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Citation

Watson, C. (2021). Tiny Tusks Internship: Barriers to Breastfeeding. *The Eleanor Mann School of Nursing Undergraduate Honors Theses* Retrieved from <https://scholarworks.uark.edu/nursuht/157>

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Tiny Tusks Internship: Barriers to Breastfeeding

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May 8, 2021

Reflection

Introduction

Being a part of the Tiny Tusks Breastfeeding and Infant Support Internship allowed me to perform many different responsibilities. I was able to gain insight on breastfeeding practices in general through volunteering at University of Arkansas sporting events and participating in a variety of online modules. Through research I discovered prevalent barriers to breastfeeding that new mothers face in the United States. In volunteering for COVID-19 vaccine clinics, I was able to make a positive impact in the pandemic and learn more facts about the distribution and efficacy of the vaccines currently being utilized by the U.S.

Despite my short time in the internship, this experience has provided me with many opportunities of personal growth and proficient knowledge in maternal/newborn nursing. Whether working as a registered nurse (RN) or attending graduate school, I am confident that I will succeed and better care for my patients because of my perseverance with Tiny Tusks Internship. Not only will I be able to say I graduated with honors, but I have also learned the value in learning and making mistakes and pushing myself to be a part of something good.

Challenges

As a group, the members of Tiny Tusks faced many challenges due to the pandemic that took place around us. Many mothers with newborns and infants were not wanting to expose themselves or their child to the public. Therefore, our breastfeeding room at Donald W. Reynolds Razorback Stadium was not utilized often and our learning opportunities were cut short. Personally, I found the motivation to continue the internship difficult at times because I wanted to support and interact with these women but was not able to. However, the members of Tiny Tusks found many alternative ways to help around the stadium while learning skills and

attributes to make us better RNs. Also, we were robbed of time participating in public events. Our hours became a lot of online modules and research being done in our homes. The content was often published for experienced clinicians and did not come from my nursing textbooks, which was beneficial for an interactive learner like me. At times it was difficult to exhibit self-discipline, but as an organized and motivated person the virtual hardship was not overbearing. Even with the lack of human interaction, I realized that I was learning more than just what my classmates were learning and for that I am grateful.

Lessons Learned

The main lessons I learned regarded infant feeding. Attending the maternal-newborn class and clinical in Fall 2020 allowed me to acquire a foundation of knowledge. With my honors internship, I was able to answer why breastfeeding should be encouraged by healthcare professionals due to the different lifelong benefits. Other questions that I was able to dive deeper into revolved around the barriers for mothers to breastfeed. What obstacles, whether social stigmas or lack of resources, do postpartum women face regarding breastfeeding their newborns? Through my research, the challenges in infant feeding are limitless and are often similar between different ethnic groups. For example, the Centers for Disease Control and Prevention [CDC], (2011) stated that women often perceive their milk supply as not being adequate, have a hard time continuing breastfeeding when returning to work or school, experience public shame, and were taught a limited amount of information by different healthcare providers.

Another significant part of my internship was administering COVID-19 vaccines to members of the public. What adverse effects can Pfizer and Moderna vaccines cause? Through firsthand experience, it became apparent that serious side effects of the vaccines are rare but many people do experience arm soreness. Many Americans are hesitant because they fear

different shots can adversely affect their health. However, the U.S. Food and Drug Administration (FDA) goes through an extensive process in verifying the safety and efficacy of all vaccines. Therefore, patients and their families should be informed of the many benefits with little to no risks involved. As a future nurse, it is important to encourage my patients to receive different vaccines that are available in order to develop herd immunity against the disease. According to the Mayo Clinic (2021), a community can become immune from a disease by natural infection and/or vaccination. For example, when a certain percentage of the population has been vaccinated then the entire community will be protected (Mayo Clinic, 2021).

Tiny Tusks Breastfeeding and Infant Support Internship has prepared me for my future endeavors in that I have gained a proficient amount of knowledge regarding lactation and I have further developed empathy, time management, and communication. One of the units I eventually want to work as a registered nurse is the neonatal intensive care unit (NICU). In this setting, it is vital for nurses to support the babies' mothers in continuing breastfeeding. The premature or critical infants need the antibodies, hormones, and beneficial bacteria from human milk desperately, despite often being unable to feed directly from the breast. During this time, RNs should encourage the moms to continue pumping even in such a heartbreaking time. All of the information I have learned from the podcasts and lectures I have listened to will help me better support breastfeeding when communicating with the patient's family.

