# INFANT FEEDING SURVEY
# 2020 REPORT

**NEVADA INSTITUTE FOR CHILDREN'S RESEARCH & POLICY**

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**The Nevada Institute for Children's Research and Policy (NICRP) is a not-for-profit, non-partisan organization dedicated to advancing children's issues in Nevada.**

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# INTRODUCTION

Breastfeeding has been shown to have positive health benefits, for both mothers and children (WHO, 2019). Specifically, breastfeeding is a low-cost and effective intervention to prevent neonatal mortality, while also supporting a child's growth, language skills, and intelligence (Victora et al, 2016; Krol & Grossman, 2018). Breastfeeding has also been linked to a decrease in the incidence of childhood obesity and type 2 diabetes, while also improving long-term maternal health through lower incidence of breast cancer, improved birth spacing, and potential to reduce a woman's risk of diabetes or ovarian cancer (WHO, 2019; Victora et al, 2016). In fact, research suggests that an estimated 823,000 deaths of children under the age of five and 20,000 maternal deaths due to breast cancer could be prevented each year by improving breastfeeding rates to near-universal levels (Victora et al, 2016). Breastfeeding is also one way to support mother-infant bonding through skin-to-skin contact. Skin-to-skin contact increases oxytocin levels in mothers and helps infants feel comforted (Health Resources & Services Administration, 2019). Breastfeeding can also be cost-saving to mothers and families by relieving the financial burden of purchasing formula (Office of the Surgeon General et al, 2011). As part of the Southern Nevada Health District Community Partnerships to Promote Health Equity project funded by the Racial & Ethnic Approaches to Community Health (REACH) grant, the Southern Nevada Health District (SNHD) collaborated with community partners to better understand the current supports to breastfeeding available in the community as well as barriers.

## BREASTFEEDING SUPPORTS AND BARRIERS FOR PARENTS

Options for infant feeding include providing breastmilk directly from the breast, breastmilk from a bottle via pumping, and providing formula or other type of milk product in a bottle. How new parents decide what to provide their child as nourishment is based on many environmental, social, and cultural factors that are important to consider when trying to identify supportive strategies. Additionally, professionals that work with new parents are also impacted by personal and societal factors that may influence the guidance and counseling they provide to caregivers. The following section explores the literature regarding personal, communal, and systemic supports experienced by both parents and stakeholders that help to encourage breastfeeding.

### *Parent Supports*

When examining why some individuals decide to breastfeed their infants, it is important to determine the types of environmental, social, and cultural factors that impact their decision. While breastfeeding is often considered a personal choice, there are many instances in which the quantity and quality of supports allow mothers to explore a variety of options (Costanian, Macpherson, & Tamim, 2016).

Research on decision-making for the initiation and sustainment of breastfeeding has shown that a family history of breastfeeding, as well as, support within a parent's social network for breastfeeding practices increases the likelihood of mothers' breastfeeding (McKinney et al, 2016; Costanian, Macpherson, & Tamim, 2016). Mothers often seek support from friends and family when making the decision to breastfeed, as well as the subsequent practices they adopt (Radzyminski & Callister, 2015; Nguyen, 2016). Receiving support from the infant's father also has a major influence on a mother's breastfeeding practices, as partner support has been found to increase rates of breastfeeding intention, initiation, and duration (Rempel, Rempel, & Moore, 2016; Mitchell-Box & Braun, 2013).

Receiving support from health care providers influences mothers' breastfeeding intentions and success, as health professionals have major impacts on mothers' attitudes and beliefs about breastfeeding (Radzyminski & Callister, 2015). Specifically, availability of individual consultations for assistance and support after birth have significant influence on breastfeeding duration (Radzyminski & Callister, 2015). Early discussion of breastfeeding practices before birth of the child is also a key support, as accessing prenatal care has been found to improve rates of breastfeeding initiation and success (Costanian, Macpherson, & Tamim, 2016). An infant's first feeding is a crucial opportunity to support long-term breastfeeding, as successful breastfeeding at the first feeding has been found to predict breastfeeding initiation and success with any subsequent children (Sutherland et al, 2012; Costanian, Macpherson, & Tamim, 2016; WHO & UNICEF,

2018). As mothers' confidence levels for their ability to breastfeed correlate to breastfeeding duration, this might explain some of the importance of success at the first attempt at breastfeeding (Wallenborn et al, 2019).

### *Parent Barriers*

To better understand trends in breastfeeding practices, it is also important to determine potential environmental, social, and cultural barriers that may be associated. Recent research reports several barriers identified by parents as breastfeeding deterrents such as pain, soreness, and inconvenience (Daly et al, 2014). Mothers have also reported employment or returning to work as factors that influence their decision not to breastfeed exclusively (Radzyminski & Callister, 2015). Furthermore, lack of access to transportation or childcare for other children under the parent's care can make lactation support services inaccessible (Reis-Reilly, Fuller-Sankofa, & Tibbs, 2018). Within the community environment, limited operating hours and location of services as well as mothers' lack of access to culturally appropriate educational materials or providers can also limit access to lactation support services (Reis-Reilly, Fuller-Sankofa, & Tibbs, 2018).

In addition, inadequate professional support has been cited as a major barrier to breastfeeding among stakeholders. Specifically, lack of knowledge, negative attitudes, and inconsistencies among stakeholders can contribute to confusion about breastfeeding among mothers (Dozier, 2010). A lack of baby-friendly practices in hospitals also correlates to lower breastfeeding rates, especially through low levels of staff knowledge (CDC, 2015; Shrivastava et al, 2016). Furthermore, a lack of buy-in or support from stakeholders has been found to inhibit agency-wide breastfeeding-friendly changes (Lilleston, Nhim, & Rutledge, 2015). Lastly, social norms have also been identified as barriers to breastfeeding, specifically as breastfeeding in public is not socially accepted in the United States (Daly et al, 2014). Widespread exposure to formula feeding has contributed to low breastfeeding rates nationwide (Office of the Surgeon General et al, 2011).

Social and racial inequities can create significant barriers to breastfeeding. This includes socio-economic factors, such as education level, English fluency, mother's age, and marital status; all of which influence the intention, initiation, and sustainment of breastfeeding amongst mothers of different racial groups (McKinney et al, 2016). Research has shown that breastfeeding rates are lower among mothers who are unmarried, have more than one child, or earn less than $18,001 a year (Ogbuana et al, 2009). Education is also a major factor that influences breastfeeding, with breastfeeding initiation occurring at significantly higher rates among women who have obtained a college education (Sutherland et al, 2012; De la Mora, 1999). Place of residence is also a factor, as children in rural areas are breastfed at significantly lower rates than in urban areas (CDC, 2019). Racial inequity can also negatively impact breastfeeding initiation and success. While Hispanic mothers are most likely to breastfeed due to culture and family history, black mothers are least likely to intend or initiate breastfeeding nationwide as well as in Nevada (McKinney et al, 2016; Anstey et al, 2017). Additionally, Hispanic and non-Hispanic black mothers have reported receiving less exposure to supportive breastfeeding practices in hospitals, as well as lower levels of hospital support in comparison to white mothers (Sipsma et al, 2019). Alarmingly, black mothers are nine times more likely to be given formula in the hospital than white mothers (Mckinney et al, 2016).

## BREASTFEEDING SUPPORTS AND BARRIERS FOR STAKEHOLDERS

### *Stakeholder Supports*

Due to stakeholders' unique role in increasing breastfeeding knowledge and success, it is important to identify supports that allow stakeholders to provide these supportive services to parents. Physicians, medical residents, midwives, lactation consultants, and nurses can have significant impacts on mothers' attitudes and beliefs about breastfeeding (Radzyminski & Callister, 2015). For this reason, education and training for stakeholders can greatly improve their ability to provide breastfeeding support (CDC, 2013). These supports include information about best practices when breastfeeding, identifying covered benefits, helping mothers to transition after birth, and forming a local community network (CDC, 2013). By forming partnerships with groups or fellow stakeholder organizations that families frequent, stakeholders have a unique opportunity to increase access to breastfeeding support services at the community level (National Association of County and City Health Officials, 2018).

### *Stakeholder Barriers*

Although stakeholders have a crucial role in supporting parents to breastfeed, several barriers can negatively impact their ability to effectively do so such as any biases stakeholders might have or their knowledge. Breastfeeding disparities are often perpetuated by implicit bias among stakeholders. Research suggests that healthcare providers may have lower expectations for patients in socially or economically disadvantaged positions, with these lower expectations impacting the quality of breastfeeding support provided (CDC, 2014). Research has shown that black mothers specifically receive fewer referrals to lactation support and are given limited support when problems arise in the hospital, with the care ultimately received often being counterproductive (Robinson, Fial, & Hanson, 2019).

