

A close-up photograph of a woman with dark hair, wearing a dark blue shirt, smiling warmly as she holds a newborn baby. The woman's eyes are closed in a gentle smile, and she is looking down at the baby. The baby's head is visible, with dark hair. The background is softly blurred, suggesting an indoor setting with natural light.

Helping Asian women to exclusively breastfeed

Eleanor Gates MMid(Hons) RN RM IBCLC

Multiple Complexities

A close-up photograph of a woman with dark hair, smiling warmly as she holds a baby. The image is slightly faded and serves as a background for the text.

- **Culture**
- **Language barriers (woman's mother/mother-in-law)**
- **Being an immigrant**
- **Education level of client**
- **Differing Lead Maternity Carer (LMC) breastfeeding knowledge**

CULTURAL EXERCISE

You are;

- Not allowed to shower
- Encouraged to stay in bed
- Given food that is not to your taste
- Your baby is kept in a nursery away from you
- Not allowed to breastfeed at night
- Only allowed to feed your baby for a restricted period of time
- The Staff caring for you insist they are right, and your family are wrong – but you respect their opinions and they are helping you to cope
- You have some difficulty in understanding the staff

給您的嬰兒餵哺母乳

Recognising an issue

A woman with dark hair is shown from the chest up, holding a baby. She is looking down at the baby with a gentle expression. The background is a soft, out-of-focus grey.

Initial response; nil - we thought the issue was culturally sensitive

We thought the issue wouldn't affect our Baby-friendly status

We thought the issue wouldn't get any worse.....

Recognising an issue

Increasing awareness of Asian mothers' 'normal breastfeeding practice' was;

- to give formula 'top ups' (Grandma gives baby large amounts after each breastfeed)**
- decline breastfeeding until Day 3 or 4**
- to bring formula in with them**

Coupled with a known falling exclusive breastfeeding rate...

Ethnicity and ExBF 3 month sample

Ethnicity as defined by woman at booking	Exclusive Breastfeeding %		
	Dec-10	Jan-11	Feb-11
European	81.87	82.28	84.53
Maori	66.67 (n=3)	78.57	86.67
Pacific Islander	82.35	69.23	61.54
Chinese	48.72 (24%)	58.82 (25%)	46.88 (24%)
Other Asian (i/c Korean/Japanese)	83.33	90.91	25.0
SE Asian	50	66.67(n=3)	66.67(n=3)

The true meaning of a shelf bra?



Case study 1

Soo

First baby, born at Term, normal vaginal birth,
3.4kg boy.

Discharged home on Day 3 exclusively
breastfeeding

Excellent English language

LMC – experienced, very pro BF, Kiwi RM

No family support!

Case study 1

A close-up photograph of a woman with dark hair, wearing a dark top, holding a newborn baby. She is looking down at the baby with a gentle expression. The background is softly blurred.

Weekend readmit at @6/52

Unresolved mastitis - for IV ABs and USS

(2/52 AB course completed at home)

Case study 1

USS - 2 abscess' → fine needle aspiration, IV ABs

LC's plan - RPS, hand expression if baby not willing to feed on affected side to drain breast, ice

electric pump (preferably get baby back on breast) once oedema settling and milk flowing, to empty breast and maintain milk supply

continue with cue-led feeding

Case study 1

A soft-focus photograph of a woman with dark hair, wearing a dark top, holding a baby. The woman is looking down at the baby with a gentle expression. The background is blurred, suggesting an indoor setting.

Formula requested by Soo to top up hungry baby after 2 x unsettled nights

Soo remaining pyrexial and unwell

Re-USS 2/7 later, increased abscess', re-drained via fine needle, change of IV ABs

Baby refusing affected breast

Affected breast engorged. Soo not following plan

Case study 1

Soo very distressed at possible need for Surgical Incision and Drainage (SID)

LMC talked with Soo re why she wasn't following plan

Soo's father (a retired Obstetrician in China) was advising her opposite care to that planned by LC and breast surgeon

Breast now totally engorged – unable to be expressed

Case study 1

Discussion with Soo and interpreter re SID and breastfeeding on one breast

Following SID, rapid improvement, IV ABs disc, to Oral ABs

Pumping 3 hrly, on Domperidone

Discharged home partially breastfeeding on unaffected breast, decreasing formula requirements