Personally, I have grown emotionally and mentally as a person since my entire internship took place during a pandemic. With all the change and uncertainty came perseverance. At times I was not sure how I was going to meet the hour requirements or have a meaningful experience. However, I have sharpened my communication skills, my bedside manner with patients, and my organization abilities. My bedside communication knowledge began by taking the Therapeutic

Communication course. Then the many clinical courses and hours shaped my ability to communicate with patients, but Tiny Tusks Internship has fine-tuned my skills. Also, this experience has made me value the importance of learning. As a future employee in the healthcare field, it is crucial to acquire a drive to learn and continue learning. I believe my desire to learn has strengthened and will never cease.

Review of Literature

Abstract

The purpose of this study was to identify barriers and challenges faced by mothers in the Marshallese, Hispanic, and general population when choosing to breastfeed and continuing breastfeeding.

Introduction

According to the Centers for Disease Control and Prevention [CDC], (2020), the American Academy of Pediatrics recommends that mothers should breastfeed exclusively for six months and then start to introduce complementary foods on top of breastfeeding. The reasons why breastfeeding is preferred over formula feeding are limitless. First, breastmilk greatly reduces the risk of the infant developing gastrointestinal tract infections, otitis media, respiratory tract infections, sudden infant death syndrome (SIDS), asthma, Celiac disease, and many other adverse outcomes (American Academy of Pediatrics, 2012). Furthermore, chronic conditions such as diabetes, childhood leukemia and lymphoma, and obesity are reduced if an infant is breastfed (American Academy of Pediatrics, 2012). For example, there is a 30% reduction in type 1 diabetes and a 40% reduction in type 2 diabetes if an infant is breastfed exclusively for three consecutive months (American Academy of Pediatrics, 2012). The mother also receives

benefits including decreased postpartum blood loss, more rapid involution of the uterus, decreased risk of postpartum depression, and decreased chances of ovarian and breast cancer (American Academy of Pediatrics, 2012). With the health and economic benefits, it is crucial to acknowledge factors that influence the attitudes and practices of mothers in hope of decreasing the harmful obstacles present in the United States.

The articles being reviewed all explore the different barriers that women face when deciding to breastfeed and continuing breastfeeding. The mothers included in the review were at least one of these: Marshallese, Hispanic, African American, veterans, disabled, employed, lived in rural areas, or women of the general American population. Some contraindications to breastfeeding are nonmodifiable such as if the infant is diagnosed with classic galactosemia or the mother is positive for human immunodeficiency virus (HIV), human T-cell lymphotropic virus type I or type II, or Ebola virus (CDC, 2019). The CDC (2019) also states that the contraindication for breastfeeding if HIV-positive is for the U.S. but not necessarily contraindicated in other countries. However, many challenges faced are modifiable. Therefore, it is vital for future mothers and their newborns that healthcare professionals examine these barriers and intervene.

Methods

Study Design

A systematic review of research was conducted on the barriers to breastfeeding for lactating mothers. This review was guided by PRISMA guidelines and consists of articles collected from MEDLINE Complete.

Information Sources

The MEDLINE database was utilized with the assistance of a research librarian. MEDLINE subject headings were used in an electronic search of the database.

