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The Mary Rose Tully Training Initiative

By Brook Colgan, MPH, IBCLC

In 2009, the Carolina Global Breastfeeding Institute (CGBI) along with the UNC Women's and Children's Hospital developed the *Mary Rose Tully Training Initiative (MRT-TI)*, an IBLCE-approved Pathway 2 clinical training program in breastfeeding and lactation support. There are two educational

components of this training program:
1) completion of 300 hours of clinical lactation experience under the direct supervision of



Dr. Miriam Labbok (far left) and Brook Colgan (bottom right) with the 2010-2011 MRT-TI students.

a re-certified International Board Certified Lactation Consultant (IBCLC) and 2) completion of 90 hours of comprehensive breastfeeding education. Although only in its pilot year, our first class did very well on the 2010 IBLCE exam; all six students scored above average. And, we are very pleased to announce that in 2011 all ten students successfully passed the IBLCE exam. Now in its third year, we have twelve wonderful students that we expect great things from at the end of the year. *If you would like to learn more about the MRT-TI, please contact Brook Colgan at brook@email.unc.edu.*

Medicalization of Labor: A Type of Violence Against Women

By Ana M. Parrilla Rodríguez, MD, MPH, FABM, EEMCP, LCCE

Violence against women is recognized as a public health problem and there is very little information in the medical literature on this topic. Violence against women means any act of violence based on gender and which results, or will probably result, in harm and suffering, be it physical, sexual or psychological, to women, including threats, coercion or deprivation of freedom.¹ Many cultures hold beliefs, norms and social institutions which legitimate, and therefore perpetuate, violence against women. Such violence, in any of its manifestations, cannot be justified, be it physical, sexual or psychological.

A victim of medical violence implies an individual who will be treated differently and in a harmful way by the person who conceptualizes her differently.² Women can be vulnerable to violence perpetrated by persons in positions of authority. A type of violence which passes unperceived in society is the violence carried out during labor and birth. In this type of moral, and frequently physical, violence, the condition of the birthing mother is utilized to violate her most basic human rights during pregnancy and birth.³ It is a type of violence which goes unrecognized or is not identified as such by many health care providers and by the majority of patients. The inherent imbalance of power between the physician and the woman, and the virtual monopoly of obstetricians in health care during pregnancy creates a situation of helplessness for women with her health care providers.⁴

What are the forms of violence during labor and birth? Medicalization of the normal birthing process with excessive use of technology and surgical interventions, the restriction of free movement for the laboring woman, the continuous and indiscriminate use of electronic fetal monitoring, the prohibition of doulas and other birthing companions, routine episiotomies, the prohibition of oral intake, the atmosphere of solitude and desperation, the paucity of non-pharmacologic pain relief alternatives, the separation of the woman and her partner, the breakage of the mother-baby bond, and the refusal to respect her right to attempt a vaginal birth after a previous cesarean section, are some of the manifestations of such violence. **Continued on Page 3**

Letter from the Director



Dear Friends and Colleagues:

CGBI is completing its 6th year, and we are pleased to report on much progress. Our graduates are working around the globe and right here in the Triangle and across the state in a variety of breastfeeding and MCH supportive careers; our research and evidence-based technical assistance has influenced program and policy on breastfeeding support across North Carolina and the US. And our program support work has blossomed, now directly or indirectly impacting the majority of births in North Carolina. As we enter the next year, we hope to continue these good works, and renew our attention to disparities, inequities and the family, social and medical support needed to help all mothers and babies achieve the best start on life and health through breastfeeding.

This year has ushered in many new roles and honors for CGBI-ers. Please join us in congratulating the first CGBI doctoral graduate, Nathan C Nickel, PhD. Emily Taylor is now President of the North Carolina Breastfeeding Coalition; Brook Colgan has been invited into two leadership positions with ILCA; Barbara Cameron has had several invited national presentations on Breastfeeding in Child Care; Sheryl Abrahams has reviewed social networks on the influence of formula marketing; Thea Calhoun continues to support us all and to be a breastfeeding advocate in her own community; and the Student Club BEBES has expanded with increased regular activities across campus. I have initiated a new global ad hoc interest group of physician/lactation consultants and drafted a breastfeeding policy for the ACPM. In addition, the Institute hosted the Big Pink Bus, a national breastfeeding support campaign, and publications and presentations this year reached a new high, with nearly a score of invited presentations and articles in refereed journals.

We hope to continue to replicate our successful efforts, evaluate new approaches for dissemination, and carry out the research and training needed to ensure that all mothers receive the support they need to succeed in early, exclusive and continued breastfeeding for their health and the health of their family.

Wishing you all a Happy New Year, filled with peace, happiness and progress.

Miriam Labbok, Professor and Director, CGBI



Members of the CGBI Team (from left to right): Thea Calhoun, Kathy Parry, Emily Taylor, Miriam Labbok, Brook Colgan and Nathan Nickel.

