



# Breastfeeding USA

Empowering you with mother-to-mother support



Breastfeeding USA

*Breastfeeding USA  
is proud to announce...*

# #MILKMEMOS IS BACK!



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We have returned to bring you new and vital information about breastfeeding and how we can all better support lactating families. On that note, the theme for the upcoming World Breastfeeding Week 2021 is Protect Breastfeeding: A Shared Responsibility. We are all in this together, and this newsletter is intended for all members, volunteers and donors to Breastfeeding USA, as well as anyone who is interested in supporting breastfeeding.

Over the past year, the world has undergone more than its fair share of unforeseen events. Somehow we have learned to adapt to the changes that come with a global pandemic. Lactation support has been heavily affected, with shifting recommendations around such topics as labor and postpartum support, infant feeding to vaccines, on what sometimes seemed like a daily basis. We saw mothers and babies separated at birth, and support persons not allowed in many hospitals. This went hand-in-hand with early hospital discharges of new parents and babies, and very little in the way of breastfeeding support. As the COVID-19 pandemic has stretched on, more information about safe practices has come to light, and breastfeeding in the context of the virus has gained support. Recently, we have learned of evidence that breastmilk of vaccinated mothers contains COVID-19 antibodies. This may provide some protection to babies, which is wonderful news! It has been fascinating to watch the knowledge surrounding breastfeeding and COVID-19 develop, and be able to fulfill our goal of providing evidence-based information to the parents we serve.

Another public health focus that has direct implications for lactation has been elevating the importance of health equity for all people. With research backing the lived experience of those affected, recognition of health disparities among certain populations has risen to national attention. Health equity task forces have been formed around the country, and the world, to make the needed changes in supporting all people equitably. This is the first topic we are addressing for the return of #MilkMemos.

At Breastfeeding USA, we strive to collaborate, educate, and support breastfeeding families. It is our hope to continuously improve the ways in which breastfeeding is understood, accepted, supported and valued. Please join us in our efforts to impact the landscape of breastfeeding and lactation support by sharing this newsletter with friends and family. Thank you for being a part of the Breastfeeding USA community. If you're not a member, please consider [joining today!](#)

Warm regards,

Erika Costanzo

Breastfeeding Counselor



## **Breastfeeding USA Supports the Black Maternal Momnibus Act (H.R. 6142/S. 3224)**

**by Alaina Moon (Breastfeeding Counselor)**

Black women in the United States have a maternal mortality rate that is three to four times that of white women.<sup>1</sup> The reasons for this disparity are multifactorial and likely include structural racism, implicit bias in healthcare, more difficulty accessing quality pregnancy care, and social and environmental factors that impact overall health.<sup>1</sup> A recent piece of legislation, the Black Maternal Momnibus Act (H.R. 6142/S.3224) acknowledges the impact of multiple disparate factors on black maternal mortality. The content of these bills outlines a multidisciplinary approach to improving outcomes for black mothers.

What is the Black Maternal Momnibus Act?

The Black Maternal Momnibus Act is a collection of twelve bills sponsored by members of the Black Maternal Health Caucus. Goals addressed by these bills include investing in efforts that address healthcare equity, studying areas of inequity and changing how healthcare is delivered and accessed.<sup>2</sup>

How does Breastfeeding USA support the Black Maternal Momnibus Act?

The United States Breastfeeding Committee (of which Breastfeeding USA is a member) endorses five of the bills included in the Act. They are the following:<sup>3</sup>

The Social Determinants for Moms Act, which aims to address environmental factors that affect health outcomes between populations. These factors include stable housing, reliable transportation, access to nutritious food and other factors unique to individual communities.

The Justice for Incarcerated Moms Act, which aims to study and address the factors leading to poorer maternal outcomes among incarcerated women.

The Perinatal Workforce Act, which aims to grow and diversify the perinatal workforce in order to increase access to high-quality, culturally-congruent care for birthing mothers and to address barriers for people of color entering the perinatal workforce.

The Protecting Moms Who Served Act, which aims to study and address issues affecting birthing veterans, with a specific focus on issues of racial equity. This focus includes offering lactation support, breastfeeding classes and breast pumps to lactating veterans.

