

# Exploring Breastfeeding in Macomb County

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Macomb County Health Department  
Mount Clemens, MI



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# Background

## Breastfeeding

According to the American Academy of Pediatrics (AAP), breastfeeding is a normal way to feed an infant and provides benefits to both the infant and mother.<sup>2,13</sup> Breastfeeding protects the infant against illnesses and diseases such as type 1 and 2 diabetes, necrotizing enterocolitis, obesity and leukemia.<sup>2,4</sup> It also benefits the mother by reducing her risk of breast and ovarian cancer, postpartum bleeding and helps her return to pre-pregnancy weight. Although breastfeeding is considered normal, it is not considered the norm in American society. Infant formula was introduced to society in the 1800s and has progressively influenced a mother's decision on how she will feed her baby.<sup>9,11</sup> This shift in addition to misinformation, incorrect assumptions and the discouragement of breastfeeding has lead our nation to witness a shift that no longer views breastfeeding as a normal means of infant feeding.

In 2011, the Surgeon General, Regina M. Benjamin, sent out a call to action to support breastfeeding. This call to action highlighted the importance of recognizing the health benefits of breastfeeding as well as supporting women in achieving their breastfeeding goals. Regina Benjamin emphasized that it takes many parts of our society (i.e. hospitals, employers, communities, etc.) working together to provide women with the opportunity to breastfeed their infants if they decide to do so.<sup>9</sup>

Breastfeeding is a personal choice impacted by many different factors in a mother's life. It is also a public health issue as we recognize the impact that breastfeeding has on both a mother and infant's life both short and long term.<sup>2,4,9</sup> The Macomb County Health Department recognizes that breastfeeding is the optimum choice for infant feeding and understands that in order to support women in their decision to breastfeed, it is important to identify any potential barriers and work to dismantle them.

***“I have issued this Call to Action because the time has come to set forth the important roles and responsibilities of clinicians, employers, communities, researchers, and government leaders and to urge us all to take on a commitment to enable mothers to meet their personal goals for breastfeeding.” – Regina M. Benjamin***

## Macomb County

### Demographics

Macomb County is a county located in the Southeastern region of the state of Michigan that consists of 27 townships, cities and villages.<sup>12</sup> It has a population of approximately 874,759 people with a racial/ethnic breakdown of the following:

Race and Hispanic Origin	Percentage
White	80.8%
Black or African American	12.2%
American Indian and Alaska Native	0.3%
Asian	4.1%
Two or More Races	2.4%
Hispanic or Latino	2.7%
Native Hawaiian and Other Pacific Islander	-



The median household income is \$58,175 annually and the percentage of people living in poverty is 11.2%.<sup>12</sup>

### Breastfeeding

Currently, no county-wide breastfeeding data exists, only state-wide data. Due to this limitation, the only way to gain insight into the breastfeeding rates within the county, is to look at the breastfeeding rates among participants of the Women, Infants, and Children (WIC) program. WIC is a federally funded government program that provides supplemental nutrition assistance to low to moderate-income pregnant, postpartum or breastfeeding women and infants up to age 5.<sup>1</sup>

## Identifying the Problem

### Current State

Healthy People 2020 is a set of objectives (developed by the Healthy People initiative) for our nation to reach by the year 2020 to improve the health of Americans. This initiative includes breastfeeding objectives that are set to increase the number of infants being breastfed.<sup>5</sup> Some of the targeted goals are the following:<sup>3</sup>

- 81.9% of infants ever breastfed
- 60.6% breastfed at 6 months
- 34.1% breastfed at 1 year
- 25.5% exclusively breastfed through 6 months

While these are great goals to meet, unfortunately, the Macomb County WIC Program currently is not meeting them.

When comparing state and county WIC breastfeeding rates, there are some concerns. WIC mothers within Macomb county are well below the Healthy people 2020 goal and are below Michigan WIC rates. While this data is extremely important and telling of Macomb County, it is also important to note that WIC breastfeeding data is taken at a specific point in time, therefore it may not reflect true rates.

Objectives	Healthy People 2020 Goal <sup>3</sup>	State of Michigan <sup>6</sup>	Michigan WIC <sup>6</sup>	Macomb County WIC <sup>8</sup>
Ever breastfed	81.9%	84.1%	65.1%	58%
At 6 months	60.6%	51.6%	26.4%	9%
At 1 year	34.1%	31.8%	10.8%	1.2%
Exclusively through 6 months	25.5%	26.6%	7.3%	7%

Another story that the data reveals is that mothers who are a part of the WIC program, are well below Health People 2020 goals as well as breastfeeding rates for the state of Michigan as a whole.

### Making A Decision

In order to tackle Macomb County's low breastfeeding rates among WIC mothers, it is essential to identify potential barriers to breastfeeding and to explore their experiences. The decision was made to hold 5 focus groups within the community in order to assess participants' knowledge about breastmilk and formula and to learn about the experiences of mothers in the

Macomb County community. In addition, WIC understands that partners often play an important role in a woman’s decision to breastfeed so the decision was made to also conduct a focus group solely for men in Macomb County.

In addition to the community focus groups, the decision was also made to conduct focus groups with WIC staff (Competent Professional Authority staff (CPAs) and Breastfeeding Peer Counselors) as well as the local breastfeeding coalition – Breastfeed Macomb. The goal of these focus groups was to explore the experiences of WIC staff, breastfeeding support staff, and community healthcare professionals in order to understand their perception of their clients’ breastfeeding experiences. This also provided the opportunity to explore their personal breastfeeding experiences and interactions with families in the Macomb County community. This information is valuable because it gives insight into the experiences of public health and breastfeeding professionals as they encounter and help women with many different barriers to breastfeed.

***“Great leaders seek voices, yes – but the really good ones lean in and listen before taking any action.”***

***Carolyn Sawyer***

# Methods

## Script Design

The women and men community focus group script and questions were developed into a format that allowed the moderator to build rapport with participants and create a safe space where participants would feel comfortable sharing their experiences. Questions were designed to assess knowledge about breast milk and formula as well as gain a deeper understanding of participants' attitudes and beliefs about breastfeeding as well as their experiences with breastfeeding in the hospital, at home and in public. The script and questions can be found in *Appendix A: Community Focus Group Script – Women* and *Appendix B: Community Focus Group Script – Men*.

The script for the focus groups with WIC staff, breastfeeding support staff and coalition members had the same format as the community focus group script. The questions were tailored to focus on the work experiences of the staff as well as their personal experiences with breastfeeding (when applicable). In addition, they were developed to also explore their attitudes and beliefs regarding their clients' decision whether or not to breastfeed and the barriers influencing them. The script and questions can be found in *Appendix B: Breastfeeding Peer Counselor Questions*, *Appendix C: CPA Focus Group Script and Questions* and *Appendix D: Breastfeed Macomb Script and Questions*.

## Community Focus Group Participant Recruitment

Flyers were designed to grab the attention of the viewer by showing realistic images of both men and women in a variety of settings. Some images focused on the theme of “support” by showing couples together as mother breastfed while others showed “support” by showing either a group of men gathered together or a pair of women next to each other. Other images included a sleeping child, an infant latched to the breast, and men doing skin-to-skin. Images showed people of different racial and ethnic backgrounds as to both celebrate and acknowledge diversity in race and ethnicity.

