

African American Breastfeeding Peer Support: All Moms Empowered to Nurse

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Abstract

Background: Although breastfeeding is optimal infant nutrition, disparities in breastfeeding persist in the African American population. AMEN (Avondale Moms Empowered to Nurse) launched a Peer-to-Peer support group to increase breastfeeding initiation and duration in an under-resourced African American urban community with low breastfeeding rates.

Materials and Methods: A Community-Based Participatory Research (CBPR)-guided project was developed in partnership with a neighborhood church. Using modified Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) peer counseling materials, Avondale neighborhood breastfeeding moms were trained and designated Breastfeeding Champions. Community organizations and partnering agencies helped recruit local mothers. Support groups included childcare, transportation, refreshments, and incentives, plus stipends for Champions. A mixed-methods approach captured participation, feeding intention and practices, and program evaluation using electronic data capture. After adding another neighborhood with low breastfeeding rates, AMEN was modified to “All Moms Empowered to Nurse.” Additional Champion moms were trained as Reaching Our Sisters Everywhere (ROSE) Community Transformers. During the COVID-19 pandemic, the group has met weekly by virtual platform.

Results: Since May 2017, 67 AMEN support meetings have included 158 participants, with average attendance of 10 (range 5–19) per meeting. In addition to 8 Champions, 110 moms have attended, including 24% expecting mothers. Additional attendees include 13 family support persons, 23 guest speakers, and 12 from community outreach programs. Qualitative feedback from participants has been uniformly positive. Breastfeeding initiation rates have increased 12% in the initial neighborhood.

Conclusions: Harnessing strength within the local community, Champion Breastfeeding Moms have successfully launched AMEN breastfeeding support groups in under-resourced African American urban neighborhoods, helping more mothers reach their breastfeeding goals.

Keywords: breastfeeding, African American, peer support, community-based participatory research

Introduction

BREASTFEEDING IS WIDELY regarded as optimal infant nutrition and considered a public health imperative in the United States and around the world, due to its associated risk reductions in both maternal and child health conditions throughout the lifespan.^{1,2} Although >84% of new mothers in the United States initiate breastfeeding, substantial racial and ethnic disparities exist in breastfeeding initiation and sus-

tainment.³ In Hamilton County, Ohio, 54% of non-Hispanic Black women provide any breast milk at age 8 weeks post-delivery, compared with 73% of non-Hispanic white women.⁴ Regional neighborhood breastfeeding data highlight even greater disparities, with only 41% breastfeeding initiation in some under-resourced urban neighborhoods, compared with 95% in more affluent suburban neighborhoods, with striking differences in race, ethnicity, and socioeconomic status.⁵

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Breastfeeding difficulties in the first few weeks of life represent a major obstacle for overall breastfeeding success, especially in communities of deprivation and the African American population.^{6,7} New mothers with breastfeeding problems in the first 3–7 days after birth are more likely to have decreased duration of breastfeeding.⁸ Although breastfeeding support is available in the community, many mothers do not seek medical advice or support at the onset of breastfeeding difficulties after hospital discharge, and often resort to early formula supplementation,³ leading to early cessation of breastfeeding. In Hamilton County, the steepest drop off in breastfeeding occurs within the first few weeks of life, especially in areas of economic deprivation; mothers with a high deprivation index have lower rates of breastfeeding initiation and a rapid decline in breastfeeding after birth.⁶ The current COVID-19 pandemic has created even more obstacles to breastfeeding support due to social distancing, limited travel options, and cancellation of some in-person options for assistance.

Considering these obstacles, identifying mothers early in their need for breastfeeding support, and connecting them promptly with appropriate and accessible breastfeeding resources, represents a potential way to increase breastfeeding success. As higher levels of socioeconomic deprivation have been associated with adverse health outcomes,^{9,10} disparities in breastfeeding continuation must be addressed to improve overall health and health equity. Importantly, increased breastfeeding is associated with decreased infant mortality,^{11,12} which is extremely high in Hamilton County, especially in the African American population and in neighborhoods of poverty.¹³

Among the barriers to breastfeeding success that have been identified in the community, the lack of peer role models has emerged as an especially important problem. Peer support has been found to be a significant encourager to breastfeeding women, especially when the peers are from the same culture.^{7,14–16} Harnessing the strength within the community of mothers who have successfully breastfed, we established the first Peer-to-Peer (Mom-to-Mom) breastfeeding education and support project in Avondale, a neighborhood in Hamilton County with a high rate of poverty, a large African American population, and a high deprivation index.¹⁷ The goals were to build breastfeeding support and promotion within the community, to change health behavior through Peer-to-Peer support, and to address both social and economic determinants of health as a means to address breastfeeding as a public health imperative. We hypothesized that peer support within the local community would be acceptable to mothers prenatally and postpartum. Project outcomes included attendance and participation in the groups, along with assessments of breastfeeding intention and practices.

