



When Keeping it Real is Required: Challenging the Pandemic of Racism in Lactation Land

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Abstract

Human milk is the optimal source of nutrition for infants, but few are able to provide their milk to their babies for the minimum twelve months recommended by health experts. This is especially true for Black women. Due to structural racism embedded in medical care, implicit bias of healthcare providers and generational traumas that began during American chattel slavery, Black women are less likely than every other ethnic group to initiate breastfeeding. Those that do are often sabotaged by unsupportive systems and lack of access to clinically-skilled, culturally respectful lactation consultants. Calling out the racism that exists in Lactation Land and holding the perpetrators accountable is necessary to level the playing field for Black mothers and their babies.

Keywords

breastfeeding; infant mortality; racism; equity; lactation



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ABSTRACT

Human milk is the optimal source of nutrition for infants, but few are able to provide their milk to their babies for the minimum twelve months recommended by health experts. This is especially true for Black women. Due to structural racism embedded in medical care, implicit bias of healthcare providers and generational traumas that began during American chattel slavery, Black women are less likely than every other ethnic group to initiate breastfeeding. Those that do are often sabotaged by unsupportive systems and lack of access to clinically-skilled, culturally respectful lactation consultants. Calling out the racism that exists in Lactation Land and holding the perpetrators accountable is necessary to level the playing field for Black mothers and their babies.

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INTRODUCTION

To tackle breastfeeding disparities- which are the fruit of structural inequities in the availability and delivery of lactation support- we have to be able to confront the root, which is racism. A tree is known by the fruit it bears' and this tree's fruit is rotten.

In America, the reactions to the COVID-19 pandemic and racism are very similar. Those who have not been personally touched, either don't believe it's real or feel the danger is exaggerated. So, what is structural or institutional racism? Verbiage is important, so we will start with the definition that is most applicable to our subject matter to ensure clarity in this context. According to the American Academy of Family Physicians (AAFP)

Racism [that] has been institutionalized in a way that permits the establishment of patterns, procedures, practices and policies within organizations that consistently penalizes and exploits people because of their race, color, culture or ethnic origin. The system of

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racism affects the attitudes, beliefs and behaviors of one individual towards another (personally-mediated) as well as how individuals perceive themselves (internalized).

Racism is a by-product of white supremacist ideology in the same way that a COVID infection is the result of a virus. The pandemic that is racism has been around much longer and has been responsible for far more loss of life than the SARS-Cov-2 virus, but it is only recently being recognized as a public health crisis. This recognition coupled with the current national focus on decreasing the extremely high maternal and infant mortality rates for Black families, has shone a spotlight on inequities in Maternal/ Child Health, of which lactation is a part.

When Governor Whitmer declared racism as a public health issue here in Michigan, the backlash was swift, vitriolic, and disappointing. It is difficult for the most advantaged- in this instance, white women- to believe a system that works for them is not beneficial to all. Racism is normalized in the existing system and makes those who benefit from it comfortable thus, it makes complete sense to be confused by all this talk of equity and discrimination and structural racism. When you benefit from racism it is highly unlikely to understand that those whom are devalued are disadvantaged. But what is safe and normal to some can be deadly to the ones who were not included in the systems design, and Black women and babies are dying because of this.

Michigan Breastfeeding Network's working definition of racial equity for decolonizing breastfeeding reads in part:

"The process of working towards racial equity in breastfeeding involves purposefully decentering white supremacy and colonialism, including the notion that whiteness is the standard of normalcy, beauty, superiority and centrality in our society."(Michigan Breastfeeding Network, 2021)

The unwillingness of certain elderly white women and their proteges, often referred to as the Old Guard (O.G.) of Lactation Land, to acknowledge the harm that has been and continues to be inflicted due to the racist systems in which they operate must be called out. Ignoring historical trauma and its impact on current disparities, the unequal distribution of community resources and the gatekeeping that denies access to certain spaces for many IBCLCs of color causes the perpetuation of generations of harm against families of color and Black women especially.

