

2019-01-01

# Directory of Services and Resources to Support Breastfeeding Initiation, Exclusivity, and Longevity in the El Paso Texas Region

Tiffany Nichelle Butler  
*University of Texas at El Paso*

Follow this and additional works at: [https://digitalcommons.utep.edu/open\\_etd](https://digitalcommons.utep.edu/open_etd)



Part of the [Public Health Education and Promotion Commons](#)

---

## Recommended Citation

Butler, Tiffany Nichelle, "Directory of Services and Resources to Support Breastfeeding Initiation, Exclusivity, and Longevity in the El Paso Texas Region" (2019). *Open Access Theses & Dissertations*. 1974.  
[https://digitalcommons.utep.edu/open\\_etd/1974](https://digitalcommons.utep.edu/open_etd/1974)

This is brought to you for free and open access by DigitalCommons@UTEP. It has been accepted for inclusion in Open Access Theses & Dissertations by an authorized administrator of DigitalCommons@UTEP. For more information, please contact [lweber@utep.edu](mailto:lweber@utep.edu).

DIRECTORY OF SERVICES AND RESOURCES TO SUPPORT BREASTFEEDING  
INITIATION, EXCLUSIVITY, AND LONGEVITY IN THE EL PASO TEXAS REGION

TIFFANY NICHELLE BUTLER

Master's Program in Public Health

APPROVED:

---

Maria Duarte-Gardea, Ph.D., RD

---

Gabriel Ibarra-Mejia, MD, Ph.D.

---

Holly J. Mata, Ph.D., CHES, CPH

---

Stephen L. Crites Jr., Ph.D.  
Dean of the Graduate School

DIRECTORY OF SERVICES AND RESOURCES TO SUPPORT BREASTFEEDING  
INITIATION, EXCLUSIVITY, AND LONGEVITY IN THE EL PASO TEXAS REGION

By

TIFFANY NICHELLE BUTLER

THESIS

Presented to the Faculty of the Graduate School of

The University of Texas at El Paso

in Partial Fulfillment

of the Requirements

for the Degree of

MASTER OF PUBLIC HEALTH

Department of Public Health Science

THE UNIVERSITY OF TEXAS AT EL PASO

August 2019

## **Abstract**

Human milk is recognized as the ideal food for infants; however, in order for human milk to get to the infants, breastfeeding requires the support of the healthcare system. Among infants born in 2015 in United States, 4 out of 5 started to breastfeed and despite of this high rate, only 22% of mothers exclusively breastfed for 6 months. The decisions to breastfeed are influenced by multiple factors including breastfeeding education and support, hospital practices, and participating in tailored education programs. The Office of the Surgeon General has identified the need for healthcare systems to “guarantee continuity of skilled support for lactation between hospitals and healthcare settings in the community.” Community resources that support breastfeeding include Lactation Rooms (dedicated private space for breastfeeding), Baby Cafes (licensed sites offering support from trained health professionals), and the Women, Infant, and Children (WIC) Program, a federally funded program offering breastfeeding education from trained professionals. The International Board of Lactation Consultant Examiners (IBLCE) provides certification for professionals with specialized knowledge in lactation science. Evidence shows that tailored programs and peer support increase initiation and length of breastfeeding. A coordinated effort that supports breastfeeding along the U.S.-Mexico border region is the Binational Breastfeeding Coalition (BBC), a consortium of health professionals formed in 2013 whose overall goal is for all infants born along the U.S.-Mexico border to be breastfed by the year 2020. Specific Aim: Prepare a directory of breastfeeding and lactation resources available in El Paso, Texas at the request of the BBC. Methods were completed by conducting a literature review was conducted to identify the number of Lactation Rooms, Baby Cafes and IBLCE certified lactation consultants in El Paso, Texas. Two products were developed. First, the resource information was organized and presented in a directory of lactation resources;

information from the directory was then summarized and presented in a fact sheet. The members of the BBC provided feedback on the content and organization of the directory and fact sheet.

Results: Currently, there are two Lactation Rooms available at El Paso International Airport; three Lactations Rooms for employees and students at The University of Texas at El Paso; and two Baby Cafes located at local hospitals. There are eight IBLCE certified lactations specialists in El Paso Texas. Conclusion: This community-engaged project revealed that the number of organizations providing either a private space for lactation or tailored breastfeeding education is very limited for the population of El Paso, Texas. Moreover, the number of IBLCE certified lactation specialists is very small for a city of 144,831 potential mothers with a ratio of 1:18,103 mothers for every lactation specialist. Increasing the number of Lactation Rooms, Baby Cafes, and the number of trained lactation consultants will support continuity of breastfeeding between hospitals and healthcare settings in the community, and would be expected to increase the length of breastfeeding by provide critical support. With breastmilk being the ideal food for infants, increasing breast-feeding practices would also be conducive to improving the health and well-being of women, infants, children, and families in the border region and increasing overall quality of life.

## Table of Contents

Abstract .....	iii
Table of Contents .....	v
Introduction .....	1
Breastfeeding on the United States-Mexico Border. ....	3
Breastfeeding Objectives. ....	5
Border Breastfeeding Coalition .....	6
Federal and State Policies on Breastfeeding .....	8
The Surgeon General of the United States.....	8
Texas Breastfeeding Law.....	9
Texas Breastfeeding Laws: In Public. ....	9
Texas Breastfeeding Laws: At Work.....	9
Factors Influencing Breastfeeding .....	10
Evidence-Based Effective Breastfeeding Interventions.....	10
Maternal Care Practices .....	10
Breastfeeding in the Workplace.....	11
Peer Support.....	12
Professional Support. ....	13
Media/Social Marketing.....	14
Breastfeeding Resources in the Community .....	15

Lactation Rooms and Lounges.....	15
Baby Cafés.....	16
Women, Infants, and Children (WIC) Program.....	17
Lactation Consultants.....	18
Health Educational Materials.....	19
Specific Aims.....	21
Methods.....	22
Stakeholder Feedback.....	22
Development of Deliverables.....	23
Results.....	24
Description of Deliverables.....	26
Discussion.....	29
Usability and Application of the Product.....	29
Strengths and Limitations.....	30
Conclusion.....	32
Future implications and Lessons Learned.....	32
MPH Foundational and Concentration Competencies.....	34
Hispanic and Border Health Concentration Competencies.....	35
References.....	36
Appendix 1.....	46

Appendix 2.....	47
Vita.....	<b>Error! Bookmark not defined.</b>



## **Introduction**

Currently in the United States the initiation of breastfeeding is higher than the rate of breastfeeding at six months. The 2016 United States Breastfeeding Report Card highlights this pattern, with 83.2% of mothers starting to breastfeed, 57.6% breastfeeding at 6 months, and 35.9% were breastfeeding at 12 months nationally (Centers for Disease Control and Prevention [CDC], 2016). Exclusive breastfeeding for at least six months is recommended by numerous medical and health professional organizations (Jones et al., 2011). Exclusive and prolonged breastfeeding is associated with benefits for mother and infant. Research studies suggests that exclusive breastfeeding for up to six months may reduce the likelihood of developing asthma, childhood obesity, ear infections, eczema, and type 2 diabetes (Boyd et al., 2007, Victora et al, 2016).

The benefits of breastfeeding do not only apply to the infant. There are mutual benefits to the act of breastfeeding in addition to the physical benefits such as reduced stress related to the financial burden for the family due to not needing to purchase formula. Studies suggest that mothers who breastfeed heal faster after childbirth and may have a lower risk of type 2 diabetes, some breast cancers, and ovarian cancer (Boyd et al., 2007). Breastfeeding mothers also miss less work compared to mothers who do not breastfeed due to less time being taken off due to a sick infant. Many researchers are also studying the added benefit that breastfeeding is having on the environment. When more mothers breastfeed, there are fewer formula cans and plastic bottles creating added waste to the environment. The demand for plastic bottles and formula cans declines. The current evidence of breastfeeding benefits for the mother, infant, and environment

have a substantial contribution to the control and onset of some chronic illness benefitting overall public health.

*Prevalence of Breastfeeding.* In a global analysis conducted by Victora et al. (2016), it was found that more than 80% of neonates receive breastmilk in nearly all countries. However, only about half begin breastfeeding within the first hour of life, even though this recommendation was issued by WHO more than 25 years ago. Because 60% of the world's children are now delivered by skilled medical professionals, further promotion of early initiation is possible. In most countries, rates of exclusive breastfeeding are well below 50%, and the correlation with the duration of any breastfeeding is only moderate. This finding indicates the need for tailored breastfeeding programs that are specific for each country. In the very low-income countries, late initiation and low rates of exclusive breastfeeding are the main challenges while for middle income and high-income countries the short duration of breastfeeding continues to be a challenge (Victora et al.,2016).

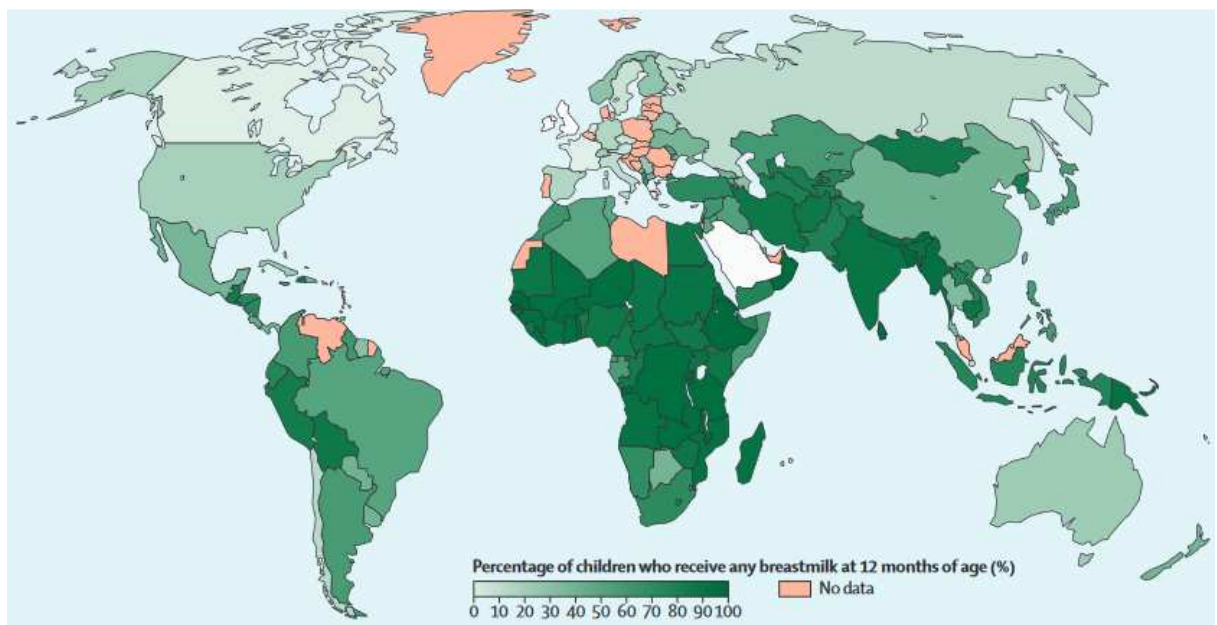


Figure 1. Global distribution of breastfeeding at 12 months (Victora et al, 2016)