Materials and Methods

Project design

The AMEN (originally “Avondale Moms Empowered to Nurse”) project was created in the Avondale urban neighborhood after community connections were made through family outreach organized by a home visitation program, Every Child Succeeds (ECS), at Carmel Presbyterian Church. Neighborhood families met monthly for a meal and participated in health discussions with physicians and staff from

Cincinnati Children’s Hospital Medical Center (CCHMC). The lack of breastfeeding initiation and continuation was identified as a concern for the local community, and the CCHMC Center for Breastfeeding Medicine was invited to share breastfeeding resources. Based on early interest and subsequent requests, these family meetings expanded into breastfeeding workshops for new and expecting mothers, and eventually a Breastfeeding Learning Station was established at the Church Pantry.

Project planning

Through this process, community mothers came together with stakeholders from the church, leadership of ECS, and CCHMC. Using a Community-Based Participatory Research (CBPR) approach,¹⁸ a steering committee was formed to plan a Peer-to-Peer support group, harnessing the strength of three neighborhood “Champion Moms” who were successful in breastfeeding, and attendees at the Family Gatherings at the church. Using Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) peer counseling materials, modified by the medical advisor (J.L.W.) to more appropriately meet the need of a community-based program,¹⁹ these Champion breastfeeding moms were trained in six sessions of 3 hours each. After their own training, AMEN Champions participated in planning the breastfeeding support groups for other mothers in the Avondale community. Champions received a monetary stipend for their time in training, planning, and leading groups.

Project launch

The AMEN breastfeeding education and support group had its inaugural meeting in May 2017 at Carmel Presbyterian Church. After the project launch, AMEN typically met one to two times per month thereafter with provision of childcare, transportation, refreshments, and grocery gift card incentives. Participating moms were recruited through organizations working with pre- and postpartum women, outreach at health events, social media publicity, as well as word-of-mouth advertising. Moms were not required to live in Avondale to join the group meetings. Group activities included sharing of a breastfeeding topic of interest by the Champion moms, various interactive activities such as breastfeeding Bingo and Jeopardy, and facilitated sharing among attendees, in addition to special guest presentations. Phone SMS texts were sent the day before each meeting as reminders for attendance.

Meeting agenda

All AMEN support groups were led by one Lead Champion mom, who chose a topic for discussion, welcomed participants, and facilitated the meeting. Other Champions joined meetings and assisted where needed. All Champions and J.L.W. assisted meeting attendees in completing their data collection surveys. Outside speakers were invited periodically to provide additional topic expertise and included topics of interest to the participants such as nutrition, immunizations, infant health, and even employment and sexuality issues related to breastfeeding.

Meeting assessments

A data collection tool was developed and tested by AMEN Champions, which was modified from previously validated survey tools.^{20,21} A mixed-methods approach included quantitative capture of breastfeeding intention and breastfeeding practices using Research Electronic Data Capture (REDCap[®]) software,²² through survey links and mobile applications as well as qualitative feedback from participants. In addition, AMEN moms were asked to share their reflections on the importance and impact of the AMEN project. A representative sample of their written responses were reviewed by the coauthors and chosen to highlight the beneficial aspects of the program. Descriptive statistics were performed using Microsoft Excel and Microsoft Power BI. The CCHMC Institutional Review Board determined that this proposal did not meet the regulatory criteria for research involving human subjects.

AMEN expansion

After successful efforts in the Avondale area, the Champion moms expressed their desire to add another neighborhood, to reach more mothers in need of breastfeeding support. Another Hamilton County urban neighborhood, Price Hill, was identified as an additional local community with low breastfeeding rates.⁵ A partnership was developed with Santa Maria Community Health Services, an agency serving maternal and child health needs in that area, to provide space for a second AMEN group. With the addition of this group, which started in July 2019, the Champion moms decided to rename the AMEN group “All Moms Empowered to Nurse.” Additional Champion moms were added to help with the expansion, and were trained by Reaching Our Sisters Everywhere (ROSE) as Community Transformers.²³ Additional mothers were also trained as “Breastfriends” with assistance from ROSE,²³ which led to five additional Champion Breastfeeding moms joining the project.

