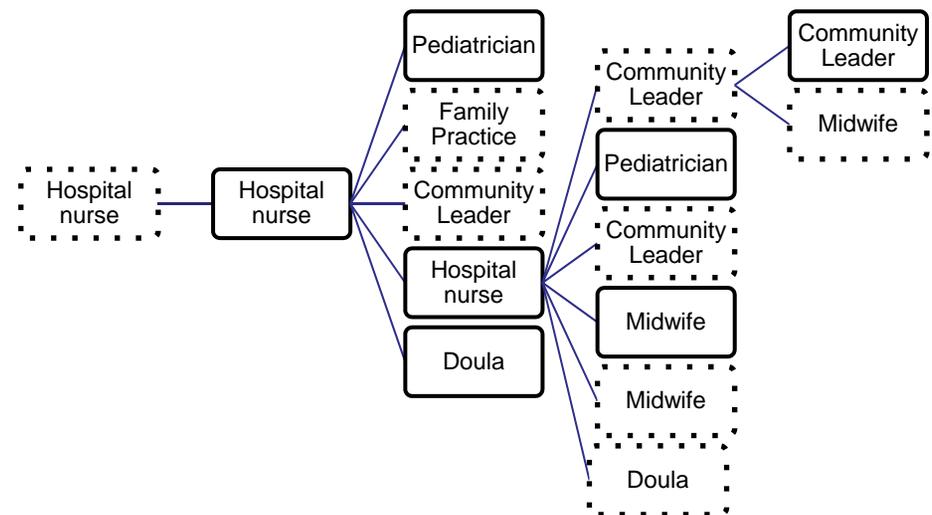


UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

Study design and methodology

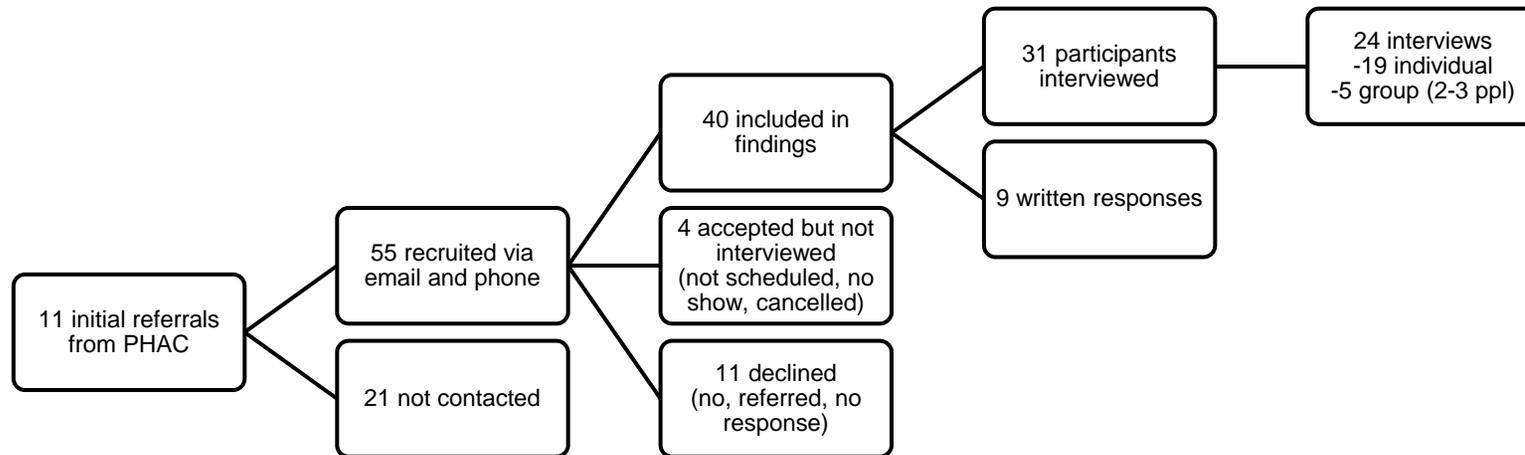
- Qualitative research design
- Semi-structured, in-depth interviews with key informants
 - Used free-listing technique for barriers question #5
- Selection criteria
 - Served pregnant and post-partum mothers, children and families in Minneapolis
 - Professional role – healthcare providers, doulas, community leaders
 - Served a cultural community of interest, most worked with multiple communities
- Sampling procedures
 - Purposeful, non-random
 - Snowball sampling, with chain-referral recruitment
 - 11 initial contacts from PHAC classified per primary role – Healthcare provider, community leader, doula
 - Process started 9 snowballs