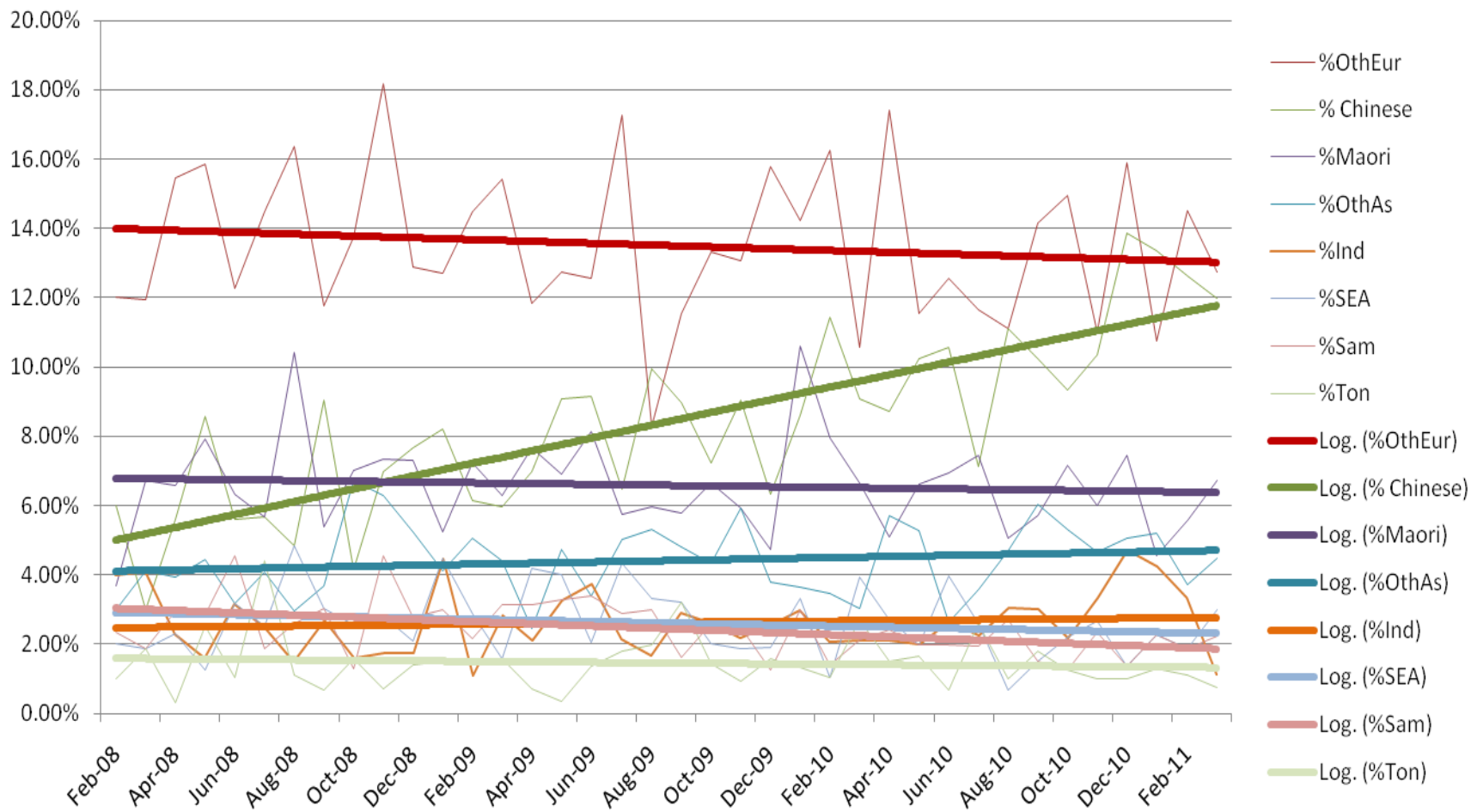
Follow up in Breastfeeding Clinic declined

A stuff up?