COVID

In March 2020, after <1 year with the combined two site groups, the COVID-19 viral pandemic effectively shut down face-to-face meetings. Pivoting to the virtual world, the AMEN group quickly changed its format to meet weekly using videoconferencing (Zoom), which allowed even more

mothers to join without concerns of location and transportation. Attendees received a grocery gift card, and new moms to the group received a free meal of their choosing that was delivered by a commercial vendor. Data collection changed to an online version of the REDCap[®] survey when our virtual groups launched in May 2020. Moms were given links to the survey through text messages and e-mails, which allowed them to complete data collection before, during, or after each meeting.

Results

Meeting attendance

A total of 67 AMEN meetings have occurred to date, initially once or twice a month in person, but subsequently modified to weekly online meetings. Attendance has varied in number and scope, but an average of 10 mothers (range 5–19) have attended the meetings for a 3.4 year period (Fig. 1). A total of 110 mothers have attended at least 1 meeting, as well as 8 Champion Moms, 23 guest speakers, 13 family support persons, and 12 community partners. Whereas 67 mothers have attended 1–2 meetings, some mothers have attended >30 meetings.

Selected demographics of the participating attendees are described in Table 1. Almost all responding attendees were women (96%) and the vast majority were self-described as Black/African American (81%) or biracial (6%). Four mothers identified as Hispanic or Latino. Most of the women (74%) already had a baby, although 24% were currently expecting a baby. Most of the mothers were young, with equivalent numbers in the 20–24, 25–29, and 30–34 years age groups (Table 1).

Discussion topics

A variety of speakers have joined the AMEN meetings. These guests and topics were requested by the AMEN Champions and mothers as areas of interest and importance to them while raising a young family (Table 2). At each meeting, the lead AMEN Champion also prepares a topic of interest about breastfeeding to share with the attendees. Some selected topics covered by the Champions have included the following: How to latch the baby properly, how to pump when going back to work, how to improve milk supply, breastfeeding in public, and self-care while breastfeeding,

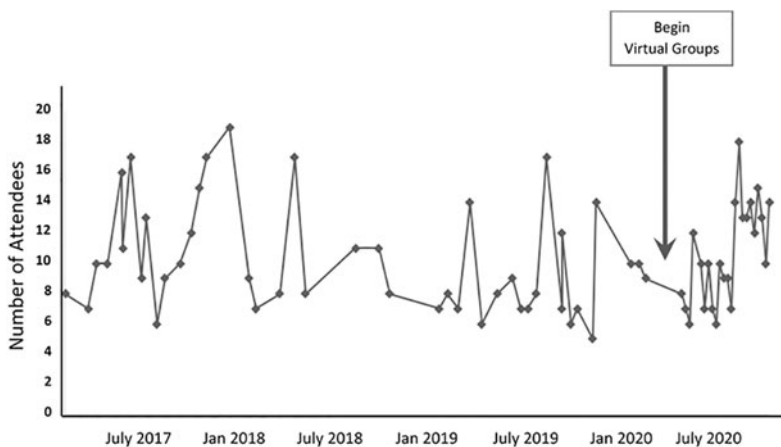


FIG. 1. Attendance at the AMEN meetings, between 2017 and 2020. For this 3.4-year period, a total of 67 meetings have occurred, with an average of 10 attendees (range 5–19). Since the COVID pandemic, the frequency of meetings has increased, starting in May of 2020. AMEN, All Moms Empowered to Nurse.

TABLE 1. SELECTED DEMOGRAPHICS OF ALL MOMS EMPOWERED TO NURSE ATTENDANCE FOR A 3.4-YEAR PERIOD

Demographic	With baby	Expecting	No baby	Total
Participant type				
Champion	8	0	0	8
Moms	78	26	6	110
Guest speakers	1	0	14	15
Support	2	0	11	13
Community partner	0	0	12	12
Race				
Black/African American	58	15	15	88
Mixed	5	1	0	6
White	10	2	2	14
Unknown ^a	16	8	26	50
Ethnicity				
Hispanic or Latino	3	1	0	4
Non-Hispanic or Latino	86	25	31	142
Unknown ^a	0	0	12	12
Gender				
Female	87	26	38	151
Male	2	0	5	7
Age range (years)				
Under 20	2	2	0	4
20–24	13	2	2	17
25–29	22	5	0	27
30–34	22	4	1	27
35–39	8	4	2	14
40 and over	6	0	11	17
Unknown ^a	16	9	27	52

^aUnknown includes participants who preferred not to answer that query.