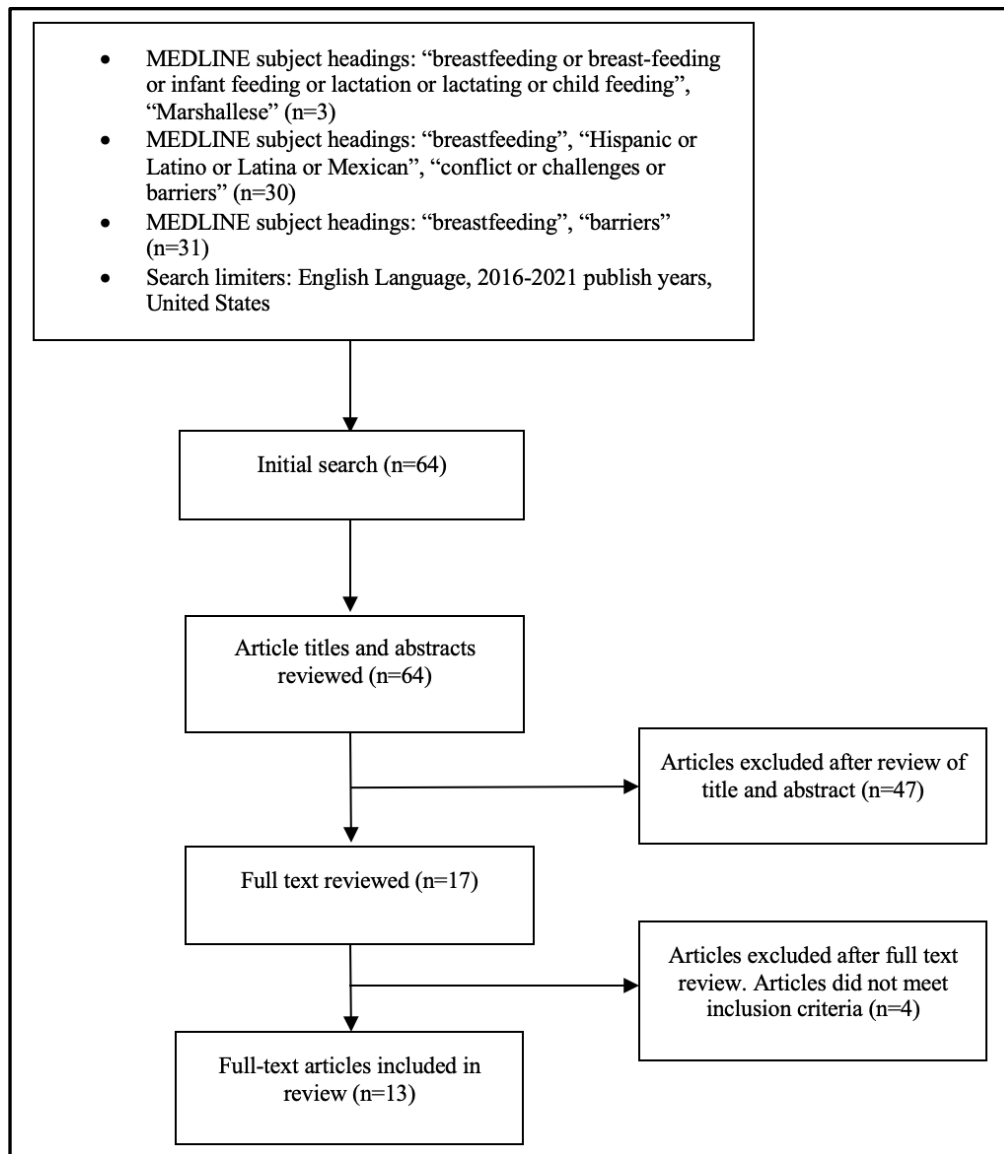
Search Strategy

The terms utilized in the first search that were relevant to the research topic were “breastfeeding or breast-feeding or infant feeding or lactation or lactating or child feeding” and “Marshallese.” Search limiters include English language and the timeframe for inclusion is a published date from 2016-2021. The second search was done using the terms “breastfeeding” and “Hispanic or Latino or Latina or Mexican” and “conflict or challenges or barriers.” Search limiters include English language and the timeframe for inclusion is a date of 2016-2021. The final search was conducted using “breastfeeding” and “barriers” as the relevant terms. The search limiters include English language, United States, and 2016-2021.

Inclusion/Exclusion Criteria

The abstract of the articles were reviewed for relevancy toward the research topic. Articles were excluded if they were not focused on the United States, did not provide a challenge to breastfeeding for these moms, and were not journal articles.

Figure 1



Search Results

After completing the three searches in MEDLINE, the initial results yielded 64 articles (3 from the first search, 30 from the second search, and 31 from the third search). Then the articles' titles and abstracts were reviewed and 47 articles were excluded for not meeting the inclusion criteria. This left 17 full text articles to be reviewed. Finally, 4 articles were excluded after full text review because they did not meet the inclusion criteria. This process is represented in Figure 1.