Per the National Immunizations Survey conducted between 2011 – 2015, there are substantial differences between non-Hispanic black and non-Hispanic white infants across breastfeeding indicators in the United States (CDC, 2017). The same report indicates that the prevalence of breastfeeding among 34 states with sufficient sample size for analytical comparisons ranged from 37% in Kentucky to 90.8% in Minnesota among black infants, and from 65.1% in Kentucky to 96.3% in DC among white infants. The national prevalence of breastfeeding initiation, exclusive breastfeeding through age 6 months, and duration of breastfeeding at age 12 months varied by race/ethnicity. For example, the rates of initiated breastfeeding (79.2 – 81.9), breastfed exclusively through six months (22.5 – 18.2), and breastfed at 12 months (30.8 – 26.3) were similar for non-Hispanic white and Hispanic infants compared to Black, non-Hispanic infants for whom the rates were significantly lower. Among Black, non-Hispanic infants the rate for initiated breastfeeding was 64.3%, 14% were breastfed exclusively through six months, and 17.1% were breastfed at 12 months (Anstey et al., 2017).

In Texas, the percentage of infants who were ever breastfed in 2015 was 85%, those who were breastfed for up to six months was 56%, and those who were breastfed at 12 months was 35% (CDC, 2019).

*Breastfeeding on the United States-Mexico Border.* Understanding breastfeeding in the United States-Mexico border region is different than other areas in the United States. The U.S.-Mexico border region, as defined by the 1983 La Paz Agreement is the area within 100 kilometers (about 62.5 miles) on either side of the U.S.-Mexico border. It extends 3,141 kilometers (1,952 miles) from the Gulf of Mexico on the east to the Pacific Ocean on the west. The border region comprises 10 states and 15 “sister city” pairs along the border, which are adjacent U.S. and Mexico border cities that share significant social and economic ties. One of

those sister cities include El Paso, Texas and Ciudad Juárez. The Paso del Norte Region or the El Paso-Juárez-Las Cruces has more than 2.7 million residents. There are about 150,000 births each year in El Paso, Texas (United States-Mexico Border Health Commission, 2010).

Per the US Census, the population of El Paso, Texas is 840,758 with 83% Hispanic or Latino population and 50.7% of female persons (United States [U.S.] Census Bureau, 2018). The Hispanic population in El Paso is predominantly of Mexican origin (Pew Research Center, 2018). In Hispanic communities, cultural norms influence the prevalence of breastfeeding. Studies have found that Hispanic American and Hispanic mothers are more likely to breastfeed if they have proper prenatal care and are counseled to breastfeed by their doctor (Byrd et al., 2001). Mothers born outside of the United States or born in Mexico, women with mothers who finished school in Mexico, and mothers with college education were more likely to breastfeed their babies as well (Noble et al., 2003).

United States-Mexico Border Health Commission lists lack of breastfeeding as one of the causes and determinants of health related to Obesity, Diabetes, Heart disease, and Asthma (United States-Mexico Border Health Commission, 2010). With this problem being known, more public health professionals have tried to research and study ways to increase breastfeeding rates and longevity of the breastfeeding. The CDC (2014) states that 80% of Hispanic mothers reported breastfeeding their babies. In El Paso, only 64% of the Hispanic mothers reported breastfeeding and only 13% of them were continuing to breastfeed their babies after 6 months (Akins et al., 2008). El Paso's breastfeeding rates need further growth and increased longevity.

Border health has been a topic for many in the border region due to the unique location and demographics of the region. In some parts of the border region, there is a lack of education and information that causes many people to feel as if being healthy is not only difficult, but also hard to understand.

*Breastfeeding Objectives.* The Healthy People 2020, a 10-year agenda to improve the Nation's health, lists breastfeeding under Maternal, Infant, and Child Health (MICH) Topic Area, under the section on "Infant Care." The Healthy People 2020 breastfeeding targets set by this initiative are displayed in Table 1 (ODPHP, 2019).

Table 1. Baseline and 2020 target goals for breastfeeding in Health People 2020.

<b>Number</b>	<b>Objective</b>	<b>Baseline (year measured) %</b>	<b>2020 Target %</b>
MICH-21	Increase the proportion of infants who are breastfed:	(2006 births)	
MICH-21.1	Ever	74.0	81.9
MICH-21.2	At 6 months	43.5	60.6
MICH-21.3	At 1 year	22.7	34.1
MICH-21.4	Exclusively through 3 months	33.6	46.2
MICH-21.5	Exclusively through 6 months	14.1	25.5
MICH-22	Increase the proportion of employers that have worksite lactation support programs	25.0 (2009)	38.0
MICH-23	Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life	24.2 (2006 births)	14.2
MICH-24	Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies	2.9 (2009)	8.1

A Healthy Paso del Norte 2016 is a report developed by the Coalition for a Healthy Paso del Norte that identifies healthy priorities and establishes objectives to improve health across Paso del Norte region. Priority 1 addresses healthy eating and active living in El Paso, Hudspeth, Doña Ana, Otero and Luna Counties as well as the municipality of Ciudad Juárez in where the objective to increase the number of El Paso public places that are lactation friendly and have breastfeeding policies in place, is included. This objective responds to the indicator defined by state law: “A mother is entitled to breastfeed her infant in any location in which the mother is authorized to be.” “A business may use the designation of “mother friendly” in its promotional materials if the business develops a policy supporting the practice of worksite breastfeeding.” (A Healthy Paso del Norte, 2016).

Border 2020 is an eight-year cooperative program between the United States and Mexico. It was initiated in 2013 with the mission to “protect the environment and public health in the U.S.-Mexico border region, consistent with the principles of sustainable development.” The Border Health 2020 initiative points out the objectives needed for the border community to have healthier residents for a better future. One of the necessary health improvements needed in our border region is breastfeeding; improved education and access to information is necessary to increase breastfeeding prevalence (Healthy Border 2020, 2015).

*Border Breastfeeding Coalition.* The Binational Breastfeeding Coalition (BBC) is a non-profit association of health professionals and lactation advocates formed in 2013 to promote and support breastfeeding through education and outreach to the El Paso/Juárez border region and its surrounding communities’ region (BBC, 2018). The members of the Coalitions come from various backgrounds and include health professionals and non-traditional partners who all have the same goal of breastfeeding and lactation advocacy.

The BBC offers breastfeeding education and outreach to health professionals and families in the community. They are available for and have taken part in conferences, training sessions, the creation of educational materials, and other forms of education. The BBC also services local hospitals, medical offices, clinics, the local health department, Women, Infants, and Children (WIC), Baby Cafes, and other organization that request breastfeeding and lactation support. The overall goal of the BBC is to have all babies born along the US and Mexico Border by 2022 the opportunity to breastfed. Other goals of the BBC are to:

- Create a community of breastfeeding support that will accurately reflect the interconnection and reciprocal movement of life along the border.
- Improve community awareness and positive attitudes about breastfeeding by providing access to varied resources and factual information via the media.
- Improve area health professionals' breastfeeding promotion, assessment and management skills by identifying needs and providing access to professional education.
- Insure that all BBC activities will be aligned with the interest of national and international breastfeeding guidelines (Binational Breastfeeding Coalition, 2018).

## **Federal and State Policies on Breastfeeding**

*The Surgeon General of the United States.* Over the last 25 years, the Surgeons General of the United States have worked to protect, promote, and support breastfeeding. The Office of the Surgeon General has identified the need for healthcare systems to “guarantee continuity of skilled support for lactation between hospitals and healthcare settings in the community” (Chung et al., 2008; Lowen, 2011). The Surgeon General’s Call to Action to Support Breastfeeding describes specific steps people can take to participate in a society-wide approach to support mothers and babies who are breastfeeding. This approach will increase the public health impact of everyone’s efforts, reduce inequities in the quality of health care that mothers and babies receive, and improve the support that families receive in employment and community settings (Office of the Surgeon General, 2011).



## **Texas Breastfeeding Law**

*Texas Breastfeeding Laws: In Public.* In 1995 Texas passed a law allowing women the right to breastfeed anywhere in the state (Texas. 86<sup>th</sup> Legislature. H.B. No. 541, SECTION 1. Section 165.002). A RIGHT TO BREAST-FEED OR EXPRESS BREAST MILK. In Texas, mothers have the right to breastfeed or express milk in any public or private location, if they are legally allowed to be there. In 2019, Texas passed House Bill 541 that explicitly allows mothers to breast pump in public.

*Texas Breastfeeding Laws: At Work.* The Texas Department of Health is required to provide recommendations that support workplace breastfeeding rights. In addition, they keep a record of businesses that have been designated “mother-friendly” (have a lactation policy, allow for flexibility, a private place to pump). But only public employers are required by law to provide lactation accommodations to public employees. This is per House Bill 786. All other working mothers in Texas are protected by the Fair Labor Standards Act (FLSA) if they are a non-exempt (hourly) employee. Under this federal mandate, breastfeeding mothers are entitled to reasonable break time and a private space (other than a bathroom) to pump at work for one year following their child’s birth.

## **Factors Influencing Breastfeeding**

There are multiple factors influencing a woman's decision to start and continue breastfeeding. These include the lack of knowledge about breastfeeding, unsupportive cultural and social norms, concerns about milk supply, poor family and social support, and unsupportive work and childcare environments (The U.S. Department of Health and Human Services, 2011). There are barriers that are disproportionately experienced by black women (e.g., earlier return to work, lack of breastfeeding information from providers, and lack of access to professional breastfeeding support), (Kirk et al., 2014).

There are factors that reduce the likelihood of a mother deciding to breastfeed. These include not receiving proper prenatal care and having a low educational level. There is a need to increase breastfeeding rates and longevity of breastfeeding in El Paso, Texas. There are multiple forms of intervention methods that can be used to properly address the goal of increased breastfeeding rates. Due to the El Paso Border Region's unique location and culture, tailored interventions will be key in creating last change and influence in the community.