To attract potential participants, each focus group session provided free food and a gift card. Participants were provided with a \$10 Meijer gift card (although this was not advertised). Flyers to advertise the focus groups were given to local community organizations, passed out in WIC offices, placed in gas stations, libraries, nail salons, barber shops, daycares and were advertised on social media (i.e. Facebook).

## **Data Collection**

A total of five community focus groups were conducted in 2018. Four of the groups were comprised of solely women and one group was comprised of solely men. Participants per group ranged in number from two to eight. Each focus group had one moderator and one note taker. Half of the focus groups were held in Warren, MI, the southern part of the county, while the other focus groups were located in Mount Clemens, MI, a more central part of the county.

The focus groups were also conducted with WIC Competent Professional Authority (CPA) staff, breastfeeding peer counselors and the Macomb County breastfeeding coalition 'Breastfeed Macomb'. Each of these focus groups also had one moderator and a note taker, with exception of the group with the breastfeeding peer counselors. This focus group session did not have a note taker. These focus groups took place within the Clinton Township WIC Office location.

Each focus group session was recorded using a digital hand recorder.

## **Data Analysis**

Data analysis involved listening to focus group audio and loosely transcribing audio recordings. In addition to transcription, the facilitator reviewed all notes taken during each focus group session. Common themes, ideas and quotations were identified to provide recommendations for systems changes as well as programmatic changes that will better support a woman's decision to breastfeed.

## **Limitations**

As with any other method of gathering data, focus groups also have their limitations. In focus group sessions, participants may not give their honest opinion about certain topics. They may feel inclined to either not share their opinion or be influenced by the rest of the group if their opinion does not align with the majority. Focus group participants, who may also be WIC participants, may not want to say something that they feel may offend the facilitator or note taker if they recognize that they are WIC staff. This is why it is essential to foster an environment that welcomes different opinions, ensures participants that their views are respected and have no impact on their WIC participation and ensuring all participants respect one another's views.



# Findings and Key Concepts

## Focus Group Findings

### Community Focus Groups – Women

The first few questions assessed participants' knowledge of the differences between breastmilk and formula as well as the components of each. It was evident that majority of women understood that there was a difference between formula and breastmilk, even if they could not identify what that difference was. There were very few who stated that they did not know the difference at all. Majority of participants believed that breastmilk was better because it was natural and made by the mother in addition to providing nutrition to the baby.

When participants were asked about the best way to feed an infant, majority believed that it was best to make sure the infant is fed regardless of feeding method. Some recognized breastfeeding as the best method. Motivating factors that influenced feeding method were cost and mother's intake of food and medication. This indicated that misunderstandings exist regarding breastfeeding and a mother's consumption of foods and medications. Participants stayed away from shaming each other's preferred method of feeding and wanted to be accepting of participants' different opinions.

Participants were asked where they have seen, read or heard about breastfeeding. Majority of participants mentioned WIC but other places included social media, ads, hospitals and through friends. Some women had not seen breastfeeding at all. When exploring what participants witnessed in their family and homes, majority had never seen breastfeeding growing up. For the participants who had seen breastfeeding, they saw it through friends or family members.

When asked about barriers to breastfeeding and why women struggle with breastfeeding, there were four major barriers or reasons: *work*, *lack of knowledge about breastfeeding*, *lack of help support*, and *misinformation + supplementation*. Participants voiced that often times they struggled with breastfeeding or believe that women struggle with breastfeeding for these reasons.

#### *Work*

It is known that women are not provided with enough time to pump or enough support in the workplace to continue breastfeeding. What we may not know is that sometimes the perception of the lack of support is enough to prevent a mother from making a decision to breastfeed. It seemed as if breastfeeding and going back to work was an anticipated and experienced obstacle that could not be overcome. As a result, some participants made the decision not to breastfeed.

### *Lack of knowledge about breastfeeding*

In the focus group sessions, it was apparent that some of the participants had preconceived ideas about breastfeeding and what a mother can or cannot do while breastfeeding. Some women felt they needed formula in case they ever needed to breastfeed in public. This seemed more of a preference stemming from either cultural, personal or religious practices. Some participants expressed that they did not have enough milk or that their milk did not come in. In addition, some believed that they could not breastfeed because they smoked cigarettes or because they were taking medication at the time. They were also unaware about the necessity of pumping, their rights to pump in the workplace and how they could sustain breastfeeding after returning to work. Lastly, participants expressed that women do not know how to breastfeed and that it is not discussed enough for them to learn how to or to learn normal breastfeeding output or infant behavior. Some expressed that they tried to latch their babies but that it was too hard or too painful and they did not have the help.

### *Lack of help and support*

This specific barrier was discussed heavily within the focus group sessions. Participants who tried to breastfeed, expressed that breastfeeding was difficult because of the physical pain that they experienced but also because they felt they had little to no help or support. Many participants expressed that they lacked support while in the hospital and when returning back home. Some expressed that while in the hospital, nurses or lactation consultants were either not there to support them or they did very little to provide help when it was needed. Participants also did not receive help or support from their physicians after birth. Lack of support was not only experienced in the hospital but also at home, in the community and in the workplace. They expressed that they did not receive support from families (e.g. mothers and siblings) or partners and that made it difficult to either choose to breastfeed or to continue breastfeeding. Some also expressed what seemed like guilt because they were the only ones who could feed their children while their partners and other members of the family could not. Workplaces were also not accommodating to women who tried to breastfeed. In addition, participants were scared to breastfeed in public due to the lack of community support. Other participants stated that they would feel embarrassed and that they did not feel welcomed when they tried to breastfeed in public.

***“Breastfeeding is better for mom but for anyone else...it makes it harder for dad to feed and the grandparents...mom needs intimate time but so does dad.”***

### *Misinformation + supplementation*

The last identified barrier to breastfeeding is misinformation + supplementation. These two are combined together because through participants' experiences, they often tend to go hand in hand. Many of the focus group participants explained that while in the hospital, immediately after birth or while visiting doctors (obstetricians or pediatricians) they were given misinformation about breastfeeding and therefore were advised or instructed to stop breastfeeding and to supplement with formula. Reasons for supplementation ranged from low blood sugar levels in the infant to asthma and due to medications taken by the mother. In addition, participants expressed that they were encouraged to supplement their infant because a doctor told them that their infant was either not gaining enough weight or that they were larger so they needed more food. When exploring their personal experiences and listening to participants sharing their stories, some stated that they felt these experiences stripped them of their ability to choose whether or not they wanted to breastfeed their children. In some situations, participants expressed that instead of being helped when they tried to attempt to breastfeed their infant in the hospital, nurses would bring in formula. Formula seemed to be a solution to breastfeeding issues in the hospital. Instead of taking the time to help new mothers who were struggling or wanted assistance with breastfeeding, nurses often pushed them to use formula and some would do so without the mother's permission. Many participants were frustrated because they later found out that although they were told by a doctor that they could not breastfeed, they could have actually breastfed despite their situation. In this case, participants felt that doctors needed to be more educated about breastfeeding.

***“They didn’t give me a choice in the hospital.”***

In addition to the four key barriers or reasons for breastfeeding, we also learned what would drive these participants to decide to breastfeed their children. The top four things that would completely convince them to breastfeed were: the *health benefits for the infant*, the *ease and convenience of breastfeeding*, the *benefits breastfeeding provides the mother* and the *risks of using formula*. Participants were then asked who would need to tell them these things in order to have the most influence on their decision. The top three responses were: doctors or medical professionals, partners, and parents respectively.

