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Free to Breastfeed—Voices of Black Mothers

A Book, a Website, a Movement

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Anayah R. Sangodele-Ayoka and Jeanine Valrie Logan are the creators of Brown Mamas Breastfeed, an online campaign to promote the visibility of African American women who breastfeed, and have just released their book, Free to Breastfeed: Voices from Black Mothers, based on that work. Barbara D. Robertson interviews Anayah and Jeanine about their work and their experiences as breastfeeding mothers and what they hope to accomplish with their Free to Breastfeed project. They also describe some of the barriers to breastfeeding that Black women encounter and what lactation consultants can do to support Black women in their communities and in their profession.

Keywords: Black mothers, African American mothers, breastfeeding, racism

Barbara: How did the two of you meet?

Jeanine: Anayah and I met online. We are both from Chicago and have a couple of mutual friends. We were introduced on Facebook because of our common interest and goal of becoming midwives. We both had our first child in 2010 and began to communicate about common parenting practices. It's really funny because the first time we met in person was in summer 2011, after we had already did the *Brown Mamas Breastfeed* online project. Technology is amazing.

Barbara: Why did you feel the calling to create *Free to Breastfeed: Voices of Black Mothers*?

Jeanine: The idea to create *Free to Breastfeed: Voices of Black Mothers* was actually the result and afterthought of the *Brown Mamas Breastfeed* project. We are both bloggers. Anayah reached out to me about a post I wrote and suggested that we do an online project with both of our blogs highlighting Black breastfeeding mamas and why they love breastfeeding. This was launched on Mother's Day 2011. It was a project to inundate the Internet with beautiful photos of Black breastfeeding moms. We put a call out to our online communities and, needless to say, we got a great response, with over 5,000 hits on our individual websites.

Anayah: We had become parents for the first time, and breastfeeding added a whole other layer . . . realizing the gravity and opportunity that breastfeeding can be with the bonding and personal empowerment, as well as the

health benefits, of course, for mother and baby. We were both dismayed that we didn't see much diversity in the images of women breastfeeding. We would get calls from people looking for diverse images . . . and we could say, "Hey, here are some!" We made them available for people. We just ask them for us to credit us.

Almost every one of the women also included a more lengthy narrative. We were struck by what was an obvious desire to be heard as well as seen. It got us thinking about how the attention to disparities in breastfeeding rates can be disempowering to African American women. *Free to Breastfeed* makes the case for considering for viewing Black women as complex human beings and individuals rather than a population with a problem needing to be fixed by others.

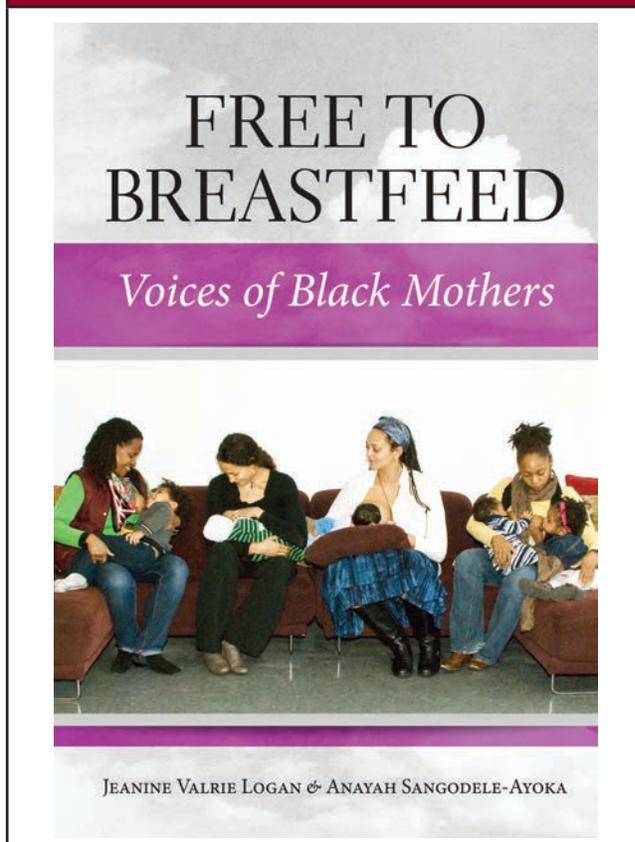
As we continued the project, we found ourselves becoming breastfeeding advocates on a larger scale than just in our personal circle. We found we could have a greater impact by continuing to produce materials that told the Black breastfeeding woman's story. The book has been basically born from that (Figure 1). We are planning on having a really big launch that will include a lot of virtual events. It will be fun and informative and just have opportunities for people to connect.

Barbara: Where is the best place to find out about these events? Your website?