Feeding intention

Expecting moms were asked about their feeding intentions, and specifically whether breast milk feeding was a part of their infant feeding goals. Using the electronic data collection tool, 60% chose breast milk at the breast only, 10% chose both breast milk at the breast plus expressed breast milk, and 30% chose any breast milk feeding and formula (Fig. 2A). For moms with babies who attended the meeting, we also captured the type of feeding the baby was receiving at the time of the meetings. A majority of moms (55%) provided breast milk at the breast only, whereas 13% provided both breast milk at the breast and expressed milk, 10% gave both breast milk and formula, and 4% gave only expressed breast milk; relatively few moms (18%) provided only formula around the time of the meetings (Fig. 2B).

Qualitative evaluations

Attendees completed evaluations at all in person visits and unanimously were pleased with the groups. Many wrote positive comments about the topics and teaching, but also about the camaraderie and friendships that have developed by being in a breastfeeding support group. Some highlighted comments by the mothers to the question, “What has the AMEN group meant to you?” are listed in Table 3.

Champion outreach in the community

Many members of the AMEN Champion team have gone beyond their leadership in the AMEN meetings and have participated in various local, regional, and national events. Examples of their visible efforts in the community include the following:

- Serving as Outreach Ambassadors at Health Fairs, Baby Showers, Black Family Reunion, and First Ladies Health Day
- Speaking at Community events: Cradle Cincinnati, Queens Village, “Chocolate Milk” viewing/panel, and The Big Latch On
- Participating as Parent experts in Regional Conferences-3 Conferences in Cincinnati “Eliminating Disparities in Breastfeeding and Infant Mortality”
- Joining Peer Researcher activities through Cincinnati Children’s
- Speaking on behalf of the AMEN group: Cradle Cincinnati, WIC, Jobs and Family Services, La Leche League, and US Breastfeeding Committee National Conference
- Sharing the importance of breastfeeding and the AMEN group in the media—several TV and print news opportunities
- Accepting Community Academic Partnership Award for the AMEN project at the Center for Clinical and Translational Science and Training (CCTST) recognition program
- Presenting AMEN community data in both community and academic settings
- Networking with community partners—homeless shelters, churches, and home visitation.

Breastfeeding rates

Although not exclusively related to the formation and activities of the AMEN breastfeeding groups, breastfeeding initiation rates can serve as a proxy for success. Within Avondale, the original neighborhood for the AMEN group, the rate of breastfeeding initiation was 43% at project development in early 2017 and has increased to 55% in 2020.²⁴

Discussion

In the United States, ~60% of mothers do not reach their own breastfeeding goals, citing early breastfeeding difficulties such as latch problems and concerns about milk supply.²⁵ Low-income mothers have noted similar reasons for early breastfeeding cessation.²⁶ Early breastfeeding cessation is particularly problematic in the African American population⁷ and in areas of deprivation.⁶ Most early breastfeeding concerns are amenable to intervention through timely breastfeeding care and support, if the mothers communicate their needs and services are made available to them.^{27,28} Peer-to-Peer support has been well demonstrated to improve breastfeeding outcomes,^{29–31} and is a way to connect with mothers prenatally and after delivery.

AMEN was designed to provide Peer-to-Peer breastfeeding education and support, specifically for African American mothers living in neighborhoods of poverty, and Table 1 illustrates that the target population was engaged. This support is just one of the many layers of influence described in the