Participants were also asked who they would trust to give them accurate breastfeeding information as well as who they would listen to when given breastfeeding information. The purpose of asking these questions was to identify who women truly trust to give them accurate information as well as to identify the people participants will actually listen to. It is not known whether the person/people will be the same for each question or if there would be a difference. Nevertheless, it was important to explore. Participants identified WIC, a breastfeeding mother, a friend, a health professional (i.e. midwife, doctor, or lactation consultant) and their family as people they would trust to provide them with accurate breastfeeding information. WIC was the source people trusted the most. When asked who they would listen to, the answers focused more on breastfeeding mothers and friends or someone close to them.

At the end of the focus group sessions, participants were asked to give their opinion about breastfeeding images. This was done to gain insight into what images of breastfeeding women spoke to participants or made them feel encouraged to breastfeed. Please see the list of images in *Appendix A: Community Focus Group Script – Women*. (Note: All images were in Black and White as not to lead participants to potentially choosing images with more color.) Participants were asked to choose the image(s) that spoke to them or that they felt they could relate to. They were also asked to identify which words came to mind when they looked at the image. The image pictured below was the one that was most commonly chosen by participants. The words used to describe the picture were: *comfortable, easy, natural, bonding, love, content and peaceful*.



Some of the other commonly chosen images can be seen below. The words used to describe these were: *love, eye contact, touch, age, empowerment, calm, at peace, comfortable, and beautiful*.



Participants were then asked what image they would select to put on a billboard and their responses somewhat changed. The image that was chosen most frequently was both the very first image as pictured above as well as the following image pictured below. When asked why they chose the image below, participants stated that the woman looked strong, confident, the image was empowering and it showed that the country supports the military.



### **Community Focus Groups – Men**

Similar to the questions for the women’s focus groups, the first few questions for the men also assessed their knowledge of the differences between breastmilk and formula as well as the components of each. When participants were asked questions regarding their knowledge about breastmilk and formula, all of them knew that breastmilk was beneficial and stated that it was better or healthier even if they did not know why. When exploring the differences between the two, some stated that breastmilk provides antibodies, more nutritional content and is beneficial for the mother while others could not note the differences between the two. When asked about the best way to feed a baby, some men said breastfeeding while others said whatever works best for the family.

When participants were asked if they had seen or heard about breastfeeding before, they mentioned that they had mostly seen it either on social media or signs in public places (i.e. job, billboard, amusement park); one person saw breastfeeding in their family. This discussion led to the topic of breastfeeding in public. When participants were asked to express how they felt about it, the group seemed to be split. Some felt that it was perfectly fine to breastfeed their child in whatever way they felt while others felt that there was an "appropriate" way to do it. The issue seemed to be that when women are exposed, it tends to make them as well as other people around them uncomfortable. Most of the participants felt women should cover up when breastfeeding in public because it would be courteous to other people around them or to prevent any potential altercation with another man being inappropriate (i.e. looking too long at a woman breastfeeding). They felt that they need to get into a "protective mode" in order to keep “perverted” people from looking at their partner. Another man voiced his concerns of his son seeing someone breastfeeding and having to have a conversation with him about a woman’s body parts at a young age.

***“...when I say inconvenient I mean inconvenient for me because I can’t feed my child.”***

#### *Thoughts about breastfeeding*

Participants were then asked to further discuss their feelings about breastfeeding in general. Many of the participants who have partners that had breastfed, expressed that they felt left out or that they did not have the opportunity to have a special bond with their child like the mother had. Some said they would not have the opportunity to feed the baby now but that they will have the opportunity to do so later when the child is older. A common perspective among the group seemed

to be that the feeding equals bonding and they primarily saw this as a way for them to bond with their children. The participants who did not have children spoke about their feelings about breastfeeding in public, as mentioned above. The opinions were split between those who felt that women should be able to breastfeed however and whenever they please and those who felt that women should breastfeed in an appropriate manner. The latter seemed to be the most popular opinion.

#### *A father's role*

The focus group session also explored if participants felt that fathers and men in general played a role in breastfeeding. When participants were asked this question, some expressed that as fathers, they were not sure what their role was but that they knew it exists. Some questioned how they fit into the breastfeeding relationship and doubted if they could do anything physically. The majority of participants felt that their role was to support their partner and assist in ways that they could (i.e. cooking, cleaning, changing diapers, reading to the baby, etc.). There is the desire for the participants to play an active role in the relationship. When asked whether men in general play a role in breastfeeding, many stated that they do not or that they were unsure. They did not seem to see how the general population of men had any part to play in breastfeeding. Some did state to provide support but much of this support would be done with their partner and outside of that, they were not too concerned about what other people chose to do.

#### *Bonding*

Another area that was explored with focus group participants was bonding. Participants were asked how they can bond with their children and whether they felt this had any effect on their masculinity. Responses included doing skin-to-skin, reading to their children, holding them, playing with them, and bathing them. One participant felt he does not get much time because after breastfeeding, the infant is typically asleep. Collectively they agreed to have similar experiences. None of the participants believed that bonding with their child had any effect on their masculinity in any way. When asked to define masculinity, the participants described it as being able to provide and take care of one's family financially, being strong, structured, leading and being a good person. Being emotional and having faith was also mentioned.

#### *Support*

Participants were then asked to define what support meant to them. Many stated that support fell into two categories: physical or emotional support. They discussed the importance of being emotionally there for someone, fulfilling a need, providing for someone financially, understanding someone, and supporting a partner in their decisions. They discussed all of these in relation to what

they can give to their partner and what they needed. At the end of this topic, a few made comments that they felt support was hard to get and hard to find. Participants of the men's focus group were also asked who they trusted the most to give them accurate breastfeeding information as well as who they would listen to. Participants stated that they would trust a person who has done it or a medical professional, specifically a lactation consultant. The majority seemed to trust someone who had experience or who was educated in the topic and considered the expert, but they also stated that some health professionals were not helpful. When asked who they would listen to, they maintained the same answers but with more focus on the medical professional. They also discussed the importance of doing one's own research.

As with the women's focus group, the men were also asked what would someone need to tell them about breastfeeding for them to seriously consider their child being breastfed. The majority stated that it provided health benefits. When asked who the statement should come from, they stated that it should come from a medical professional and proven research, factual.

***“Mental support is the best one actually...supporting her decisions...for me...mentally being a little understanding toward me.”***

To close the focus group session, participants were asked if support groups would be helpful for men. Participants all stated that they would be helpful because they could learn from men who have experience being a father and it would give insight into things that can be done to better support their partner. They liked the idea of learning from other men and sharing ideas. They did state that although it is a great idea, a challenge would be “getting men to know that they need to know” and making them aware that there is so much that they don't know. They also discussed the challenge of getting men to dedicate their time to come to support groups. Some suggestions were to use audio books or podcasts to share information so that they can learn while they are driving. When asked about the best way to get men to attend support groups, they suggested having a man recruit men in the community and they mentioned the importance of sharing information in the hospital. The hospital was seen as a place where fathers will be present and are already provided information but would also be seeking information after the birth of their child.



### **Focus Group – Breastfeeding Peer Counselors**

One focus group session was conducted with Macomb County Health Department WIC Breastfeeding Peer Counselors (BFPCs). This session sought to explore the role of Breastfeeding Peer Counselors within the WIC program, their experiences working with WIC clients, their own breastfeeding experiences, and how the Peer Counseling Program could be improved.