Jeanine: Our website, our Facebook page, our Twitter page. We have been working so hard on the book so not much else has been happening. We are keeping the website updated with everything. People can join our email list through the website for more information. We will be in local venues, too, so people can come out in

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Figure 1. *Free to Breastfeed* Book Cover



person, meet the authors, get a book signed, and meet mamas—breastfeeding mamas.

Barbara: So, you didn't start out to write a book. You started out wanting to diversify the images but then it turned into a book.

Anayah: When people sent us their images, we asked people to answer three questions:

1. How long have you breastfeed?
2. Why did you breastfeed?
3. Why is it important for you, as a Black mother, to breastfeed?

They were simple questions, but we found that the responses were really poignant and eloquent. So we expanded the project for a call for narratives, poetry, stories, and photos. The response was greater than I thought we were going to get back.

Jeanine: The images and the videos that we put on YouTube went viral. Just from those couple of things that we did, so many people wanted to connect with us and have us present at a workshop or anything like that. It really touched people. The more I looked at it, I realized there really wasn't anything like it on the market, as far as books that have an emphasis on Black women and breastfeeding. We have some that are technical, which is great, but they are more about how to breastfeed and we think that is great but feel that that information isn't really going to change much.

Barbara: What surprised you the most when gathering Black mother's breastfeeding stories?

Anayah: I've been most surprised by the latent breastfeeding advocate that seems to be hiding out in so many breastfeeding mothers. It's not difficult to find women who breastfed and want to spread the word to both celebrate their accomplishment and encourage

Our Breastfeeding Journey: Jeanine and Ahimsa



<https://www.youtube.com/watch?v=J5SsZbye1fl>

Sh*t People Say to Breastfeeding Women



http://www.youtube.com/watch?v=-KETPAcf_UU

other mothers. I think that's really phenomenal. These women are saying, "We *do* breastfeed!" and see *Free to Breastfeed* as an opportunity to help support other moms they may never meet to do the same. Also, a lot of the women were really compassionate and vocal about not shaming women who didn't or couldn't breastfeed. That awareness was also really touching to me.

Barbara: Why stories, not statistics?

Jeanine: Stories—that's a different level of connection and impact. The narrative is that Black women don't breastfeed but rarely is the narrative actually from Black women. Rarely do we hear our stories of why we did or why we didn't try. So we just really wanted to create a space where we could talk about breastfeeding from a place of empowerment and not from a space where we are waiting for something else to happen or waiting for somebody else to initiate it. It's really surprising that, even in the 3 years that we have been doing this, more visibility is being made. Sisters are making the way for Black women and breastfeeding to be on the front lines, lots of initiatives, and programming. This is the only book, or the only place, you will find that is talking about our culture and talking about our legacy, history, and families—things that are empowering our communities. However these women came to breastfeed—or love breastfeeding—they are doing something revolutionary as both as mothers and community members.

You can read about statistics anywhere, and more specifically, stats about how Black women in America are the least likely to initiate breastfeeding, and for those that do, the duration is shorter. What you don't see or hear

is any acknowledgment on the shift in the current trend with more Black women initiating breastfeeding. You don't hear about these mamas that are creating a cultural shift. You don't hear about the activism and advocacy that Black women are doing to change the highly visible, predominantly White breastfeeding culture. You won't easily read about our breastfeeding legacies and cultural wisdom as it pertains to breastfeeding. The world never hears our narratives and our stories since many of them are being written for us. All of these things are why I see this book as more of a book about agency, resilience, commitment, and empowerment. However, whatever moved these women to come to breastfeeding, these are acts of revolution and resilience that will radically change their families and their communities in the most fundamental way.

Barbara: On your website, you each use the word "justice." Anayah, your bio says "reproductive justice," and Jeanine, you use the words "birth justice." What do you mean by those words?

Jeanine: Birth justice is a newer term that has evolved from the tenets of the "reproductive justice" movement. [A Black women's caucus first coined the term reproductive justice, naming themselves Women of African Descent for Reproductive Justice at the Illinois Pro-Choice Alliance Conference in Cairo, Egypt in November 1994 to begin to address the specific needs of Black women.] Birth justice is part of this larger movement and acts to resist reproductive oppressions. It looks at the intersections of gender, race, class, sexuality, etc. and how our places in these social domains are directly and intentionally related to our poor experiences

surrounding birth. Birth justice continues to address racism within the medical industrial complex, the prison industrial complex, and other institutional systems that influence and fuel inequities in the birth outcomes of women of color, especially for Black women. Lastly, birth justice also works to increase access to culturally specific birth care; breastfeeding support; and the right to choose if, when, and how many babies we want. When I speak of birth justice, I speak of reproductive justice as well.

Barbara: Were you two breastfed yourselves? How did you become breastfeeding women?

Anayah: I was. I come from a breastfeeding family.

