

Breastfeeding: A View from the Border

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Introduction

THE UNITED STATES–MEXICO border is the largest international boundary, running from Tijuana–San Diego to Brownsville–Matamoros; it extends 1,989 miles (3,201 km) along the Rio Grande or Rio Bravo depending on which side of the border you are standing on.¹ It is the most frequently crossed international boundary in the world, with ~230,000 legal crossings being made each day, 350 million in a year.

In 2001, more than 300 million two-way border crossings took place at the 43 Ports of Entry (POEs).²

In this area, you find 2 countries, 10 border states, 44 counties, 80 municipalities, and 15 pairs of sister cities. Two border sister cities share more commonalities between each other when compared with another city in the same state.³

These two countries are independent of one another, but yet they share the same history, tradition, ancestors, language, culture, religion, music, dance, customs, beliefs, and practices. Here children can get up in the morning, go to school in another country, and be back home in time for dinner. An engineer can go to work, have lunch at a restaurant, get back to work, and come back home in the same day. People cross the border for many reasons: work, school, for a meal, parties, church, to see the doctor or the dentist, to buy groceries, medications, to go shopping, to a movie, for entertainment, and even a funeral, that is how close knit it is. The border is very dynamic, mobile, always changing, and full of exciting, vibrant, smart, talented, hardworking people who are either born here or for some reason they arrived or end up here. As it relates to health, we are not like Las Vegas; what happens on one side of the border will impact the other side of the border.

Breastfeeding Barriers at the Border

In the border, there are barriers for not breastfeeding; these include mothers who delivered babies by C section have less schooling, did not have prenatal care, were not told to breastfeed, have no maternity leave, have low income, have no access to the healthcare system, have husbands or partners who are Hispanic, or jealous husbands (*machismo*), or have lived in the United States for >5 years and have been acculturated.⁴ Other reasons are cultural beliefs: women believe that when you breastfeed you cannot drink or smoke, so they chose not to breastfeed. Others believe that you need to eat good food, and, since they have no means for healthy options,

they give formula thinking its best for their child. A common practice is “*Las dos Cosas*” (doing both things) and, thus, give breastmilk and formula because that is better.⁵

In the border, we have other barriers common to other places in the world, for instance, healthcare provider apathy and misinformation, insufficient prenatal breastfeeding education, disruptive and detrimental hospital policies, inappropriate interruption of breastfeeding, early hospital discharge with some populations, lack of prompt routine follow-up care and postpartum home visits, maternal employment (especially full time in workplaces without supportive facilities for breastfeeding), lack of societal and social support, media portrayal of formula feeding as the norm, promotion and distribution of formula through hospital discharge packs, free formula coupons or discounted formula, formula advertising, and stress.⁶ Of all the barriers, the underlying one is the belief that breastfeeding is restrictive and inconvenient.

The Binational Breastfeeding Coalition

The result of these barriers is the low breastfeeding practices in the border population at 6 months; 14% in Ciudad Juarez and 16% in El Paso Texas.⁴ In response to this dismal reality, The Binational Breastfeeding Coalition (BBC) was established by a group of dedicated, passionate healthcare professionals committed to protect and promote breastfeeding as the natural means of feeding human infants.

BBC members include a variety of healthcare professionals from different disciplines as well as nontraditional partners. The main focus of the group is to create the needed support systems to make it possible for mothers to breastfeed. To achieve this, the BBC works in four main areas: awareness, education and trainings, research, and policy changes.

In awareness, the BBC hosts the Big Latch On, a global campaign where women around the world breastfed at the same time. BBC members provide presentations and exhibits at health fairs, community events, meetings, and conferences at the local, state, and national level using both traditional and social network media.

In the area of education and training, BBC sponsors and/or hosts breastfeeding classes with the Texas Department of State Health Services. BBC partners with the Healthy Children's Center to offer the Certification Lactation Counselors course. Members are hungry to learn more, they are always looking for

the latest data on breastfeeding, participate in webinars, attend conferences, and participate in learning groups, members even have a type of book club to discuss new research articles related to this subject.