The Maternal Health Pandemic Response Act, which aims to address the effects of COVID-19 and future pandemics on pregnant people, with the understanding that pandemics disproportionately affect mothers of color.

How can I learn more?

To learn more about the Black Maternal Momnibus Act, the informational video found here includes members of Congress sharing information about the bills they sponsor. Follow the Black Maternal Health Caucus on Twitter to receive updates throughout the legislative process.

How can I support this legislation?

Individuals can support this legislation by contacting their members of Congress and stating their support. They can also share the infographics and information videos found here to increase awareness on social media.

Breastfeeding USA is proud to support this important legislation. As Rep. Alma Adams (D-NC), sponsor of the Kira Johnson Act, states: "Black maternal health is not a partisan issue. It is a life and death issue."<sup>4</sup>

Sources:

- [Pregnancy Mortality Surveillance System | Maternal and Infant Health](#)
- [Black Maternal Health Momnibus Act](#)
- [Combined Momnibus 1-Pagers.pdf](#)
- [Momnibus Graphic and Videos](#)

## **IRTH, 'Birth but we Dropped the B for Bias'**

**by Dana Saccomano (Breastfeeding Counselor)**

'Birth, but we Dropped the B for Bias' is the slogan for IRTH, a groundbreaking new app that is going to make a huge impact on racial disparities in maternal and infant healthcare. IRTH is a free app that allows its users to write honest reviews of the medical care they receive during their prenatal, pregnancy, and postpartum experiences. Black and brown birthing people are the original inspiration for the app, but since its early

stages of development it has been expanded to include many marginalized groups, including the transgender and LGBTQ+ communities. The IRTH app aims to give Black and Brown birthing people, and other marginalized groups, a space to openly peer-review the care they receive during pregnancy and birth and also the care their family receives from pediatricians after birth. IRTH's goal is to inform birthing people of the good, the bad and the ugly when it comes to treatment from doctors, nurses and hospitals in their areas in an effort to lower the racially disparate maternal and infant mortality rate.

Conceived in 2018, followed by an almost 3-year gestation, IRTH was born and made available to the public in February of 2021. Its mother is the well-known writer, public speaker and women's health advocate Kimberly Seals Allers. A prominent author, she has made literary contributions to various newspapers including The Washington Post, New York Times and The Huffington Post. She has also penned 5 novels thus far in her career. She is the author of the 'Mocha Manual' series, which includes "The Mocha Manual to a Fabulous Pregnancy." Kimberly was nominated for an NAACP Image Award for Outstanding Literary Work in the instructional category in 2006 for this pioneering resource for Black birthing people. She is also the author of the *The Big Letdown: How Medicine, Big Business, and Feminism Undermine Breastfeeding*, a book all breastfeeding supporters should have on their shelves. A prominent public speaker and advocate, her topics of interest include maternal and infant health, race, culture and motherhood.

Kimberly created the IRTH app in an effort to ensure every birthing person has resources at their fingertips that will aid in the pursuit of an empowered birth. "I am on a mission to equalize the experience of giving birth in this country for every person," Allers states. The inspiration for IRTH is attributed to Allers' traumatic fist birth. She chose to have her first child at a hospital that came highly recommended to her by multiple white friends and colleagues. During her birth she felt ignored, violated and disrespected. She ended up birthing by caesarean section, and a number of years later, is still not convinced it was absolutely necessary. At the time she had recently completed her master's degree at Columbia University and was insured through the University. She felt the hospital staff made a quick assumption about her and treated her as a single black mother with mediocre insurance. Her traumatic experience fuels her passion for equity which, years down the line, has led to the creation of the IRTH app. Backed by research from the 2018 'Listening to Mothers' national survey, as well as countless other studies, it is an unfortunate truth that implicit bias negatively impacts the health care received by Black and brown birthing people and other marginalized groups. Allers is determined to change that.