#### *Barriers and challenges*

Participants were asked what do they believe are barriers or challenges to getting mothers to initiate or to continue breastfeeding. Responses seemed to overlap for both initiation and duration but they addressed each one as a separate issue or problem. The barriers/challenges listed for initiation were the following: lack of support or resources, lack of knowledge or education about breast milk versus formula, lack of knowledge about breastfeeding, unrealistic expectations of breastfeeding, the push for formula in and out of the hospital and the lack of guidance. A common issue stated was that there is a constant push for mothers to use formula in the hospital by healthcare professionals and they are not educating mothers about the benefits of breast milk and breastfeeding so it seems to parents that the two are equal in nature. Barriers/challenges to breastfeeding duration were identified as the following: lack of support and resources in the hospital, dealing with pain, lack of guidance in the hospital, going back to work, perception of breastfeeding, lack of self-confidence, misinformation from healthcare professionals, inconsistent messaging and lack of determination.

***“That’s the thing...it’s the lack of even knowing that you should probably be doing some type of research on how to feed your baby. So you make the best possible decision for your baby...”***

Participants stated that most of their clients had perceptions about their milk supply or whether or not they were capable of breastfeeding that ultimately affected their ability to breastfeed. Sometimes the problems their clients mentioned were in actuality not the deep-rooted cause of their inability to breastfeed. The most common theme was that their clients had unrealistic expectations of what they envisioned or thought breastfeeding would be. This, along with the many barriers listed above, bring about frustration, lack of effort or lack of determination and ultimately will lead to mothers prematurely ending the breastfeeding relationship between them and their infants. All of the focus group participants stressed the importance of clients knowing the truth and realities about breastfeeding in order for them to be prepared and to have realistic expectations of

breastfeeding. In addition, they expressed that it was important to have these discussions with mothers prenatally and when women are considering pregnancy. They identified these time periods as crucial because it gives providers the opportunity to build relationships with their patients/clients and to provide early education about breastfeeding. One of the participants suggested exposing women to breastfeeding even as early as high school as to provide early exposure.

***“If my doctor would’ve just said ‘You gotta breastfeed. It’s the healthiest thing for the baby’...but when they make the two look equal and you don’t know about either one, then you really feel like it doesn’t really matter... This is a choice, yes or no.”***

#### *The breastfeeding peer counselor role and impact*

In this next section, participants were asked to discuss their work and the impact it has on their clients. The major things stated were that they are able to: relate to their clients, listen to them, be a constant support and meet them where they are. The Breastfeeding Peer Counselors have all breastfed their children but not without its challenges. They are peers and are able to establish positive relationships with their clients and assist them as needed. They provide support whenever the client needs it and are always there throughout their breastfeeding journey. When asked about their role, a common theme seemed to be that participants felt restricted or limited. Often times they have the best relationship with the client yet they provide the least technical support. Although positive reinforcement and encouragement is helpful, they believe that they are restricted within their scope and thus cannot work to their highest potential. They also expressed that the time period between them seeing clients and the client having to wait to see a more advanced specialist, is a critical time where they lose clients to breastfeeding. It acts as yet another barrier as it requires clients to find transportation and the time to go and see another person for help. In addition, it was expressed that all breastfeeding peer counselors should be trained to become a Certified Lactation Specialist (CLS). This would provide them with the opportunity to do more in the time period that they see their clients. Another challenge they faced is that once a client has made up their mind not to breastfeed, there is nothing anyone can do to change that. This led to a discussion about why it is important to speak to mothers about breastfeeding prenatally and even in high school. When asked about other challenges they faced in their position, they voiced feeling inferior because they are not physicians or other healthcare providers and that they are constantly competing against physicians who give misinformation. Due to them not being healthcare providers, sometimes clients doubt the validity of the education and/or resources they provide and they have to be very careful of how they present information to them.

Another concern was the dynamic within the WIC office. Participants felt isolated at times and that there was a lack of trust from other staff because of their role and scope with clients. Furthermore, they expressed that they feel like they are not all on the same page at times and would like more consistency in what is being said to clients. Additionally, they wanted everyone to do better with working together and trusting them in their role. Overall, they expressed that they are supported in the program and that things are better than they have been in the past but that they would like to be better supported, utilized and trusted in their role.

Participants were also asked to discuss the populations that they feel are hardest to reach and struggle with breastfeeding the most. They stated that the Arabic speaking, Chaldean, Bengali, and other clients from the Middle East are the hardest to reach due to cultural practices (e.g. language, not being able to speak to the mother and having to speak to the partner, etc.). They stated that they notice inconsistencies with what they say and what they ask for (e.g. mothers will want to breastfeed for two years but always want formula from the program).

#### *Ways to improve*

When participants were asked about ways WIC can be improved, they expressed that they would like to see improvement in areas such as: scheduling, learning and education opportunities, pay/compensation, clinic flow, transparency among staff and clients, technology (i.e. video conferencing) and transportation for clients.

#### **Focus Group – WIC Competent Professional Authorities (CPAs)**

A two-part focus group series was conducted with WIC CPAs who are either dietitians or nutritionists. These were conducted to explore their experiences working with clients, identify what they believe their role is as it relates to breastfeeding, identify barriers to breastfeeding, and when applicable, explore their personal breastfeeding experiences.

#### *Role in breastfeeding*

WIC CPAs were first asked what they believe their role is in breastfeeding. The majority of the participants believe that their role is to support clients in their infant feeding choices. This included providing emotional support, resources, encouragement, and education. They believe that they should educate clients on the benefits of breastfeeding as well as making sure that they are aware of the breastfeeding resources that WIC provides (i.e. free breastfeeding help, breastfeeding classes, etc.) as well as providing other resources within the community. When asked what resources and support they need in order to fulfill their role, many topics came to the surface. A common theme was that most CPAs feel that they do not have enough time to spend with their

clients. They often feel rushed to move from one client to the next and do not get to build deeper relationships and trust with their clients. Participants also expressed that they wanted more training and education in breastfeeding. This was to ensure that they were giving clients accurate and up-to-date breastfeeding information. They also wanted to make sure that they were providing consistent messaging with the breastfeeding peer counselors as well as the Breastfeeding Coordinator. Many of the WIC CPAs did not have the opportunity to sit in on the WIC breastfeeding classes so they expressed that they would like to do that as well. Other things that came up in the discussion were centered around trainings on how to be more culturally competent in order to best serve clients with different cultures, outreach, and working better with the breastfeeding peer counselors.

### *Barriers and challenges to breastfeeding*

In the second session, CPAs were asked to discuss barriers and challenges mothers face with breastfeeding as well as what support is needed to be successful with breastfeeding. Many of the participants expressed that some of the major barriers are lack of support, lack of education or knowledge about breastfeeding, perception about breastfeeding, work, language, supplementation in the hospital, transportation, latch issues and physical pain. The most commonly stated were lack of support or feeling empowered, lack of breastfeeding education and language. Participants expressed that they noticed that many of their clients are not very knowledgeable about breastfeeding and have misconceptions about it and their supply. These inaccurate misconceptions and perceptions about breastfeeding as well as inaccurate perceptions about formula created barriers and challenges to them being successful. They also mentioned that they have struggled working with clients who had language barriers because it was difficult to get them to understand their recommendations. Many of the CPAs worked with clients whose first language is Arabic or Bengali. They also noted that some cultural practices prevented them from speaking directly to the mothers but instead to the partner. Some felt this also posed as a challenge because they were not able to understand the challenges the mother was experiencing with breastfeeding.