As to research, BBC has partnered with The University of Texas at El Paso on a study that looks at the characteristics of women who do breastfeed. With the New Mexico State University and the Fred Hutchinson Cancer Research Center, The Alliance for Border Collaboratives obtained a grant to conduct a pilot study to measure increase in the intent to breastfeed of Hispanic women of childbearing age (18–44 years) who receive a brief education intervention that focuses on the important relationship between breastfeeding and breast cancer.

In policy matters, we foster support networks for mothers to breastfeed including baby café mother-friendly establishments, mother-friendly worksites, and 10 steps hospitals. BBC supports the new Ciudad Juarez Milk Bank at the Hospital de la Mujer.

Why Is Breastfeeding Important

The majority of healthcare professionals and the community at large know that breastfeeding is good for infants, mothers, business/workforce, schools, the environment, the economy, and is vital to achieve the development of countries.⁷ But the knowledge of benefits to the mother and the baby does not overcome the perceived problems that breastfeeding would create, such as embarrassment, pain, and inconvenience.⁸

The other message we must include is what infant formula is; that is, a synthetic version of mothers' milk and belongs to a class of materials known as dairy substitutes.

In the new messaging strategy, we must include the risk of formula.

As part of the new strategy, we need to seize the moment and introduce breastfeeding in the agendas of other health topics; sometimes, this is easier said than done. We need to include breastfeeding in health conversations about chronic disease, breast cancer, smoking cessation, alcohol, and drug prevention; partner with health agencies and business and start talking about the importance of breastfeeding in the schools; push for mother-friendly worksites and try to get the topic of breastfeeding in the school curricula when they teach sex education and explain to children in 5–10 minutes what a breast is for; and most important, we need to get healthcare providers on board. A Massachusetts study found that just 8% of physicians believed their advice on breastfeeding practices were important, but more than one-third of mothers reported that their provider's advice on this subject was important. We need to get creative, otherwise there is a great health burden for future generations.

If we look at infant mortality, out of the 34 developed countries that make up the Organization for Economic Cooperation (OECD 24 European nations, plus Australia, Canada, Chile, Japan, Korea, Israel, Mexico, New Zealand, the United States, and Turkey), the United States ranks 27. Worldwide, we are number 56, sandwiched between Serbia and Poland; Monaco, which has the lowest infant mortality rate at 1.8 deaths per 1,000, is doing more than three times better. Americans have one of the worst rates in the developed world. Over 23,000 infants died in the United States in 2014.⁹

A serious investment could turn around these statistics. Breastfeeding is the single greatest way to prevent childhood deaths due to illness around the world. Babies who are able to begin breastfeeding within an hour after birth are more than three times as likely to survive as one breastfed a day later. A total of 830,000 childhood deaths could be prevented each year if breastfeeding were initiated for every baby after birth.¹⁰

Babies who are not exclusively breastfed have significantly higher rates of diarrhea, pneumonia, malnutrition, ear infections, allergies, asthma, eczema, gastrointestinal disorders, multiple sclerosis, childhood cancers, and much more.

Imagine if every woman received information about the incredible importance of breastfeeding her baby while pregnant, and then the support she needs after having her baby to successfully breastfeed.

Imagine if every healthcare worker were informed about the single greatest super food in the world—breastmilk—and helped to encourage and support women in their care not to give up. Imagine if societies understood how having healthy babies and then, as these children grew, healthier adults would benefit their country's economy.

The incredible economic impact cannot be overestimated. In the United States alone, human milk as part of the gross domestic product is valued at more than \$110 billion/year, but two-thirds of this amount is lost because mothers wean their babies prematurely.

Millions upon millions of dollars would be saved annually on healthcare costs as formula feeding has lifelong negative health impacts.

But this would also require supporting women who breastfeed, including tearing down barriers to breastfeeding in public, having adequate maternity leave for all women, and then employer support of continued breastfeeding/pumping after returning to work. It would pay for itself, of course, and then some.¹¹

Conclusion

We have much work to do, along the border and beyond, to support breastfeeding. Our work in this unique geographic area will inform other community-specific breastfeeding outreach efforts.

Disclosure Statement

No competing financial interests exist.

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