Stakeholders themselves also experience challenges when working to support parents who wish to breastfeed. Research has found the most common issues that affect their ability to support new mothers include the need to combat misinformation that parents have received from non-professional sources, a lack of the time they have available to spend with new parents who have not breastfed before, and a lack of materials to provide new parents after hospital discharge to provide continued encouragement and supportive tips for breastfeeding (Goodman et al, 2016).

## PURPOSE OF THE STUDY

The purpose of this study is to learn more about breastfeeding expectations, opinions, practices, community supports and barriers, and knowledge by engaging with pregnant moms and those with young children, in addition to professional and lay stakeholders who work with new and expectant mothers. In doing so, this study aims to highlight opportunities to support breastfeeding as well as opportunities to identify and address potential barriers, in efforts to improve the health and well-being of parents and children in Southern Nevada. As part of the Racial & Ethnic Approaches to Community Health (REACH) grant, this survey aims to better understand the current level of supports for breastfeeding in the community among priority populations, specifically African-American and Hispanic minority populations as well as individuals living at or below the poverty line.

# METHODOLOGY

## SURVEY DEVELOPMENT

During the initial stages of project development, it was determined that it would be beneficial to measure breastfeeding perceptions among parents as well as professional stakeholders in the community. In order to do so, two surveys were developed for distribution among each priority population. The Clark County Infant Feeding Survey and the Clark County Breastfeeding Stakeholder Survey were created through the collaboration of the Nevada Institute for Children's Research & Policy (NICRP), the Southern Nevada Breastfeeding Coalition, the Office of Chronic Disease Prevention and Health Promotion and the Clinical Services Division at the Southern Nevada Health District (SNHD). Working closely with SNHD and other partners, staff at NICRP reviewed existing research on breastfeeding practices, barriers, and perceptions in order to determine what questions would be most relevant to include for the purposes of these surveys. Several questions included in these surveys were based on existing research about breastfeeding practices, expectations, and opinions; while other questions were specifically written to ensure that concerns from stakeholders in the local community were addressed. After creating a list of possible questions to include in this survey, feedback was requested from local stakeholders in order to ensure that the information collected would be relevant to improving breastfeeding outcomes in Southern Nevada.

### *Infant Feeding Survey*

The Infant Feeding Survey aimed to collect responses from parents and women in Clark County, Nevada who may be currently pregnant or already have young children. Survey questions were structured to be close-ended when possible in order to simplify the selection process and also help to categorize similar experiences among respondents. Survey questions also included an "other" answer choice followed by space to explain their response when needed. One open-ended question was included in this survey in order to accurately measure personal reasons for parents' unique

breastfeeding practices. In addition, parents were instructed to complete the survey by answering each question for their youngest child only to collect the most current information possible. The final survey included a total of 12 questions on the following topics: demographics (4), breastfeeding practices (2), breastfeeding perceptions (3), breastfeeding barriers (1), and breastfeeding supports (2). The survey was designed to take respondents approximately 5-10 minutes to complete and was available in English and Spanish.

### *Stakeholder Survey*

The items on the Breastfeeding Stakeholder Survey were developed to apply to stakeholders who may work in a variety of settings such as hospitals, health clinics, nonprofit agencies, or coalitions. The final survey included a total of 13 questions on the following topics: demographics (6), breastfeeding knowledge (2), breastfeeding barriers (2), breastfeeding supports (2), and breastfeeding practices (1). This survey took respondents approximately 5-10 minutes to complete and was available in English and Spanish.

## SURVEY ADMINISTRATION

The Clark County Infant Feeding Survey and the Clark County Breastfeeding Stakeholder Survey were distributed by Southern Nevada Health District to a variety of community partners as well as through the Southern Nevada Early Childhood Advisory Council (SNECAC). In addition a Facebook ad promoting and providing a link to the survey ran for a week in early July. The surveys were administered online between April 23, 2020 and July 24, 2020.

## LIMITATIONS

Like all studies that rely on self-reported data, this study has potential limitations. Due to COVID-19, surveys could not be distributed in-person and could only be accessed via the internet. This may have limited participation, especially among individuals who lack internet access. Furthermore, because the survey was conducted during the COVID-19 pandemic, survey participation may have been limited due to the unique personal stressors, challenges, and unprecedented difficulties faced by the survey's priority populations, such as health care professionals and individuals who are pregnant. Because survey respondents were already connected to these formal supports for new parents, results of this survey may reflect higher than average levels of knowledge, positive perceptions, or accordance with best practices for breastfeeding than the general population of stakeholders and parents in Clark County, Nevada.

Survey responses were collected from parents and individuals who were pregnant in Clark County, Nevada via an online survey. The following section includes information about the survey respondents (N=84) and their experiences as well as perceptions related to breastfeeding. The information collected includes parent demographics, parent breastfeeding intentions and practices, confidence in ability, reasons for not breastfeeding as intended, changes in practices amongst multiple children, mothers' knowledge of breastfeeding, access to breastfeeding resources, and knowledge of community resources.

## PARENT RESPONDENT DEMOGRAPHICS

The table below provides an overview of demographic characteristics for all parent respondents who completed the Infant Feeding Survey (N=84). Responses were collected from mothers who currently breastfeed, mothers who breastfed in the past, mothers exclusively using formula, and respondents who are currently pregnant.

**Table 1. Survey Respondent Demographics (N=84)**

| MOTHER'S AGE | N | % |
|---|---|---|
| 18 to 24 | 4 | 4.8% |
| 25 to 29 | 14 | 16.7% |
| 30 to 34 | 38 | 45.2% |
| 35 to 39 | 16 | 19.0% |
| 40 to 44 | 1 | 1.2% |
| Prefer Not to Answer | 11 | 13.1% |

| SURVEY LANGUAGE | N | % |
|---|---|---|
| English | 77 | 91.7% |
| Spanish | 7 | 8.3% |
| | | |
| **LIVES IN REACH ZIP CODE** | **N** | **%** |
| Yes | 14 | 16.7% |
| No | 59 | 70.2% |

| AGE OF YOUNGEST CHILD | N | % |
|---|---|---|
| Pregnant | 10 | 11.9% |
| Less than 1 month | 4 | 4.8% |
| 1 to 3 months | 23 | 27.4% |
| 3 to 6 months | 8 | 9.5% |
| 6 to 12 months | 15 | 17.9% |
| 12 to 24 months | 14 | 16.7% |
| Older than 24 months | 8 | 9.5% |
| Prefer Not to Answer | 2 | 2.4% |

| RACE | N | % |
|---|---|---|
| African American/Black | 8 | 9.5% |
| American Indian/Alaska Native | 1 | 1.2% |
| Asian | 1 | 1.2% |
| Caucasian | 33 | 39.3% |
| Hispanic | 16 | 19.0% |
| Multiracial | 9 | 10.7% |
| Other* | 1 | 1.2% |
| Prefer Not to Answer | 15 | 17.9% |

## BREASTFEEDING INTENTIONS & PRACTICES

To measure parents' breastfeeding intentions and practices, all respondents were asked to report this information at several time points. Specifically, respondents provided information regarding their breastfeeding intentions and practices during their infant's first feeding, during their hospital stay, throughout the first month after birth, 3 months after birth, 6 months after birth, 12 months after birth, 18 months after birth, 24 months after birth, and 24+ months after birth. Results of parents' intentions compared to their actual breastfeeding practices after birth are provided in the table below (Tables 2 & 3).