TABLE 2. GUEST SPEAKERS ATTENDING ALL MOMS EMPOWERED TO NURSE MEETINGS

<i>Guest speaker topic</i>	<i>Agency/institution</i>	<i>No. of meetings</i>
Avondale resources	TCB	1
Breastfeeding outreach	BSTARS	1
Celebrate Moms—Facials, Manicures	Carmel Presbyterian Church	1
Community Health Workers	HCAN/CCHMC	3
Community Support	CCHMC	2
Dads and Breastfeeding	ROBE	2
Doula Support	Several local Doulas	1
Exercise—“Do Right Babies”	Closing the Health Gap	1
How to Talk to Your Child About Sex	Planned Parenthood	1
Injury Prevention	CCHMC	1
Lactation Expert	Trinity Mother Baby Outreach	1
Lead	CCHMC	2
Medicaid Services	Caresource	1
Nutrition and Breastfeeding	WIC	3
Prenatal Breastfeeding Education	TriHealth	1
Public Assistance	Jobs and Family Services	2
Reading	CCHMC	2
Reproductive Health	Cradle Cincinnati Connections	1
Safe Sleep	Cradle Cincinnati	1
Sex and Breastfeeding	ROSE and “Nurse Nikki”	1
Stress Reduction Techniques	CCHMC Mental Health provider	1
Structural Racism	CCHMC	1
Vaccines	Pediatrician—Mercy Health	1

Topic, Organization, and Number of Meetings attended are noted.

BSTARS, Breastfeeding Sisters That Are Receiving Support; CCHMC, Cincinnati Children’s Hospital Medical Center; HCAN, Healthcare Access Now; ROBE, Reaching Our Brothers Everywhere; ROSE, Reaching Our Sisters Everywhere; TCB, The Community Builders; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.

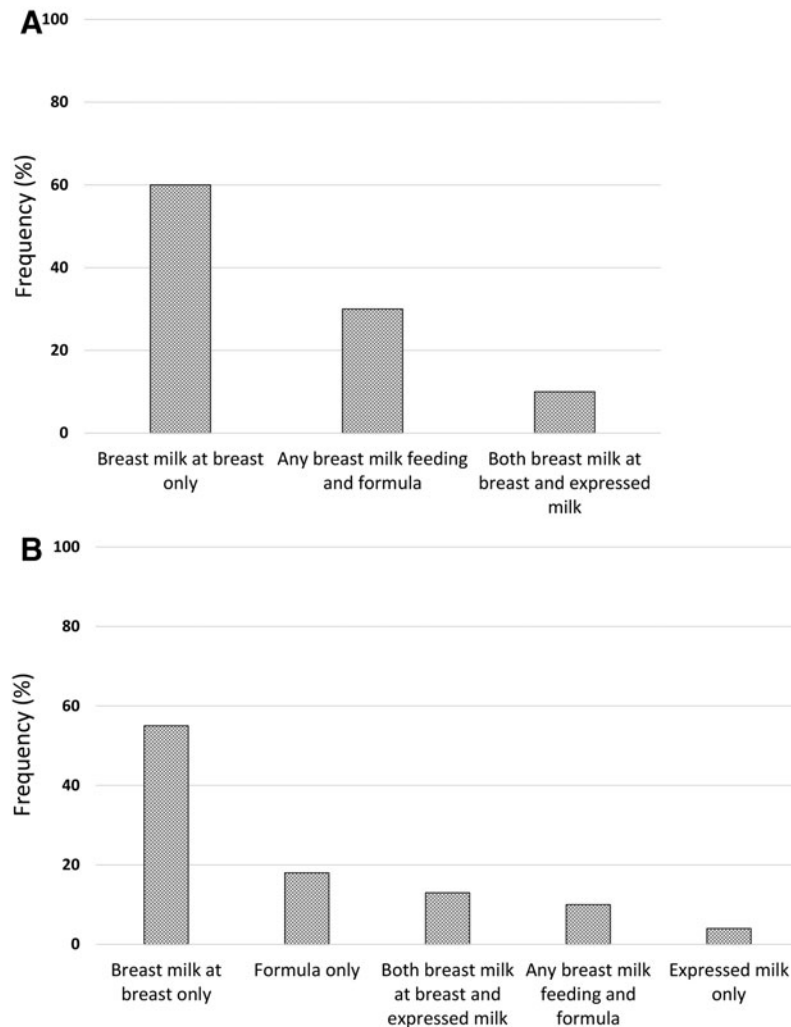


FIG. 2. Feeding intentions and practices by AMEN mothers. During the AMEN meetings, mothers were asked about their intentions and practices for feeding their infant, with responses captured using the data collection tool. **(A)** Planned feeding by expecting moms—choices were breast milk at breast, any breast milk feeding and formula, or both breast milk at breast and expressed breast milk. **(B)** Type of feeding at meetings—actual feeding practices recorded during the AMEN meetings, including breast milk at the breast, formula only, both breast milk at the breast and expressed breast milk, any breast milk and formula, or expressed milk only.