Results

Breastfeeding mothers of the Marshallese culture in Northwest Arkansas face many barriers to exclusive breastfeeding. Scott et al. (2016) conducted a qualitative study and discovered that the majority of participants view breastfeeding as the healthiest and best option for infants receiving nutrition. However, it was reported that public shaming (both verbally and non-verbally) occurs in the U.S. but not in the Marshall Islands, which affects their level of comfort when breastfeeding (Scott et al., 2016). The lack of acceptance in the American culture might be due to the small number of people who see it happen in public and the absence of it in television and movies (Scott et al., 2016). Also, in the U.S. many Marshallese women have to work compared to back home where they did not; participants reported difficulties in balancing work and breastfeeding schedules (Scott et al., 2016). These factors all contribute to the average duration of breastfeeding to be 4.1 months, which is well below the recommended 6 months of exclusive breastfeeding (Scott et al., 2016).

In a study completed by Hohl et al. (2016), Hispanic women of low acculturation reported many of the same challenges that Marshallese immigrants stated. Women included in the study were members of rural Lower Yakima Valley, Washington (Hohl et al., 2016). Through qualitative interviewing, Hohl et al. (2016) revealed that 40% of participants believed that Hispanic women residing in the U.S. would decide to formula feed over breastfeeding even though it is a cultural expectation to breastfeed. Similar to Marshallese perceptions, the Hispanic respondents believe that citizens of the U.S. would be offended if they were to breastfeed in a public place so they are forced to feed with a bottle when out and about (Hohl et al., 2016). Hispanic women also face economic pressure so they find employment in agriculture; this setting does not facilitate easy pumping, which results in caregivers providing formula (Hohl et al.,

2016). The Special Supplemental Nutrition Program by Women, Infant, and Children (WIC) is a very accessible way for ethnic mothers to obtain free milk for their children; however, it was highlighted by a respondent that this increases the likelihood of a Hispanic mother to combination feed or terminate breastfeeding completely (Hohl et al., 2016).

In a cross-sectional survey conducted by McCardel and Padilla (2020), the facilitators and barriers to expressing milk in the workplace was analyzed. The study had 52 participants that ranged from 21 to 42 years and the largest number of women were employed in administrative and clerical occupations (32.7%) followed by education at 17.3% (McCardel & Padilla, 2020). The most attributed barrier to expressing breast milk at work was an inflexible work schedule, for 36.5% of the participants reported this problem (McCardel & Padilla, 2020). Also, 26.9% of the women reported that the employment facility lacked a designated space or the space available was dirty; 28.8% did not have sufficient resources from the employer; and 11.5% of the women stated other challenges existed like lack of guidance, arrangements, or a sense of ease (McCardel & Padilla, 2020).

In a study conducted by Demirci et al. (2019), the feasibility and acceptability of DTC [direct-to-consumer] telelactation for rural mothers was examined. A group of mothers that were 4 to 6 weeks postpartum were instructed on how to download and maneuver this mobile app to receive lactation support by International Board-Certified Lactation Consultants or IBCLCs (Demirci et al., 2019). While telelactation is a convenient way to secure breastfeeding assistance, many barriers exist for mothers actually utilizing the program. The study found that different barriers included: discomfort with talking to a complete stranger over a video call, lack of WIFI coverage, problems holding both the phone and newborn, and events that deprioritize any breastfeeding concerns like infant re-hospitalization (Demirci et al., 2019).

Characteristics of Studies

Information on authors, publication year, study design, sample size, purpose of the study, and significant finding were observed and extracted from the thirteen articles included in the review. They are presented in Table 1.