**Table 2. Breastfeeding Intention & Practice: 1st Feeding Through 1 Month (N=84)**

| | INTENTION | | ACTUAL | |
|---|---|---|---|---|
| **1ST FEEDING** | **N** | **%** | **N** | **%** |
| Breastmilk Only | 73 | 86.9% | 53 | 63.1% |
| Breastmilk & Formula | 11 | 13.1% | 9 | 10.7% |
| Formula Only | 0 | 0.0% | 5 | 6.0% |
| Not Sure | 0 | 0.0% | 0 | 0.0% |
| Not Applicable | 0 | 0.0% | 1 | 1.2% |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% |
| | | | | |
| **HOSPITAL STAY** | **N** | **%** | **N** | **%** |
| Breastmilk Only | 63 | 75.0% | 39 | 46.4% |
| Breastmilk & Formula | 18 | 21.4% | 25 | 29.8% |
| Formula Only | 1 | 1.2% | 2 | 2.4% |
| Not Sure | 2 | 2.4% | 0 | 0.0% |
| Not Applicable | 0 | 0.0% | 2 | 2.4% |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% |
| | | | | |
| **LESS THAN 1 MONTH** | **N** | **%** | **N** | **%** |
| Breastmilk Only | 67 | 79.8% | 46 | 54.8% |
| Breastmilk & Formula | 17 | 20.2% | 19 | 22.6% |
| Formula Only | 0 | 0.0% | 2 | 1.2% |
| Not Sure | 0 | 0.0% | 0 | 0.0% |
| Not Applicable | 0 | 0.0% | 1 | 1.2% |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% |
| | | | | |
| **1 MONTH** | **N** | **%** | **N** | **%** |
| Breastmilk Only | 71 | 84.5% | 51 | 60.7% |
| Breastmilk & Formula | 12 | 14.3% | 12 | 14.3% |
| Formula Only | 0 | 0.0% | 2 | 2.4% |
| Not Sure | 1 | 1.2% | 0 | 0.0% |
| Not Applicable | 0 | 0.0% | 3 | 3.6% |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% |

***Table 3. Breastfeeding Intention & Practice: 3 Months through 24+ Months***

| | INTENTION | | ACTUAL | | INTENTION | | ACTUAL | |
|---|---|---|---|---|---|---|---|---|
| **3 MONTHS** | **N=84** | **%** | **N=84** | **%** | **N=54** | **%** | **N=54** | **%** |
| Breastmilk Only | 72 | 85.7% | 43 | 51.2% | 48 | 88.9% | 43 | 79.6% |
| Breastmilk & Formula | 9 | 10.7% | 8 | 9.5% | 4 | 7.4% | 8 | 14.8% |
| Formula Only | 1 | 1.2% | 3 | 3.6% | 1 | 1.9% | 3 | 5.6% |
| Not Sure | 2 | 2.4% | 0 | 0.0% | 1 | 1.9% | 0 | 0.0% |
| Not Applicable | 0 | 0.0% | 14 | 16.7% | | | | |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% | | | | |
| | | | | | | | | |
| **6 MONTHS** | **N=84** | **%** | **N=84** | **%** | **N=43** | **%** | **N=43** | **%** |
| Breastmilk Only | 66 | 78.6% | 34 | 40.5% | 36 | 83.7% | 34 | 79.1% |
| Breastmilk & Formula | 13 | 15.5% | 5 | 6.0% | 6 | 14.0% | 5 | 11.6% |
| Formula Only | 1 | 1.2% | 4 | 4.8% | 0 | 0.0% | 4 | 9.3% |
| Not Sure | 4 | 4.8% | 0 | 0.0% | 1 | 2.3% | 0 | 0.0% |
| Not Applicable | 0 | 0.0% | 25 | 29.8% | | | | |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% | | | | |
| | | | | | | | | |
| **12 MONTHS** | **N=84** | **%** | **N=84** | **%** | **N=34** | **%** | **N=34** | **%** |
| Breastmilk Only | 42 | 50.0% | 22 | 26.2% | 19 | 55.9% | 22 | 64.7% |
| Breastmilk & Formula | 27 | 32.1% | 8 | 9.5% | 11 | 32.4% | 8 | 23.5% |
| Formula Only | 6 | 7.1% | 4 | 4.8% | 2 | 5.9% | 4 | 11.8% |
| Not Sure | 9 | 10.7% | 0 | 0.0% | 2 | 5.9% | 0 | 0.0% |
| Not Applicable | 0 | 0.0% | 34 | 40.5% | | | | |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% | | | | |
| | | | | | | | | |
| **18 MONTHS** | **N=84** | **%** | **N=84** | **%** | **N=29** | **%** | **N=29** | **%** |
| Breastmilk Only | 27 | 32.1% | 14 | 16.7% | 13 | 48.3% | 14 | 48.3% |
| Breastmilk & Formula | 16 | 19.0% | 5 | 6.0% | 3 | 10.3% | 5 | 17.2% |
| Formula Only | 16 | 19.0% | 9 | 10.7% | 7 | 24.1% | 9 | 31.0% |
| Not Sure | 25 | 29.8% | 1 | 1.2% | 5 | 17.2% | 1 | 3.4% |
| Not Applicable | 0 | 0.0% | 39 | 46.4% | | | | |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% | | | | |
| | | | | | | | | |
| **24 MONTHS** | **N=84** | **%** | **N=84** | **%** | **N=24** | **%** | **N=24** | **%** |
| Breastmilk Only | 19 | 22.6% | 8 | 9.5% | 7 | 29.2% | 8 | 33.3% |
| Breastmilk & Formula | 13 | 15.5% | 3 | 3.6% | 2 | 8.3% | 3 | 12.5% |
| Formula Only | 21 | 25.0% | 12 | 14.3% | 11 | 11% | 12 | 50.0% |
| Not Sure | 31 | 36.9 | 1 | 1.2% | 4 | 16.7% | 1 | 4.2% |
| Not Applicable | 0 | 0.0% | 44 | 52.4% | | | | |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% | | | | |
| | | | | | | | | |
| **24+ MONTHS** | **N=84** | **%** | **N=84** | **%** | **N=22** | **%** | **N=22** | **%** |
| Breastmilk Only | 16 | 19.0% | 8 | 9.5% | 7 | 31.8% | 8 | 36.4% |
| Breastmilk & Formula | 10 | 11.9% | 3 | 3.6% | 2 | 9.1% | 3 | 13.6% |
| Formula Only | 23 | 27.4% | 11 | 13.1% | 10 | 45.5% | 11 | 50.0% |
| Not Applicable | 0 | 0.0% | 46 | 54.8% | 3 | 13.6% | 0 | 0.0% |
| Not Sure | 35 | 41.7% | 0 | 0.0% | | | | |
| Prefer not to answer | 0 | 0.0% | 16 | 19.0% | | | | |

**For this table, starting at 3 months, there are many infants who are not yet that age or older, so the actual practice does not apply. Therefore, an additional section to the table was included below to show the intention and practices of parents for which the question is applicable.*

## REASONS FOR BREASTFEEDING INTENTIONS

Respondents reported several reasons for their intentions to breastfeed at each specific time point. To begin, parents reported that following guidelines from doctors, hospital staff, and the American Academy of Pediatrics influenced their

intentions to breastfeed at specific stages. Parents also reported that personal research, wanting to do what they felt was best for their child, providing their child with the health benefits of breastmilk, and wanting to promote mother-infant bonding had significant influence on their breastfeeding intentions. Family recommendations and experiences influenced intentions as well, as did parents' practices breastfeeding their previous children among respondents who were not first-time parents. Respondents also reported that already having a goal to breastfeed for at least one year or until their child could eat solid foods influenced their intentions. Lastly, formula being too expensive was cited as influencing respondents' decision to breastfeed as well. Significantly, mothers reported that returning to work influenced their decision to begin supplementing breastfeeding with formula. Respondents also reported that receiving encouragement from their doctor to supplement with formula due to health complications or their child's lack of weight gain impacted their intentions to breastfeed.

## PARENT CONFIDENCE IN ABILITY TO BREASTFEED

All parent respondents were asked to describe their level of confidence in being able to breastfeed for as long as they desire(d). A total of 12% of respondents reported that they were not confident (6%) or not at all confident (6%) in their ability to breastfeed the desired length of time, while 40.5% of respondents stated that they were very confident that they would be able to meet their intended breastfeeding goal. An overview of confidence level among all respondents is shown in the table below (Table 4).

**Table 4. Confidence in Ability to Breastfeed for Desired Length of Time (N=84)**

| CONFIDENCE LEVEL | N | % |
|---|---|---|
| Very Confident | 34 | 40.5% |
| Confident | 20 | 23.8% |
| Somewhat Confident | 19 | 22.6% |
| Not Confident | 5 | 6.0% |
| Not At All Confident | 5 | 6.0% |
| Prefer Not to Answer | 1 | 1.2% |

## BREASTFEEDING BARRIERS

Parents reported several barriers to breastfeeding at all or as long as they wanted to. The most prevalent barrier to breastfeeding reported by parent respondents was experiencing problems with their milk supply (28.8%), followed by having to return to work/lacking support at work (28.8%), and experiencing pain while breastfeeding (23.8%). All major reported barriers are provided in the table below (Table 5).