The Carolina Global Breastfeeding Institute: Nurturing Our Future

Many of the circumstances to which laboring women are submitted are characterized by actions which are considered to constitute indifferent care and/or dehumanized care.^{5,6} In Latin America the term obstetric violence is recently being used. "Obstetric violence is a legal term which describes actions and violations by the members of the health care team against the rights of a pregnant woman in labor." Some of these violations include "mechanized, technological, impersonal and massified attention to the laboring and birthing process".^{8,9}

This type of violence is described in the literature as violence by consent. This occurs when the violent act is not identified consciously as such, but as a symbolic domination.³ In such a case there is a somatization of the power relations; that is, women's bodies (the dominated spaces) are spaces which incite the exercise of power. Women tolerate this violence because it occurs during a special moment in their lives, the birth of their baby, wherein they believe that this (the act of violence) must occur, it is normal, and they believe this is not the moment to rebel, because they are focused more on their babies than in themselves.³

Medical violence presents great dangers. According to Restrepo¹⁰ there are three significant areas where the danger of medical violence arises in health care institutions, under the guise of the common good. The first one is the temptation for homogenization, a concept which denies human singularity, and in which the same treatments are applied and the same alternatives are offered to all women without considering their individuality. The second area involves dogmatism, the refusal to acknowledge other forms of comprehending the processes of health-disease which are inserted in a cultural, linguistic and value-based universe. This gives origin to the denial of alternatives for women to give birth where they prefer, how they prefer, using other methods than the allopathic methods, and branding as crazy or irresponsible those who choose these alternatives. The third area is to consider medical practice as a system of obligatory processes, denying the need of individuals and communities to be autonomous in the ways they tackle birth, pain, health, disease and death.

We must build conscience on the existence of medical violence during childbirth and we must institute measures to prevent it and overcome it. A safe, efficient, efficacious and satisfactory birth is a HUMAN RIGHT worth fighting for. (*Citations available, please email Brook at brook@email.unc.edu.*)

The Breastfeeding-Friendly Healthcare Project

By Emily C. Taylor, MPH, LCCE, CD (DONA)

*Project
Update*

The Breastfeeding-Friendly Healthcare project (BFHC) aims to effect self-sustaining, systemic change in maternity services to support increased breastfeeding and improved health among financially needy populations in North Carolina. Our strategy is to develop at least one 'best practice site' in each of the six perinatal care regions that cover the state. The hospital leaders are becoming "Change Champions" who will be well-prepared to mentor other hospitals in their regions, thus greatly increasing the likelihood of spread and sustainability. The project improves direct services provided to >15,000 mothers and infants in NC each year, and also creates community awareness and support for quality breastfeeding services, enhancing sustainability by creating consumer demand.

As we enter the fourth and final year of the BFHC, we are proud to report that the hospitals have experienced great success. On average, the BFHC hospitals report a 53% increase in exclusive breastfeeding rates since the project began, with small and large, urban and rural, teaching and non-teaching hospitals performing similarly well.

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Emily Taylor, project director, will begin the Institute for Healthcare Improvement's (IHI) prestigious Improvement Advisor Training Program in 2012. BFHC will serve as the case study for this effort, and as such, will benefit from the expertise that only IHI offers in the field of healthcare quality improvement. All nine hospitals will convene in early 2012 for an "All Teach-All Learn" session for Team Leads and a "Train the Trainer" session to share lessons learned to date.

While every hospital has its own unique barriers and facilitators to the quality improvements that result in exclusive breastfeeding increases that we have experienced in BFHC, there are some strategies that we look forward to sharing with all hospitals in an Implementation Toolkit due out within the year. *For more information about the Breastfeeding-Friendly Healthcare Project go to <http://cgbi.sph.unc.edu/healthcare> or contact Emily Taylor at emilytaylor@unc.edu.*



Birth & Breastfeeding: Evidence-Based Education and Support

By Kathy Parry, CD, MPH Candidate

This past Fall semester was exciting for student club, BEBES, with new first-year MPH students adding exciting energy to the group. We were grateful to be able to host visiting researcher Foteini Hassiotou from Australia for a fascinating lecture on her past and current research on the components of breastmilk, including stem cells. Foteini will be in the area for a few more months and is in need of continual research participants who are able to express breastmilk to be analyzed. Contact Ellen Chetwynd if you are interested in participating this winter at 919-548-6087 or ellenchetwynd@gmail.com.

Another highlight of the Fall semester, BEBES was approached by a member of the Student Advisory Committee to the Chancellor (SACC) about the Chancellor's desire to support efforts to improve the lactation rooms on campus. BEBES leaders submitted a report at SACC's November meeting to applaud UNC on its desire to continue supporting lactating women on campus. The report detailed the current situation of the rooms and offered suggestions for improvement based on key-informant interviews and user surveys. We hope to utilize the results from CGBI's/CWC's campus wide reproductive health survey to further inform this effort. We are especially looking forward to any support or resources that the Chancellor can provide and will dedicate our Spring fundraising efforts to this cause.



BEBES members gather in Rosenau Hall for a meeting to discuss ongoing initiatives and upcoming events and lectures.

As always, your comments, questions, and participation are welcomed. *To join the list-serve or for more information, please email Kathy Parry at kparry@email.unc.edu*

We welcome your feedback: Please send your comments and suggestions to cgbi@unc.edu or brook@email.unc.edu. Thank you!