### *Support*

Lastly, participants were asked what support is needed for women to be successful with breastfeeding. Participants expressed that overall, support should come from the government (our country), friends & families, partners, hospitals, places of employment, health providers and the community (other mothers, social media, etc.). These were identified as being important because all of them would provide help, positive reinforcement and assurance, correct breastfeeding information, support in the workplace, at home and in the community, and time away from work to breastfeed and care for an infant. Some of the participants discussed their personal struggles with breastfeeding and how they wish they had help from either breastfeeding peer counselors, their physicians, or from social media while others discussed how beneficial it was in their experience to have help from their partners, breastfeeding peer counselors or their family.

***“I don’t think that our economic structure supports that [staying home] at all...if women felt that they could stay home...a paid maternity subsidy for a year...so you can stay at home and breastfeed your kid...I think that would go a long way. ”***

### **Focus Group – Breastfeed Macomb**

The last focus group was conducted with the Macomb County Breastfeeding Coalition which includes breastfeeding peer counselors, nurses, lactation consultants and specialists, as well as nutritionists and dietitians from different organizations within the county.

#### *Influences to breastfeed*

Participants were first asked to identify things they think influence a mother’s decision to breastfeed. Participants stated the following: *society, education, cost, healthcare professionals, support, family, role models, inspiration, their hospital experience and empowerment*. Then they discussed what is needed to support breastfeeding. Many people discussed the importance of education and how it is not only important for women to be knowledgeable but also for healthcare professionals to be as well. They also mentioned the importance of normalizing breastfeeding in society and of having role models or people in their life who have breastfed. In addition, they mentioned how important it is for women to have realistic expectations about motherhood and breastfeeding. This, once again, is a common subject that was mentioned previous before in the other focus group discussion.

#### *Challenges and barriers*

Next, participants were asked to identify barriers or potential challenges to breastfeeding that they have seen in their professional career. Many of the participants said that the lack of knowledge about breastfeeding and normal baby breastfeeding behavior is a barrier to breastfeeding. This lack of knowledge is from both the mother as well as healthcare professionals. Most agreed that there is a constant issue of physicians and nurses pushing or offering formula to mothers without understanding the impact this has on the breastfeeding relationship between mother and baby. Another barrier mentioned was misinformation and mixed messaging coupled with the authoritative image of healthcare professionals. Participants acknowledged that patients and clients view nurses and physicians as people who have authority over them, therefore they will follow

instructions and recommendations given by them as they are also the subject experts. The problem comes when the information given is either wrong information, opinion, or information that is not beneficial for breastfeeding. Other barriers mentioned were: problems in the hospital such as low blood sugar, nipple pain, latch issues, over-medicated births, too many birth interventions, lack of education or knowledge about breastfeeding, and of course lack of support. Participants were also asked to share about the challenges and barriers they faced when trying to breastfeed. Many of the participants expressed that they had come across different problems (e.g. work, nursing strike, pain, latch issues, mastitis, complications, etc.) in their breastfeeding journey and were either advised by their doctor to stop or made the decision to stop because there was little support.

### *Support*

Participants were then asked what type of support is needed by women and their families in order to breastfeed, who should the support come from and what should it look like. Participants answered by stating that support should come in many forms. Some of the types of support mentioned were the following: doctors (specifically Obstetricians), the normalization of breastfeeding and societal attitudes towards breastfeeding, health professionals seeking knowledge and education about breastfeeding, family support, and the importance of friends as a means of support (someone who has breastfed). When discussing the topic of support, the idea of mothers having realistic expectations came up within the discussion. Again, we see this idea of it being important that mothers understand the reality of breastfeeding and have realistic expectations. Many of the participants also stressed the importance of mothers receiving both education and support from their Obstetricians prenatally. This was seen as an essential piece to supporting women in their decision to breastfeed.

### *Program design*

In the next question, participants were asked to design a program to help mothers initiate and continue breastfeeding and to describe what the program would look like. There were many different ideas ranging from a peer-to-peer support program, outpatient clinic, parenting program and an advocate or doula program. Throughout the discussion, it was clear that physicians needed to be a part of the program in some capacity, especially Obstetricians, due to potential issues with insurance, to have them supporting mothers perinatally and to assist in other issues like tongue and lip ties. A common idea was pairing a mother with some sort of support person like a doula, volunteer mother, advocate, etc. who could be with her throughout her pregnancy, birth, and postpartum. One idea was to provide an opportunity for mothers to come together as a group after having given birth around the same time frame. This program would be accessible to all income levels and would be advertised using social media, street campaigns, and community events. There was also mention of using social media and technology as a means to both reach and engage the younger generation of mothers.

Upon ending the focus group discussion, all participants expressed that everyone in society has a responsibility to change the way we view breastfeeding and that this can be accomplished by educating ourselves about breastfeeding and normalizing it. Some people did emphasize that people like celebrities or public figures as well as doctors have the greatest impact so that it is important for breastfeeding support to come from them. All in all, change can stem from the education system, homes, hospitals, work, and society as a whole. We all have a responsibility to be part of the change that supports women in their decision to breastfeed.

# Summary and Recommendations

## Summary

In order to identify barriers and challenges to breastfeeding among women in Macomb County, a total of 9 focus group sessions were conducted within Macomb County in 2018. These groups consisted of mothers, grandmothers, women, men, fathers, nurses, lactation specialists, WIC coordinators, breastfeeding peer counselors, and WIC dietitians or CPAs. Each of these unique groups expressed their views on breastfeeding based on their personal experiences, knowledge about breastfeeding, and/or experiences as they worked with or to support breastfeeding women and families. There were a total five main themes and barriers that were extracted from the focus group sessions.

## Education

A common theme across all focus group sessions is that of education. There is a lack of education or knowledge that both women and men have about breastfeeding. Men and women in the community focus groups expressed that many of them did not know specifics about breastfeeding but that they did know that it was beneficial for the infant and provided illness protection. Some did not know more than the idea that breastfeeding was just a better option. Although they had this information, they did not know how formula compared to breastfeeding other than it was not “as good” as breastmilk. Men and women also expressed that their OBs and Pediatricians did not speak to many of them about breastfeeding or the benefits of it. Without proper knowledge of breastmilk and its benefits in addition to formula and its purpose and risks, parents are not able to make the best decision for their families. The “best” decision is entirely up to each individual family but without a foundational knowledge of both options, one cannot possibly make the best decision. In addition, lack of education about breastfeeding led way to assumptions about what one can or cannot do when breastfeeding. Some women ended their breastfeeding relationship or decided not to breastfeed because they thought certain things (e.g. medication, smoking cigarettes, etc.) would harm their infant if they did. Education was not limited to men and women in the community but it also included health providers. Focus group sessions also revealed that health providers, sometimes even lactation specialists, provided mothers and families with inaccurate breastfeeding information and recommendations. This in turn led to mothers making a decision not to breastfeed their infants or having to end their breastfeeding relationship with their infant prematurely. When health providers tell mothers that they cannot breastfeed for reasons that are in fact false, not only does this provide the mother with false information, it strips away the breastfeeding relationship and all associated health benefits for both mother and infant.