**Table 5. Reasons for Not Breastfeeding as Intended (N=84)**

| BARRIERS TO BREASTFEEDING | N | % |
|---|---|---|
| Problems with milk supply | 27 | 32.1% |
| Had to go back to work/lack of support at work | 24 | 28.8% |
| Breastfeeding is painful | 20 | 23.8% |
| Lack of knowledge on the topic | 15 | 17.9% |
| Not enough time | 15 | 17.9% |
| Not publicly acceptable | 14 | 16.7% |
| Lack of support from doctor and/or hospital | 12 | 14.3% |
| Medically Unable | 10 | 11.9% |
| Lack of support for breastfeeding in culture | 7 | 8.3% |
| Lack of support from family or partner | 5 | 6.0% |
| Other | 4 | 4.8% |
| Does not like seeing or doing it | 2 | 2.4% |
| Not Applicable: Nothing has prevented me from breastfeeding how I would like | 40 | 47.6% |
| Not Applicable: I do not have a reason for not breastfeeding | 16 | 19.0% |
| Not Applicable: I do not want to breastfeed | 3 | 3.6% |

Four respondents reported experiencing other barriers than those listed in the table above (Table 4). These barriers include experiencing difficulty latching twins at the same time, lacking energy and self-confidence, their infant having stomach problems with breastmilk and allergies to unknown foods, and difficulties due to Nevada workforce requirements preventing mothers from staying home with their infants.

## BREASTFEEDING PRACTICES AMONGST MULTIPLE CHILDREN

To measure potential changes in breastfeeding practices among parents with more than one child, respondents were asked if they have used or are currently using different breastfeeding practices with their youngest child (Table 5). A total of 17.9% of respondents reported using different breastfeeding practices amongst multiple children. However, the majority of respondents reported that they do not have more than one child (45.2%), or did not use different breastfeeding practices with their other child(ren) (22.6%). A complete overview of survey responses is provided in the table below (Table 6).

**Table 6. Breastfeeding Practices Amongst Multiple Children (N=84)**

| USED DIFFERENT PRACTICES | N | % |
|---|---|---|
| **Yes** | **15** | **17.9%** |
| **No** | **19** | **22.6%** |
| Not Applicable: This is 1st Child | 38 | 45.2% |
| Prefer Not to Answer | 12 | 14.3% |

Respondents who reported that they used different breastfeeding practices with their youngest child than with earlier children described several reasons for this change. These reasons include high demands of school and work, the child's preference, latching difficulties, having a lower milk supply with their previous child(ren), previously lacking education about breastfeeding, hoping to breastfeed longer than they did with their previous children, or that the child had a lip tie that caused breastfeeding to be painful.

## KNOWLEDGE OF BREASTFEEDING

To measure parents' knowledge of breastfeeding, respondents were asked if they would like to learn more about breastfeeding, if they feel they know enough, if they have support to breastfeed the way they would like, if they have seen other women breastfeed, and if they have taken a class about breastfeeding. While most respondents stated that they feel they know enough about breastfeeding (60.7%), 48.8% reported that they would like to learn more. As outlined in the table below (Table 7), 76.2% of respondents reported that they have enough support to breastfeed the way they would like, while 4.8% of respondents stated that they do not have adequate support. 47.6% of respondents reported that they have taken a class about breastfeeding, while 38.1% reported that they have not. In addition, 73.8% of respondents reported that they have seen other women breastfeed, while 13.1% reported they have not.

**Table 7. Mother's Knowledge of Breastfeeding (N=84)**

| KNOWLEDGE LEVEL | AGREE | | DISAGREE | | NOT SURE | | PREFER NOT TO ANSWER | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| I would like to learn more about breastfeeding. | 41 | 48.8% | 22 | 26.2% | 9 | 10.7% | 12 | 14.3% |
| I feel that I know enough about breastfeeding. | 51 | 60.7% | 9 | 10.7% | 14 | 16.7% | 10 | 11.9% |
| I have enough support to breastfeed the way I would like. | 64 | 76.2% | 4 | 4.8% | 6 | 7.1% | 10 | 11.9% |
| I have seen other women breastfeed. | 62 | 73.8% | 11 | 13.1% | 1 | 1.2% | 10 | 11.9% |
| I have taken a class about breastfeeding. | 40 | 47.6% | 32 | 38.1% | 2 | 2.4% | 10 | 11.9% |

## BREASTFEEDING SUPPORTS

### *Access to Breastfeeding Resources*

In effort to measure the use and accessibility of breastfeeding supports, parent respondents were asked to describe their access and need for various breastfeeding resources. Paid maternity leave was the most reported resource that parents

needed but did not have access to (25.0%), followed by access to a lactation consultant (10.7%). The breastfeeding resources that respondents reported having the greatest access to include the ability to store pumped milk (82.1%), access to reliable transportation to appointments (81.0%), and access to a breast pump (75.0%). A complete overview of parents' access to various breastfeeding resources is provided in the table below (Table 8).

**Table 8. Access to Breastfeeding Resources (N=84)**

| RESOURCES | YES | | NO, NEEDED | | NO, NOT NEEDED | | NOT SURE | | PREFER NOT TO ANSWER | |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | | N | % | N | % |
| Access to a breast pump | 63 | 75.0% | 2 | 2.4% | 6 | 7.1% | 1 | 1.2% | 12 | 14.3% |
| Access to reliable transportation for appointments | 68 | 81.0% | 0 | 0.0% | 3 | 3.6% | 1 | 1.2% | 12 | 14.3% |
| Access to a lactation consultant | 50 | 59.5% | 9 | 10.7% | 7 | 8.3% | 6 | 7.1% | 12 | 14.3% |
| Ability to store pumped milk | 69 | 82.1% | 2 | 2.4% | 1 | 1.2% | 0 | 0.0% | 12 | 14.3% |
| Access to lactation supports in your spoken language | 59 | 70.2% | 3 | 3.6% | 7 | 8.3% | 3 | 3.6% | 12 | 14.3% |
| Paid maternity leave from your job | 19 | 22.6% | 21 | 25.0% | 27 | 32.1% | 2 | 2.4% | 15 | 17.9% |
| Unpaid maternity leave | 38 | 45.2% | 6 | 7.1% | 21 | 25.0% | 3 | 3.6% | 16 | 19.0% |
| Other supports | 16 | 19.0% | 3 | 3.6% | 7 | 8.3% | 16 | 19.0% | 39 | 46.4% |

Among respondents who reported the need for other breastfeeding resources than those listed above, parents described that they specifically needed more education and support from hospital staff and pediatricians, more support and encouragement from their spouse, and money.

### *Knowledge of Community Resources*

To measure parents' knowledge of breastfeeding resources in the community, respondents were asked to specify if they know of community resources, if they looked and could not find breastfeeding resources, or if they did not look for community resources. While the majority of respondents reported that they had knowledge of community resources (40.5%), 26.2% of respondents looked but did not find any community resources for breastfeeding. A breakdown of all responses is provided in the table below (Table 9).

**Table 9. Knowledge of Community Resources (N=84)**

| KNOWLEDGE OF COMMUNITY RESOURCES | N | % |
|---|---|---|
| Yes | 34 | 40.5% |
| No: Looked, but did not find resources | 22 | 26.2% |
| No: Did not look for resources | 14 | 16.7% |
| Prefer Not to Answer | 14 | 16.7% |

# STAKEHOLDER SURVEY RESULTS

Survey responses were collected from breastfeeding stakeholders in Clark County, Nevada via an online survey. The following section includes information about the stakeholders that completed this survey (N=29) and their general experiences working to support breastfeeding among the individuals they serve professionally. The information collected includes stakeholder demographics, stakeholder knowledge and experience counseling mothers, perceptions of breastfeeding, barriers to breastfeeding, and community resources or supports for breastfeeding.

## STAKEHOLDER DEMOGRAPHICS

The table below provides an overview of demographic characteristics for all 29 stakeholder respondents who completed the survey (Table 10). Responses were also collected from a variety of professionals who work with mothers, including nurses, lactation consultants, community health workers, administrative assistants, daycare providers, medical assistants, and a WIC Manager. Significantly, most respondents reported having 5+ years of experience (79.3%). The majority of stakeholder respondents also described themselves as female (93.1%), Caucasian (31.0%) and reported that they are 50 years of age or older (44.8%). In addition, 41.4% of stakeholder respondents reported that they work in a REACH priority

zip code, meaning that their place of employment serves priority populations including African-American & Hispanic individuals as well as individuals living at or below the poverty line.