Table 1

Characteristics of Studies and Data Extraction				
Author, pub. Year	Study design, sample size	Study location	Purpose of study	Significant Findings
Ayers et al., 2019	Community-based participatory research design with 27 participants taking part in 4 qualitative focus groups	Marshallese community in Arkansas, USA	"To examine the key influences on infant and child feeding practices among a Marshallese community at each social ecological level. It is the first study to examine the key influences on infant and child feeding practices with Marshallese immigrant women in the USA and helps fill a gap in the previous literature that has included other immigrant women."	Some mothers reported that healthcare workers did not ask how they were feeding the child and no instruction was done. Another participant said the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has a negative effect on breastfeeding because "young mothers, depend a lot on the milk [formula] rather than breast-feed their children."
Scott et al., 2016	Qualitative, exploratory study utilizing brief surveys and focus groups, n = 31	Marshallese community in Arkansas, USA	"To determine perceptions, beliefs and experiences affecting breast-feeding in Marshallese mothers residing in Northwest Arkansas, USA."	Barriers that were identified for Marshallese women after moving to the USA included verbal and non-verbal shaming by the public, concerns about adequate milk production and nutritional value, and the mothers' employment status.
Wambach et al., 2016	Qualitative descriptive design integrating Pender's Health Promotion Model concept, n = 21	Midwestern U.S. city	"To identify perceived benefits and barriers to exclusive breastfeeding and levels of acculturation among Mexican American women living in a Midwestern city."	The study found that reporting of returning to school and work were the most significant barriers to exclusive breastfeeding. Other participants expressed concern of inadequate milk supply and passing maternal medications to the infant.
Garrett et al., 2018	Retrospective, cross-sectional two-group comparison design, n = 666	Urban community hospital in Southern California	To "determine which variables are associated with infant feeding patterns at the postpartum visit; compare the sociodemographic variables associated with infant feeding patterns between Hispanic and non-Hispanic mothers; and determine the odds of exclusive breastfeeding, mixed feeding, and exclusive formula feeding associated with sociodemographic characteristics."	34% of Hispanic participants were exclusively breastfeeding, compared with 59% of non-Hispanic White participants. Hispanic, obese, and Medic-Cal insurance participants and increased odds of exclusive formula feeding instead of breastfeeding. Hispanic and obese participants had increased odds of mixed feeding compared with exclusive breastfeeding.
Hendrick et al., 2017	Data gathered from the Postpartum Contraception Study, a prospective cohort study, n = 593	3 hospitals from Austin and El Paso, Texas	To "investigate the current and exclusive breastfeeding patterns of Mexican-origin women at four time points from delivery to 10 months postpartum to determine the combined association of nativity and country of education with breastfeeding duration and supplementation."	They found that women who were born in Mexico but completed schooling in the U.S. were less likely to exclusively breastfeed their child.

Hohl et al., 2016	Exploratory, face-to-face interview, n = 18 interviews in Spanish and n = 2 interviews in English	Lower Yakima valley in rural Eastern Washington state	"To examine perceptions, experiences, and attitudes towards breastfeeding among Hispanic women living in rural Washington State."	They found that 40% of participants believed that most Hispanics in the U.S. would likely not breastfeed but use formula. The women reported physiological barriers to breastfeeding including discomfort, pain, and lack of adequate milk production. The women perceived that the U.S. public is offended by mothers breastfeeding in public. Also, Hispanic women reported having to work and certain jobs like agriculture does not work with breastfeeding.
Doughty et al., 2018	Cross-sectional and prospective cohort study, pregnant women with GDM (n = 195) and pregnant women without GDM (n = 2,815)	United States	"To identify differences in breastfeeding-related knowledge, attitudes, beliefs, and experiences between women with gestational diabetes mellitus (GDM) and women without GDM."	"Women with GDM were less likely to say that breastfeeding is the best way to feed an infant (adjusted odds ratio [aOR] 1/4 0.62, 95% confidence interval [CI] [0.46, 0.85]), more likely to say that the fathers of their infants prefer formula feeding (aOR 1/4 1.74, 95% CI [1.02, 2.97]) or mixed feeding (aOR 1/4 1.78, 95% CI [1.21, 2.61]), and more likely to say their physicians prefer formula (aOR 1/4 2.82, 95% CI [1.17, 6.79]). Women with GDM were less likely to report feeling comfortable breastfeeding in front of female friends (aOR 1/4 0.70, 95% CI [0.50, 0.98])."
Keddem et al., 2018	Survey data from women veterans, n = 420	U.S. sample of Veterans Health Administration facilities	"To identify factors associated with breastfeeding at 4 weeks postpartum among women veterans."	Women who were self-employed were 2.8 times more likely to breastfeed than a woman who is working somewhere besides home. Women who had been deployed were twice more likely to breastfeed compared to women veterans who had not been deployed. Also, race was a barrier to breastfeeding for African Americans were less likely to breastfeed than white participants by 48%.
McCardel & Padilla, 2020	Online, cross-sectional survey that collected quantitative and qualitative data, 52 participants	United States	"Examined working mothers' access to workplace breastfeeding resources, their barriers and facilitators to combining breastfeeding and work, and their recommendations to improve access to breastfeeding resources."	Regarding barriers to expressing milk at work, 26.9% reported that they did not have a clean, designated space; 36.5% reported they did not have enough time in their workday; 28.8% reported not having breastfeeding resources in their place of work; and 11.5% of participants said they had difficulty with comfortability, finding arrangements, and finding information.