## **Support**

Another common theme that was identified was support. All participants expressed that support is a major barrier to breastfeeding initiation, duration and overall success. Many of the women who tried to breastfeed or were successful with breastfeeding, expressed that they struggled when they felt that they were not supported. Support included from their families, friends, workplace, healthcare providers, hospitals, society, etc. Many times, women from the focus group sessions stated that they were not supported in their decision to breastfeed while they were in the hospital as well as in their places of work. We are aware that work can be a major barrier to breastfeeding initiation and duration because women are not given enough time to express breastmilk or they received pushback from their employers and/or colleagues. This can be intimidating for a breastfeeding mother and cause her to prematurely end breastfeeding. In some cases, the perception of the lack of workplace support is enough for a woman to decide not to breastfeed for fear of not being accommodated. It is also important to acknowledge that barriers to breastfeeding initiation exist moments after birth as well. Many of the women in the sessions expressed their frustrations of not being supported in the decision to breastfeed by hospital staff. This included mothers who delivered in hospitals that received a “baby-friendly” hospital designation. It is important to note, in focus group discussions with men revealed that men wanted to be a support system to mothers and felt that they had a role to play by assisting financially and helping in areas around the house but some men stated that they did not know exactly how they could help. In addition, they too wanted support from other fathers within the community.

## **Forced Supplementation**

This theme is a topic that was difficult for many of the participants to discuss because it involved sharing a personal experience that hurt them for a period of time; they seemed to still be hurt by it. Forced supplementation often led to mothers feeling helpless and guilty later on, especially if they had another infant and was able to successfully breastfeed the infant. Many women in the community focus group sessions as well as the BFPCs, lactation specialists, and dietitians also shared their stories of being forced to supplement while being in the hospital after birth. The majority of the women wanted to try breastfeeding in the hospital but had the opportunity stripped away from them. Women expressed that they lacked the support and assistance of the hospital staff when they wanted to latch their infants. Often times, cries for help were ignored and instead they were faced with threats or commands to feed their infants with formula. Some mothers even expressed being threatened that the hospital staff would call CPS if they did not in fact comply with supplementation recommendations. Other mothers were not given a choice. Again, hospitals that are designated as “baby-friendly” did not guarantee that mothers would have a baby-friendly breastfeeding experience.

### **Perceptions and Expectations**

A third common theme was perceptions and expectations. When discussing barriers and challenges to breastfeeding, this theme came up quite often in sessions with WIC staff, nurses, BFPCs, etc. Many of these participants expressed that they noticed that mothers had very little knowledge about the realities of breastfeeding and therefore often had perceptions about breastfeeding that were romanticized and unrealistic. These perceptions set them up to have false or unrealistic expectations of what breastfeeding would be like once the baby was born. Mothers were then faced with the reality of the hard work and time commitment that is required to establish a solid breastfeeding relationship with the infant. This in turn would lead to frustration and an unwillingness to continue in the breastfeeding relationship. This coupled with many of the other barriers mentioned above, set most of the women up for a rocky start in breastfeeding.

### **Exposure**

This next theme, exposure, goes hand-in-hand with the theme of perceptions and expectations. Lack of exposure to breastfeeding can lead one to have certain perceptions and expectations of breastfeeding. Many of the women in the focus group sessions did not grow up consistently seeing breastfeeding in their families or at home. Society is also another environment that does not foster healthy exposure to breastfeeding. In fact, many breastfeeding women expressed that they felt uncomfortable or fearful breastfeeding in public because of what they thought people would say to them. Some women brought up examples where mothers were shamed for breastfeeding their infants in public. Men also expressed that they did not have much exposure to breastfeeding and often times felt that it was best for women to cover up if they needed to breastfeed in public. This stemmed from a place of protection for fear of confrontation with other men who might inappropriately look at their partners. The idea of “decency” seemed to arise heavily in this group session. Public breastfeeding in the United States is not considered a “norm” and therefore is often approached with scrutiny and distaste. If more women breastfed their children openly, exposure would increase causing many of us to become desensitized and therefore more accepting of it.

### **Influence**

This last theme is important because it sheds insight into who men and women trust and who they listen to when it comes to breastfeeding information. All community focus group sessions revealed that men and women seek information from many different sources (i.e. internet, friends, family, health professionals, etc.). Although this is true, there are differences in who they trust to give them accurate breastfeeding information and who they would listen to when receiving breastfeeding

Information. The majority of men stated that they would trust a medical professional to give them accurate breastfeeding information although some also mentioned those with personal experience. On the other hand, women stated that they trust WIC or a friend or other breastfeeding women to give them accurate breastfeeding information. When asked who they would listen to, the majority answered that they would listen to someone with experience, someone who has breastfed before. Health professionals were still mentioned at times but the majority would listen to those with personal experience. Often times, for women, this was a friend. This revealed how much influence peers and people with personal experience have on both men and women.

## **Recommendations**

Based on the results and themes from these Macomb county focus group sessions, these are the following recommendations to address the barriers and challenges to breastfeeding within Macomb County.

### **1. Breastfeeding Education For All**

It is recommended that men and women within Macomb County have access to and knowledge about free breastfeeding classes, forums, webinars, etc. Many of the men and women in the focus group sessions who were part of the WIC program stated that they enjoyed the classes and often wanted more. Focus group participants also expressed some opportunities to attend birthing classes at some hospitals, but this is not enough. Every hospital should offer breastfeeding classes to parents as part of their prenatal and perinatal experience. If they cannot offer the breastfeeding class, they should recommend the WIC program's free breastfeeding classes. This should be part of a routine process that occurs throughout every parent's journey to becoming a mother and/or father. Without the knowledge that such resources exist, parents are still at a disadvantage. This is why it is extremely important that these resources are shared at routine visits. Therefore, it is imperative that nurse practitioners and obstetricians speak to their patients about breastfeeding early in their pregnancy and even when women are considering becoming pregnant. Providing breastfeeding education will give community members accurate and up-to-date information about breastfeeding and normal baby breastfeeding behavior. This will leave room for realistic expectations of breastfeeding. Furthermore, breastfeeding education does not start and stop with mom and dads-to-be but rather extends to health professionals of all kinds. To address and combat the issue of misinformation and ultimately supplementation, nurses, obstetricians, and pediatricians should be educated on breastfeeding as well. It is recommended that IBCLCs complete routine in-service trainings

to all hospitals and private clinics focusing on labor and delivery staff, obstetricians, nurse practitioners and pediatricians. If possible, WIC breastfeeding peer counselors should also attend and speak to staff. This is to ensure that hospital and clinic staff stay abreast of breastfeeding information and that they are aware of the breastfeeding services that exist within the community. Beyond awareness is relationship building. This will also give medical professionals the opportunity to build relationships with local community resources and staff. The Michigan Breastfeeding Network also holds monthly webinars that provide continuing education credit. This information should be shared with medical professionals and should be encouraged if not required by staff at all hospitals and clinics who work with women and children. Providing free breastfeeding education to everyone and referring parents, grandparents, etc. to breastfeeding resources in the community will ensure that community members are educated about breastfeeding and familiar with available resources within the community. To add, parents should also be educated of their legal rights to breastfeed both in public and in the workplace here in Michigan.