1 of the 9 snowballs started



Study design and methodology

- Recruitment flow



- Data collection tools: interview guide, barriers sheet, interview guide advance copy, recruitment emails
- Data recorded by notes and digital audio recordings of interview



Analysis

- Conceptual framework and 4 key concepts guided analysis
- Typed notes and expanded by listening to audio recording
 - Quotes obtained verbatim from audio recording
- NVivo used for data management, organization and analysis
- First coding cycle
 - Data analyzed using initial set of codes derived from conceptual framework (practices, supports, barriers, and ideas)
 - 1 additional coded added (advice) and linked to question #7
 - Open coding revealed 71 additional sub-themes
- Second coding cycle
 - Grouped similar sub-themes into categories
- Final codebook developed – consisted of 4 initial main categories, each with 5-6 sub-themes



References

- (1) Breastfeeding and the use of human milk. *Pediatrics* 2012;129(3):e827-e841.
- (2) Stuebe AM, Bonuck K. What predicts intent to breastfeed exclusively? Breastfeeding knowledge, attitudes, and beliefs in a diverse urban population. *Breastfeeding medicine* 2011;6(6):413-420.
- (3) Stuebe AM, Schwarz EB. The risks and benefits of infant feeding practices for women and their children. *Journal of perinatology* 2010;30(3):155-162.
- (4) Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries. *Evid Rep Technol Assess (Full Rep)* 2007 Apr;(153)(153):1-186.
- (5) Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics* 2010;125(5):e1048-e1056.
- (6) Gurka KK, Hornsby PP, Drake E, Mulvihill EM, Kinsey EN, Yitayew MS, et al. Exploring intended infant feeding decisions among low-income women. *Breastfeeding medicine* 2014;9(8):377-384.
- (7) Ware JL, Webb L, Levy M. Barriers to breastfeeding in the African American population of Shelby County, Tennessee. *Breastfeeding medicine* 2014;9(8):385-392.
- (8) Stuebe AM. Enabling women to achieve their breastfeeding goals. *Obstet Gynecol* 2014 Mar;123(3):643-652.
- (9) Bartick MC, Stuebe AM, Schwarz EB, Luongo C, Reinhold AG, Foster EM. Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstetrics and gynecology* 2013;122(1):111-119.
- (10) World Health Organization. Health Topics: Breastfeeding. 2015; Available at: <http://www.who.int/topics/breastfeeding/en/>. Accessed July 18, 2015.
- (11) Centers for Disease Control and Prevention. Breastfeeding Report Card, 2014. 2014.
- (12) Minnesota WIC Information System. Breastfeeding Initiation and Duration at Three, Six and Twelve Months for Infants Participating in Minnesota WIC Born During Calendar Year 2013 by City of Residence. Minnesota WIC Program: 2015. 2015.
- (13) Minnesota WIC Information System. Breastfeeding Initiation and Duration at Three, Six and Twelve Months for Minnesota WIC Infants Born During Calendar Year 2012 by City of Residence and by Race/Ethnicity Alone Or In Combination (AOIC) with Other Races. 2014.
- (14) Airhihenbuwa CO, Ford CL, Iwelunmor JI. Why culture matters in health interventions: lessons from HIV/AIDS stigma and NCDs. *Health education & behavior* 2014;41(1):78-84.
- (15) Airhihenbuwa CO. *Health and Culture: Beyond the Western Paradigm*. California: Sage Publications; 1995.
- (16) Minnesota House of Representatives. HF 2322. 2015; Available at: <https://www.revisor.mn.gov/bills/bill.php?f=HF2322&y=2015&ssn=0&b=house>. Accessed July 23, 2015.
- (17) Minnesota Senate. SF 2154. 2015; Available at: http://www.senate.leg.state.mn.us/bills/billinf.php?billnum=SF2154&ls=89&special_session=20150. Accessed July 23, 2015.