*Evidence-Based Effective Breastfeeding Interventions.* There are multiple types of Evidence-Based Breastfeeding interventions that have shown success in increasing breastfeeding rates. A variety of breastfeeding interventions have been used to help reach increased breastfeeding rates in different locations with different sociodemographic characteristics. Examples of effective intervention practices include Maternity Care Practices, Support for Breastfeeding in the Workplace, Peer Support, Educating Mothers, Professional Support, and Media/Social Marketing.

*Maternal Care Practices.* Maternity Care Practices happen during early prenatal care, care during labor, care during the birth, and postpartum care (CDC, 2016). The experience with

Maternity Care Practices differs for every individual. Encouraging skin-to-skin contact, emphasizing early breastfeeding, and providing post-discharge follow-ups are all forms of Maternity Care Practices (CDC, 2016). Healthcare professionals are aware that the best time to establish and introduce breastfeeding to a mother is during the hospital stay or birth center stay. This crucial time for education is when breastfeeding initiation is most prudent and likely to be successful. Evidence of this being an effective intervention strategy can result in better training of hospital staff. Hospitals that take part in educating staff with training curriculum pertaining to better educating mothers and facilitating maternity care practices have higher rates of breastfeeding success (CDC, 2016). This has added to the decreased rates of hospitals and clinics offering samples of formulas. When there is distribution of formula samples there is a decline in the rates of breastfeeding; this particular form of formula marketing is especially prominent in lower income areas (Donnelly et al., 2004). Some steps towards initiating this intervention consist of offering more educational training for hospital staff, having connected support networks in the hospital and the community, and implementing programs in the hospital setting that encourage breastfeeding. Maternity care practices are a great intervention tool used to help increase education to the mother and help better connect the mother with healthcare sources that are reliable and accurate.

*Breastfeeding in the Workplace.* Breastfeeding support continuing into the workplace is imperative to improving longevity. Employment of mothers outside the home, especially full-time employment, has a negative influence on duration of breastfeeding. Women frequently attribute early weaning to unsupportive work environments. Lack of privacy and adequate time to express breastmilk are cited as barriers. (Murtagh & Moulton, 2011). Even with the current Federal and State laws in place, there is lack of enforcement. It is important for mothers,

community members, and health professionals to advocate for enforcement and accommodation. With more than one third of all mothers of children younger than 2 years working full time outside the home, the United States is more likely to improve its low breastfeeding rates if it seeks the help through employers' voluntary initiatives, support services offered by nonprofit and other private entities, and government encouragement and requirements. (Murtagh & Moulton, 2011). Literature has shown that to promote breastfeeding practices with mothers in the workplace, the most effective workplace interventions include: “educating working mothers about management of breastfeeding with employment; enhancing employers’ awareness about benefits of breastfeeding accommodation at workplace; arranging physical facilities for lactating mothers (including privacy, childcare facilities, breast pumps, and breast milk storage facilities); providing job-flexibility to working mothers; and initiating mother friendly policies at workplace that support breastfeeding.” (Hirani et al., 2013).

*Peer Support.* Humans are social creatures that thrive in environments where they feel most comfortable and accepted. Peer support is a big part of what help encourage mothers to feel secure and at ease with breastfeeding. Peer support can come from a mother who is breastfeeding or has previously breastfed, counseling from a professional, or mother support groups (Chapman, 2004). Social networks are very significant in the decision-making process when a mother is deciding whether or not to breastfeed. This factor can either be an encouraging nudge in the direction of breastfeeding or a non-approving nudge in the opposite direction towards formula feeding. Evidence has shown that mothers who have found peer support groups for breastfeeding increase the initiation and the length of breastfeeding (Sikorski, 2003). Face-to-face support and tailored education increase the effectiveness of breastfeeding promotion programs (McFadden et al., 2017). Early peer group influence is very important to help increase longevity of

breastfeeding. Having a new infant can be a stressful and exhausting period filled with many uncertainties. Peer support during this time can be helpful in reducing the overall anxiety that can come along with an infant, making it easier for the mother to transition into breastfeeding. Combining pre- and post-natal interventions increases initiation and duration more than pre- or post-natal efforts alone (Chung et al., 2008). Actions can be taken to institute a peer support intervention in nearly any community setting. Creating programs for peer counseling in hospitals and clinics, increasing education and training of current peer support counselors and increased education of the peer supports available are each an option when beginning to establish peer support interventions. Peers represent a very large influence in predicting behaviors and personal views. Peer groups are a great way to educate in a setting that allows for socialization and convertibility so that mothers can feel they are learning from a person who not only has knowledge on the subject, but also someone that understands themselves..

*Professional Support.* Professional support for breastfeeding has shown to be effective for increasing breastfeeding rates during the first year after birth (Schmied et al., 2011). It is important that professional support from a licensed individual is not only available, but also consistent. Professionals need breastfeeding education and support of their organizations to act as breastfeeding advocates and supporters. Breastfeeding and lactation can be a long process that requires not only education but dedication as well. In research studies worldwide, mothers have reported that inconsistent professional support has a negative influence on their breastfeeding efforts (Thulier et al., 2009). A randomized-controlled trial that compared extra support for breastfeeding mothers with usual maternity care was conducted with a total of 34 trials from 14 countries (29,385 mother-infant pairs). The authors found that appropriate professional support resulted in considerable improvements in breastfeeding duration (Thulier et al., 2009). Providing

adequate and accurate professional support to mother is a proven effective method of improving breastfeeding longevity and exclusivity.

*Media/Social Marketing.* The advent of social networking sites and other online communities presents new opportunities and challenges for the promotion, protection, and support of breastfeeding (Abrahams, 2012). Health professionals and organizations must advocate and support positive breastfeeding and breastmilk media to tackle formula marketing. The recent advancement in social media can be just as much of a support as it is a threat to improving rates of breastfeeding. Social media campaigns have been successfully applied to improve breastfeeding and other behavioral and health outcomes. Lessons learned from the “Loving Support” campaign showed major improvements occurred in the context where breastfeeding promotion and support are taking place and improvements in breastfeeding outcomes (Pérez-Escamilla, 2012). However, the stigma and public opinion on breastfeeding and breastmilk still needs improvement. Clear evidence of a negative impact is found when breastmilk substitutes are provided for free in maternity facilities and when they are promoted by health workers and in the media (Piwoz, 2015). Modern health professionals can combat formula marketing by using social media as not only a marketing tool for resources and advocacy. Social media is an important vehicle to disseminate infant feeding information; however, they are not currently being used to full potential. The increasing popularity and use of social media platforms offers the opportunity to create more innovative, targeted mobile health interventions for infant feeding and breastfeeding promotion (Asiodu et al., 2015).

## **Breastfeeding Resources in the Community**

Research shows the importance of a multilevel approach to breastfeeding support for mothers to have continued success with breastfeeding (Ringel-Kulka et al., 2011). This is especially important at the community level. Many mothers look for resources that are close to their homes and jobs. Medical and public health professionals have the knowledge of available breastfeeding and lactation resources and it is imperative that this knowledge is conveyed to help mothers continue to breastfeed during a time that can already be difficult. Even prior to the birth of an infant, promoting breastfeeding should be the focus of perinatal educators who should be knowledgeable both about the benefits of breastfeeding and available community resources (Philipp, 2010). Education interventions and support increases breastfeeding initiation rates and increase exclusive breastfeeding up to 6 months old (Oliveira, 2017). Resources and support at the community level are necessary for increasing breastfeeding exclusivity and longevity especially in border communities who historically lack community health resources. The Office of the Surgeon General has identified the need for health-care systems to “guarantee continuity of skilled support for lactation between hospitals and health care settings in the community,” including education for all health professionals who care for women and infants (Chung et al., 2008). Community resources that support breastfeeding include Lactation Rooms and Lounges, Baby Cafes, and the WIC Program.

*Lactation Rooms and Lounges.* Lack of supportive work environments, such as having lactation facilities and paid maternity leave, have been cited as barriers to breastfeeding initiation and prolonged duration. (Gatrell, 2007). When mothers return to employment, it can difficult to continue the same lactation and breastfeeding schedule. Having lactation rooms and lounges available in employment and community settings encourages comfortable and convenient

breastfeeding for mothers. In the U.S., federal law does not require paid maternity leave for any employee that is a new parent. The Family and Medical Leave Act (FMLA) of 1993, which provides for unpaid time away from work for perinatal care, childbirth, newborn care, or the care of a newly adopted child, is limited to 12 weeks and only applies to relatively large employers (Calnen, 2007). A lack of these resources being available to mothers can adversely affect continued and exclusive breastfeeding. Employers who offered continued breastfeeding support not only make continued lactation and or breastfeeding easier but there are also benefits for the employer. The U.S. Breastfeeding Committee 2009 reports that for every \$1 invested to support breastfeeding, employers realize a cost savings of \$3 (Mills, 2009).

*Baby Cafés.* Baby Cafés are a free service for pregnant and breastfeeding mothers; The services include support from trained staff, comfortable seating, friendship opportunities with fellow mothers, open discussions, and refreshments. Breastfeeding and lactation can be challenging and stressful for many new mothers; every mother-infant pair are different and are going to experience the breastfeeding and lactation process differently. Recent approaches to infant feeding suggest the need to move away from ideas of “one answer” to breastfeeding to explore women’s experiences and decisions throughout their feeding journeys (Trickey et al., 2014). Baby Cafés allow for a setting where mothers can get together and discuss some of their issue and find common ground along with professional guidance. There has been a shift towards providing practical and ongoing ‘mother-centered’ feeding support in the early postnatal period and beyond; The need to focus upon relationship building and practical breastfeeding support is now widely recognized in both research and policy (Fox et al., 2015). Having Baby Cafés in the community is an added addition of breastfeeding and lactation support that has been shown to



improve exclusivity and longevity. Studies have shown that mothers not only appreciate having the added support that Baby Cafés provide, they also improved their confidence in continuing breastfeeding. “Mothers valued the combination of expert professional and peer support provided by Baby Café services and emphasized the importance of social support from other mothers in enabling them to continue feeding for as long as they wished” (Fox et al., 2015).

*Women, Infants, and Children (WIC) Program.* The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non- breastfeeding postpartum women, and to infants and children up to age five (City of El Paso Department of Public Health, 2019). WIC breastfeeding services are an added support for breastfeeding and lactation in the community. There are currently 20 WIC clinics or offices in or around the El Paso area that offer support for mothers and their children. For WIC staff, it can be a challenge to promote breastfeeding and lactation. Research conducted by the U.S. Department of Agriculture (USDA) national breastfeeding promotion project, “Loving Support Makes Breastfeeding Work,” revealed:

“Breastfeeding promotion among low-income women is a challenge, because there are numerous barriers to address. Inconsistent information and a perceived lack of support from health professionals are barriers to initiating and continuing breastfeeding among low-income women” (U.S. Department of Agriculture, 1996).

