

## Focus on Subspecialties: Isolation, beliefs may deter immigrants from breastfeeding

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The U.S. immigrant population stood at more than 42 million in 2014 or 13% of the population. While the paths of entry into the U.S. vary greatly for these families, many will come into contact with health care providers, especially pediatricians. Cultural beliefs and barriers regarding infant feeding and breastfeeding within these special populations need to be recognized.

Over 11.3 million people in the U.S. are undocumented. Refugees and undocumented immigrants can receive emergency Medicaid to cover emergency care, including labor and delivery. For many of these families, programs are in place that provide comprehensive health care, nutrition education, and food for mothers and babies.

Lack of support and cultural beliefs may hinder breastfeeding among some women.

While many of these women breastfed their children while in their home country, acculturation can negatively influence infant feeding choices when they come to the U.S. Acculturation is the process by which a human being acquires the culture of a particular society. Lack of support for breastfeeding and/or the availability of breast milk substitutes can discourage undocumented immigrants from breastfeeding.

Cultural beliefs also may hinder breastfeeding. For instance, *Las Dos* is the phenomenon whereby many Latina mothers give their babies breast milk while supplementing with breast milk substitutes due to the belief that their infant will get the best of both.

Within Islam, donor breast milk is forbidden due to caveats within the religion. However, in certain circumstances, provisions have been outlined stating that donor human milk may be given to premature infants since this does not constitute milk kinship. Thus, pediatricians need to be cognizant of this when prescribing donor milk.

Within some East Asian cultures, colostrum is thought to be dirty and will be discarded rather than being given to the newborn. Those working in a nursery/hospital setting can educate these mothers about the health benefits of colostrum. They also need to recognize that these mothers may desire to breastfeed and should receive support even though they may have discarded their first milk.



Pediatricians often are the first to evaluate immigrants from Central America, who may have suffered trauma during their journey. It is especially important that breastfeeding be preserved for mother-baby dyads in a disaster/emergent situation. These mothers should receive support to maintain breastfeeding for the first six months of life, including promotion of coping capacity to help relieve stress so they can continue breastfeeding while caring for older children. The quantity, distribution and use of breastmilk substitutes at sites, including detention centers, should be strictly controlled.

While mothers may have had a great deal of family support to help with infant care, this may not be the case when they move to the U.S. Furthermore, leaving one's native country and being confronted with a new language, new culture and new customs can be extremely isolating. Pediatricians are in an ideal position to help preserve breastfeeding among these mothers and infants as they receive care.

*Drs. Sriraman and O'Connor are members of the AAP Section on Breastfeeding Executive Committee.*

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