Ethnicity - a 3 year trend

Ethnicity % of Total Discharges



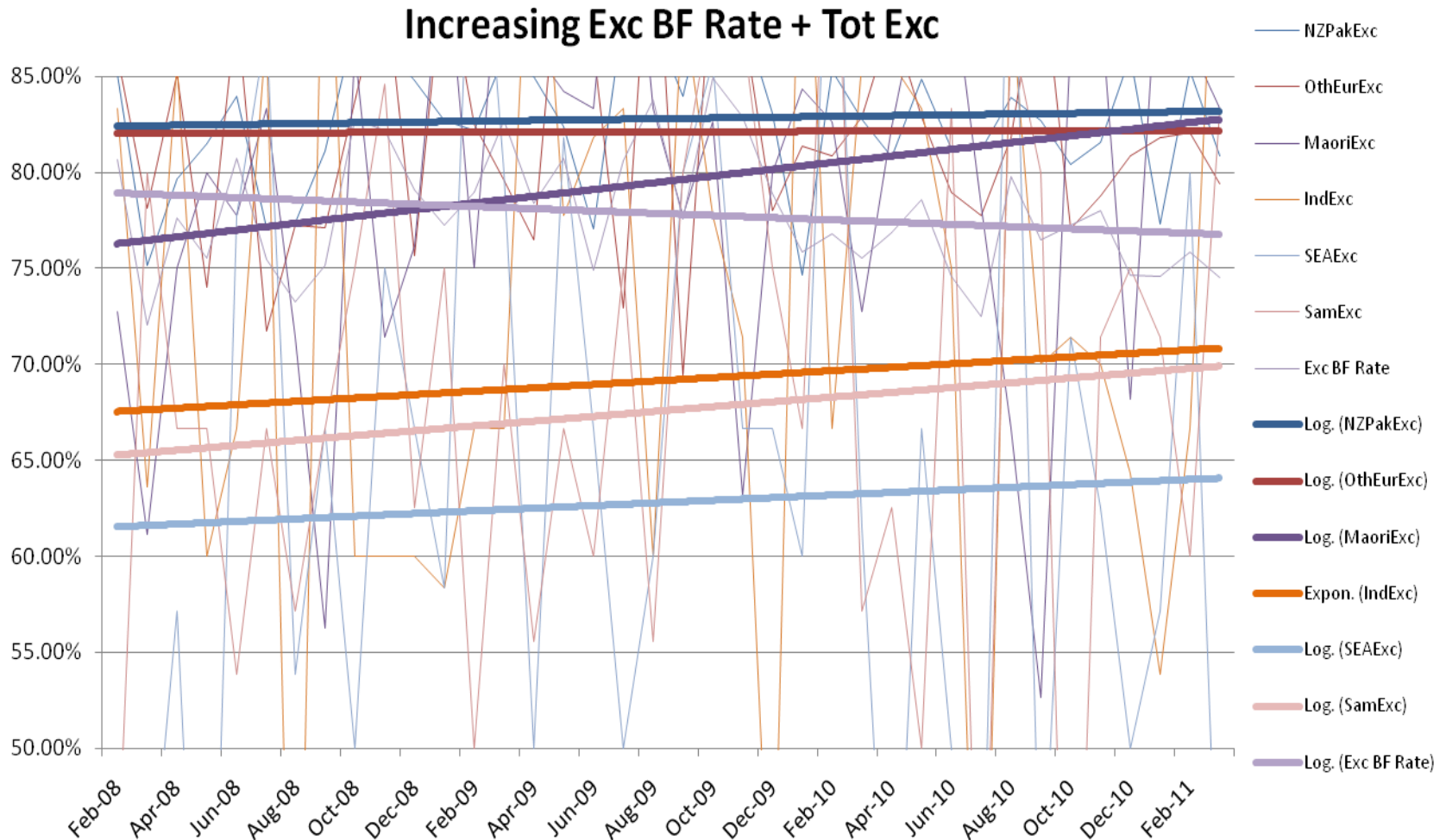
Analysis

Increase in Chinese mothers - 5% to almost 12%

Not statistically significant increases; Other Asians (*Korean and Japanese*), and Indians (*Fijian Indians and Indians*)

Stable or not statistically significant decrease; SE Asians (*Indonesian, Cambodian, Malaysian etc*), Tongans, Samoans, Maori, and Other Europeans (*Russian, German, Spanish etc - does NOT include NZ Pakeha*)