Powell et al., 2018	Semi-structured telephone interviews, n = 25 (women with physical disabilities)	United States	“To explore the facilitators and barriers to breastfeeding among women with physical disabilities.”	The participants identified various barriers to breastfeeding such as lack of support, disability-related health consideration, difficulties with milk supply, limited information given by healthcare providers, and difficulty latching.
Garner et al., 2016	In-depth qualitative interviews, 34 health professionals (HPs)	Recruited in 2 central New York counties	“To understand HPs’ perceived roles and experiences with providing breastfeeding-related care.”	HPs are relying on other HPs to provide instruction and breastfeeding care, which has been identified as a major barrier in the U.S. attaining our national breastfeeding goals.
Demirci et al., 2019	Semi-structured interviews, mothers receiving telelactation (n = 17), international board-certified lactation consultants employed by the telelactation vendor (n = 7), nurses (n = 2), and physicians (n = 1)	Rural Pennsylvania	“This study describes the feasibility and acceptability of DTC telelactation for rural mothers.”	The participants reported that telelactation was efficient and convenient but barriers included reluctance to conduct calls with a provider that is unknown, preference for community-based breastfeeding resources, and technical problems such as limited WIFI.
Robinson et al., 2019	Scoping review of literature, 5 full-text articles		“To assess the effect racism, bias, and discrimination have on breastfeeding care, support, and outcomes for African American women.”	Racism experienced by African American women adversely affected the initiation and duration of breastfeeding. Also, African American women received fewer referrals by providers for lactation support.

Discussion

The barriers identified are mainly modifiable and should be further examined by health professionals. Marshallese and Hispanic mothers identified very similar barriers. First, they acknowledge that there is a social stigma to breastfeeding in public by Americans. Bringing more awareness to the naturality of breastfeeding through media, television, and print industry could allow Americans to become more accepting of breastfeeding in public. Second, they face economic challenges in the United States that requires them to work and support their families. Creating more policies for breastfeeding at sites of employment could increase the duration that mothers breastfeed. African American women also have negative obstacles to breastfeeding due to the racism that they face. As nurses, it is important to be aware of these potential barriers and work extra hard to encourage these women and their support system to breastfeed their infant.

This review of literature has several limitations. The sample size for the third search in MEDLINE was small due to the narrowing down to United States. The search might not have accurately identified all the barriers to breastfeeding in the general population. For example, there were no articles that discussed lack of support from family and friends which is a highly cited barrier. Also, there was a lack of prior research studies on the topic of challenges that Marshallese women face. After many attempts at searches, I only found 3 articles that could have potentially been included. Therefore, there is a gap in the literature and a need for further research regarding Marshallese mothers in the U.S.

Conclusion

Tiny Tusks Breastfeeding and Infant Support Internship has provided me with many opportunities of growth. Whether that is through maternal and newborn knowledge, strengthening of intrapersonal skills, or vaccine administration mastery, I know I have made an everlasting effect on my community and myself. After completing a thorough review of literature, I better understand the different social, economic, and political barriers and challenges that can prevent women in America from breastfeeding or discontinuing breastfeeding before the recommended six months. In my future career, I hope to continue research and learning and make a positive impact on future mothers and infants.

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