WIC Clinics have become aware of this; they began to educate staff about breastfeeding, making more educational materials available, and creating a more supportive environment. The El Paso

WIC program has made efforts to support low-income women with breastfeeding and lactation support; their website states:

“La Fe’s Women, Infants, and Children’s Program (WIC) provides essential nutritional and breastfeeding education and support to El Paso County’s low-income women and their families.

Our bilingual and culturally respectful staff serves our community via its two main sites, the La Fe Central Clinic and the La Fe WIC Program office on Yandell Avenue. Our program’s staff coordinates workshops and training sessions for our community’s health professionals on the nutritional benefits of breastfeeding.

Additionally, our staff works with our local business community on how to establish Mother and Breastfeeding-Friendly workplaces. Visits are scheduled with new mothers at area hospitals shortly after birth so our breastfeeding counselors and personnel can offer counseling and education. Breastfeeding education and outreach are also available at La Fe’s satellite clinics” (Centro de Salud Familiar La Fe, 2017).

The El Paso WIC Clinics also offer other services such as staffed International Board Certified Lactation Consultants (IBCLC) and an After-hours Breastfeeding Support line.

*Lactation Consultants.* An International Board Certified Lactation Consultant (IBCLC) is a healthcare professional who specializes in the clinical management of breastfeeding (IBCLC, 2018). Receiving breastfeeding support from a knowledgeable professional can help parents overcome breastfeeding and lactation challenges. It is beneficial to breastfeeding and lactation maintenance to have support from a skilled professional; having the correct certification and

education is imperative for proper breastfeeding support. IBCLC is currently the only recognized breastfeeding credentials; IBCLC assures a certain standard of education, training, and knowledge, not possible by non-certified lactation consultants (Thurman et al., 2008). Having the only breastfeeding certification that is recognized is an asset and a comfort for mother's struggling with breastfeeding and lactation. They also are a connection to other breastfeeding and lactation support options in the community. A Healthcare professional who has their IBCLC certification can offer breastfeeding expertise and increase accessibility to breastfeeding families seeking breastfeeding support during routine scheduled visits, minimizing time lapses in care (Thurman et al., 2008). IBCLC's are necessary breastfeeding and lactation advocates for future growth and improved breastfeeding and longevity.

*Health Educational Materials.* There are multiple reason why mothers are choosing not to breastfeed; several factors could be to blame including inadequate availability of education and or educational materials. Through research, health education professionals are learning the benefits of improving accessibility to educational materials that are tailored to the desired audiences. An example would be the creation of more bilingual and accurate literacy level materials. This not only increases the audience the materials could be distributed to; it also creates a comfortable environment that supports diversity of learning opportunities. "Experts suggest breastfeeding promotion programs incorporate multicultural awareness and cultural sensitivity training to best support the needs of mothers from different backgrounds and increase breastfeeding" (Louis-Jacques, 2017). For the El Paso population, having bilingual educational materials is a necessity for Spanish speaking mothers to also receive breastfeeding educational resources materials. Mothers that receive early education, support, and educational materials are more likely to breastfeed exclusively longer than mothers who don't receive these resources. A

combination of a breastfeeding booklet and Lactation consultants was found to be more effective in increasing exclusive breastfeeding at six months when compared with solely a breastfeeding booklet (Lumbiganon et al., 2016). Published literature suggests that support and education are important factors that are associated with breastfeeding status (Howell et al., 2004). To address the health disparities in breastfeeding at the US-Mexico border, combined and culturally sensitive efforts are imperative.

The goal of this project was to assess available resources that support breastfeeding in El Paso, Texas. The long-term goal is to create an environment conducive of breastfeeding in El Paso, Texas through better accessibility to breastfeeding education, community resources, and lactation consultants.

### **Specific Aims**

The specific aims of this project were to: 1) Develop a Fact Sheet that provide definitions and explains the importance of breastfeeding and lactation; 2) Develop a Directory of available lactation and breastfeeding resources in El Paso, Texas; 3) Obtain feedback from stakeholders including members from the Border Breastfeeding Coalition on the content and format of the Fact Sheet and Directory; 4) Identify gaps in breastfeeding services; 5) Make recommendations for future improvement in lactation and breastfeeding services.

In El Paso, Texas there are various breastfeeding and lactation resources available, however it is important to assess the likelihood of improving accessibility to existing resources. Improving access to the currently available resources contributes to the overall quality of life of the community. The overarching goal is to not only educate the community, but also find areas in the breastfeeding support community that need improvement. More research is needed about the US-Mexico border region and breastfeeding support to improve overall breastfeeding rates, exclusivity, and longevity. Evidence-based findings could lead to the implementation of improved strategies that could result in higher breastfeeding rates and have a major impact on public health (Lowe, 2011).

## Methods

For this graduate research project a literature review of databases was conducted using The University of Texas at El Paso's library; Academic Search Complete (EBSCO), PubMed, and Google Scholar. Healthy People 2020, Healthy Border 2020, Centers for Disease Control and Prevention, and The Border Breastfeeding Coalition are additional published health sources used and referenced for the development and assessment of the graduate project. The Keywords used during searches included: "breastfeeding support," "Lactation Rooms," "Baby Cafés," "Hispanic," "Border Region," "breastfeeding longevity," and "Breastfeeding Directories." The information obtained from the databases, other published sources, and coalition materials were used for reference in the development of the Directory and Fact Sheet.

*Stakeholder Feedback.* The Binational Breastfeeding Coalition (BBC) consists of health professionals and lactation advocates that support the promotion and education of breastfeeding awareness to the El Paso/Ciudad Juárez border region (Binational Breastfeeding Coalition BBC, 2018). The members of the BBC were contacted for their assistance on the development of the Fact Sheet and Directory. During their monthly meetings, the members of the BBC were introduced to materials developed and assisted in identifying gaps in community as well as verifying accuracy of information provided. Items to be discussed during the meetings included intended audience, characteristics of the community, and resources available to best develop health promotion materials that were applicable to the El Paso/Ciudad Juárez border region. Other important consideration was that the material is translated into Spanish and that it is accessible online and in hard copies.

*Development of Deliverables.* The development of the Fact Sheet and Directory was conducted in three parts: 1) Data collection and preparation of initial drafts; 2) Assessment of the Deliverable's feasibility and accuracy, and 3) final review and approval by members of the BBC.

**Part 1.** The development of the Fact Sheet and Directory began with data collection generated from the literature review. The first draft of each product was developed using data gathered from the literature review with input from BBC members. The topics for the content of the Fact Sheet and Directory were chosen by members of the BBC. Topics chosen for the Fact Sheet included: types of breastfeeding, benefits of breastfeeding, and local and national breastfeeding resources. Topics chosen for the Directory included: Definitions, Benefits, Getting Enough Milk, Lactation Rooms and Lounges, Baby Cafes, Women Infants and Children, Lactation Consultants, and Additional Resources. Both deliverables were developed using the software for infographics Venngage. Additionally, the Directory included a Q-R code that provided easy access to the BBC website and registration for Lactation rooms at The University of Texas at El Paso.

**Part 2.** The first draft was presented to the members of the BBC for their assessment and input. The members of the BBC highlighted areas that needed corrections and communicated additional ideas for improvement of the Fact Sheet. The members also assessed the accuracy of the deliverables and its feasibility for customers of the El Paso border region. Continuous improvement of the Fact Sheet and Directory was achieved by incorporating the feedback provided.

**Part 3.** The final version of the Fact Sheet and Directory was the results of incorporating the feedback and corrections suggested by the members of the BBC. Both, Fact Sheet and Directory were presented to the members of the BBC for their final approval.

## **Results**

The first specific aim of this project was to develop a Fact Sheet explaining the importance of and definitions associated with breastfeeding and lactation. There were multiple iterations of the Fact Sheet developed that needed to incorporate the terminology approved by the members of the BBC as they are familiar with the intended audience.

The second specific aim was to develop the Directory of lactation and breastfeeding resources that are available to residents in El Paso, Texas. This was also completed with no changes to the steps mentioned in the methods section, however there was additional information that required to be verified by additional sources and locations in the community. Verification of the information included in the Directory required multiple meetings with health professionals in the community. This step was necessary given that the information available online many times did not correlate with the information provided by the health professionals contacted. During the verification of information collected for the development of the Directory it was important to alert health professionals of the incorrect information that was available online. It became time consuming to get in contact with the appropriate health professionals, however once the necessary contacts were made, the process of gathering data for the Directory continued without further delays.

The third aim of this project was to obtain feedback from stakeholder that included the members of the Border Breastfeeding Coalition. There was continuous support and assistance provided to complete all correction to the materials developed.

In summary there were four steps necessary to complete this project. These included:



- (1) Data collection of Breastfeeding and Lactation services was obtained for the development of the Fact Sheet and Directory.
- (2) A partnership with the Border Breastfeeding Coalition to identify and determine community needs and resources available was established.
- (3) Obtained feedback from the Border Breastfeeding Coalition and integrate the feedback to final fact sheet and Directory.
- (4) Incorporate corrections based on Coalition's feedback and suggestion.

Each of these steps were necessary to identify some of the gaps in breastfeeding and lactation services and in making recommendations for future improvement of these services. Each step had a purpose in helping identify and tailor materials that are appropriate for the El Paso community.

The process of completing the Graduate Research Project had few obstacles that were overcome with the support from community stakeholders. The prioritization of selecting the best topics and providing accurate information was key in the completion of this project. It was important to conduct a thorough literature review and been able to select the topics for the Fact Sheet and the Directory in collaboration with stakeholders that are familiar with the topic and with the target population. The verification of information was a priority as there is misunderstanding and misinformation often associated with breastfeeding and lactation. Having accurate information for the community is imperative and required proper research.

The importance of establishing a partnership was crucial for the purpose of this project. The collaboration with The Binational Breastfeeding Coalition (BBC) took place during monthly meetings, through email correspondence, and through one on one meetings with committee members. Once a relationship was established, the monthly meetings were opportunities to

discuss the scope and content of this project. The communication and relationship were consistent throughout the project and extra assistance was offered when needed.

Breastfeeding and lactation information is vast. With the assistance of the members of the coalition the information was carefully selected for the intended audience. The health professionals or community partners also assisted in the layout of the Fact Sheet, selection of the most relevant websites listed. Members of the BBC assisted with the selection of materials for the Directory. Once developed, the BBC members helped with the last necessary proof reading of the information and provided their final approval based off their knowledge of the topic and as well of the community.

### **Description of Deliverables**

The development of the materials developed for the Graduate Research Project began with introductions with members of the BBC members and community stakeholders to identify educational needs for the community. Once a partnership was established and a goal was developed, the process began to create a community centered Fact Sheet and resource Directory.