## 2. A Supportive Community

Support comes in many forms and from many people. In order to foster an environment that supports breastfeeding, it is important that everyone knows and sees that breastfeeding is welcomed wherever they go. It is recommended that images and visuals that show women breastfeeding along with support partners be posted in community establishments. This should include hospitals and clinics, the local Health Department, and workplaces. This action will also provide necessary exposure to breastfeeding when it may or may not be seen at home. Hospitals, clinics and the local Health Department should also have signage stating the benefits of breastfeeding and how the organization supports breastfeeding in its establishment. Support also includes direct help and assistance with breastfeeding when needed. It is also recommended that all hospital and clinic labor and delivery staff, IBCLCs, obstetricians and pediatricians provide positive encouragement and assistance when applicable to mothers who want to breastfeed. Their decision to breastfeed should be respected at all times and supported by providing help when needed and referring to resources when help cannot immediately be provided. In no case should formula be pushed or forced onto any woman or infant. In addition, in no case should a woman be threatened in the attempt to get her to comply with using formula. In the case that formula is to be considered, a mother has the right to be educated on and informed of the recommendation for formula use but the decision should remain with her. Taking away a woman's decision to breastfeed leads to a lack of trust in the very hospital systems that are meant to take care of her and her infant. Practices should also be in place that support

breastfeeding in the hospital (i.e. waiting to bathe the baby, using hand expression, feeding an infant colostrum first to address low blood sugar levels, etc.). Forcing women to participate in hospital practices that benefit nurses instead of the breastfeeding relationship between mother and baby is both wrong and unsupportive.

As mentioned previously, focus group sessions revealed that both men and women trust and are more likely to listen to their peers and people who have personal experience in breastfeeding. It is recommended that breastfeeding support groups for both men and women be formed within the Macomb County community and be heavily advertised. Men explicitly stated that they would like to learn about breastfeeding from other men/fathers who have experience with their partners' breastfeeding. Therefore, it is recommended to designate a male breastfeeding "expert" to lead a breastfeeding/parenting support group within the Macomb county community to tend to this need. The breastfeeding support group for women in Macomb County, The Marvelous Milky Mamas (MMM), is a group that is already in existence but it is not heavily advertised and it does not reach different community areas within the county. This is a limitation as it focuses on a specific area within Macomb County, missing many women from other community areas. It is recommended that this support group extend beyond the Clinton Township/Mount Clemens area and into other regions of the county to meet the support needs of mothers in those areas.

When discussing support, it is imperative to not leave out support in the workplace. One of the major barriers to breastfeeding is lack of support in the workplace. To address this issue, it is first important that men and women are educated on a woman's right to express breastmilk at work. This was mentioned in the section about education. In addition to education, it is highly recommended that workplaces in Macomb County commit to supporting and accommodating their breastfeeding employees. This should start with creating and implementing a breastfeeding workplace policy and continue with supervisors working with their employees to ensure that they have the adequate time and space to express breastmilk.

Breastfeeding barriers and challenges are multi-faceted and involve everyone; not one person is left out or does not make a difference. As we move forward as a society that understands the health implications of not breastfeeding, the benefits of breastfeeding and the impact both have on population health, it is important that we take the necessary steps to support all aspects of breastfeeding within our community.

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## *Appendix A: Community Focus Group Script and Questions – Women*

Hello, my name is \_\_\_\_\_ and I am a \_\_\_\_\_ for the Macomb County Health Department. The purpose of this focus group is to identify barriers and challenges to breastfeeding here in Macomb County through exploring decisions and perceptions around infant food choices and breastfeeding support. I will be moderating this group discussion and \_\_\_\_\_ will be here to take notes. Thank you so much for participating!

I want to briefly discuss some ground rules:

I appreciate everyone taking part in this focus group. All of your opinions are essential to grasping the big picture of this issue. With that being said, everyone deserves the right to speak so let us all respect one another's opinions and views. When one person is talking, let's let them finish speaking before we speak. It's important for me to be able to hear from each of you and clearly understand what you say. This is also a private and safe space where I want everyone to feel comfortable expressing their views, so anything discussed in this focus group should not be repeated outside of this space. All of the information from this focus groups will only be shared with the breastfeeding team.

### Introductions (group):

Ok, let's go around the room and introduce ourselves. As we go around, please clearly state your name and if you agree to participate in this focus group. I'll start:

Ok, thank you. [Move to question 1]

1. (a) I want to start off by asking you all what's the difference between infant formula and breastmilk, if there is any difference at all? What do you think?  
(b) What's in infant formula? What's in breast milk?
2. In your opinion, what do you think is the best way to feed a baby?
3. Have you seen, heard, or read anything about breastfeeding? Where or from whom?
4. How were infants fed in your home? Your environment? Your family?
5. (a) How many of you had a baby and have breastfed or are currently breastfeeding? How long did you breastfeed (or have you been breastfeeding)?  
(b) How many of you had a baby and did not breastfeed or are currently choosing not to breastfeed?  
(c) Who has not had a baby and does not plan on breastfeeding?  
(d) Who has not had a baby and is thinking about breastfeeding or is unsure?  
(e) How many of you know if you were breastfed as a child? How long were you breastfed?



6. Do you have family members or friends who've breastfed? Who are they and your relationship to them? If you have no family members or friends who have breastfed, please feel free to say that. We all have different experiences.
7. (a) For the women who plan to breastfeed or who did breastfeed, why did you decide to do it? What or who influenced your decision?  
 (b) For the women who do not plan to breastfeed or did not breastfeed, why did you decide not to do it? What or who influenced your decision?  
 (c) For the women who are unsure about whether or not you will breastfeed your baby, what are your concerns? Why are you unsure?
8. (a) First time mothers, what are some reasons why you think mothers struggle with breastfeeding?  
 (b) Breastfeeding mothers (mothers who breastfed your babies in the past), what were/are some of your own challenges with breastfeeding? How did these challenges impact your breastfeeding duration and/or influence your decision to keep or to stop breastfeeding (if they did at all)?
9. (a) What type of support is needed for women in order for them to breastfeed? What would that support look like?  
 (b) From where or from whom should the support come from?  
 (c) How can these people, places, or things support breastfeeding mothers?
10. (a) What **one** thing would someone have to say to you to have you seriously consider breastfeeding your child?  
 (b) Who would this statement come from? In other words, who has the greatest impact on your decision by saying that "one thing"?
11. (a) In order for you to begin or to continue breastfeeding, how important is it to have the support of a friend, loved one, or family member? Why?  
 (b) If you knew that your family, friend, or loved one did not support or approve of breastfeeding, would that impact your decision to breastfeed?
12. Please listen carefully to these next two questions, they're similar in wording but they're not the same:
  - (a) Who would you trust the most to give you **correct/accurate** breastfeeding information? (e.g. doctor, nurse, mother/grandmother, WIC staff, friend, etc.?)
  - (b) Who would you actually listen to (and do what they suggest) if they gave you breastfeeding information?

These next set of few questions are somewhat different. The purpose of these next questions is to gain insight into how mothers feel about certain breastfeeding images.

1. I want you all to take a look at the following pictures:









- (a) Which one speaks to you? Which one do you feel you can relate to? Why?
  - (b) What words come to mind when you see that picture that speaks to you or you can relate to?
  
2.
  - (a) If you had to pick the best image for a Billboard or side of a bus, etc. that you felt would get moms to positively think about breastfeeding, which image would that be? Why?
  - (b) What about for a flyer or poster? Why?
  - (c) Where would you place these flyers so that moms can see them?
  
3. If you had to come up with a slogan or phrase to go with these pictures, what would they be? In other words, what are some phrases that could attract women to breastfeeding? Think about it. What are phrases you would want to see, that would attract you to breastfeed or at least consider it?