**Table 10. Stakeholder Survey Demographics (N=29)**

| STAKEHOLDER ROLE | N | % |
|---|---|---|
| Nurse | 16 | 55.2% |
| Lactation Consultant | 7 | 24.1% |
| Community Health Worker | 1 | 3.4% |
| Other | 4 | 13.8% |
| Prefer Not to Answer | 1 | 3.4% |

| YEARS OF EXPERIENCE | N | % |
|---|---|---|
| Less than 1 year | 1 | 3.4% |
| 1 to 2 years | 3 | 10.3% |
| 3 to 4 years | 2 | 6.9% |
| 5+ years | 23 | 79.3% |
| | | |

| AGE | N | % |
|---|---|---|
| 25 to 29 | 1 | 3.4% |
| 30 to 34 | 5 | 17.2% |
| 35 to 39 | 3 | 10.3% |
| 40 to 44 | 4 | 13.8% |
| 45 to 49 | 1 | 3.4% |
| 50 + | 13 | 44.8% |
| Prefer Not to Answer | 2 | 6.9% |
| | | |

| RACE | N | % |
|---|---|---|
| African American/Black | 3 | 10.3% |
| American Indian/Alaska Native | 0 | 0.0% |
| Asian | 2 | 6.9% |
| Caucasian | 9 | 31.0% |
| Hispanic | 6 | 20.7% |
| Multiracial | 4 | 13.8% |
| Other | 1 | 3.4% |
| Prefer Not to Answer | 4 | 13.8% |

| GENDER | N | % |
|---|---|---|
| Female | 27 | 93.1% |
| Male | 0 | 0.0% |
| Prefer Not to Answer | 2 | 6.9% |

| WORKS IN REACH ZIP CODE | N | % |
|---|---|---|
| Yes | 12 | 41.4% |
| No | 15 | 51.7% |
| Prefer Not to Answer | 2 | 6.9% |

## STAKEHOLDER KNOWLEDGE & EXPERIENCE COUNSELING MOTHERS

Stakeholder respondents reported various levels of experience and knowledge for counseling mothers about breastfeeding. 75.9% of stakeholder respondents reported that they talk to mothers about breastfeeding, while 17.2% of stakeholders reported that they sometimes do and 6.9% of stakeholders reported that they do not (Table 10).

To identify stakeholders' knowledge about breastfeeding, respondents were also asked to identify if they believe they have high, moderate, or low levels of breastfeeding knowledge. Almost 70% of stakeholder respondents reported having a high level of knowledge about breastfeeding. 0% of respondents described their level of knowledge about breastfeeding as low, while 27.6% reported that having a moderate level of knowledge for breastfeeding (Table 11).

**Table 11. Counseling Mothers (N=29)**

| TALKS TO MOTHERS ABOUT BREASTFEEDING | N | % |
|---|---|---|
| Yes | 22 | 75.9% |
| Sometimes | 5 | 17.2% |
| No | 2 | 6.9% |
| Prefer Not to Answer | 0 | 0.0% |

| LEVEL OF KNOWLEDGE ABOUT BREASTFEEDING | N | % |
|---|---|---|
| High | 20 | 69.0% |
| Moderate | 8 | 27.6% |
| Low | 0 | 0.0% |
| Prefer Not to Answer | 1 | 3.4% |

To measure stakeholder perceptions of breastfeeding, respondents were asked to report their level of agreement with several statements. The most common perception of breastfeeding reported by stakeholders was that breastmilk alone is sufficient for a newborn baby within the first 2 to 3 days of life, as 96.6% of stakeholder respondents agreed with this statement. In addition, 89.7% of stakeholder respondents reported agreeing that the sooner a mother initiates breastfeeding, the stronger her milk supply will be (Table 12).

Finally, none of the stakeholder respondents held the perceptions that (1)mothers who undergo cesarean section should feed their newborn baby formula or cow's milk in addition to breastmilk on the first day of life; (2) formula or cow's milk

must be fed to twin babies in addition to breastmilk; or (3) that after 6 months of life, a mother must give her infant cow's milk or formula for better growth. A breakdown of all responses is provided in the table below (Table 13).

**Table 12. Stakeholder Perceptions of Breastfeeding (N=29)**

| PERCEPTIONS OF BREASTFEEDING | AGREE | | DISAGREE | | NOT SURE | | PREFER NOT TO ANSWER | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| Breastfeeding must be started within 1 hour of birth | 21 | 72.4% | 5 | 17.2% | 2 | 6.9% | 1 | 3.4% |
| The sooner a mother initiates breastfeeding, the stronger her milk supply will be | 26 | 89.7% | 2 | 6.9% | 1 | 3.4% | 0 | 0.0% |
| Offering ANY formula during the hospital stay will jeopardize a mother's milk supply | 18 | 62.1% | 11 | 37.9% | 0 | 0.0% | 0 | 0.0% |
| Breastmilk alone is sufficient for a newborn baby in the first 2 to 3 days | 28 | 96.6% | 1 | 3.4% | 0 | 0.0% | 0 | 0.0% |
| Mothers who underwent cesarean section should feed their newborn baby formula or cow's milk in addition to breastmilk on the first day of life | 0 | 0.0% | 29 | 100.0% | 0 | 0.0% | 0 | 0.0% |
| For twin babies, formula or cow's milk must be fed to the babies in addition to breastmilk | 0 | 0.0% | 27 | 93.1% | 1 | 3.4% | 1 | 3.4% |
| After 6 months of life, a mother must give her infant cow's milk or formula for better growth | 0 | 0.0% | 28 | 96.6% | 0 | 0.0% | 1 | 3.4% |
| Breastfeeding should be advised to be continued for 2 years and beyond | 16 | 55.2% | 7 | 24.1% | 1 | 3.4% | 5 | 17.2% |
| In the first 6 months of life, water can be given by the mouth in addition to breastfeeds | 4 | 13.8% | 23 | 79.3% | 1 | 3.4% | 1 | 3.4% |
| Breastmilk contains all micronutrients, including adequate Vitamin D3 and iron | 19 | 65.5% | 7 | 24.1% | 3 | 10.3% | 0 | 0.0% |
| Breastfeeding for a normal newborn should be on demand only, not by clock | 20 | 69.0% | 9 | 31.0% | 0 | 0.0% | 0 | 0.0% |
| It is okay to avoid breastfeeds at night and introduce a bottle when a baby cries at night | 2 | 6.9% | 27 | 93.1% | 0 | 0.0% | 0 | 0.0% |

## BREASTFEEDING BARRIERS

### *Stakeholder Identification of Cultural Barriers*

In order to identify the occurrence of cultural barriers to breastfeeding, stakeholder respondents were asked if they are aware of cultural barriers that prevent breastfeeding. While 37.9% of stakeholder respondents were not aware of cultural barriers to breastfeeding, over half of respondents (58.6%) indicated that they were aware of cultural barriers that prevent breastfeeding. A breakdown of all responses is provided in the table below (Table 13).

**Table 13. Cultural Barriers (N=29)**

| AWARE OF CULTURAL BARRIERS THAT PREVENT BREASTFEEDING | N | % |
|---|---|---|
| Yes | 17 | 58.6% |
| No | 11 | 37.9% |
| Prefer Not to Answer | 1 | 3.4% |

Several specific cultural barriers were identified by stakeholders, specifically misinformation about colostrum, historical cultural practices, and cultural inequities. In regard to colostrum, stakeholders reported that some cultures that believe colostrum is not fit for the baby, or that it contains zero nutritional value. Stakeholders also reported that not all cultures give breastmilk or formula in the first 6 months. Significantly, one stakeholder described that Hispanic mothers often feel that colostrum is not good for babies or believe they do not have enough to feed their infant.

In regard to historical breastfeeding practices, stakeholders identified several barriers that impact breastfeeding across diverse populations. To begin, stakeholders reported that Hispanic fathers often view their partners' breasts as belonging to them. Stakeholders also reported that African American cultures have been turned off to breastfeeding by ancestors, and therefore do not see representation of support. Lastly, stakeholder respondents described that the way things were done by clients' parents may not follow existing research on best practices.

Stakeholder respondents also reported several cultural inequities that act as barriers to breastfeeding. Specifically, stakeholder respondents described that women of color are at times prevented from initiating breastfeeding due to fear tactics and healthcare providers' emphasis on formula. Stakeholders also reported that mothers often lack help at home after birth to assist with self-care as well as caring for other children in the home. Furthermore, stakeholders also cited that a lack of education for certain families can act as a barrier to breastfeeding, especially as some families may not know where to obtain information, support, or resources about breastfeeding. Lastly, stakeholders reported that information is often provided to families, especially those that receive social services, about the use of formula as a substitute for breastmilk and the widespread acceptance of bottle feeding over feeding at the breast.