Ethnicities with increasing ExBF rates, plotted with the total ExBF rate *(Includes NZ Pakeha)*



Analysis

Maori ExBF rate up 10%

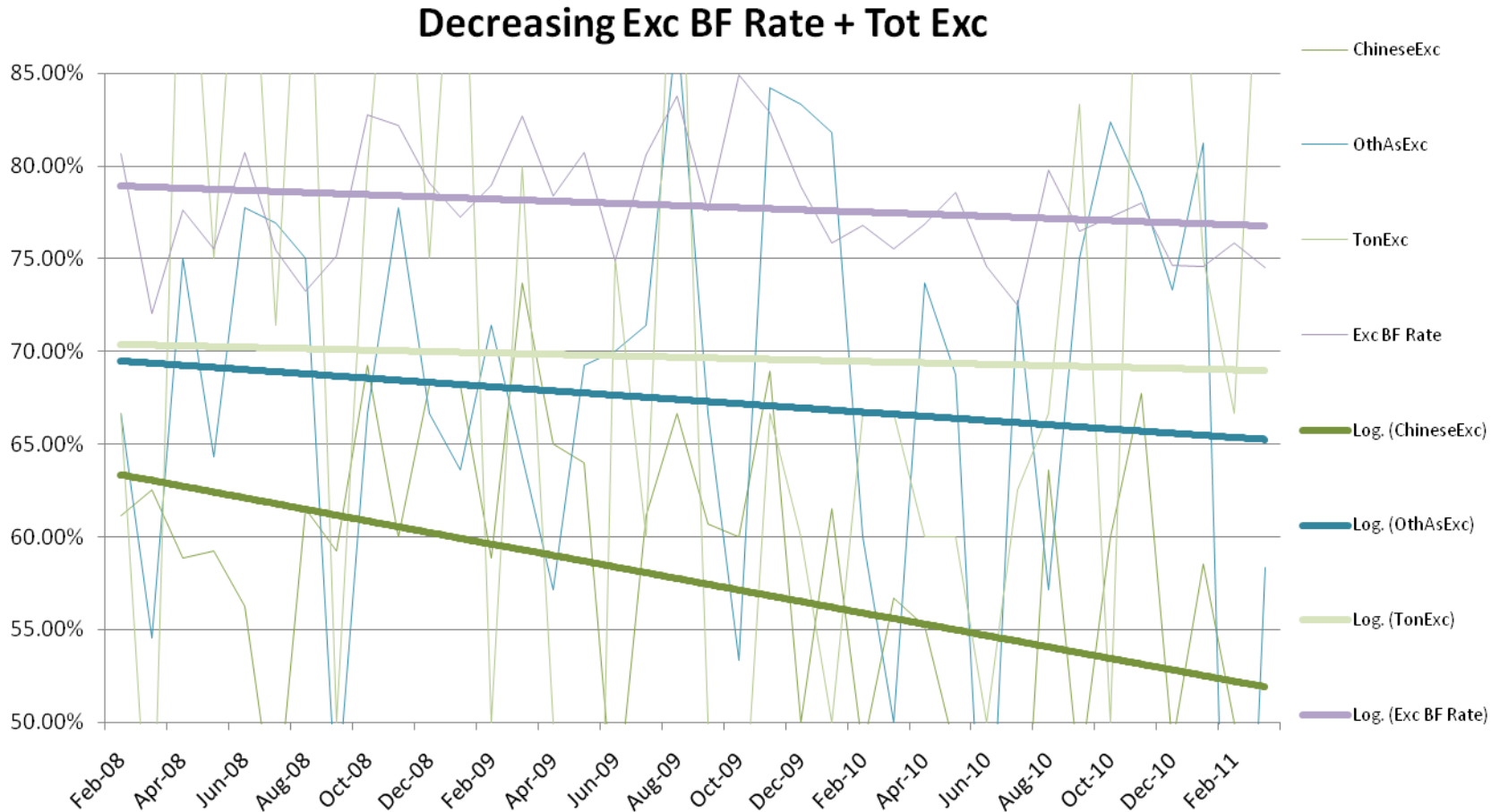
**Good increases - SE Asian (2%), Indian (4%),
and Samoan (5%)**

**Not statistically significant increase for NZ
Pakeha and Other European ethnicities**

One happy baby on Dad?