The Fact Sheet developed is presented in Appendix 1. The top section of the Fact Sheet describes the World Health's Organization's recommended length of exclusive breastfeeding. The next section defines the terms: breastfeeding, predominant breastfeeding, exclusive breastfeeding, and bottle-feeding. Evidence-supported benefits from the Centers for Disease Control and World Health Organization were included beneath the definitions. Local, National, Website resources and relevant phone numbers were included below the benefits and definitions sections. The references for the information included in the Fact Sheet are presented at the bottom.

The resource Directory developed can be viewed in Appendix 2. The Directory includes 12 pages. Each page has was developed with a purpose. The directory covers the following items: Definitions, Getting Enough Milk, The Laws, Lactation Rooms and Lounges, Baby Café, Lactation Consultants, Women Infants and Children (WIC), and Additional Resources.

- Page 1: is the cover page and includes the title, author, and contributors to the development of the project.
- Page 2: presents the table of contents
- Page 3: presents several definitions of breastfeeding and recommended breastfeeding lengths and benefits.
- Page 4 and 5: discuss getting enough milk based on the American Academy of Pediatrics. These pages include information on milk and feeding for the first days and week of life. When to contact a doctor is also included on page 5 of the directory.
- Page 6: explains the current Texas and Federal laws that are in place for breastfeeding and lactation. A link is included to access the laws directly in their entirety.
- Page 7: lists available lactation rooms and lounges in El Paso, Texas with descriptions of each. A Q-code is included to schedule lounges at The University of Texas at El Paso; further details about registering and the airport location is included below the list.
- Page 8: list the Baby Cafes in El Paso Texas. Their location, numbers, and lactation consultants are included.
- Page 9 and 10: list the local Hospital based and private Lactation Consultants.
- Page 11: describes and list WIC's contact information including hours, numbers, and lactation consultants.

- Page 12: list additional resources (including bilingual services) such as websites, helplines, text support, and local organizations.

## **Discussion**

This Graduate Research Project resulted in a one-page Fact Sheet and on a 12-page Directory. The products developed describe breastfeeding resources in El Paso, Texas, education resources and highlight the need for further growth of resources and dissemination of breastfeeding educational materials in the community.

*Usability and Application of the Product.* The health education materials developed will provide breastfeeding and lactation education that was designed for mothers and fellow health educators in the El Paso border region. The results of the graduate research project highlight the need for continued growth of breastfeeding and lactation support in the community as well as professionals trained on the topic. Some of the recommendations from community stakeholders include: continued development and improvement of health educational materials that are tailored to mothers in the El Paso border region, more breastfeeding education in the hospitals, emphasis on education pre-and postnatal, and more local support for breastfeeding at all levels (workplaces, establishments, policies, etc.).

The materials developed will assist mothers by providing information on resources in the community that are available to encourage the longevity of their breastfeeding during their everyday lives. These resources include professionals in the community, support groups, community organizations, and websites. Mothers who are part of a breastfeeding support group and or received prenatal education are more likely to exclusively or predominantly breastfeeding at six months than mothers who only receive education following the birth of their child (Su et al., 2007). The Fact Sheet and Directory are health promotion tools that not only connect mothers with resources, but also allow for added education and help that can be accessed quickly by hand or online. Evidence shows that the best interventions for encouraging increased longevity and

exclusivity is to address it at multiple levels and approaches. The use of health promotion materials in conjunction with support from breastfeeding and lactation professionals in the field has shown to increase the exclusivity and longevity of mothers providing their babies with breastmilk (Pannu et al., 2011).

The materials produced will be distributed to Border Breastfeeding Coalition members and available electronically for further distribution to the community. Creating educational resource in the community that are accessible in multiple ways is necessary in improving breastfeeding exclusivity and longevity. This is especially important for Hispanic mothers in the El Paso community who are low income; data suggest they are most at risk for low rates of breastfeeding exclusivity and longevity. Recent national data suggest that “...Hispanic women have breastfeeding rates similar to those of white women, significantly different patterns of breastfeeding continuation rates exist among certain low-income Hispanic women” (Howell et al., 2014). The use of accurate educational materials and educational support from professionals in the community is necessary to combat this disparity in rates. Disseminating materials developed to connect, support, and inform mothers of their options pre and post-natal has shown to have positive effects on breastfeeding exclusivity and longevity. Educational intervention materials increased breastfeeding duration among low-income, Hispanic mothers during the 6-month postpartum period; they also were more likely to seek support once they knew of the resources available (Howell et al., 2014).

*Strengths and Limitations.* There are strengths and limitations of the resulting deliverable of this Graduate Project. One of the strengths of this project is having all the community resources are collected into one resource directory booklet and electronic form for easy access. This also allows for future corrects and edits when necessary. The directory was developed in a

user-friendly booklet form that allows for easy distribution and is numbered with sections for quick access to the desired information. With the resources collected together, it also allows for further analysis on what is still needed in our community and highlights the great resources that are currently available.

One of the limitations of this project is that the deliverables were only developed in English. The El Paso community has a high population of Spanish speakers and it would be beneficial to have the educational materials in English and Spanish. Another limitation is that the resource directory only includes information in El Paso and not in Ciudad Juárez. El Paso is a border city and many people travel back and forth for various reasons; when mothers travel, it would be beneficial to know about the breastfeeding and lactation resources in Ciudad Juárez as well.

## Conclusion

This community-engaged project revealed that the number of organizations providing either a private space for lactation or tailored breastfeeding education is very limited for the population of El Paso, Texas. Moreover, the number of IBLCE certified lactation specialists is very small for a city of 144,831 potential mothers with a ratio of 1:18,103 mothers for every lactation specialist. Increasing the number of Lactation Rooms, Baby Cafes, and the number of trained lactation consultants will support continuity of breastfeeding between hospitals and healthcare settings in the community and would be expected to increase the length of breastfeeding by provide critical support. With breastmilk being the ideal food for infants, increasing breast-feeding practices would also be conducive to improving the health and well-being of women, infants, children, and families in the border region and increasing overall quality of life.

*Future implications and Lessons Learned.* The future implications for the developed deliverables include the opportunity for translation of deliverables to Spanish would allowing for more learning opportunities and distribution to a more diverse audience. El Paso is a bilingual community that requires bilingual health promotion materials for greater distribution and educational opportunities. Potential for future updates of information and continued growth of resources in the community is another implication of this project. This includes adding resources available from across the border that were not included in the directory. Border communities such as El Paso have a unique population of people who cross from the United States and Mexico. It would be beneficial to include the available resources in Ciudad Juárez to help facilitate continued breastfeeding support across the border as well.



The lessons learned from this community-engaged project revealed that the number of organizations providing either a private space for lactation or tailored breastfeeding education is very limited for the population of El Paso, Texas. With breastmilk being the ideal food for infants, increasing breast-feeding practices would also be conducive of improving the health and well-being of women, infants, children, and families in the border region and increasing overall quality of life.

## **MPH Foundational and Concentration Competencies**

Listed below are the MPH competencies used during the Graduate Research Project:

### **Evidence-based Approaches to Public Health**

1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
4. Interpret results of data analysis for public health research, policy or practice

### **Public Health & Health Care Systems**

1. Discuss means by which structural bias, social inequities, racism undermine health/create challenges in health equity at organizational, community, societal levels

### **Planning & Management to Promote Health**

1. Assess population needs, assets and capacities that affect communities' health
2. Design a population-based policy, program, project or intervention

### **Policy in Public Health**

1. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
2. Advocate for political, social or economic policies and programs that will improve health in diverse populations
15. Evaluate policies for their impact on public health and health equity

### **Communication**

1. Select communication strategies for different audiences and sectors

2. Communicate audience-appropriate public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence in communicating public health content

### **Systems Thinking**

22. Apply systems thinking tools to a public health issue

### **Hispanic and Border Health Concentration Competencies**

1. State and discuss the current major communicable, non-communicable, and environmental public health threats in Hispanic and border communities.
2. State the basic principles of prevention and control of communicable and non-communicable disease; discuss how these principles can be modified to accommodate cultural values and practices in Hispanic and border communities.
3. Identify and access public health data on communicable and non-communicable disease in Hispanic and border communities (including vital stats and disease registries; health and nutrition surveillance data; census data; national surveys).
4. Identify, access and summarize the content of one or more current initiatives relevant to border health (e.g., Healthy Border 2020; US-Mexico Border Philanthropy Partnership; Paso Del Norte Regional Strategic Health Framework).
5. Identify health disparities, and approaches to achieving health equity.

## References

- Abrahams, S. W. (2012). Milk and social media: Online communities and the International Code of Marketing of Breast-milk Substitutes. *Journal of Human Lactation*, 28(3), 400-406.
- Ahluwalia, I. B., Morrow, B., & Hsia, J. (2005). Why do women stop breastfeeding? Findings from the Pregnancy Risk Assessment and Monitoring System. *Pediatrics*, 116(6), 1408-1412.
- Akins, R., Anchondo, I., & Salinas, V. (2008). Breastfeeding on the US-Mexico border. *El Paso Physician*, 31(4), 5-7.
- Anstey EH, Chen J, Elam-Evans LD, Perrie CG. (2017). Racial and Geographic Differences in Breastfeeding – United States, 2011 – 2015. *MMWR Morb Mortal Wkly Reports*. 66(27):723-727.
- Bastida, E., Brown III, H. S., & Pagán, J. A. (2008). Persistent disparities in the use of health care along the US–Mexico border: An ecological perspective. *American Journal of Public Health*, 98(11), 1987-1995.
- Binational Breastfeeding Coalition BBC. (2018). *About us*. Retrieved from <https://www.borderbreastfeeding.org/about-contact>
- Blum, L. M. (1993). Mothers, babies, and breastfeeding in late capitalist America: The shifting contexts of feminist theory. *Feminist Studies*, 19(2), 291.
- Bertino, E., Giuliani, F., Occhi, L., Coscia, A., Tonetto, P., Marchino, F., & Fabris, C. (2009). Benefits of donor human milk for preterm infants: Current evidence. *Early Human Development*, 85(10), S9-S10.