### *Assistance Provided by Stakeholders to Address Cultural Barriers*

Stakeholders reported providing several forms of assistance to address cultural barriers to breastfeeding. To begin, stakeholders described that they provide education and factual information in effort to help clients understand cultural factors as well as support their ability to make informed decisions. Stakeholders also reported asking clients about their personal views and using relatable stories, addressing myths and hearsay, and sharing evidence-based information based on worries or misinformation among their culture. In addition to these efforts, stakeholder respondents also reported that they partner with community leaders to support breastfeeding, refer clients to local breastfeeding support groups, refer patients to the Women, Infants, & Children Program (WIC), offer events to provide support to women of color, and offer events to inform and encourage racial and ethnic minority clients of utilizing their rights to ask questions or speak up in interactions with health care professionals. Respondents also described their efforts to provide consistent outreach through word of mouth, phone calls, emails, social media, in person meetings, and community events. Lastly, stakeholder respondents described their personal efforts to research patients' cultures in search of culturally competent and friendly solutions.

### *Stakeholder Knowledge of Other Barriers*

In addition to cultural barriers, stakeholder respondents were also asked to identify other barriers to breastfeeding that they are aware of. The most common barrier that stakeholders reported seeing among patients was receiving inconsistent advice, with 86.2% of stakeholder respondents identifying this as a barrier. Stakeholders also reported lack of awareness of resources as a barrier to breastfeeding (72.4%), followed by limited knowledge (62.1%). A complete overview of identified barriers is shown in the table below (Table 14).

**Table 14. Most Common Barriers Seen Among Patients (N=29)**

| MOST COMMON BARRIERS SEEN AMONG PATIENTS | N | % | | | | |
|---|---|---|---|---|---|---|
| **Inconsistent Advice** | 25 | 86.2% | | Feeding Cues | 16 | 55.2% |
| **Lack of Awareness of Resources** | 21 | 72.4% | | Work | 14 | 48.3% |
| **Limited Knowledge** | 18 | 62.1% | | Lack of Access to Breast Pump | 13 | 44.8% |
| **Lack of Social Support** | 18 | 62.1% | | Lack of Information/Instruction in Preferred Language | 10 | 34.5% |
| **Limited Time** | 16 | 55.2% | | Other | 5 | 17.2% |

***Note: Percentages may total over 100% as respondents were allowed to select multiple options.***

When asked if there are any other common barriers seen among patients, stakeholders reported that doctors and nurses often use formula as the only option rather than exploring opportunities to advise consultation with a lactation

professional to give the mother options. Stakeholders also reported high rates of misinformation about what is normal, stigma from generational advice concerning colostrum, and patients having an unsupportive family or partner as barriers to breastfeeding. Lastly, stakeholder respondents reported that patients' personal choice, lack of patience, personal attitude, or general unwillingness to breastfeed as a barrier as well.

## BREASTFEEDING SUPPORTS

### *Knowledge of Community Resources*

To gather information on stakeholder perceptions of supports, questions were asked regarding stakeholders' knowledge of existing community resources that support breastfeeding. The majority of respondents reported that they have knowledge of breastfeeding community resources (93.1%), while 3.4% of stakeholder respondents indicated that they were not aware of community resources but have not looked for them. A complete overview of responses is outlined in the table below (Table 15).

**Table 15. Community Resources Providing Breastfeeding Support (N=29)**

| KNOWLEDGE OF COMMUNITY RESOURCES | N | % |
|---|---|---|
| Yes | 27 | 93.1% |
| No, But Looked for Them | 0 | 0.0% |
| No, But Did Not Look for Them | 1 | 3.4% |
| Prefer Not to Answer | 1 | 3.4% |

### *Supports Needed to Address Breastfeeding Barriers*

To measure what supports are still needed to address breastfeeding barriers, stakeholder respondents were asked to report breastfeeding supports needed in the workplace, in the community, and in the home. A complete summary of stakeholder responses is included in the table below (Table 16).

**Table 16. Supports Needed to Address Barriers to Breastfeeding as Described by Stakeholders (N=29)**

| IN THE WORKPLACE | IN THE COMMUNITY | IN THE HOME |
|---|---|---|
| Dedicated lactation room that is:<br>• Safe<br>• Welcoming<br>• Private<br>• Not a bathroom | Increased education about breastfeeding from:<br>• Commercials (radio/TV)<br>• Doctor's offices/hospitals<br>• Social services' offices | More education for moms, families, and support systems about:<br>• Benefits of breastfeeding<br>• How to support moms<br>• Evidence-based research |
| Better education for employers regarding laws that support breastfeeding | Designated public pumping locations that are comfortable (i.e. air conditioned) | Family support and encouragement of breastfeeding practices (especially from the significant other) |
| Increase awareness of benefits of breastfeeding | Increased access to lactation support and resources, including breast pumps | Classes or videos for families to learn about breastfeeding |
| Adequate break time for pumping | Promotion of breastfeeding benefits and practices through public service announcements | Home visiting programs to provide guidance and support while also dispelling myths about breastfeeding |
| Education for female employees of their rights | Active support groups, representing various cultures | Stopping distribution of sample formulas, as it is "too tempting for an over-exhausted new mother" |
| Incentives for employers to support breastfeeding | Education for mothers about rights to breastfeed in public | 24/7 breastfeeding hotline for mothers |
| Consideration for job types that make it difficult for breaks to pump (i.e. school teaching, jobs dependent on tips) | More training and education within hospitals, including:<br>• Healthcare professionals speaking same language (as patients)<br>• More physicians that support breastfeeding instead of formula<br>• More trained nurses<br>• Encourage skin to skin after birth | Getting information, as well as needed resources, to the mother and family during pregnancy |
| More information provided about available resources | | Supporting mom's wishes |
| Location to store pumped milk | | |

To begin, stakeholders reported a variety of breastfeeding supports needed in the workplace. These workplace supports include the need for greater education of employers on laws that support breastfeeding, education for female employees of their rights, increased awareness of breastfeeding benefits, information on resources that are available, incentives to increase employer support of breastfeeding, adequate break time for pumping, access to a dedicated lactation room, and a location to store pumped milk. Consideration is also needed for job types that create barriers to breaks for pumping.

In regard to breastfeeding supports needed in the community, stakeholders reported the need for increased education about breastfeeding and education for mothers' rights to breastfeed in public. Stakeholders also described a need for designated and comfortable public pumping locations, higher access to lactation supports and resources, culturally diverse support groups, and more breastfeeding training or education in hospitals.

Lastly, stakeholders reported several supports needed in the homes of breastfeeding mothers. These supports include more education for mothers and their support systems, greater family support and encouragement, classes or videos available to learn more about breastfeeding. Stakeholders also reported the need for home-visit programs to dispel myths while provide guidance or support, an end to the distribution of formula samples, a 24/7 hotline for breastfeeding support, early intervention by mothers accessing breastfeeding supports during pregnancy, and supporting the mother's wishes.

## SUMMARY

Results of this survey have provided a current snapshot of the breastfeeding expectations, opinions, practices, community supports and barriers, and knowledge among parents and stakeholders in Southern Nevada. The types of prenatal and perinatal supports available to expecting parents shape breastfeeding practices in the community. While many parents reported access to material supports such as reliable transportation, breast pumps, and the ability to store pumped milk, workplace supports were provided for less than half of survey respondents. Having to go back to work and having a lack of supports for breastfeeding at work was reported as one of the most common barriers for parents – second only to mothers having a problem with their milk supply. It is clear that more workplaces in Southern Nevada need to adopt and enforce policies that support new parents wanting to breastfeeding. Some types of successful policies that research has shown will increase the length of time mothers are able to breastfeed include increasing access to a dedicated lactation room in the workplace, breast pumping breaks, and encouragement from colleagues or supervisors to use breast pumping breaks (Tsai, 2013).

While the level of knowledge for community resources and best practices seems to be high among stakeholder respondents overall, the results of this survey indicate the need for significant improvements to increase knowledge of those items amongst parents. Only 40.5% of parent respondents reported knowing about available community resources to help support breastfeeding, showing the need for increased outreach practices to disseminate knowledge, as well as connect expecting or new parents with timely information about available supports. Some breastfeeding programs in other communities have used evidence-based programming that involve peer-to-peer support, maternal care intervention, professional education, social marketing, employer education on the benefits of breastfeeding, increasing breastfeeding supports available in child care settings, and intervention to help increase awareness and knowledge of available supports and best practices (CDC, 2013). Additionally, results of this survey demonstrate a need to address inconsistent advice received by parents, as stakeholder respondents reported this as the most significant barrier to breastfeeding that they have encountered. Efforts should also be made to increase awareness of breastfeeding resources across diverse populations of expecting and new parents, while simultaneously working to address limited knowledge of what is available and potential dissemination of misinformation from non-professional sources.