Decreasing ethnic ExBF rates alongside the total ExBF rate



Analysis

A woman with dark hair is smiling and looking down at a baby she is holding. The image is slightly faded to allow text to be overlaid.

10% decrease in Chinese women ExBF ↓ 52%

4% decrease in Other Asians

3% decrease in Tongan women

17% total decrease

An Italian fountain with good MER?



Case study 2

A close-up photograph of a woman with dark hair, wearing a dark top, holding a newborn baby. The woman is looking down at the baby with a gentle expression. The baby is wrapped in a white blanket. The background is softly blurred, suggesting an indoor setting.

Lin

**31yrs, first baby, normal vaginal birth,
2995gms FI @ 38/40**

**Wishes to breastfeed – has attended our Mandarin AN
BF class**

LC does “Introductory Consultation” on warding

Case study 2

M-I-L wants baby to have formula top ups post breastfeeds

LC (or midwife) explains;

- **recognition of early feeding cues card**
- **shows 'belly balls'**
- **higher IQ in BF babies!**

Case study 2

- stresses Lin **MUST** only rest and breastfeed
- her family **MUST** do everything else!
- importance of rapid response to EFCs so baby feeds frequently in visiting hours (0700-2100hrs), while Lin has help

Spacing out feeds in daytime *may* result in cluster feeds at night, when only staff available to help...

Guatamalian fountain - great milk supply!



A woman with short dark hair is smiling warmly while holding a newborn baby. The image is softly blurred, creating a gentle and intimate atmosphere. The woman's face is the central focus, with her eyes looking down at the baby. The baby's head is visible in the lower center of the frame, resting against the woman's hands.

Areas BFHI Coordinator can affect

Hospital BF policies and patient info leaflets

BF education

Postnatal ward practices

Non-DHB LMCs practices

A woman with dark hair is smiling warmly while holding a baby. The image is slightly faded to allow text to be overlaid. The woman's eyes are closed in a gentle smile, and she is looking down at the baby. The baby's head is visible in the lower center of the frame.

BF education

Ensure BF Ed is attractive and non-threatening to local LMCs

Introduce evidence-based ethnicity component within study days

Introduce PN ward based ethnicity BF education

Postnatal ward practices

Strong adherence to 10 Steps

Breast language in laminated word sheets

Ensure NZBA & MOH translated Patient info is stocked

Provide easier ways for better teaching & documentation

Introduce PN ward based ethnicity BF education

Audit, audit, audit....

Liaise with identified LMC when they visit postnatally

Direct 'prophylactic education' on warding (Case study 2)

Local LMCs practices

A soft-focus photograph of a woman with dark hair, smiling warmly as she holds a baby. The woman's eyes are closed in a gentle expression, and her hands are visible supporting the baby. The background is blurred, suggesting an indoor setting with natural light.

Identify

Build relationships

Inform

Benchmark

Educate

Audit, audit, audit.....

Local LMCs practices



Identify issues of concern

**Establish LMCs know their BF responsibilities under S88, The Code in NZ, & BFHI 10 steps
(*presentation*)**

Encourage networking between LMCs caring for Asian women

Outline what support is available;

NZBA MOH resources

Structure LMCs AN teaching plan

A soft-focus photograph of a woman with dark hair, smiling warmly as she holds a baby. The woman's eyes are closed in a gentle expression, and the baby's head is visible in the lower foreground. The overall tone is intimate and affectionate.

Contents

LMC responsibilities & BFHI

What do I have to cover antenatally?