- Boyd, C. A., Quigley, M. A., & Brocklehurst, P. (2007). Donor breast milk versus infant formula for preterm infants: Systematic review and meta-analysis. *Archives of Disease in Childhood-Fetal and Neonatal Edition*, 92(3), F169-F175.
- Byrd, T. L., Balcazar, H., & Hummer, R. A. (2001). Acculturation and breast-feeding intention and practice in Hispanic women on the US-Mexico border. *Ethnicity and Disease*, 11(1), 72-79.
- Calnen, G. (2007). Paid maternity leave and its impact on breastfeeding in the United States: An historic, economic, political, and social perspective. *Breastfeeding Medicine*, 2(1), 34-44.
- Centers for Disease Control and Prevention. (2016). *Breastfeeding report card 2016*. Atlanta, GA: Author. Retrieved from <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>
- Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. [accessed Jul 29, 2019]. URL: <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>.
- Centers for Disease Control & Prevention. (2017). Breastfeeding among U.S. children born 2002–2013, CDC National Immunization Survey. Atlanta, GA: US Department of Health and Human Services, [https://www.cdc.gov/breastfeeding/data/nis\\_data/index.htm](https://www.cdc.gov/breastfeeding/data/nis_data/index.htm)
- Centro de Salud Familiar La Fe. (2017). *WIC*. Retrieved from <https://lafe-ep.org/wic/>
- Chapman, D.J., Damio, G., & Perez-Escamilla R. (2004) Differential response to breastfeeding peer counseling within a low-income, predominantly Latina population. *Journal of Human Lactation*; 20(4):389–96.

- Chung, M., Raman, G., Trikalinos, T., Lau, J., & Ip, S. (2008). Interventions in primary care to promote breastfeeding: An evidence review for the US Preventive Services Task Force. *Annals of Internal Medicine*, 149(8), 565-582.
- Coale, A. J. (1989). Demographic transition. In *Social economics* (pp. 16-23). London: Palgrave Macmillan.
- Donnelly, A., Snowden, H.M., Renfrew, M.J., & Woolridge, M.W. (2004). Commercial hospital discharge packs for breastfeeding women (Cochrane review). In: The Cochrane Library, Chichester, UK: John Wiley & Sons, Ltd. Issue 2, 2004
- El Paso Public Health Department. (2019). WIC (WOMEN, INFANTS, AND CHILDREN). Retrieved from <https://www.elpasotexas.gov/public-health/services/wic>
- Fox, R., McMullen, S., & Newburn, M. (2015). UK women's experiences of breastfeeding and additional breastfeeding support: A qualitative study of Baby Café services. *BMC Pregnancy and Childbirth*, 15(1), 147.
- Friel, J. K., Diehl-Jones, B., Cockell, K. A., Chiu, A., Rabanni, R., Davies, S. S., & Roberts, L. J. (2011). Evidence of oxidative stress in relation to feeding type during early life in premature infants. *Pediatric Research*, 69(2), 160-164.
- Gatrell, C. J. (2007). Secrets and lies: Breastfeeding and professional paid work. *Social Science & Medicine*, 65(2), 393-404.
- Hawkins, S. S., Dow-Fleisner, S., & Noble, A. (2015). Breastfeeding and the affordable care act. *Pediatric Clinics*, 62(5), 1071-1091.
- Office of Disease Prevention and Healthy Promotion (ODPHP). (2019). Healthy People 2020. Maternal, Infant, and Child Health. Retrieved from:

<https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>

Healthy Paso del Norte. *2016 Report*. Retrieved from

[https://pdnhf.s3.amazonaws.com/documents/files/000/000/169/original/Healthy\\_Paso\\_del\\_Norte\\_2016\\_report\\_-\\_FINAL\\_English.pdf?1501190662](https://pdnhf.s3.amazonaws.com/documents/files/000/000/169/original/Healthy_Paso_del_Norte_2016_report_-_FINAL_English.pdf?1501190662)

Healthy Communities Institute. (2018). *SocioNeeds Index*. Healthy Paso del Norte. Retrieved from

<http://www.healthypasodelnorte.org/index.php?module=indicators&controller=index&action=socioneds>

Heymann, J., Earle, A., & Heyes, J. (2007). *The work, family, and equity index: How does the United States measure up?*. Retrieved from <https://www.issuelab.org/resource/the-work-family-and-equity-index-how-does-the-united-states-measure-up.html>

Hilliard, E. D. (2017). A review of worksite lactation accommodations: Occupational health professionals can assure success. *Workplace Health & Safety*, 65(1), 33-44.

Hirani, S. A. A., & Karmaliani, R. (2013). Evidence based workplace interventions to promote breastfeeding practices among Pakistani working mothers. *Women and Birth*, 26(1), 10-16.

Hintz, S. R., Kendrick, D. E., Stoll, B. J., Vohr, B. R., Fanaroff, A. A., Donovan, E. F., ... & Higgins, R. (2005). Neurodevelopmental and growth outcomes of extremely low birth weight infants after necrotizing enterocolitis. *Pediatrics*, 115(3):696–703.

Howell, E. A., Bodnar-Deren, S., Balbierz, A., Parides, M., & Bickell, N. (2014). An intervention to extend breastfeeding among black and Latina mothers after delivery. *American Journal of Obstetrics and Gynecology*, 210(3), 239-e1.

- Hurst, N. M., Meier, P. P., & Riordan, J. (2005). Breastfeeding the preterm infant. *Breastfeeding and Human Lactation*, 367-408.
- Hilliard, E. D. (2017). A review of worksite lactation accommodations: Occupational health professionals can assure success. *Workplace Health & Safety*, 65(1), 33-44.
- International Lactation Consultant Association. (2018). WHAT IS AN IBCLC? Retrieved from <https://www.ilca.org/why-ibclc/ibclc>
- Jones, F. (2003). History of North American donor milk banking: One hundred years of progress. *Journal of Human Lactation*, 19(3), 313-318.
- Jones, J. R., Kogan, M. D., Singh, G. K., Dee, D. L., & Grummer-Strawn, L. M. (2011). Factors associated with exclusive breastfeeding in the United States. *Pediatrics*, 128(6), 1117-1125.
- Kirk JA, Rosenblum KL, Muzik M. Enhancing breastfeeding rates among African American women: A systematic review of current psychosocial interventions. *Breastfeed Med* 2015;10:45–62. 10.1089/bfm.2014.0023
- Khoury, A. J., Hinton, A., Mitra, A. K., Carothers, C., & Foretich, C. (2016). Improving breastfeeding knowledge, attitudes, and practices of WIC clinic staff. *Public Health Reports*.
- Kistin, N., Abramson, R., & Dublin, P. (1994) Effect of peer counselors on breast-feeding initiation, exclusivity, and duration among low-income urban women. *Journal of Human Lactation* 1994;10(1):11–5.
- Labbok, M., & Krasovec, K. (1990). Toward consistency in breastfeeding definitions. *Studies in Family Planning*, 21(4), 226-230.



- Leaf, A., & Winterson, R. (2009). Breast-milk banking: Evidence of benefit. *Paediatrics and Child Health*, 19(9), 395-399.
- Levenstein, H. (2003). *Revolution at the table: The transformation of the American diet* (Vol. 7). Univ of California Press.
- León-Cava, N., Lutter, C., Ross, J., & Martin, L. (2002). Quantifying the benefits of breastfeeding: A summary of the evidence. *Washington, DC: Pan American Health Organization*.
- Lowe, N. K. (2011). The Surgeon General's call to action to support breastfeeding. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 40(4), 387-389.
- Louis-Jacques, A., Deubel, T. F., Taylor, M., & Stuebe, A. M. (2017, August). Racial and ethnic disparities in US breastfeeding and implications for maternal and child health outcomes. In *Seminars in perinatology* (Vol. 41, No. 5, pp. 299-307). WB Saunders.
- Lumbiganon, P., Martis, R., Laopaiboon, M., Festin, M. R., Ho, J. J., & Hakimi, M. (2016). Antenatal breastfeeding education for increasing breastfeeding duration. *Cochrane Database of Systematic Reviews*, (12).
- U.S. Department of Agriculture, B. S. S. (1996). Research brief: National breastfeeding promotion project. *Tampa (FL): Best Start*.
- Martucci, J. (2015). Why breastfeeding?: Natural motherhood in post-war America. *Journal Of Women's History*, 27(2), 110-133.
- McFadden, A., Gavine, A., Renfrew, M. J., Wade, A., Buchanan, P., Taylor, J. L., ... & MacGillivray, S. (2017). Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews*, (2).

- Mills, S. P. (2009). Workplace lactation programs: A critical element for breastfeeding mothers' success. *AAOHN Journal*, 57(6), 227-231.
- Murtagh, L., & Moulton, A. D. (2011). Working mothers, breastfeeding, and the law. *American Journal of Public Health*, 101(2), 217-223.
- Noble, L., Hand, I., Haynes, D., McVeigh, T., Kim, M., & Yoon, J. J. (2003). Factors influencing initiation of breastfeeding among urban women. *American Journal of Perinatology*, 20(8), 477-483.
- Office of the Surgeon General (US); 2011. The Surgeon Generals' Call to Action to Support Breastfeeding. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/21452448>
- Ogbuanu, C., Glover, S., Probst, J., Liu, J., & Hussey, J. (2011). The effect of maternity leave length and time of return to work on breastfeeding. *Pediatrics*, 127(6), e1414.
- Oliveira, I. B. B., Leal, L. P., Coriolano-Marinus, M. W. D. L., Santos, A. H. D. S., Horta, B. L., & Pontes, C. M. (2017). Meta-analysis of the effectiveness of educational interventions for breastfeeding promotion directed to the woman and her social network. *Journal of Advanced Nursing*, 73(2), 323-335.
- Pannu, P. K., Giglia, R. C., Binns, C. W., Scott, J. A., & Oddy, W. H. (2011). The effectiveness of health promotion materials and activities on breastfeeding outcomes. *Acta Paediatrica*, 100(4), 534-537.
- Pérez-Escamilla, R. (2012). Breastfeeding social marketing: lessons learned from USDA's "Loving Support" campaign. *Breastfeeding Medicine*, 7(5), 358-363.
- Pew Research Center (2018). *Hispanic population and origin in select U.S. Metropolitan Areas, 2014*. Retrieved from <http://www.pewhispanic.org/interactives/hispanic-population-in-select-u-s-metropolitan-areas/>