DISCUSSION

Racism is a societal ill that touches all aspects of our lives, whether we are on the giving or receiving end. America is the poster child for capitalism, but even the love of money cannot compete with the insatiable demands of white supremacy, as evidenced by the \$16 trillion our economy has lost to anti-Blackness in the last two decades. (Adedayo, 2020) It is of concern as a public health issue because it causes the dismissal of personhood and all the accompanying lifestyle issues that make up the social determinants of health by lumping people into groups simply based on appearance, totally denying their individuality. Implicit bias in healthcare professionals has been shown to lead to the receipt of lower quality health care for persons of color, particularly Black patients. Even when statistical adjustments are made for education, income, disease severity, and other factors, the difference remains (Williams & Wyatt, 2015). The fact that people receive sub-optimal care from trained medical professionals is a major public health issue as it causes immeasurable suffering and countless unnecessary deaths simply based on preconceived notions of who they are and what type of treatment they deserve due to their skin color or appearance. Studies have shown that regardless of specialty, there is an implicit bias among healthcare providers that favors whites (Dehon et. al., 2017) which means that even when

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people of color seek out and have access to medical attention, they are still more likely to receive sub-par care or have worse outcomes. Studies have shown that white medical students, residents and laypeople in America believe that Black people feel less pain than whites (Hoffman et. al., 2016) . This assumption is present even when the people interviewed are registered nurses (RNs) (Trawalter & Waytz, 2012). These white supremacist attitudes are rampant in Lactation Land, where having an RN is often the only path to equitable compensation and, although IBCLC is a standalone certification, usually a requirement for employment under the incorrect assumption that it ensures superior lactation care.

The dismal rates of lactation initiation and duration for women of color, and particularly for Black women, have been reported for decades. The only resources are usually WIC and other income-based breastfeeding support or simplistic pamphlets and fliers, ignoring that Black women have the highest levels of educational attainment of all racial groups in the U.S. (National Center for Education Statistics, 2019) and though they are too often treated as interchangeable terms, Blackness and poverty are not synonymous. Black people are not a monolith, but having a higher socio-economic status and more education does not buffer against the effects of racism and implicit bias from healthcare providers. Education and income do little to mitigate the higher risk of premature births experienced by Black women, as college educated Black women are more likely to deliver prematurely than white high school graduates. (Chatterjee & Davis, 2014). Black women, regardless of socioeconomic status, are almost four times more likely to die due to pregnancy and postpartum complications than their white counterparts. (Rabin, 2019) Good communication and positive interactions between patients and providers are expected to achieve optimal health outcomes. Yet, Black women with higher education reported the most communication problems of all participants (Attanasio & Kozhimannil, 2015) Prejudice and biases inhibit effective listening. Listening requires understanding, analyzing, evaluating and responding. Listening is especially crucial to the lactation profession, but the OG's in Lactation Land often use their many years of experience to dispute or ignore what Black women are saying.

African women traditionally breastfed their children, but the unique history of chattel slavery in America led to the dissolution of breastfeeding as the normative first food for Black infants. The disruption of the mother-child relationship has had generations-long consequences at the biological level. American slavery was unique in its destruction of familial bonds and co-opting of Black motherhood. An ahistorical approach often leads individuals to conclude that breastfeeding disparities are the result of cultural preferences and simply providing education will bring about change, but this is NOT the case. The infant feeding practices of many Black families harken back to slavery. Mothers were forced to wean too soon to go back to the fields or wet-nurse their captor's children, which meant there often wasn't enough milk for their babies. The trauma of what our ancestors endured is encoded in our DNA. This theft of our right to mother our children by the commodification of our bodies- down to stealing our ability to breastfeed our babies - has scarred us so deeply that our breastfeeding rates still lag behind every other group in this country.

Disparities are a reflection of long-standing, deep-rooted, institutionalized policies and practices that ignore and devalue the needs of Black women and children. The practice of Gynecology was literally built on the suffering of our ancestors. The tinkering with their reproductive system was specifically to ensure the ability to bear children to continue the capitalist system of slavery. They were subjected to surgeries and experimentation with no anesthesia or pain medication because of the belief that Black people don't feel pain.