Jeanine: I was actually not breastfed myself. I tell my story in the “Foreword” of the book. It is actually my mother’s story. She had very dense breast tissue and very cystic breasts and began having surgeries to remove the cysts when she was 12 or 13 years old. So by the time she has me 10 years later, at that time, it was in the ‘70s and physicians were saying she should not breastfeed because it might actually increase her risk for breast cancer. Now, obviously, that’s not true. So she didn’t breastfeed me and hearing her tell that story throughout my childhood, she was always saying that “this information that I got was wrong. So when you have your children, you really should think about doing this.” My mom died when she was 43 years old from breast cancer. Now I am 36 and I can’t imagine being dead in a few years and not having the opportunity to do something as simple as nurse my children or have someone discourage me to doing that and at the end of the day still get cancer. That’s been one of my biggest commitments—encouraging Black women to do this.

Barbara: We know that breast cancer rates are very high in Black women, and yet we don’t really hear the breast cancer people talking about prevention. They talk about cures.

Jeanine: Oh my gosh, this really gets under my skin because we know that even up until recently, we were talking about Black women dying of the most aggressive forms of breast cancer because we weren’t getting screened as regularly, but we know now that that’s not even the case. Even screening is not as preventative as it was thought to be. But it really bothers me that, I think the breast cancer, I don’t want to call it the breast cancer industry, that whole market around “curing” breast cancer, which is really great. We need a cure for breast cancer, but I think there’s a really powerful opportunity there, especially in the African American community to talk about one of the few things that is within our control to prevent breast cancer that we know of, which

is breastfeeding. We are missing a powerful opportunity that could really help us. When breastfeeding is discussed in the media, we are really allowing the conversation to be dominated by discussions of breastfeeding being a lifestyle choice when, for us, our work is really centered on saving Black women’s lives, saving babies’ lives. There is such an opportunity there, especially with breast cancer, to take stand or having a powerful voice to move breastfeeding forward in African American communities that’s not being taken and I wish it was. It all motivates our work!

Barbara: A lot of people who are not Black have a lot of ideas about how to help Black mothers be more successful with breastfeeding. Where are they going wrong?

Jeanine: Anytime a person sets their intentions on helping someone without inviting that someone to speak about their own perception of their needs, it becomes a recipe for disaster. I believe the best intentions don’t make up for noninclusivity and the continued disregard of the voices of women of color in the breastfeeding world. Not only does this happen with breastfeeding but also within the entire birth culture world. Some organizations are getting hip and reaching out to Black people to understand their role in advocating for Black women. But there is still a long way to go. Realistically, there needs to be more women of color—and especially Black IBCLCs and birth workers—trained to support Black women in meeting their breastfeeding goals. This may mean that allies offer to mentor Black women and support their trainings by offering more scholarships, etc. Whatever the help is, it cannot exclude the Black mother’s voice, what she feels she needs to better herself as a mother and community member.

Barbara: How can IBCLCs best support Black women?

Anayah: Again, I don’t only think that this work is done in isolation. There are many gatekeepers along the road to breastfeeding success. Since oftentimes, it does start with the IBCLC, to start off, there has to be more IBCLCs of color. Until that happens, there has to be an increase in the number of ones that work within Black communities, ones that will make home visits, ones that offer sliding scale or free services. The peer counselor is an amazing role, usually someone that lives within community. We also have to utilize these women as they are supporting mothers on the margins; modeling breastfeeding success; as well as offering tangible, profession skills within their communities.

Jeanine: An IBCLC can mentor. They can help provide shadowing so that women of color can get those 1,000 [clinical] hours, provide educational opportunities or

trainings for peer counselors. Not everyone needs to be an IBCLC, but there needs to be more people in communities who know how to support breastfeeding. Doing small things can be really important.

Anayah: Providing continuity of care, having care be seamless . . . having more internships in community settings . . . being involved in the community, community groups, baby Cafes . . . taking opportunities to develop cultural competencies. I know this term is being thrown around a lot but there are some excellent programs. Kiddada Green, with the Black Mother's Breastfeeding Association, has great trainings. In a clinical setting, you have to be able to really think about that woman's life, her economic situation, her family situation and be able to think through those things and how do they relate to you as a clinical provider. You need to be able to understand someone on a human level, not just as a demographic, not the statistics.

Anayah: Most women are going to face social and cultural barriers. They may be in her own family. They may be doubting her supply. Not seeing other mothers breastfeeding, bad information, someone saying she needs to toughen up her nipples with a brush.

