



Breast feeding Support for Somali Mothers

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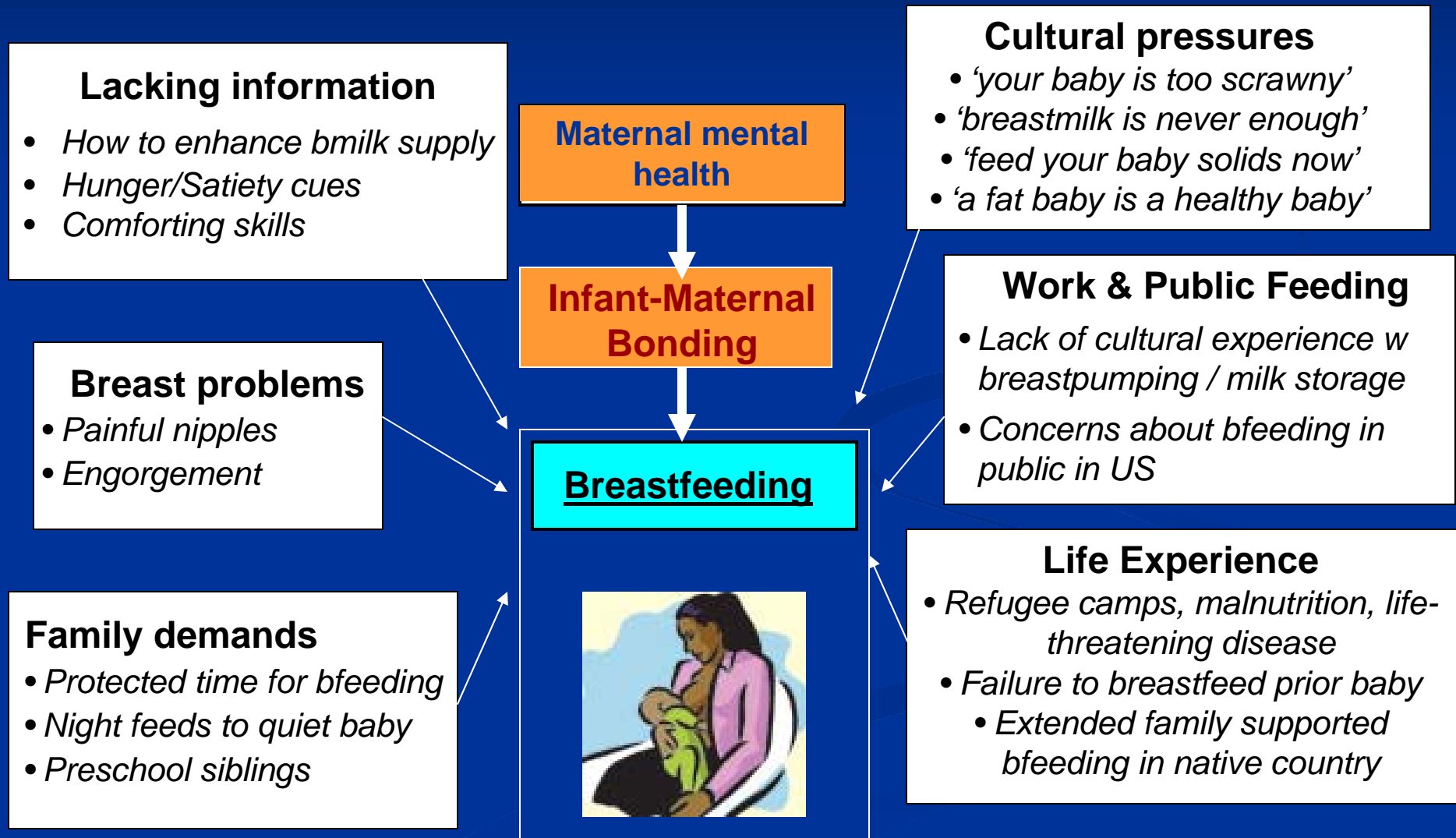
- NIH grant: Infant overfeeding in immigrant families: PI- Mark Doescher MD, MSPH, UW Family Medicine. Investigators: Elinor Graham MD, MPH, UW; Donna Johnson PhD, UW; Suzinne Pak-Gorstein MD, PhD, UW; Paul Spicer PhD, U Colo; Aliya Haq MC, RD, UW.
- Focus on Somali families
- Started 11/2005

Sources of Information

- Our personal experience caring for and working with Somali families
- Results infant feeding study focus groups at HMC and focus groups from Minnesota
- Feedback from interpreters and Somali outreach workers with HMC Interpreter services and Community House Calls Program

The Immigrant Mother-Baby Dyad

Challenges to Bonding & Breastfeeding



Somali Cultural Experience

- Paradox:

Strong cultural & religious support for breastfeeding BUT Insecurity about breastmilk adequacy

- Most mothers breastfeed for more than one year
- Belief that breastmilk is inadequate (*supply, quality*)

- Belief:** *Breastmilk is spoiled if in breast for more than 3 hours*

- Belief:** *Colostrum has no value since it has been in breast before baby was born (Colostrum is not considered milk)*

➡ Practice: **Early supplementation in Somalia** (formula, cow/goat milk, solids)





Challenges to Exclusive Breastfeeding

- **Fear of inadequate milk supply**
- **No past or cultural experience with pumping and breastmilk storage**
- **Lack of extended family support for breastfeeding in US; not enough rest for mothers**
- **Availability of formulas: “formula is easier...anyone can feed”**