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This belief is still alive and well with the OGs of Lactation Land, as evidenced by a training I attended several years ago. The course was taught by three white RN IBCLCs and during the training there were multiple instances of microaggressions and some uncomfortable moments for myself and the few other Black women in attendance. While going through the section on Diversity, the subject of painful latch came up. Someone asked how to recognize damaged nipples in darker-skinned women and “melanin makes skin thicker” was part of the reply. The training was full, the audience overwhelmingly white, and I and a Black colleague were the only ones who asked for clarification and evidence to support that answer. There was none, yet no one else spoke out. Incidents like this play out all too often in Lactation Land, where Black lactation consultants are constantly caught in a Catch-22- speak up and be labeled the Angry Black Woman or remain silent in order to continue serving the clients that need us most. Rarely do our white colleagues relieve us of the burden of calling out their peers and it is exhausting.

Black women are less likely to initiate breastfeeding than all other groups is one statistic that all lactation professionals, regardless of race, are familiar with. Unfortunately, not many non-Black lactation consultants truly understand the myriad reasons behind that fact. They aren't aware of the history of breastfeeding for Black women in this country, when the lack of bodily autonomy for enslaved women was made most visible through forced reproduction and coerced wet-nursing. They are oblivious of how the “Soft Bigotry of Low Expectations” (Bush) – the unconscious bias that expects less from marginalized groups than their white counterparts- works to undermine breastfeeding success for Black women. This stealthy style of racism is why Black mothers are less likely to receive in-hospital lactation support while Black babies are **NINE TIMES** more likely to be supplemented with artificial human milk substitutes- *even against their mother's wishes*. These injustices continue because hospital-based lactation consultants are generally white women who were trained by someone like those three white RN IBCLCs, even in Baby-Friendly designated hospitals.

Everyone claims they want equity in the field, but they aren't willing to have the hard conversations. There is no time to be concerned with the hurt feelings of those who continue to stand in the way of change because mamas and babies are dying. Although we do not attribute to malice that which can be explained by mere stupidity, after being told numerous times that something is causing harm, we can no longer accept ignorance as an excuse. Lactation is Reproductive Justice work, which means it is way more than just boobs and latching and milk. Black Lactation Consultants are counselors, resource providers, advocates, Aunties- we do it all. This makes it imperative that our allies stand up and use their voices to point out these disparities and highlight the unethical practices that contribute to their perpetuation.

CONCLUSION

Far too often there are those who make it abundantly clear that once Black people stopped having monetary value, they no longer had worth. (Desmond, 2019) Black women have long had to endure the commodification and monetization of our bodies for the pleasure, education or entertainment of the masses. This is especially true in the reproductive realm, where our ability to birth and breastfeed nations has been exploited since before this nation was born. Even when LCs are reacting out of discomfort rather than hostility, the effects are still the same. So now that you know better, you must do better.

Until white allies are willing to “keep it real” and call out the white supremacist actions of their colleagues, my cousins/ nieces/ sistafriends and their infants will continue to face

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disproportionately poor health outcomes. Advocates can become more comfortable with speaking truth to power by enrolling in a B.L.A.C.K. (Birth, Lactation, Accommodation, Culture, Kinship) Course for non-Black allies. As long as the pandemic of implicit bias and the racism of low expectations that limits inpatient lactation support is not addressed with the same fervor as proper handwashing and sterilization procedures, babies who look like mine will keep dying. Campaign to have the hiring policies in your health system changed to reflect IBCLC as a standalone credential, since requiring an RN eliminates many Black lactation consultants from the applicant pool. If the only post-discharge support being offered by your hospital is a flyer for a mid-day meeting in a lily-white suburb, racial breastfeeding disparities will persist. Advocates for equitable lactation support can sponsor Community Transformers for R.O.S.E. (Reaching Our Sisters Everywhere) or donate funds to Southeast Michigan IBCLCs of Color to enable access to timely, culturally respectful, skilled lactation care. At the very least, follow/ like/ share the online content of Black lactation-focused creators; here is a short list of Instagram pages to start with: Felisha Floyd, IBCLC, CLC @blactavist, The Melanated Mammary Atlas® @themmatlas, TaNefer Camara, RN, IBCLC @urbanmatriarch, Fallon Smalls, CBS @yourbreastie and Nekisha Killings, MPH, IBCLC & Nikki Hunter-Greenaway, APRN, FNP-C, IBCLC @nikkiandnikkiibclc

When the structural racism built into our healthcare system is finally seen as the pandemic and Public Health crisis that it is by those who are not on the receiving end of its harms, we will finally see the reduction in breastfeeding disparities that so many of us have been striving towards.

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