# **CONN** SCHOOL OF NURSING

# The Impact of Social Class and Occupational Inequities on Breastfeeding Outcomes Confidence C. Francis-Edoziuno,

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# Introduction:

- Breastfeeding benefits mothers and children, but inequities exist due to socioeconomic status and occupational conditions
- Aim: To investigate how social and occupational factors affect breastfeeding outcomes in the U.S

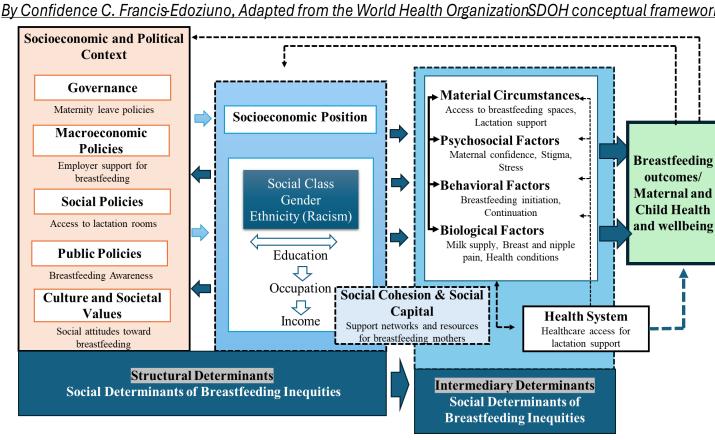
## Literature Review:

- Breastfeeding provides lifelong health benefits, yet social and economic inequities significantly impact breastfeeding rates in the U.S., particularly among low-income mothers (Centers for Disease Control and Prevention. 2023: Perez-Escamilla. 2022: Standish & Parker. 2022)
- Key determinants, such as income, education, and workplace conditions, are strongly associated with breastfeeding duration, with higher educational attainment and full-time employment correlating to better outcomes (Lio et al., 2021; Pérez-Escamilla, 2020; Whitley & Banks, 2022)
- Addressing these inequities requires a focus on workplace policies, income support, and access to resources that promote equitable breastfeeding practices (Yourkavitch & Smith, 2022).

### Methods:

- A multi-methods approach combining literature review with qualitative interviews conducted with a lactation support stakeholder and consultant
- The project is grounded in the Social Determinants of Health (SDOH) framework, which helps contextualize the role of socioeconomic and occupational factors

# **Breastfeeding SDOH Framework**



# **Results**:

- Data show higher breastfeeding rates among mothers with higher income and educational attainment, flexible jobs, lactation support, and supportive family structures
- Low-income mothers report barriers such as lack of transportation, workplace support, and fear of job loss
- Breastfeeding peer counselors provide critical, culturally sensitive support and education

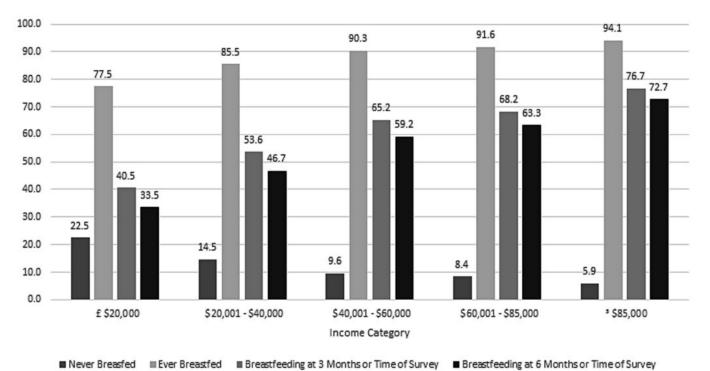


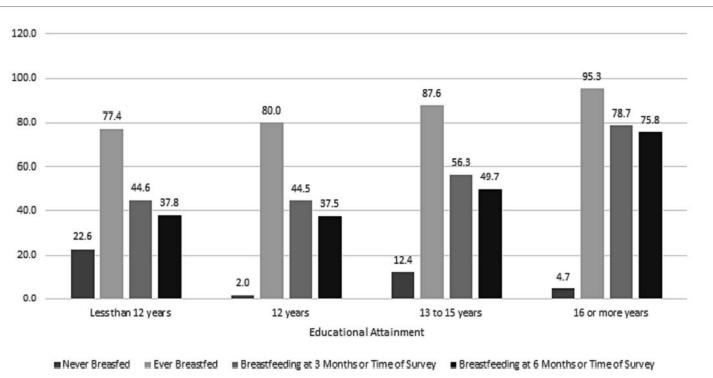
FIGURE 1

Differences in breastfeeding initiation and duration by household income. 2016–2019 Pregnancy Risk Monitoring System 43 states and the District of Columbia, weighted n = 7,426,725. (Diaz et al., 2023)

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#### **Discussion**:

- The research indicates that socioeconomic disparities in breastfeeding contribute to health inequities
- Policy recommendations include strengthening workplace lactation support, promoting Communitybased lactation programs for under-resourced areas, and the Integration of breastfeeding peer counselors into hospitals and clinics



Differences in breastfeeding initiation and duration by maternal education, 2016–2019 Pregnancy Risk Monitoring System 43 states and the District o Columbia, weighted n = 7,426,725. (Diaz et al., 2023)

# Conclusion:

- Addressing breastfeeding inequities can improve maternal and infant health
- Policy changes and community-based interventions are essential to support low-income mothers

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