Tips on how to go about it

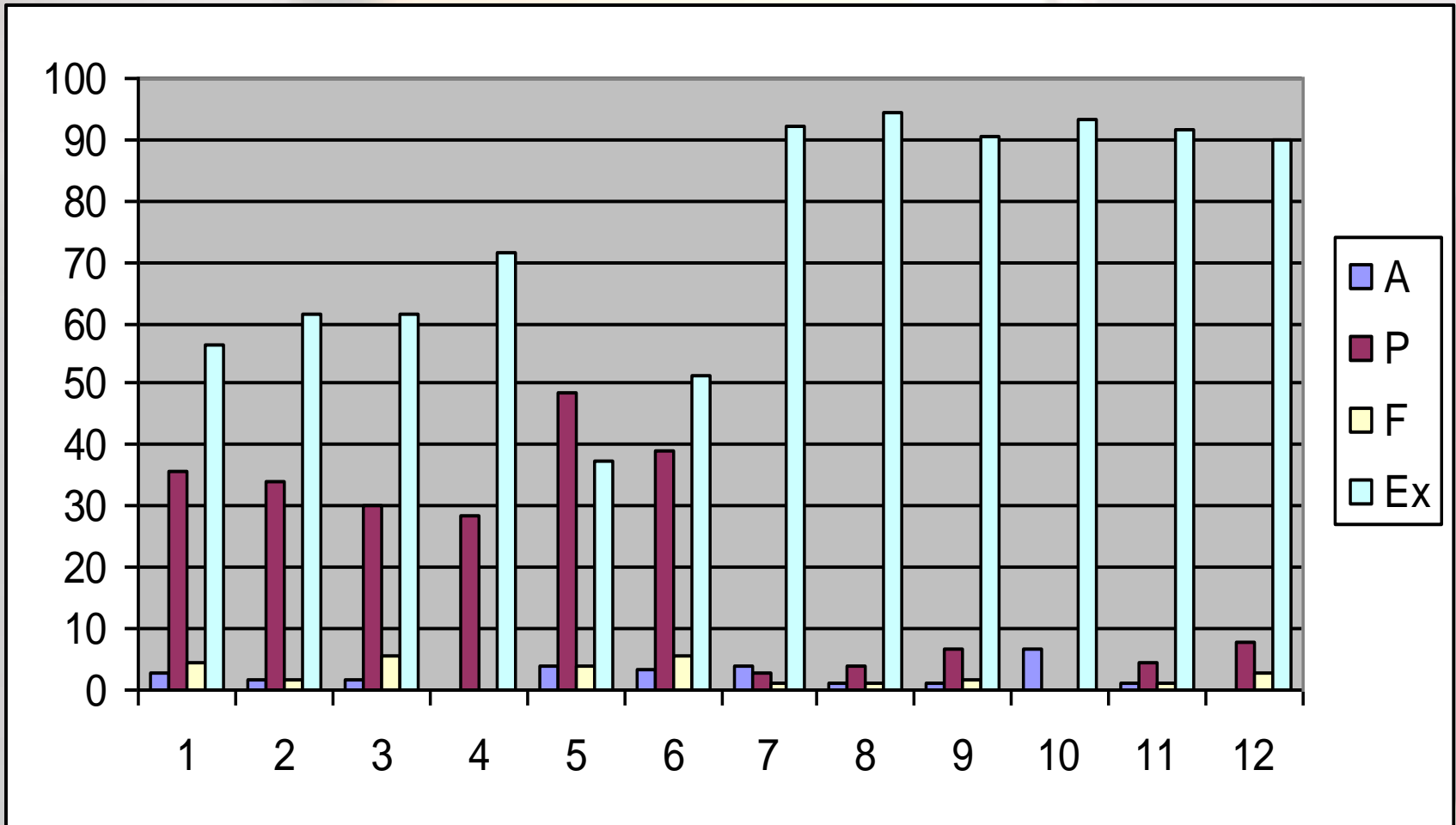
Research about recognised barriers

Women who wish to bottlefeed

Local LMCs practices - benchmarking

%

Bar chart to show - BFHI outcomes by LMC





Recognition Certificate
for
Clinical Breastfeeding Excellence

WDHB acknowledges your valuable skills in providing breastfeeding education antenatally, giving consistent breastfeeding support to women in your care, and demonstrating commitment to supporting exclusive breastfeeding in hospital



Eleanor Gates, MMid(Hons) RM RN IBCLC
BFHI Coordinator/Educator

LMCs with mixed case loads

Educate and treat their clients exactly the same

Remove Asian clients from their statistics and their ExBF rate dramatically increases



Increasing the milk flow?



Case study 3

A close-up photograph of a woman with dark hair, smiling gently as she cradles a newborn baby. The woman is wearing a dark-colored top. The baby is held in her arms, and the woman's hands are visible supporting the baby's head. The background is softly blurred, suggesting an indoor setting.