- Schmied, V., Beake, S., Sheehan, A., McCourt, C., & Dykes, F. (2011). Women's perceptions and experiences of breastfeeding support: A metasynthesis. *Birth*, 38(1), 49-60.
- Shaw, E., & Kaczorowski, J. (1999). The effect of a peer counseling program on breastfeeding initiation and longevity in a low-income rural population. *Journal of Human Lactation*, 15(1), 19-25.
- Sikorski J, Renfrew MJ, Pindoria S, Wade A. (2003) Support for breastfeeding mothers (Cochrane review). In: Oxford: Update Software. The Cochrane Library, Issue 3, 2003.
- Su, L. L., Chong, Y. S., Chan, Y. H., Chan, Y. S., Fok, D., Tun, K. T., ... & Rauff, M. (2007). Antenatal education and postnatal support strategies for improving rates of exclusive breast feeding: Randomised controlled trial. *BMJ*, 335(7620), 596.
- Thulier, D., & Mercer, J. (2009). Variables associated with breastfeeding duration. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 38(3), 259-268.
- Radzyminski, S., & Callister, L. C. (2015). Health professionals' attitudes and beliefs about breastfeeding. *The Journal Of Perinatal Education*, 24(2), 102-109.
- Ringel-Kulka, T., Jensen, E., McLaurin, S., Woods, E., Kotch, J. B., Labbok, M., ... & Baker, S. (2011). Community-based participatory research of breastfeeding disparities in African American women. *ICAN: Infant, Child, & Adolescent Nutrition*, 3(4), 233-239.
- Ryan, A. S. (1997). The resurgence of breastfeeding in the United States. *Pediatrics*, 99(4), e12-e12.
- Texas. 86<sup>th</sup> Legislature. Section 165.002. Right to Breast-feed. Available from:  
<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.165.htm#165.002>
- The CDC Guide to Breastfeeding Interventions. (2005). Retrieved December 7, 2018, from  
[https://www.cdc.gov/breastfeeding/pdf/breastfeeding\\_interventions.pdf](https://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf)

- Thurman, S. E., & Allen, P. J. (2008). Integrating lactation consultants into primary health care services: Are lactation consultants affecting breastfeeding success?. *Pediatric nursing*, 34(5), 419.
- Trickey, H., & Newburn, M. (2014). Goals, dilemmas and assumptions in infant feeding education and support. Applying theory of constraints thinking tools to develop new priorities for action. *Maternal & child nutrition*, 10(1), 72-91.
- Underwood, M. A. (2013). Human milk for the premature infant. *Pediatric Clinics of North America*, 60(1), 189.
- United States Census Bureau. (2018). *QuickFacts: El Paso, Texas*. Retrieved from <https://www.census.gov/quickfacts/elpasocountytexas>
- United States-Mexico Border Health Commission. (2010). Healthy border 2010/2020 strategic framework report. *El Paso, TX*. Retrieved from: <https://www.ruralhealthinfo.org/assets/1077-3989/healthy-border-2010-2020-strategic-framework.pdf>
- US Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: US Department of Health and Human Services, Office of the Surgeon General, 2011.
- Victora CG, Bahal R, Barro AJD, Giovanny VAF, HortonS, et al. Breastfeeding in the 21<sup>st</sup> century: epidemiology, mechanisms, and lifelong effect. Series. Vol 387. Jan. 30, 2016. Available from: <https://reader.elsevier.com/reader/sd/pii/S0140673615010247?token=77D048F4610A03C163C763481C8BADB03F4648B6ECFAC9C2919E85EF7A55D229E65729618D7380A86C29FAB3E9165F9E>

Wall, G. (2001). Moral constructions of motherhood in breastfeeding discourse. *Gender & Society*, 15(4), 592-610.

## Appendix 1



# Introduction to Breastfeeding



Infants are recommended to be exclusively breastfed for the first **6 months** after birth to achieve optimal growth, development, and health. After the first 6 months, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to 2 years of age or beyond.

**Breastfeeding** means the infant receives breastmilk either directly from the breast or expressed from the breast through a breast pump.

**Predominant breastfeeding** means that the infant's predominant source of nourishment has been breast milk (including milk expressed). However, the infant may also have received liquids (water and water-based drinks, fruit juice) ritual fluids and ORS (Oral Rehydration Solution), drops or syrups vitamins, minerals and medicines.

**Exclusive breastfeeding** is defined as no other food or drink, not even water, except breast milk (including milk expressed).

**Bottle-feeding** is defined as any liquid, including breast milk, or semisolid food from a bottle with nipple/teat.

### Some of the benefits of breastfeeding include:



Provides all the nutrients babies need



Contains antibodies that help protect against childhood illness



Fewer hospitalizations and trips to the doctor



Breastfeeding burns extra calories, so it can help you lose pregnancy weight faster



Reduces breast, uterine, and ovarian cancers

## Resources

Bi-national Breastfeeding Coalition: <http://www.borderbreastfeeding.org>

National Office on Women's Health Helpline: 800-994-9662

The US Office on Women's Health staffs both English and Spanish speaking peer counselors  
<https://www.womenshealth.gov>

Breastfeeding After hours: 915-588-2308  
Monday-Saturday from 5:00 p.m. - 10:00 p.m.

La Leche League USA Breastfeeding Helpline – 1-877-4-LALECHE (1-877-452-5324)

Del Sol Baby Café

[http://www.babycafeusa.org/index.php?option=com\\_babycafe&task=view&ID=241](http://www.babycafeusa.org/index.php?option=com_babycafe&task=view&ID=241)

Las Palmas Baby Café

[http://www.babycafeusa.org/index.php?option=com\\_babycafe&task=view&ID=235](http://www.babycafeusa.org/index.php?option=com_babycafe&task=view&ID=235)

City of El Paso Dept. of Public Health - WIC Program  
<https://www.elpasotexas.gov/public-health/services/wic>

### References:

Centers for Disease Control and Prevention. (2014). Breastfeeding report card—United States, 2014. <http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>. Accessed February 23, 2015.  
Noble, L., Hand, I., Haynes, D., McVeigh, T., Kim, M., & Yoon, J. J. (2003). Factors influencing initiation of breastfeeding among urban women. *Am J Perinatol*, 20(8), 477-483  
Office on Women's Health Why breastfeeding is important. (2014, July 21). Retrieved December 01, 2016, from <https://www.womenshealth.gov/breastfeeding/breastfeeding-benefit.html>

Fact Sheet: "Introduction to Breastfeeding"

# Breastfeeding and Lactation Resource Directory El Paso, Texas

---

The Resource Directory was developed  
by Tiffany Butler



# Table of Contents

---

- 3 Definitions
- 4 Getting Enough Milk
- 6 The Law
- 7 Lactation Rooms and Lounges
- 8 Baby Cafés
- 9 Lactation Consultants
- 11 Women Infants and Children (WIC)
- 12 Additional Resources



# Definitions

---

Infants are recommended to be exclusively breastfed for the first 6 months after birth to achieve optimal growth, development, and health. After the first 6 months, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to 2 years of age or beyond.

- Breastfeeding means the infant receives breastmilk either directly from the breast or expressed from the breast through a breast pump.
- Predominant breastfeeding means that the infant's predominant source of nourishment has been breast milk (including milk expressed). However, the infant may also have received liquids (water and water-based drinks, fruit juice) ritual fluids and ORS, drops or syrups (vitamins, minerals and medicines).
- Exclusive breastfeeding is defined as no other food or drink, not even water, except breast milk (including milk expressed).
- Bottle-feeding is defined as any liquid, including breast milk, or semisolid food from a bottle with nipple/teat.

Some of the benefits of breastfeeding include:

- Provides all the nutrients babies need
- Contains antibodies that help protect against childhood illness
- Fewer hospitalizations and trips to the doctor
- Breastfeeding burns extra calories, so it can help you lose pregnancy weight faster
- Reduces breast, uterine, and ovarian cancers



Source: [https://www.who.int/nutrition/topics/infantfeeding\\_recommendation/en/](https://www.who.int/nutrition/topics/infantfeeding_recommendation/en/)

Breastfeeding and Lactation Resource Directory El Paso, Texas

3

# Getting Enough Milk

---

Every mother-baby are different. That makes it hard to say exactly how your baby should be eating. Here are some guidelines created by the American Academy of Pediatrics

Signs that your baby is getting enough milk are:

- One or two periods per day when your baby is alert, bright-eyed, and looking at your face
- A baby who wants to eat every 1-3 hours and is generally satisfied between feedings, however it is common for newborns to “cluster feed” (need to be breastfeeding very frequently) for a daily 4-6 hour stretch, often followed by a long period of sleep. This is normal behavior and helps stimulate an ample milk supply as your baby becomes an expert at latching and removing milk.
- Breastfeed at least 8 or more times in 24 hours
- At least 3-4 wet diapers per day by day 3 of life
- The normal change in stools over the first 2-5 days of life: meconium (dark green, tarry) to transitional stools (lighter green or brown) to true breastmilk stools (yellow, seedy, or loose). The number of stools will increase each day.

In the first few days, your baby is getting rich, yellow colostrum (first milk).

After 3-5 days, when your milk increases, you will also notice:

- Your breasts feel full before a feeding and softer afterwards• A letdown sensation or milk dripping from the other breast• You can hear your baby swallow
- You can see milk in your baby's mouth
- The processed product (stool) coming out the other end.



Source: <https://www.breastfeeding.org/wp-content/uploads/2018/04/2018-RESOURCE-GUIDE-ENGLISH-WEB.pdf>

Breastfeeding and Lactation Resource Directory El Paso, Texas

4

# Getting Enough Milk

---

After the first week, your baby should:

- Breastfeed at least 8-12 times in 24 hours (every 2-3 hrs, "cluster feeding" periods are normal)
- Breastfeed about 10-20 minutes at each feeding
- Be happy during and after a feeding
- Gain about 4-7 oz per week (after a small weight loss the first week)
- Return to birth weight by 2 weeks of age
- Have 6 or more pale colored, wet diapers in 24 hours
- Have 4-12 stools in 24 hours
- Be alert and bright-eyed for several periods each day

Call your baby's doctor if:

- Your infant sucks only briefly, very softly or irregularly
- Your baby is very jaundiced (yellow) and getting more yellow
- You have severe, constant nipple pain
- Your baby fights the breast or cries after a minute or two
- Your baby has fewer than 6 wet diapers a day
- Your baby has little or no stool, or has dark green mucus stools
- Your baby seems weak, tired, or not interested in feeding



# The Law

---

In accordance with Federal law, employers are required to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

Texas enacted comprehensive laws in 1995 which clarified that women have a right to breastfeed wherever the mother has a right to be. That means at the park, in the mall, at the grocery store, at a restaurant, in a movie theater – any public place. No one would deny a baby a bottle when he is hungry, and they can't deny him a breast, either. Moreover, it also set up standards for employers to advertise themselves as 'mother-friendly' if they follow breastfeeding support policies. Texas also has a statute governing human milk banks and a policy which requires health insurers to provide breastfeeding training and assistance to mothers discharged early from the hospital.

For more information on the Texas and Federal Laws in place:



Source: <https://www.borderbreastfeeding.org/the-law>

Breastfeeding and Lactation Resource Directory El Paso, Texas

6

# Lactation Rooms and Lounges

## El Paso International Airport

6701 Convair Rd, El Paso, TX 79925

Lactation lounges are on the second floor in Concourse A, near gate A3, and in Concourse B, near gate B6.\*

## The University of Texas at El Paso

500 W University Ave, El Paso, TX 79968

3 Lactation Rooms are available on campus to students and employees.\*\*

### Hours of Operation

8 a.m. – 5 p.m.