Jeanine: I do think that the health profession is very heavy in White population. When I took my breastfeeding training, we had about 500 people in the room; there were three IBCLCs. They had wonderful PowerPoints and were very professional. But for the whole 5 days, when anything came up about culture, they would say, very irresponsibly, with no second thought, "Well you know, Black women don't particularly breastfeed so you might have a struggle with that." And there I was, my baby was 4 months old, in the third row, pumping all day long for my Black baby, with my Black woman self. And I was like, wow! That was the first time I had heard Black women don't breastfeed because here I was, doing it. I guess I don't count. I felt like those statements were racist; those statements were culturally insensitive. And they were irresponsible to tell a room of 500 lactation professionals that as you grow in your career, don't worry so much about the Black woman because they aren't going to breastfeed anyway. They were uncultured around the perceived needs for what women that look like me need. Professions that don't have a lot of diversity in them provide a framework that you are going to operate from which, in turn, can be experienced as very racist, very biased. When you have people who are working from these gazes that have nothing to do with the people they are serving, even the best intentions are void. You can go in there with a mentality of doing some good work, but if you are still operating from this predisposed

ideology that is bred in America, then you are going to be very culturally insensitive and in turn do and say some pretty racist things.

Barbara: So perhaps the profession is perpetuating the myth and making it stronger that Black women don't breastfeed?

Anayah: We know that when our healthcare providers have low expectations, those expectations matter . . . Low expectations are real . . . As a student nurse, my role as a professional is one of educating. A nurse is supposed to educate and empower her patients to see themselves as in control of their health and making the best decisions possible. And so we can't simultaneously hold that as a thought while saying it's not going to work anyway, so you just do what you can. We do have to be concerned with racial equity. Make sure mothers have the confidence and the support they need to be successful at breastfeeding; that has to be our mission. [We need to] remove whatever barriers; if those barriers exist as yourself, then you have to address that.

When we go to the ILCA 2014 Conference, at the Breastfeeding Summit, one of the topics that will be addressed is if you know that your profession isn't diverse enough—and research shows that this is important for the health of those communities that you want to serve—we need to do something about that. Then it is important for your organization to do something.

On a basic level and it's not easy for anyone. You have to become comfortable with the dynamics of power shifting, with being uncomfortable at times, with being challenged about what you believe or things that you have never actually thought about. It's going to be very uncomfortable, but I think it can be done. But I think that whether your organization is racist is the last question that should probably be asked because it shuts the door. Yes, we are racist. Or no, we are not racist. There's no place to go from there. The key is to think critically about how we can move forward and serve the population as it deserves to be served.

Jeanine: Saying someone is racist is such a reactionary way to look at the problem. Being proactive is to really be intentional. We need concrete goals. For example, by this year, we will have X number more woman of color certified as IBCLCs.

Anayah: I am on the board of LEARC. We need to go to the community colleges and approach them about how we can do this [help low-income women with the college

courses required to become an IBCLC]. We need to go to the communities where these women are and help make pathways for them. We have to go outside of what we have always done.

Barbara: What is your vision for Black mothers and breastfeeding in the United States?

Jeanine: I envision more social support for Black women to be able to start and continue their breastfeeding journeys. Research has shown that by the time a woman is 12 weeks pregnant, she has already made the decision whether or not she will breastfeed. I envision all providers using these opportunities to speak to Black women about the how to create that social support at home and within

her community. I envision more Black IBCLCs and peer counselors. I envision more women finding and accessing the support they need to reach their breastfeeding goals. Lastly, I hope that *Free to Breastfeed* finds its way into the hands of a woman that hadn't thought about breastfeeding and that it encourages her to do so. I envision more visibility for Black women. It's really that simple.

Anayah: My vision is that every Black woman has witnessed positive breastfeeding experiences prior to becoming a mother, has competent and compassionate support people she knows she can count on, and economic stability and paid family leave to spend time transitioning into parenthood with a real opportunity to grow into the new parent-child relationship through breastfeeding.

Teach Me How to Breastfeed Music Video



<https://www.youtube.com/watch?v=SZ3QO-7h4YA>



Jeanine Valrie Logan is a birthworker, homebirth mama, nursing student, and future midwife. Jeanine received her BA from Fisk University and an MPH from George Washington University. She has worked for reproductive justice organizations in South Africa, DC, and Chicago. Jeanine lives in Chicago with her husband and daughter.



Anayah R. Sangodele-Ayoka writes and speaks about breastfeeding, maternal health, and personal empowerment. She also develops campaigns to promote breastfeeding-friendly communities through policy and public awareness campaigns with MomsRising.org, including Black Breastfeeding Week. Anayah writes for the corresponding blog (www.freetobreastfeed.com). She earned a BA from Vassar College and is currently a student in the Midwifery/Women's Health Nurse Practitioner program at Yale University School of Nursing. She is married with two children.



Barbara D. Robertson, MA, IBCLC, RLC, is the owner of The Breastfeeding Center of Ann Arbor and an associate editor of *Clinical Lactation*. Barbara was director of professional development for the U.S. Lactation Consultant Association from 2009 to 2014. She received the Michigan Breastfeeding Network Outstanding Community Breastfeeding Support Award in 2009.

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