References

- (18) Gartner LM, Morton J, Lawrence RA, Naylor AJ, O'Hare D, Schanler RJ, et al. Breastfeeding and the use of human milk. *Pediatrics* 2005 Feb;115(2):496-506.
- (19) U.S. Department of Health and Human Services. HealthyPeople 2020 Topics and Objectives: Maternal, Infant, and Child Health. 2015; Available at: <http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>. Accessed July 18, 2015.
- (20) Executive summary: The Surgeon General's call to action to support breastfeeding. *Breastfeeding medicine* 2011;6(1):3-5.
- (21) Bartick MC, Stuebe AM, Schwarz EB, Luongo C, Reinhold AG, Foster EM. Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstetrics and gynecology* 2013;122(1):111-119.
- (22) Jones KM, Power ML, Queenan JT, Schulkin J. Racial and ethnic disparities in breastfeeding. *Breastfeeding medicine* 2015;10(4):186-196.
- (23) Chapman DJ, Perez-Escamilla R. Breastfeeding among minority women: moving from risk factors to interventions. *Adv Nutr* 2012 Jan;3(1):95-104.
- (24) Declercq ER, Sakala C, Corry MP, Applebaum S, Herrlich A. Listening to Mothers III: New Mothers Speak Out. *Childbirth Connection* 2013(June).
- (25) Baby-Friendly USA. Baby-Friendly Hospital Initiative. 2015; Available at: <https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative>. Accessed September 19, 2015.
- (26) United States Department of Agriculture Food and Nutrition Services. Women, Infants, and Children (WIC). 2015; Available at: <http://www.fns.usda.gov/wic/women-infants-and-children-wic>. Accessed September 19, 2015.
- (27) Progress in increasing breastfeeding and reducing racial/ethnic differences - United States, 2000-2008 births. *Morbidity and mortality weekly report* 2013;62(5):77-80.
- (28) Racial and ethnic differences in breastfeeding initiation and duration, by state - National Immunization Survey, United States, 2004-2008. *Morbidity and mortality weekly report* 2010;59(11):327-334.
- (29) Shafai T, Mustafa M, Hild T. Promotion of exclusive breastfeeding in low-income families by improving the WIC food package for breastfeeding mothers. *Breastfeeding medicine* 2014;9(8):375-376.
- (30) Iwelunmor J, Newsome V, Airhihenbuwa CO. Framing the impact of culture on health: a systematic review of the PEN-3 cultural model and its application in public health research and interventions. *Ethnicity & health* 2014;19(1):20-46.
- (31) Declercq ER, Sakala C, Corry MP, Applebaum S, Herrlich A. Listening to Mothers III: Pregnancy and Birth. *Childbirth Connection* 2013(May).
- (32) Eckhardt CL, Lutz T, Karanja N, Jobe JB, Maupomé G, Ritenbaugh C. Knowledge, attitudes, and beliefs that can influence infant feeding practices in American Indian mothers. *Journal of the Academy of Nutrition and Dietetics* 2014;114(10):1587-1593.
- (33) Centers for Disease Control and Prevention. Action Guides: Communities in Action. 2015; Available at: http://www.cdc.gov/breastfeeding/pdf/actionguides/Communities_in_Action.pdf. Accessed July 23, 2015.



References

- (34) Pérez-Escamilla R. Breastfeeding social marketing: lessons learned from USDA's "Loving Support" campaign. *Breastfeeding medicine* 2012;7(5):358-363.
- (35) Anderson AK, Damio G, Young S, Chapman DJ, Perez-Escamilla R. A randomized trial assessing the efficacy of peer counseling on exclusive breastfeeding in a predominantly Latina low-income community. *Arch Pediatr Adolesc Med* 2005 Sep;159(9):836-841.
- (36) Dyson L, McCormick F, Renfrew MJ. Interventions for promoting the initiation of breastfeeding. *Cochrane Database Syst Rev* 2005 Apr 18;(2)(2):CD001688.
- (37) Kozhimannil KB, Attanasio LB, Hardeman RR, O'Brien M. Doula care supports near-universal breastfeeding initiation among diverse, low-income women. *Journal of midwifery & women's health* ;58(4):378-382.
- (38) Bonuck KA, Trombley M, Freeman K, McKee D. Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. *Pediatrics* 2005 Dec;116(6):1413-1426.
- (39) Chapman DJ, Damio G, Young S, Perez-Escamilla R. Effectiveness of breastfeeding peer counseling in a low-income, predominantly Latina population: a randomized controlled trial. *Arch Pediatr Adolesc Med* 2004 Sep;158(9):897-902.
- (40) Ryser FG. Breastfeeding attitudes, intention, and initiation in low-income women: the effect of the best start program. *J Hum Lact* 2004 Aug;20(3):300-305.
- (41) Wolffberg AJ, Michels KB, Shields W, O'Campo P, Bronner Y, Bienstock J. Dads as breastfeeding advocates: results from a randomized controlled trial of an educational intervention. *Am J Obstet Gynecol* 2004 Sep;191(3):708-712.
- (42) National Institute for Children's Health Quality. Projects: Best Fed Beginnings. 2015; Available at: <http://breastfeeding.nichq.org/solutions/best-fed-beginnings>. Accessed July 23, 2015.
- (43) National Institute for Children's Health Quality. Projects: New York State Breastfeeding Quality Improvement in Hospitals (BQIH) Collaborative. 2015; Available at: <http://breastfeeding.nichq.org/solutions/nys-breastfeeding>. Accessed July 23, 2015.
- (44) Health Resources and Services Administration, Maternal and Child Health. Business Case for Breastfeeding. 2015; Available at: <http://mchb.hrsa.gov/pregnancyandbeyond/breastfeeding/>. Accessed July 15, 2015.
- (45) The New York City Department of Health and Mental Hygiene. Breastfeeding: Latch On NYC. 2014; Available at: <http://www.nyc.gov/html/doh/pregnancy/html/after/breast-feeding-latchon.shtml>. Accessed July 23, 2015.
- (46) HealthConnect One. HealthConnect One. 2015; Available at: <http://www.healthconnectone.org/>. Accessed September 20, 2015.
- (47) South Dakota State University. SDSU receives a Bush Foundation Community Innovation Grant. 2013; Available at: <http://www.sdstate.edu/news/articles/sdsu-receives-a-bush-foundation-community-innovation-grant.cfm>. Accessed September 20, 2015.