Monday – Friday

- Union Building West Room 112  
This room is found inside the Student Engagement Center at the Union West Building and contains one nursing station with easy access to a nearby restroom.
- Health Sciences and Nursing Building Room 400  
The room is conveniently located on the fourth floor of the College of Health Sciences Building. The room contains one nursing station and a nearby restroom.
- Union Building West Room 112  
This room is found inside the Student Engagement Center at the Union West Building and contains one nursing station with easy access to a nearby restroom.

Register here for a Lactation Room :



\*Lactation Lounges are located post security check.

\*\* Students and Employees must fill out Registration form online before accessing lactation rooms. <https://utep.questionpro.com/a/TakeSurvey?t=rbK0N6AutYH-BW%2D>

# Baby Cafés

---

Baby Cafés are a free service for pregnant and breastfeeding mothers. The services include support from trained staff, comfortable seating, friendship opportunities with fellow mothers, open discussions, and refreshments.

## Del Sol Baby Café

Women & Teen Pregnancy Center  
2200 Lee Trevino Suite B-2A 110  
(915) 595-5461  
Wednesdays, 1:30-3:30 p.m.  
Veronica Muñoz, RNC, IBCLC

## Las Palmas Baby Café

Las Palmas LifeCare Center  
3333 N. Mesa, Conference Rm. D  
(915) 471-7793  
Thursdays, 9:00-11:00 am  
Melinda Gutierrez, RN, IBCLC  
Erika Garcia, IBCLC, LCCE, CD



Source: [http://www.bousa.dreamhosters.com/index.php?option=com\\_babycafe&task=view&ID=241](http://www.bousa.dreamhosters.com/index.php?option=com_babycafe&task=view&ID=241)  
[http://www.bousa.dreamhosters.com/index.php?option=com\\_babycafe&task=view&ID=235](http://www.bousa.dreamhosters.com/index.php?option=com_babycafe&task=view&ID=235)

Breastfeeding and Lactation Resource Directory El Paso, Texas

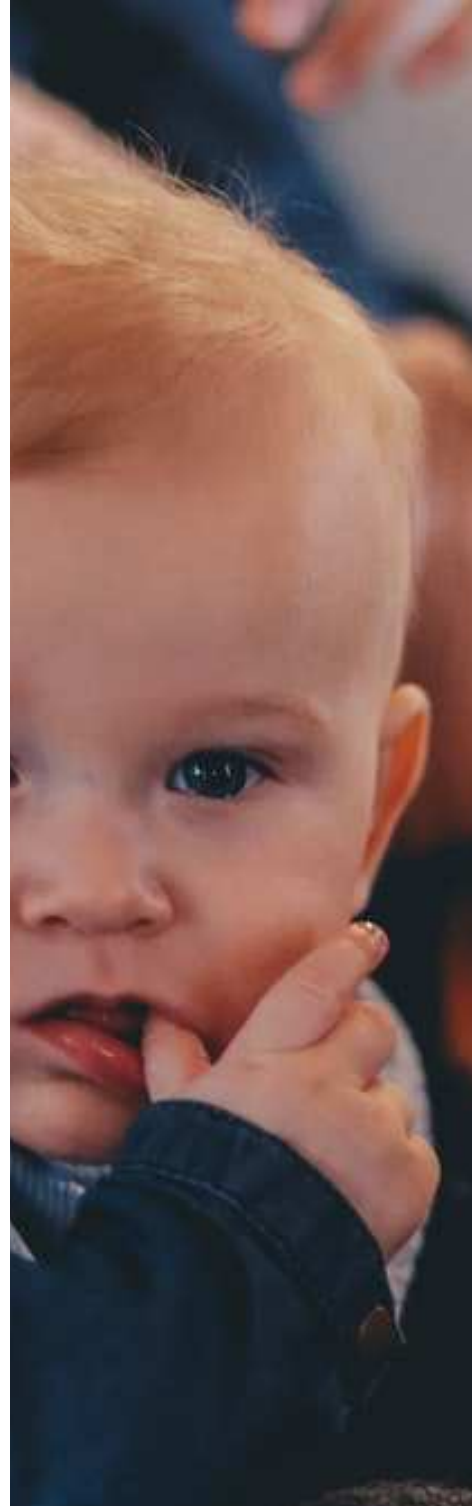
8

# Lactation Consultants

---

## Hospital Based Lactation Consultants

- Del Sol Medical Center  
Veronica Munoz, RNC, IBCLC  
(915) 595-9400  
(915) 594-5959
- Las Palmas Medical Center  
Melinda Gutierrez, RN, IBCLC  
(915) 208-3270
- Providence Memorial  
Danette Castillo, RN, BSN  
(915) 577-7787
- Hospitals of Providence East  
Beth Locke/Amy Hernandez/Ashley Rios  
(915) 832-2673
- Sierra Medical Center  
Lisa Pena Franco, RN  
(915) 747-2831
- El Paso Children's Hospital  
Alicia Herrera, RN, IBCLC  
(915) 298-5444 ext. 43656
- University Medical Center  
Loretta Manriquez, RN, IBCLC  
(915) 996-4240 or (915) 521-7835  
Maria Delgado RN, BSN, IBCLC
- W. Beaumont AMC  
(915) 742-4296





# Lactation Consultants

---

## Private IBCLC Lactation Consultants\*

- Erika Garcia, IBCLC  
(915) 540-9471
- Peggy Hinkle, IBCLC  
(915) 208-3270



\*Contact Consultants for their prices

Breastfeeding and Lactation Resource Directory El Paso, Texas

10

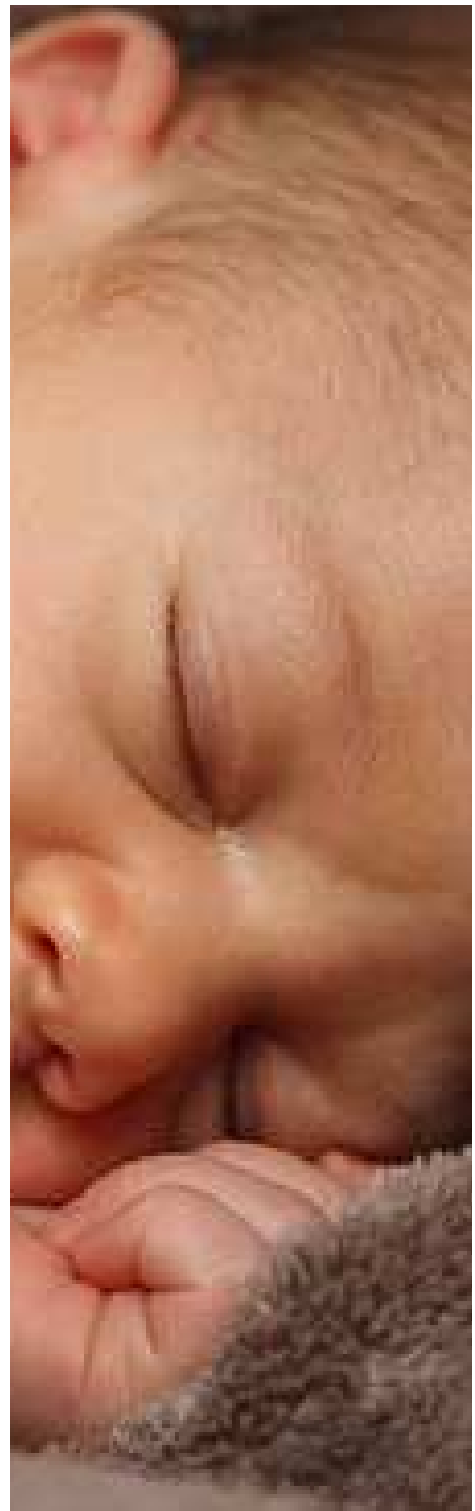
Directory: Page 10 (Lactation Consultants Cont.)



# Women Infants and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five. If you are receiving WIC services, they also offer assistance and help with breastfeeding support.

- La Fe WIC  
(915) 351-1739  
Erika Garcia, IBCLC
- WIC Customer Service Center  
(915) 212-4942  
8 a.m. – 5 p.m.  
Monday – Friday
- WIC After Hours Breastfeeding Support Line  
(915) 588-2308  
5 p.m. – 10 p.m.  
Monday – Friday
- WIC Program Breastfeeding Coordinator  
Astrid Lara, IBCLC, CHES  
(915) 212-6571



Source: <https://www.elpasotexas.gov/public-health/services/wic>

Breastfeeding and Lactation Resource Directory El Paso, Texas

11

## Additional Resources

Bi-national Breastfeeding Coalition:  
[www.borderbreastfeeding.org](http://www.borderbreastfeeding.org)

National Office on Women's Health Helpline:  
800-994-9662  
The US Office on Women's Health staffs both English  
and Spanish speaking peer counselors  
<https://www.womenshealth.gov>

La Leche League USA Breastfeeding Helpline  
1-877-4-LALECHE (1-877-452-5324)

KellyMom Parenting & Breastfeeding  
[www.Kellymom.com](http://www.Kellymom.com)

Mother to Baby  
Both English and Spanish Help from Professionals  
<https://mothertobaby.org>  
Call: (866) 626-6847  
Text: (855) 999-3525



## **Vita**

### **Tiffany Nichelle Butler**

#### **The University of Texas at El Paso**

Tiffany Butler obtained her Bachelor's Degree in Health Promotion with a minor in Community Health from The University of Texas at El Paso (UTEP) in 2015. During her undergraduate studies she served as Historian and Vice President of the Eta Sigma Gamma, National Health Education Organization. In 2016, she enrolled in the Master of Public Health program at The University of Texas at El Paso and worked as a Graduate Teaching Assistant throughout the completion of her program. During her graduate studies she served as a member of the student organization, Students for Public Health. Tiffany is a member of the Society for Public Health Education and holds a national credential as a Certified Health Education Specialist (CHES). During the completion of her graduate degree, she also worked for the City of El Paso Department of Public Health as a Graduate Zika and Preparedness Specialist Intern. Currently, she holds the position of Section Coordinator with Texas Tech University Health Science Center's Office of Diversity, Inclusion, and Global Health. She plans to utilize both her education and professional work experience to assist in the development and implementation vital human service programs to enhance the needs of others; committed to making the underlying concepts of the programs and services clearer and more meaningful for diverse socioeconomic and multicultural backgrounds. Tiffany's passion is to help others, she plans to serve as an advocate and make significant contributions to meet the evolving needs of the local and surrounding region.

Contact email: [Tiffanynichellebutler@gmail.com](mailto:Tiffanynichellebutler@gmail.com)