

New Beginnings!

Thu, 02/20/2020 - 00:00

|

Christina McCarthy newcomb@tulane.edu

[View PDF](#)

Working and Nursing: Barriers to Breastfeeding in the Workplace

Divya Goel; Christina McCarthy; Katherine Johnson, Ph.D.
Department of Sociology, School of Liberal Arts, Tulane University



Tulane University
SCHOOL OF LIBERAL ARTS

INTRODUCTION

This poster details the processes conducted in our study of working and nursing mothers in New Orleans. After the Affordable Care Act passed a provision calling for certain employers to provide reasonable break time and a private space to express milk, this study sought to examine the reasons of this change in alleviating barriers to breastfeeding at the workplace.

Because breastfeeding has substantial health benefits for both the infant and mother, it is crucial for it to be as accessible as possible in our society. Additionally, it's necessary to examine how societal conditions affect breastfeeding because they are indicators of not only adverse health consequences, but also of a misogynistic undertone in our society.

So far, our research has consisted of coding a wide array of literature related to breastfeeding, interviewing (some women who work part or full time while breastfeeding, and transcribing these interviews.

METHOD

- Frame analysis of public health literature on breastfeeding and men.
- Peer-reviewed, U.S.-based articles
- Analyzed articles published to your rights
- Separated the articles into two frames:
 - **Deficit frame** (an easily modifiable health behavior; solution: target women and shame around them for intervention)
 - **Social inequality frame** (sociopolitically assessed health behavior; solution: provide women with resources and support to BF)
- Coded articles into the two frames using keywords such as: perfect food, "positive effects," "limited access," breastfeeding as a health decision, "prepare" women, optimal nutrition.
- Coded articles based on whether health disparities were present in the literature and if the study was more contextual or focused primarily on the individual. More contextual articles tended to fall more frequently into the social inequality frame since they addressed breastfeeding challenges that arose not solely from the individual, but rather from societal institutions that perpetuate stereotypes.
- Interviewed mothers from the New Orleans area to gather more detailed and personal information about their experiences with breastfeeding in the workplace.
- began coding the interviews to find common themes and draw concrete conclusions.

FINDINGS

- **What perceptions do mothers in New Orleans have about breastfeeding and how did this influence their feeding decisions?**
 - Through conducting interviews, it was found that the majority of mothers were unsatisfied with their workplace conditions while breastfeeding. Many were concerned of lactation rooms and wished they had a longer maternity leave. Additionally, black mothers in New Orleans expressed their desire to have been educated more about breastfeeding by their doctors and/or midwives before or after giving birth since their parents did not breastfeed and could not provide useful advice and support. Although our team is still in the process of coding the interviews, these findings were common amongst the eight women (approximately) interviewed.
- **How did the different frames provide new insight into how breastfeeding is understood in literature?**
 - **Deficit frame:** "Bad" mothers, blaming black mothers, not enough, breast feeding rates lowest in minority women myth, individualistic.
 - **Social inequality frame:** health outcomes within a larger context, black mothers need more support, health professionals should have efforts on increasing awareness and education regarding breastfeeding.

CONCLUSIONS

At the conclusion of our internship, we had coded hundreds of articles, conducted several interviews, and began to consolidate our article-coding table. This consolidated table facilitated the entry of our data into SPSS, a tool for statistical analysis. Additionally, we were about to begin coding interviews prior to the end of the fall semester. The interviews conducted provided insight into how mothers in New Orleans felt about breastfeeding in the workplace. Many mothers, specifically black mothers, admitted but they did not receive enough support from their parents and peers and as a result, wished they had been educated about the process prior to giving birth by their health care providers. In the future, Dr. Johnson and her team will continue to code articles and conduct interviews with working and nursing mothers in an effort to obtain information about a woman's ability to breastfeed in the workplace.

REFERENCES

Jacqueline H. Wolf, "What Physicians Can Do for Breastfeeding and What Breastfeeding Can Do for Physicians," *Signs: Journal of Women in Culture and Society* 36, no. 2 (Winter 2001): 397-404.

ACKNOWLEDGEMENTS

We'd like to thank Dr. Katherine Johnson for her endlessly kind and encouraging mentorship, as well as the Chen Shuang for coordinating this internship and leading us in biweekly intern meetings. Additionally, thank you to Newcomb College Institute and its generous donors, the Donna and Richard Estess Fund for Reproductive Rights and Reproductive Health, for making this opportunity a reality.



Hi everyone! It's so nice to be back at Tulane after spending four months studying abroad in Madrid, Spain. This past summer I worked as a Reproductive Rights Intern with Dr. Katherine Johnson on her *Working and Nursing* research project, which aimed to understand the challenges working mothers face while breastfeeding their baby. On January 23rd, another fellow intern and I presented our findings at the *Conceiving Equity Poster Presentation*, where we were able to converse with faculty, students, and researchers on ways we can urge healthcare providers to better educate their patients on the benefits of breastfeeding.

This semester I will continue to work with Dr. Katherine Johnson in the Department of Sociology on her new research project that examines how different states classify

parentage regarding gestational surrogates and egg donors under legal statutes. So far, I have learned how to use certain law databases like Nexis Uni to search for specific statutes related to egg donation and gestational surrogacy. I have read policies implemented in Alabama, Arizona, Arkansas, Alaska, and Colorado and found that some states follow the Uniform Parentage Act, which was adopted by all states in 1973 and establishes paternity for children of married and unmarried couples, while others do not. However, now with the increase in reproductive technologies such as artificial insemination, the definition of a legal mother has become somewhat blurred. While navigating law databases, I have found that some states like Arizona, for example, strictly consider the biological mother the legal mother, regardless of whether or not they will care for the child after birth. I am eager to see where the rest of my research will lead me!

Since I had no prior experience reading legal statutes, I have enjoyed learning more about how the legal processes in our country work and how a proposed state law first passes as a House Bill, then later a Senate Bill until they are signed by the governor and chaptered as a legal statute. I also am learning more about reproductive processes such as gestational surrogacy, egg donation, and artificial insemination. After working on two projects related to reproductive sociology, I have started to think about pursuing careers related to maternal/child health and even writing an Honor's Thesis in this field of study!