Navigating the IRTH app is simple. Once downloaded, the user establishes an account by entering their name and email address. The next pieces of information requested are personal details including date of birth, zip code, sexual orientation, gender identity, race/ethnicity, family size, relationship status and income. After entering those details, IRTH users have the option to leave or search for a review of a doctor or hospital. If leaving a review, the user will need to identify themselves as the birthing person, the partner to the birthing person, a doula, a midwife or a nurse. The IRTH user is asked to include details such as location, dates and the names of doctors and nurses who provided their care. Finally, the user has the opportunity to rate their experience and share anything else they would like in their own words. If the IRTH user is leaving a review of a hospital where they gave birth, there is also a series of questions about breastfeeding support during the hospital stay. The app asks if a breastfeeding consultant visited the birther within 24 hours of the birth,



how long the consultant stayed with the dyad, if the baby was given formula and asks the birther to rate the support they received. IRTH also asks about education provided to the birther by the lactation staff; ie explanations of colostrum, transitional and mature milk, cluster feeding, signs of proper and improper latch, maintaining supply, impact of medications and contraceptives on milk supply, etc. and finally, if the birther was exclusively breastfeeding upon discharge. Each review takes about twenty minutes to complete. Once a review is submitted it becomes available in the database for up to one year.

The peer reviews written in the IRTH app are based on individual experiences that will help users make their best decisions when choosing care providers and birthing locations. Quantitative data based on these reviews will be collected from the app and made available to healthcare professionals. They will be able to see firsthand the impact of the care different groups of people are experiencing at their facilities. The data collected from the IRTH app will be used to influence anti-bias and cultural competency training at hospitals and ultimately improve the disparate maternal and infant mortality rate. "Irth gives front end insights so we can prevent death by identifying the behaviors that lead to neglect," says Allers. A greater public accountability from the maternal and infant health-care system will be birthed from IRTH.

With reviews for providers and hospitals already populating the app for NYC, Sacramento, Washington D.C, New Orleans and Detroit, more users from additional locations across the country will leave their reviews and people in all locations in the USA will benefit from use of this app can leave reviews of caregivers and search for reviews written by their peers even before getting pregnant! The app receives its funding from the Grove Foundation, the California Health Care Foundation and the Tara Health Foundation, all based on grants. The IRTH app can be downloaded from the Apple App Store and Google play. More information can be found at [irthapp.com](http://irthapp.com) or by following Irth on Facebook and @theirthapp on Instagram. Allies can help support this amazing resource by spreading the word to birth with IRTH and help decrease the racially disparate maternal and infant mortality rate in the USA.

## **Breastfeeding USA Equity Taskforce**

**by Lauren Franzen (Breastfeeding Counselor)**

In recent years, there has been a growing recognition of the deep and pervasive health disparities for families of color in the United States. As an organization, Breastfeeding USA (BfUSA) hopes to engage in the conversation surrounding equity in breastfeeding support in part by the formation of an Equity Task Force. Melissa Becce, Co-Chair of the Equity Task Force, says that this stems from the Organization's Strategic Plan of fostering "a more supported and engaged breastfeeding community."

BfUSA's Core Values, which they hope to introduce to the breastfeeding community at large, are:

Promoting breastfeeding as a biological/cultural norm by sharing evidence-based information.

Serving families from all walks of life regardless of race, social class, age, sex, gender, sexual orientation, physical abilities, education, employment status, or culture.

Supporting families across all stages and forms of human milk feeding (including short term breastfeeding, use of donor milk, exclusively pumping, chestfeeding, inducing lactation, and weaning) to make informed decisions and meet their personal goals.  
Being a member-driven and member-governed organization.

The Equity Task Force is still in its early stages, having been formed in December 2020, and with the first meeting held in March 2021. According to Becce, the work so far has been focused on drafting a Diversity, Equity, and Inclusion Policy for BFUSA, responding to current events through organizational statements, and generating a voluntary demographic survey to "understand what BfUSA looks like as an organization." They are also assessing the strengths and challenges of the Organization through the administration of a Diversity, Inclusion, and Equity Assessment for all Board members and national volunteers in the hopes that this assessment will help shape the Task Force's future work.

Another major focus of the Task Force is drafting both a mission statement and working guidelines to help determine concrete steps for moving forward. The Task Force is currently recruiting a diverse range of members that are invested in BfUSA, either as current volunteers, Breastfeeding Counselors, Breastfeeding Counselor candidates, healthcare professionals at large, and members of families in the community. Becce encourages all current BfUSA volunteers to take the Diversity, Inclusion, and Equity assessment. If anyone is interested in participating in this important work, they should reach out to the Equity Task Force at [equity@breastfeedingusa.org](mailto:equity@breastfeedingusa.org).



