Breastfeeding among African American Versus White Mothers

Desiree Richie, MPH Candidate | Dr. Laurie Larkin, PhD | Dr. Steph McSpirit, Foundation Professor, Sociology | Dr. Monica Mundy

Department of Health Promotion & Administration | College of Health Sciences | Eastern Kentucky University

Research Question
Do African American mothers have a lower success rate with breastfeeding throughout the six months of baby’s life than their White mother counterparts.

Research suggests that Infants who are breastfed are less likely to experience infectious diseases and mortality (Benefits of Breastfeeding, 2022). It has long been recognized that African American infants are more than twice as likely as White infants to die in their first year of life. (Colins, 2010). This paper/poster examines breast feeding rates among black versus white women based on data collected through a lactation consultant program. These findings on breastfeeding rates may help address some of the racial factors driving infant mortality and health.

Breastfeeding has been found to build strong immune systems and lowers baby’s risk of:
- Cavities
- Celiac disease
- Bacterial meningitis
- Asthma
- SIDS
- Childhood obesity
- Eczema
- Type 2 diabetes
- Leukemia

METHOD

Secondary Data Analysis

Data:  
- Breastfeeding Status
- Lactation Appointment Results
- Race
- Age
- Breastfeeding Goals

Data Sources:
- Hospitals
- Regional KY Clinics
- Lactation Consultants

Data Formats:
- Electronic Health Record System
- Microsoft Excel

CONCLUSION

Breastfeeding Success Rate Comparison
- 2 Months – Black 2.0% higher rate than White
- 4 Months – Black 1.5% lower rate than White
- 6 Months – Black 1.3% lower rate than White

Despite black mothers starting at a slightly higher breastfeeding success rate postpartum, by the 4-month mark, the success rate for black mothers was slightly lower than white mothers. The 6-month mark displayed the same outcome as the 4-month mark with black women breastfeeding at a slightly lower rate than white women. Further analyses will be done to better understand differences in breastfeeding outcomes among women of low socio-economic status, both black and white and of other ethnicities.

REFERENCES


ACKNOWLEDGEMENTS

The author is grateful for the regional KY clinics who supplied the data for the analysis, Dr. Larkin for guidance and support, Dr. McSpirit for assisting with the data analysis, Dr. Mundy for reviewing and providing feedback, and Bethany Fomby (Manager of Health Promotion Outreach/Services at Anthem KY Medicaid) for support, additional review, and feedback.