References

- (48) Maternity Care Coalition. MOMobile. 2015; Available at: <http://maternitycarecoalition.org/professionals/services-for-families/momobile/>. Accessed September 20, 2015.
- (49) Minnesota Department of Health. Women, Infants and Children Program: How does WIC support breastfeeding? 2015; Available at: <http://www.health.state.mn.us/divs/fh/wic/bf/support.html>. Accessed July 23, 2015.
- (50) United States Department of Agriculture. Loving Support Makes Breastfeeding Work: Community Partners. 2015; Available at: <http://lovingsupport.nal.usda.gov/community-partners>. Accessed July 23, 2015.
- (51) Minnesota Breast Feeding Coalition. Beginning Baby Friendly Request for Proposals. 2015; Available at: <http://mnbreastfeedingcoalition.org/hospital-summit/>. Accessed July 23, 2015.
- (52) Minnesota Breastfeeding Coalition. Hospital Summit. 2015; Available at: <http://mnbreastfeedingcoalition.org/hospital-summit/>. Accessed July 23, 2015.
- (53) Everyday Miracles. Programs and Services. 2015; Available at: <http://www.everyday-miracles.org/services-and-classes/>. Accessed July 23, 2015.
- (54) Minnesota Department of Health. Breastfeeding Friendly Recognition. 2015; Available at: <http://www.health.state.mn.us/divs/oshii/bf/recognition.html>. Accessed July 15, 2015.
- (55) MVNA. Lactation Education and Home Visiting program grows. 2015; Available at: <http://www.mvna.org/2015/06/lactation-education-home-visiting-program-grows/>. Accessed September 20, 2015.
- (56) North Memorial Health Care. Breast Milk Depot. 2015; Available at: <https://www.northmemorial.com/milkdepot>. Accessed September 20, 2015.
- (57) Cohen D CB. RWJF Qualitative Research Guidelines Project: Semi-structured Interviews. 2006; Available at: <http://www.qualres.org/HomeSemi-3629.html>. Accessed July 2015, 2015.
- (58) Jonas JA, Davies EL, Keddem S, Barg FK, Fieldston ES. Freelisting on Costs and Value in Health Care by Pediatric Attending Physicians. *Academic pediatrics* ;15(4):461-466.
- (59) MACK N, WOODSONG C, MACQUEEN KM, GUEST G, NAMEY E. *Qualitative Research Methods: A Data Collector's Field Guide*. Family Health International 2005;ISBN: 0-939704-98-6.
- (60) Miles MB, Huberman MA, Saldana J editors. *Qualitative data analysis: a methods sourcebook*. Third ed. Thousand Oaks, California: Sage Publications, Inc.; 2014.
- (61) Krueger RA. *Focus groups : a practical guide for applied research*. 3rd ed.. ed. Thousand Oaks, Calif.: Thousand Oaks, Calif. : Sage Publications; 2000.
- (62) Valorose J, Dillon K, Schauben L, Alizaga N. Breastfeeding supports and challenges: mothers' perspectives on healthcare, worksites and social influences. 2010; Available at: <http://www.health.state.mn.us/divs/hpcd/chp/cdrr/earlychildhood/docsandpdf/Infantfeedingreport2010.pdf>. Accessed September 30, 2015.