## RECOMMENDATIONS

Results of this survey can be used to guide future efforts to support breastfeeding in the community, in the workplace, in the home, and in stakeholder agencies in several ways. Specifically, future efforts should prioritize education and awareness for breastfeeding for both parents and stakeholders to address barriers caused by inconsistent advice. Efforts

should also be made to increase access to designated spaces for lactation or pumping, to promote breastfeeding resources in the community to increase knowledge of existing breastfeeding supports, and to address racial or social inequities that contribute to breastfeeding disparities. To better understand how interventions could be effectively implemented to obtain these outcomes, future projects could employ the following strategies:

1) Obtain information about the potential costs associated with breastfeeding in comparison to formula feeding in order to evaluate the variable of cost in parents' decisions for feeding their infant.
2) Measure the effectiveness of specific outreach methods utilized to raise awareness of currently available supports, both amongst participants within certain programs as well as the broader community.
3) Conduct focus groups about infant feeding in multiple languages to gather more specific and experiential data on breastfeeding practices across diverse populations within the community.

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# APPENDIX A: PARENT SURVEY

## ENGLISH VERSION

The Southern Nevada Health District is conducting a survey of parents in Clark County who are pregnant or have young children to learn more about breastfeeding expectations, opinions, practices, community supports and barriers and knowledge about breastfeeding. Your responses to this survey will remain confidential and will help inform future programs and campaigns about breastfeeding in the community. Thank you for sharing your feedback with us. ***For the purposes of this survey, the term "breastfeeding" refers to feeding a child breastmilk in a bottle or from the breast. For the following questions, please answer for your youngest child only.***

1) What is the current age of your youngest child?

☐ Currently pregnant ☐ 1 to 3 months old ☐ 6 to 12 months old ☐ Other_____

☐ Less than 1 month old ☐ 3 to 6 months old ☐ 12 to 24 months old

2) Please check which one best describes what **YOU WANT(ED)** your youngest child to drink at **each time point**:
*Please **place ONE checkmark** in each column.*

| | 1st Feeding | Hospital Stay | < 1mo. | 1mo. | 3mos. | 6mos. | 12mos. | 18mos. | 24mos. | 24+mos. |
|---|---|---|---|---|---|---|---|---|---|---|
| **BREAST ONLY** | | | | | | | | | | |
| **BREAST & FORMULA/OTHER** | | | | | | | | | | |
| **FORMULA/OTHER** | | | | | | | | | | |
| **NOT SURE** | | | | | | | | | | |

2a) How did you make the decision about what want(ed) to feed your child at the intervals above?

_____

_____

3) Please rate how confident you are/were you that you will be able to breastfeed for as long as you want.

☐ Not at all Confident ☐ Not too Confident ☐ Somewhat Confident ☐ Confident ☐ Very Confident

**ONLY ANSWER IF: your youngest child is at least 1 day old:**

4) Please select which one best describes what your child drank at **each time point:** *(Please place a checkmark in each column).*

| | 1st Feeding | Hospital Stay | < 1mo. | 1mo. | 3mos. | 6mos. | 12mos. | 18mos. | 24mos. |
|---|---|---|---|---|---|---|---|---|---|
| **BREAST ONLY** | | | | | | | | | |
| **BREAST & FORMULA/OTHER** | | | | | | | | | |
| **FORMULA/OTHER** | | | | | | | | | |
| **NOT SURE** | | | | | | | | | |
| **NOT APPLICABLE** *(child is not yet this age)* | | | | | | | | | |

5) Please check off any of the following reasons that prevent(ed) you (or you think will prevent you) from breastfeeding how you would like:

| | YES | NO | | YES | NO |
|---|---|---|---|---|---|
| Medically unable | | | Lack of support for breastfeeding in my culture | | |
| Not enough time | | | Do not like seeing or doing it | | |
| Problems with milk supply | | | Lack of knowledge on the topic | | |
| Breastfeeding is painful | | | Lack of support from family or partner | | |

| | | | | | |
|---|---|---|---|---|---|
| Have to go back to work/lack of support at work | | | NA, nothing has prevented me from breastfeeding how I would like | | |
| Not publicly acceptable | | | NA, I do not want to breastfeed | | |
| Lack of support from doctor and/or hospital | | | NA, I do not have a reason for not breastfeeding | | |
| Other (please specify): | | | | | |

6) Are your breastfeeding practices different with your youngest child from with your other children, or do you expect them to be?

- ☐ Does not apply - This is my first child
- ☐ No, my breastfeeding practices will be the same as with my other child(ren)
- ☐ Yes (please tell us how) _____

_____

7) Do you agree or disagree with the following statements? *(Please place a checkmark in each row).*

| | AGREE | DISAGREE | NOT SURE |
|---|---|---|---|
| 7a) I would like to learn more about breastfeeding. | | | |
| 7b) I feel that I know enough about breastfeeding. | | | |
| 7c) I have enough support to breastfeed the way I would like. | | | |
| 7d) I have seen other women breastfeed. | | | |
| 7e) I have taken a class about breastfeeding. | | | |

8) Please describe your access to the following supports and if you feel you need(ed) or will need those supports.

| | YES, I HAVE ACCESS | NO, BUT NEED(ED) | NO, BUT NOT NEED(ED) | NOT SURE |
|---|---|---|---|---|
| 8a) Access to a breast pump | | | | |
| 8b) Access to reliable transportation for appointments | | | | |
| 8c) Access to a lactation consultant | | | | |
| 8d) Ability to store pumped milk | | | | |
| 8e) Access to lactation supports in your spoken language | | | | |
| 8f) Paid maternity leave from your job | | | | |
| 8g) Unpaid maternity leave from your job | | | | |
| 8h) Other supports (please specify): | | | | |

9) Do you know of resources in the community that provide breastfeeding supports?

- ☐ Yes, I do know of resources in the community
- ☐ Yes, resources were provided to me by my healthcare provider or another healthcare professional
- ☐ No, I looked for resources and could not find any
- ☐ No, I did not look for resources in the community

***The following questions are for classification purposes only.***

10) What is your age?

- ☐ 18-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50+
- ☐ Prefer not to answer

11) Zip Code: _____

12) What is your race or ethnicity? (Please select all that apply.)

- ☐ African American/Black
- ☐ American Indian/Alaska Native
- ☐ Asian (please specify)_____
- ☐ Caucasian/White
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other (please specify)_____
- ☐ Prefer not to answer

## SPANISH VERSION

EL Distrito de Salud del Sur de Nevada está llevando a cabo una encuesta a los padres en el Condado de Clark que están embarazadas o tienen niños pequeños para aprender más sobre las expectativas, opiniones, prácticas, apoyos y barreras de la comunidad y el conocimiento sobre la lactancia materna. Sus respuestas a esta encuesta serán confidenciales y ayudarán a informar futuros programas y campañas sobre la lactancia materna en la comunidad. Gracias por compartir sus comentarios con nosotros. ***Para los fines de esta encuesta, el término "lactancia materna" se refiere a alimentar a un niño con leche materna en un biberón o del seno. Para las siguientes preguntas, responda solo para su hijo menor.***

1) ¿Cuál es la edad actual de su hijo menor?

□ Actualmente Embarazada □ 1 a 3 meses □ 6 a 12 meses □ Otra _____

□ Menor de 1 mes □ 3 a 6 mese □ 12 a 24 meses

2) Por favor seleccione la opción que **usted preferiría** que su hijo más pequeño beba **a las diferentes edades**:
*Por favor seleccione una opción en cada columna.*

| | 1° Alimentación | Estancia en el hospital | < 1mes. | 1mes. | 3mes. | 6mes. | 12mes. | 18mes. | 24mes. | +24mes. |
|---|---|---|---|---|---|---|---|---|---|---|
| **LA LECHE MATERNA SOLO** | | | | | | | | | | |
| **LA LECHE MATERNA & FÓRMULA/OTRA** | | | | | | | | | | |
| **FÓRMULA/OTRA** | | | | | | | | | | |
| **NO APLICA** | | | | | | | | | | |

2a) ¿Cómo tomó la decisión sobre qué deseaba alimentar a su hijo en los intervalos anteriores?

_____

_____

3) Califique qué tan segura esta/estaba de que podrá amamantar durante el tiempo que desee.