## Appendix B: Community Focus Group Script and Questions – Men

Hello, my name is \_\_\_\_\_ and I am a \_\_\_\_\_ for the Macomb County Health Department. The purpose of this focus group is to identify barriers and challenges to breastfeeding here in Macomb County through exploring decisions and perceptions around infant food choices, breastfeeding support and explore how men need to be supported in the community. I will be moderating this group discussion with Cole Williams and \_\_\_\_\_ Lauren \_\_\_\_\_ will be here to take notes. Thank you so much for participating!

I want to briefly discuss some ground rules:

I appreciate everyone taking part in this focus group. All of your opinions are essential to grasping the big picture of this issue. With that being said, everyone deserves the right to speak so let us all respect one another's opinions and views. When one person is talking, let's let them finish speaking before we speak. It's important for me to be able to hear from each of you and clearly understand what you say. This is also a private and safe space where I want everyone to feel comfortable expressing their views, so anything discussed in this focus group should not be repeated outside of this space. All of the information from this focus groups will only be shared with my breastfeeding team.

### Introductions (group):

Ok, let's go around the room and introduce ourselves. As we go around, please clearly state your name, age, whether or not you have children, and that you agree to participate in this focus group. I'll start:

Ok, thank you. [Move to question 1]

13. (a) I want to start off by asking you all what's the difference between infant formula and breastmilk, if there is any difference at all?

(b) What's in infant formula? What's in breast milk?

14. In your opinion, what do you think is the best way to feed a baby? Why do you think this?

15. How were infants fed in your home? Your environment? Your family?

16. What are your thoughts on breastfeeding?

17. Have you seen, heard, or read anything about breastfeeding? Where or from whom?

18. Do you believe **fathers** play a role in breastfeeding? If so, what is that role?

19. Do you believe **men** (in general) play a role in breastfeeding *in society*? If so, what is that role?

20. (a) How can you bond with your baby/a child?
- (b) Does this have any effect on your masculinity?
- (c) How do you define masculinity?
21. (a) How do you define support? What does that mean to you as a man?
- (b) What does that mean to you as a father?
22. (a) How can you support women in their decision to breastfeed their babies?
- (b) Does this have any effect on your masculinity?
23. Please listen carefully to these next two questions, they're similar in wording but they're not the same:
- (b) Who would you trust the most to give you **correct/accurate** breastfeeding information?  
(e.g. doctor, nurse, mother/grandmother, WIC staff, friend, etc.?)
- (c) Who would you actually listen to (and encourage a woman to do what they suggest) if they gave you breastfeeding information?
24. (a) What **one** thing would someone have to say to you for you to seriously consider your child being breastfed?
- (b) Who would this statement come from?

Discussion Questions/Topics:

1. What does the community need to do to better support men? Fathers?
2. Are support groups helpful?

### *Appendix C: Breastfeeding Peer Counselor Questions*

1. What do **you** believe are barriers/challenges to getting mothers to initiate breastfeeding or to continue breastfeeding?
2. As breastfeeding mothers, what were barriers/challenges you faced throughout your breastfeeding experience? Did these barriers/challenges affect your breastfeeding duration?
3. Is there consistency between what clients identify as their problems/issues with breastfeeding when they come to see you and what you identify, after seeing a client, as their problems/issues with breastfeeding? If yes, how so? If no, why not?
4. What do **you do** that you feel has the most impact on a woman's feeding choices and duration?
5. What/Who do you feel has the most impact on a woman's feeding choices and duration?
6. As a peer counselor, what do you wish you had more time and/or resources to do?
7. Is there something you feel peer counselors should be doing to help mothers but you're not currently doing?
8. When are the most critical times to offer breastfeeding support to mothers? Why?
9. What are some challenges that you face as a peer counselor? How can you tackle these challenges? What would you need from WIC staff?
10. What populations, that you see, struggle with breastfeeding the most?
11. What are some ways the Peer Counseling program here at WIC can be improved? How can these improvements be implemented?



## *Appendix D: CPA Focus Group Script and Questions*

I will be conducting a series of focus groups with all of you with each session focusing on a specific topic or set of questions. The overall purpose of these focus groups is to learn more about clients' breastfeeding experiences from your perspective and to explore your role in their WIC experience. I will be moderating this group discussion and \_\_\_\_\_ will be here to take notes. Thank you so much for participating!

I want to briefly discuss some ground rules:

I appreciate everyone taking part in this focus group. All of your opinions are essential to grasping the big picture of this issue. With that being said, everyone deserves the right to speak so let us all respect one another's opinions and views. When one person is talking, let's let them finish speaking before we speak. It's important for me to be able to hear from each of you and clearly understand what you say.

This is also a private and safe space where I want everyone to feel comfortable expressing their views, so anything discussed in this focus group should not be repeated outside of this space.

Introductions (group):

Ok, now we're going to do introductions. As we go around, please clearly state your name, if you agree to participate in this focus group, your credentials, and how long you have worked in your role.

### Part I – Focus Group Questions

1. What do you think your role is in breastfeeding?
2. What resources/support do you need to fulfill your role?

### Part II – Focus Group Questions

1. What do you think are the barriers and challenges mothers face as it relates to breastfeeding? (What do you see when you work with mothers?)
2. What support do mothers need to be successful with breastfeeding? If you have breastfed yourself, what support did you receive that was helpful? What did you need that you did not have?

## Appendix E: Breastfeed Macomb Script and Questions

Hello, my name is \_\_\_\_\_ and I am a \_\_\_\_\_ at Macomb County Health Department. The purpose of this focus group is to identify perceived barriers and challenges to breastfeeding here in Macomb County as well as identifying ways in which we can remove some of these barriers and improve breastfeeding rates. I will be moderating this group discussion and \_\_\_\_\_ will be here to take notes. Thank you so much for participating!

I want to briefly discuss some ground rules:

I appreciate everyone taking part in this focus group. All of your opinions are essential to grasping the big picture of this issue. With that being said, everyone deserves the right to speak so let us all respect one another's opinions and views. When one person is talking, let's let them finish speaking before we speak. It's important for me to be able to hear from each of you and clearly understand what you say.

This is also a private and safe space where I want everyone to feel comfortable expressing their views, so anything discussed in this focus group should not be repeated outside of this space.

### Introductions (group):

Ok, now we're going to do introductions. As we go around, please clearly state your name, if you agree to participate in this focus group, the capacity in which you work with mothers, and how long you have worked in this capacity.

If you are a mother and not a health professional, etc., please state your name, if you agree to participate in this focus group, if you have ever breastfed, how long you have breastfed, and your desired breastfeeding goal.

1. (a) What influences a mother's decision to breastfeed and how exactly does it impact that decision?  
(b) What is needed to support breastfeeding (in general)?
2. (a) What are barriers and challenges to breastfeeding (from your **professional** perspective)?  
(b) What about from your **personal** perspective (if you have breastfed in the past or are currently breastfeeding)?
3. (a) What *type of support* is most needed by women and their families in order to breastfeed?  
(b) From whom should the support come from?  
(c) How can these people/places/things help support breastfeeding? What does that look like?

4. (a) If you were to design a program that effectively helps mothers start and continue breastfeeding, describe what it might look like?  
(b) How would we go about it? (Probe: groups, individual counseling, telephone, internet, etc.)  
(c) Who would attend? Who would we target? Why?  
(d) Where is the best location to hold this intervention?  
(e) Where would we recruit?  
(f) What would be some concerns with this intervention?
5. Whose role should it be to change the way society views breastfeeding?