### Parent Spotlight: **Gabriela Grinsteins,** **Breastfeeding Counselor**

My name is Gabriela Grinsteins. I was born and raised in Venezuela and I am the mother of a two-year-old girl. I have been living in the US for the past nine years. As an immigrant, I was lucky to bring with me the security and perception of self-worth of having grown up in a country where I was fully accepted. When I had my baby, I was also fortunate to have job security, a good insurance plan and access to great doctors in a very internationally-minded city. I have fortunately never felt discriminated against in any way by my medical providers. I recognize my many privileges and I became a Breastfeeding Counselor because it saddens and angers me that many moms have not had the same experience.

One thing that really made me struggle during my daughter's first few months of life was the recommendation of the American Academy of Pediatrics, echoed by our rotating pediatricians, that bedsharing should be avoided. I found this recommendation very upsetting. I would imagine other mothers would agree. Though I will not say that the recommendation by itself is

racist, I cannot help but think that it does have some discriminatory undertones. Once you understand that bed-sharing is the norm in many parts of the world, and that having a crib or extra bed is sometimes even a luxury, you cannot help but feel that the recommendation implies that one of the main tools of mothering in many countries and households is excessively risky and somewhat savage. That really shook my confidence for my first couple of months postpartum. I even had a moment where I questioned the decision of my own parents to bed-share with me and my brother when we were little. Eventually, a great lactation consultant brought me out of my misery by recommending some great resources on safe bedsharing. I hope more families will be offered information on safe bed-sharing to be used as a tool to enhance effective breastfeeding.

*Editors' note: Breastfeeding USA does not have an official position on bedsharing, but believes in providing parents with evidence-based information so they can make their own safe and nurturing decisions for their families, encompassing all aspects of parenting.*

*Resources on infant sleep and safe bed sharing:*

[Safe Cosleeping Guidelines](#) - University of Notre Dame Mother-Infant Behavioral Sleep Laboratory  
[Sleeping Like a Baby: What does that Really Mean?](#)

[Co-Sleeping and Bedsharing](#)

[Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family](#)

## **Additional Resources**

### **Racial Disparities in Childbirth**

[This](#) is an article and educational video from the Evidence Based Birth website that introduces health disparities in childbirth among people of color and other vulnerable groups of people. It gives an overview of the history and research findings that apply to populations in the United States and ways to address the disparities to begin to heal damage that has had a multi-generational impact.

### **From Breastfeeding to Beyonce: 'Skimmed' Tells a New Story About Black Motherhood**

[This](#) article from NPR presents an interview with the author of *Skimmed: Breastfeeding, Race, and Injustice*. This book talks about the history of motherhood as experienced by black mothers in the United States, including the current disparate rates of breastfeeding. It also includes important case studies that shed much-needed light on this subject.





Are you interested in becoming a lactation support provider? There are many ways to gain the knowledge and experience you need to offer high quality breastfeeding support to families--and Breastfeeding USA is one of them! Want to join us in providing evidence-based information and mother-to-mother support?

### Become a BC!

BC  
SPOTLIGHT



DANA SACCOMANO



A recently accredited Breastfeeding Counselor (BC) living in Vernon, CT; originally from NY. An elementary strings teacher by day and working for the town of East Hartford, CT. She's a performing violinist and member of the Andante Strings, string quartet. Her interest in supporting others began during her own feeding journey with oldest son, Harrison. Harry was born in 2019, when support groups met regularly. She went from being one of the least experienced in her weekly support group to someone with tips to share. She discovered Breastfeeding USA during a Google search and joined as a member. While pregnant with youngest son Jude, she applied to become a BC. Jude was born during her studies, which she completed in January. Dana serves locally with the Connecticut Chapter and nationally with Community Engagement. She assists with Milk Memos and became co-editors-in-chief with fellow BC Alaina Moon. Dana has volunteered to return calls made to the warmline and is helping with Instagram and applications. We are extremely grateful for Dana and appreciate the fresh energy and excitement that she brings to the organization.

Consider joining today! Breastfeeding USA members will receive an exclusive first look at all future issues of the #MilkMemos Newsletter

**Join Today!**

**Next Time in #MilkMemos Newsletter:**

# Infant and Young Child Feeding In Emergencies

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