□ Nada Segura □ No Muy Segura □ Algo Segura □ Segura □ Muy Segura

**SOLO RESPONDA EN CASO de que el hijo menor tenga por lo menos un día de nacido**

4) Seleccione cuál describe mejor lo que bebió su hijo en cada momento: *(Coloque una marca de verificación en cada columna).*

| | 1° Alimentación | Estancia en el hospital | < 1mes. | 1mes. | 3mes. | 6mes. | 12mes. | 18mes. | 24mes. | + 24mes. |
|---|---|---|---|---|---|---|---|---|---|---|
| **LA LECHE MATERNA SOLO** | | | | | | | | | | |
| **LA LECHE MATERNA & FÓRMULA/OTRA** | | | | | | | | | | |
| **FÓRMULA/OTRA** | | | | | | | | | | |
| **NO ESTOY SEGURO** | | | | | | | | | | |
| **NO APLICA** *(Niño aún no ha llegado a esta* | | | | | | | | | | |

5) Marque cualquiera de los siguientes motivos que le impiden (o cree que le impedirá) amamantar cómo le gustaría:

| | SI | NO | | SI | NO |
|---|---|---|---|---|---|
| Médicamente incapaz | | | Falta de apoyo para amamantar en mi cultura | | |
| No hay suficiente tiempo | | | No me gusta ver o hacerlo | | |
| Problemas con el suministro de leche | | | Falta de conocimiento sobre el tema | | |
| Amamantar es doloroso | | | Falta de apoyo de la familia o pareja | | |
| Tengo que regresar al trabajo/falta de apoyo en el trabajo | | | Nada me ha impedido amamantar como me gustaría | | |
| No es públicamente aceptable | | | No quiero amamantar | | |
| Falta de apoyo del médico y/o del hospital | | | No tengo razón para amamantar | | |

| Otro (Por favor especifique): |
|---|

6) ¿Sus prácticas de lactancia son diferentes con su hijo más pequeño que con sus otros hijos, o espera que lo sean?
- ☐ No Aplica - Es mi primer bebe
- ☐ No, mis prácticas de lactancia serán las mismas que con mis otros hijos
- ☐ Si (Por favor díganos como_____

7) ¿Está de acuerdo o en desacuerdo con las siguientes afirmaciones? (Coloque una marca de verificación en cada fila).

| | DE ACUERDO | EN DESACUERDO | NO ESTOY SEGURA |
|---|---|---|---|
| 7a) Me gustaría aprender más sobre la lactancia materna. | | | |
| 7b) Siento que sé lo suficiente sobre la lactancia materna. | | | |
| 7c) Tengo suficiente apoyo para amamantar como quisiera. | | | |
| 7d) He visto a otras mujeres amamantar. | | | |
| 7e) He tomado una clase sobre lactancia materna. | | | |

8) Describa su acceso a los siguientes apoyos y si cree que los necesita o no los necesitará.

| | SI, Y TENGO ACCESO | NO, PERO NECESITO | NO, Y NO NECESITO | NO ESTOY SEGURA |
|---|---|---|---|---|
| 8a) Acceso a un extractor de leche. | | | | |
| 8b) Acceso a transporte confiable para citas | | | | |
| 8c) Acceso a un consultor de lactancia | | | | |
| 8d) Capacidad para almacenar leche extraída | | | | |
| 8e) Acceso a apoyos de lactancia en su idioma | | | | |
| 8f) Permiso de maternidad remunerado de su trabajo | | | | |
| 8g) Permiso de maternidad no remunerado de su trabajo | | | | |
| 8h) Otros apoyos (favor de especificar): | | | | |

9) ¿Conoce los recursos en la comunidad que brindan apoyo para la lactancia materna?
- ☐ Si, sé de recursos en la comunidad
- ☐ Si, mi proveedor de atención médico u otro profesional de la salud me proporcionaron recursos
- ☐ No, busqué recursos y no pude encontrar ninguno
- ☐ No, No he buscado recursos en la comunidad.

***Las siguientes preguntas son sólo para fines de clasificación.***

10) ¿Cuál es su edad?
- ☐ 18-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50+
- ☐ Prefiero no contestar

11) ¿Cuál es su sexo?
- ☐ Masculino
- ☐ Femenino
- ☐ Otro_____

12) Código postal donde trabaja:
_____

13) ¿Cuál es su raza o etnicidad? (Seleccione todas las que apliquen)
- ☐ Afroamericano
- ☐ Indio Americano/Nativo de Alaska
- ☐ Caucásico/Blanco
- ☐ Asiático (for de especificar) _____
- ☐ Otro (favor de especificar)_____
- ☐ Prefiero no contestar
- ☐ Hispano/Latino
- ☐ Nativo de Hawái/Isleño del Pacífico

# APPENDIX B: STAKEHOLDER SURVEY

The Southern Nevada Health District is conducting a survey of health professionals working with expectant and new mothers in Clark County to learn more about their knowledge of breastfeeding practices. This brief survey will ask questions regarding breastfeeding practices, community supports and barriers to breastfeeding, and participants' attitudes, opinions, and knowledge about breastfeeding. Your responses to this survey will remain confidential and will help inform future programs and campaigns about breastfeeding in the community. ***For the purposes of this survey, the term "breastfeeding" refers to feeding a child breastmilk in a bottle or from the breast.***

1) What is your role?
   - ☐ Physician
   - ☐ Lactation Consultant
   - ☐ Nurse
   - ☐ Community Health Worker
   - ☐ Other (please specify): _____

2) How many years of experience do you have in this role?
   - ☐ Less than 1 year
   - ☐ 1-2 years of experience
   - ☐ 3-4 years of experience
   - ☐ 5+ years of experience

3) Do you talk to mothers about breastfeeding? ☐ Yes ☐ Sometimes ☐ No

4) How would you describe your level of knowledge for supporting mothers to breastfeed?
   - ☐ Low: *I know nothing or very little about breastfeeding and/or how to provide/find support to breastfeeding mothers.*
   - ☐ Moderate: *I know some information about breastfeeding to a certain degree and/or how to provide/find support to breastfeeding mothers.*
   - ☐ High: *I know a great deal about breastfeeding and how to provide/find support to breastfeeding mothers.*

5) For each of the following statements, please indicate if you agree or disagree**:** *(Please place a checkmark in each row).*

| | AGREE | DISAGREE | NOT SURE |
|---|---|---|---|
| 5a) Breastfeeding must be started within 1 hour of birth | | | |
| 5b) The sooner a mother initiates breastfeeding, the stronger her milk supply will be | | | |
| 5c) Offering ANY formula during the hospital stay will jeopardize a mother's milk supply | | | |
| 5d) Breastmilk alone is sufficient for a newborn baby in the first 2-3 days of life | | | |
| 5e) Mother who underwent cesarean section should feed their newborn baby formula or cow's milk in addition to breast milk on the first day of life | | | |
| 5f) For twin babies, formula or cow's milk must be fed to the babies in addition to breast milk | | | |
| 5g) After 6 months of life, a mother must give her infant cow's milk or formula for better growth | | | |
| 5h) Breastfeeding should be advised to be continued for 2 years and beyond | | | |
| 5i) In the first 6 months of an infant's life, water can be given by mouth in addition to breastfeeds | | | |
| 5j) Breast milk contains all micronutrients, including adequate Vitamin D3 and iron | | | |
| 5k) Breastfeeding for a normal newborn should be on demand only, not by clock | | | |
| 5l) It is okay to avoid breastfeeding at night and introduce a bottle when a baby cries at night | | | |

6) Are you aware of any cultural barriers that your clients may have to initiating and maintaining breastfeeding? If yes, please list them below.
   - ☐ Yes (please explain) _____

     _____

☐ No [SKIP TO QUESTION 7]

6a) How do you assist your clients or patients to address cultural barriers to breastfeeding?

_____

_____

_____

7) Which of the following barriers to breastfeeding do you see as the most common among your patients/clients? (*Check all that apply.)*

- ☐ Limited knowledge about the benefits of breastfeeding
- ☐ Inconsistent advice about breastfeeding practices
- ☐ Lack of knowledge of common feeding cues
- ☐ Lack of awareness of existing resources
- ☐ Lack access to a breast pump
- ☐ Unsupportive work environment
- ☐ Restricted time in daily schedule
- ☐ Lack of social support system
- ☐ Lack of information/instruction about breastfeeding in their preferred language
- ☐ Other barriers (please specify): _____

_____

_____

8) Do you know of resources in the community, other than your program or service, that provide breastfeeding supports?

- ☐ Yes, I do know of resources in the community
- ☐ No, I have looked for resources in the community and could not find any
- ☐ No, I have not looked for resources in the community

9) What supports are needed to address barriers to breastfeeding…

| | |
|---|---|
| **In the Workplace** | |
| **In the Community** | |
| **In the Home** | |

***The following questions are for classification purposes only.***

10) What is your age?

a. 18-24
b. 25-29
c. 30-34
d. 35-39
e. 40-44
f. 45-49
g. 50+
h. Prefer not to answer

11) What is your race or ethnicity? (Please select all that apply.)

- ☐ African American/Black
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Caucasian/White
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other (please specify)_____
- ☐ Prefer not to answer

12) Zip code where you work: _____