Bee

First baby, elective Caesarean @ 39/40 for flexed breech presentation

LMC Chinese NZ trained RM

No Skin-to-skin in OT - maternal request

Case study 3

On prompting the LMC, attempted latch and feed in Recovery

30mls formula given on warding by LMC as “No milk”

Bee requested formula top ups post each ‘minimally timed’ breastfeed, as instructed by her LMC

Case study 3

Bee encouraged to put baby to breast for longer periods - especially during the night, and to hand express post feeds – glistens of colostrum seen. Breast tissue firm & difficult to express

3 hrly electric pumping commenced PN 2

Case study 3

Baby very drowsy and hard to latch at breast....

due to grandma giving 30-50mls 3 hourly and only allowing minimal breastfeeding?

Day 4 – no signs of LGII

**Day 5 – still no signs of LGII, discharged home
Partially BF**

Stuffed.....and steamed up?



Chinese women and BF Canada

Chan-Yip (2004) Montreal study;

8% BF rate in Chinese newborns

Contributing factors;

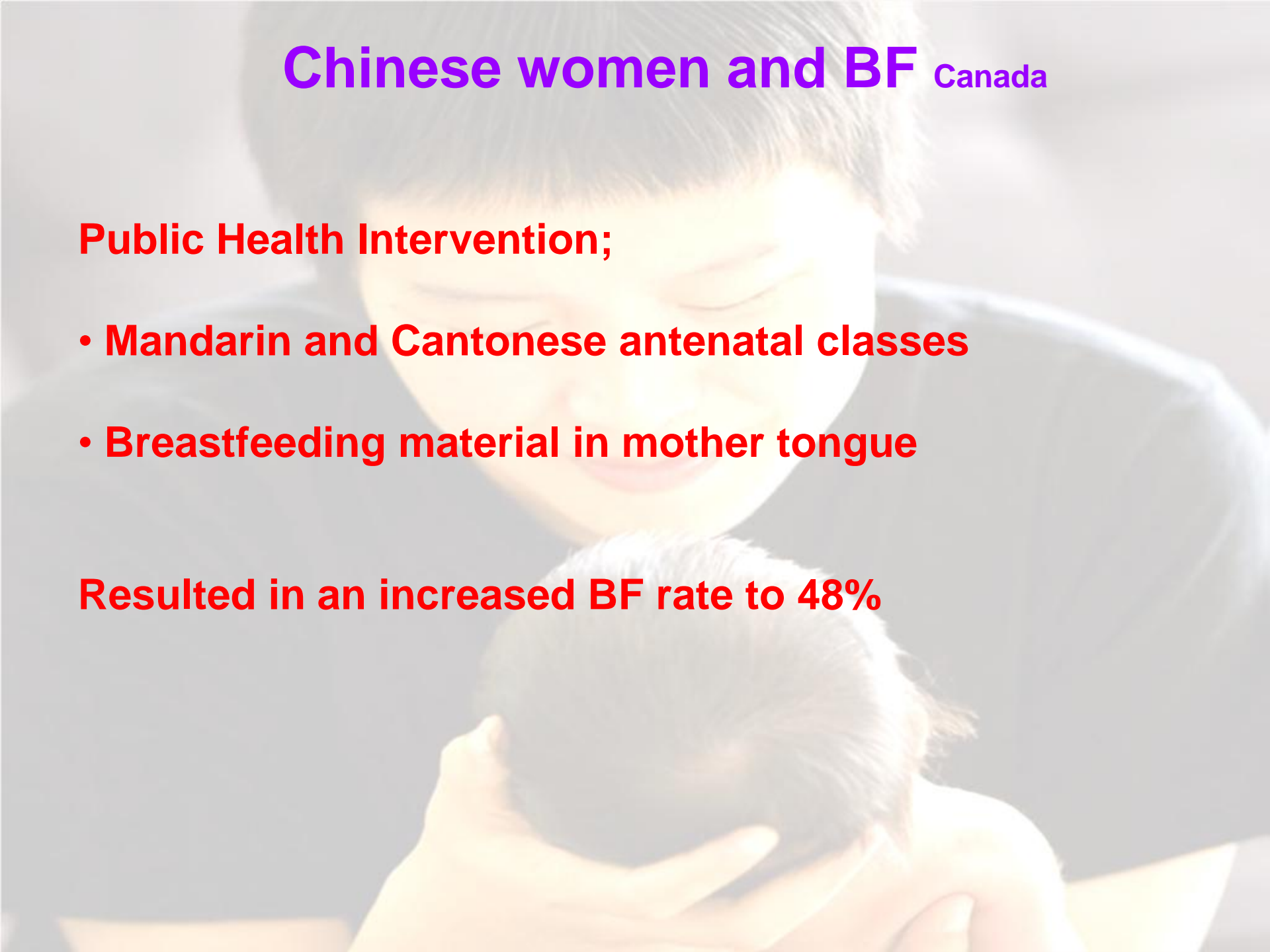
- cultural and language barriers
- adaptation difficulties
- no awareness of existing health services
- racial discrimination
- inadequate training of health professionals regarding cross-cultural issues
- health policy decisions failing to incorporate culturally appropriate services
- patient compliance