Practices Leading to Over Feeding

- **Fear of Inadequate Weight Gain:**
 - Chubby children are healthy: “just the right plump”
 - Inability to visualize volume of breastmilk fed causes anxiety
 - Worry about insufficient quantity of breast milk
- **Leads to:**
 - Frequent formula supplementation
 - Awakenning infants for night feeds - for months
 - Overfeeding commonly leads to overweight or failure to thrive





Prenatal Education

Cultural/Affirming: *Breastfeeding Benefits*

- **Breastfeeding has cultural and religious significance**
 - ‘Breastmilk is natural, a gift to mother to pass on to her baby’
- **Exclusive breastfeeding is natural contraceptive and protects from allergy**
- **Breastfed babies are less likely to be sick**
 - ‘Breastmilk - natural antibiotic from mother to protect baby’
 - ‘Breastmilk is as good as gold, Formula only silver’
 - ‘Breastmilk protects your baby from diarrhea’



Prenatal Education

- Emphasis on how to produce breast milk
- supply and demand – not all mother's agree with this idea
- early, frequent feeding – tendency to give bottle in hospital and to give q 3 h timed feeds at home
- fluids that increase milk supply- drink large amounts of black tea with milk to stimulate milk supply...introduce idea of decaffenated tea
- Explain how exclusive breast feeding evolves over time...lots of mother's time first 1-2 wks, less time later...engorgement only at beginning...mature milk

Prenatal Education

- View that Colostrum is not beneficial, old, stale, not milk: Some mother's said that they listened to the message given by "the doctor" and then decided to breast feed immediately post partum
- Provide written or video materials in Somali...messages from respected Somali women or in their own language are going to be more effective



Postpartum

doesn't feel that she has enough milk

First breast fluid or colostrum (not “milk”) is healthy and **helps baby adjust**

- **Increase supply: Frequent feed every 1-2 hours**
- **Empty breasts to stimulate more milk**
- **Breasts may not feel large but still produce milk: pre- post feeding wghts**
- **Negotiate delayed bottle-feeding - until 2-4 weeks at least**



Post-Partum Education

Pump breastmilk

- *Introduce the concept of the **breastpump***
- *Provide means to rent or buy one –
Feeding expressed breastmilk in a
bottle may be a NEW concept*



Discharge

Affirm mother's fears / needs: *Respond to fear of inadequate breastmilk, how to increase breastmilk*

- **Family support when goes home.** Will she be able to have time to feed the baby, care for other children?
- **Maternal fluid intake** - *Limit caffeinated black tea but affirm the idea of nutritious, non-caffeinated drinks*
- **Affirm Culturally appropriate foods for lactating mother:** *Misharo - Oatmeal porridge; Marakh - Goat meat soup; Otko - Beef cooked in oil; Ambola - Green Beans*



Concrete ways that mother can confirm adequacy of breastmilk:

- Pre/Post weights
- Guidelines for adequate number of wet diapers / stool
- Breast engorgement (softness/fullness)
- Growth occurs in spurts
- Importance of feeding hindmilk (high-fat), and emptying each breast



Decreasing
Supplements

Post Discharge

Elicit Self-Motivational strategies: *How mother can Recognize Infant Satiety?*

- Does baby seems content after feeding?
- Help to look for satiety cues such as:
 - pulling off the breast
 - slowing down sucks
 - looking around
 - change in cry

--These behaviors signal that baby has had enough to eat



Decreasing
supplements

Post Discharge

Elicit Self-Motivational strategies:
How mother can Calm her Crying Baby

**Infant crying does not necessarily indicate
hunger**

Other causes of crying:

- Inadequate hindmilk
- Need to be changed
- Burped
- Comforting
- Reflux - overfeeding





Anticipatory Guidance

- **Avoid forced feedings**, waking baby to feed, and feedings while baby is asleep
 - may lead to **oral aversions** and **weight loss**
- As babies develop they **may cry more**
 - *this does not necessarily mean hunger*
- **Desired weight range** for 2 wk and 1 month visits



Anticipatory Guidance

- **Prepare mothers** to expect others to advise supplementing with formula
 - “*Fat is healthy*” – Somali concept
- **Beware:**
 - **Honey** (culturally promoted as soothing and medicinal)
 - **Pediasure**
 - **Juice**

Summary

- Breastfeeding is supported by culture/religion
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- Challenges to exclusive BF are significant
 - Formula supplementing leads to overfeeding. Negotiate no supplements for 2-4 weeks and limit to 1 oz at a time
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- Introduce idea of pumping and storing milk as alternative to formula supplement

Resources

- **Refer your patients to WIC for:**
 - Breastfeeding **advice and support**
 - **Lactation referrals**
 - WIC may be able to provide **breast pumps** for clients

Resources

■ Breastfeeding:

- Minnesota study - www.mihv.nonprofitoffice.com

- Somali handouts on breastfeeding

<http://www.health.state.mn.us/divs/fh/wic/nutrition/somalipdf/somali.html#breastfeeding>

<http://medicalcenter.osu.edu/pdfs/PatientEd/Materials/PDFDocuments/somali/breastfeeding-first48hours.pdf>

http://www.babyfriendly.org.uk/pdfs/somali/bfyb_somali2.pdf

■ Cultural beliefs, diet habits and medical issues for immigrant and refugees (including Somali):

- www.ethnomed.org



Thank you !!