Chinese women and BF Canada

Public Health Intervention;

- **Mandarin and Cantonese antenatal classes**
- **Breastfeeding material in mother tongue**

Resulted in an increased BF rate to 48%



Chinese women and BF

Traditional perceptions - early intro to solids

- Sui Dynasty (581-618 AD), *“Thirty days after the child is born, he should be given some foods, in the amount of 2 dates or so; after 50 days, of a cherry or 2; after 100 days, of a large date or so”*
- Tang (618-907 AD), *“An infant may be given a rice drink after the 7 days of birth”*
- Sheng Chi Ching, Song Dynasty (960-1276 AD) *“Food should be provided to an infant from 30 days after birth”*

Chinese women and BF

Definitions of BF

‘Exclusive breastfeeding’ – *Breastfeeding while giving no other food or liquid, not even water, within 24 hours of the interview, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicine*

‘Any breastfeeding’ - *The child has received breastmilk (direct from the breast or expressed) with or without other drinks, formula or other infant food (IBJ 2009 4:1)*

Chinese women and BF

**National Programme of Action for Child Development
in China in the 1990s**

Target - breastfeeding of 80% by 2000

***Almost all cities or provinces did not reach the
national target of 'exclusive breastfeeding' of 80%***

***The majority of 'any breastfeeding' durations were
between 7 and 9 months***

**New target 2001-2010 – 85%
(IBJ 2009 4:6)**

Chinese women and BF

The durations of '*any breastfeeding*' in the majority of cities or provinces were between 7 and 9 months, the exception being Tibet (14.4 months)

Reasons for discontinuing were;

- Disliked or uncomfortable with BF
- Perceived milk insufficiency
- Mother working
- Maternal (Mastitis, HepB)
- Child illness (Respiratory, diarrhoea)
- Breast problems

(IBJ 2009 4:6)

Chinese women and BF

Traditional perceptions - early intro to solids

Chinese National Nutrition and Health Survey 2002
(n=6858)

48.8% babies first feed was Dextrose

Most common reason for intro of food early was
'mother wanted to follow traditional feeding practices'

Chinese women and BF

Traditional perceptions – BF not good for the mother

Beijing Womens Hospital (2009) 2 year survey findings;

Almost half of mothers and relatives thought BF was not acceptable

- it 'increased a mother's burden'
- impacted on a mother's health
- changed the mother's shape

Chinese women and BF

Traditional perceptions - TCM

Pregnancy perceived as an illness

Birth drains energy, bones soften,

Ying Yang - susceptible to cold – rebalance with hot foods

42 days of rest required

Chinese women and BF

Other reasons

- Mao's one child policy
- LSCS rates (1-2% in 50s, 4-6% in 60s, 20% in 80s, now 77% in Hangzhou)
- Milk marketing – China recently became the largest consumer of milk powder.

WSJ 2011 stated growth in milk powder was predicted to increase by 300% over next 15 years

Lady Gaga has an explosive letdown



A soft-focus photograph of a woman with dark hair, wearing a dark top, holding a baby close to her face. The image is slightly faded, serving as a background for the text.

Closing thought

**In the dash for modernisation and
sophistication some nations
forget breastfeeding is
the normal way to feed a baby**

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