TABLE 3. SELECTED COMMENTS FROM ALL MOMS EMPOWERED TO NURSE PARTICIPANTS, IN RESPONSE TO THE QUESTION "WHAT HAS THE AMEN GROUP MEANT TO YOU?"

- AMEN has meant the world to me. This is because my daughter will be my world when she is born and AMEN has helped me to feel more comfortable about bringing her into the world. The group has helped me by (1) introducing the benefits of breastfeeding; (2) providing me weekly encouragement and deeply informative sessions on nutrition, health, healthcare, environmental dangers, group support, etc.; (3) having access weekly to a dozen women (or so) who very freely and honestly give advice about breast feeding and child rearing. The AMEN women are special in their willingness and eagerness to share real-life experiences, challenges, shortcomings, and SUCCESSES/BREAKTHROUGHS. This is where I come for answers. Not google.
- I went to the group with my 3-month-old baby and was exclusively breastfeeding. I love the group and wanted more education on breastfeeding plus I was the only one who did it in my family. So I became a champion with AMEN and I love this group it's more than breastfeeding we are family moving to change the world and lives of babies and families. It has been an uplifting feeling. I felt broken when I first started. I'm a proud mother of 6 and I was on my 5th and was having trouble nursing. I was heartbroken because it always came natural to me. ... I didn't have any family or friends that shared my faith in caring for my children in the best way possible starting at birth with breastfeeding. ... We LEARN from each other and it is Truly Empowering!! I Appreciate every gathering because I don't look at it as a meeting. I feel we have connected on a family level and it warms my heart!
- I'm so happy to be in this group. The group gives me life. If this isn't happening, I don't know where I'd be at. I like coming together and interacting with other moms.
- I have been breastfeeding for 3 years and probably like three or four months. I am a Champion and it means a whole lot to me. I am touched I am proud because we're able to just help out with the Black communities and just communities in general moms and families who struggle and to let them know that breast is best. I was determined to breastfeed so breastfeeding is best and I love to help ... I love to see change I love to ... help motivate women and families and try to help them and educate them more on the best things for their kids... God sent me there is there is no coincidence ... and I have received so much more opportunities I've met so much people I've got I have to help with a lot of fun programs and things we have done in the community and with Cincinnati Children's and a lot of churches and I just love to help in the community to make it a better place and that's the reason why I became a Champion with AMEN.
- I love how supportive this group is on breastfeeding, letting me know it's ok to still breastfeed him even after 1 yr old. It helps keep the bond between my child and me. I try to pass on the same support to other mothers like you all have with me. The group always gives great information—keep up the good work.
- I have been Fortunate to join this amazing and dynamic Group of ladies to change the world for Breastfeeding moms in our community. As a brand new Mother I was introduced to AMEN ... and the Group has since been a foundation of support through breastfeeding as well as a compass to navigate many elements of new motherhood. Finding other women that could encourage one another during some of the most challenging parts of womanhood has been a saving grace. As a new Mom struggling with breastfeeding concerns AMEN has been instrumental in my continued success with nursing by providing services Guidance and resources. My daughter is now almost 3 yrs old and we haven't had any breastfeeding issues or concerns. I owe that to the AMEN Group and to the bonds and peer counseling we have received and now provide as AMEN Champions. The education and programs I have had the great gift to participate in through opportunities presented with AMEN have prepared me to counsel other women experiencing breastfeeding challenges. Most importantly they have opened my eyes to the imperative effect that breastfeeding has on the health and development of our Babies. It is our Goal to continue this incredible program and expand as we educate and encourage moms around the tristate and beyond to make natural healthy and beneficial decisions to breastfeed.

AMEN, All Moms Empowered to Nurse.

social ecological model surrounding the mother and baby, all of which affect her success in meeting her breastfeeding goals, from friends and family, to physicians and health care workers, and even national policies.³² Individual barriers to breastfeeding in the African American population include concerns about embarrassment, pain, sexuality, and lifestyle issues.^{33,34} Inequity in access to culturally supportive breastfeeding resources has also been noted as an individual barrier, especially when there are concerns about the mechanics of breastfeeding.³⁵ Barriers also occur at the community level when breastfeeding is not seen as the norm among a mother's social network, along with lack of encouragement for breastfeeding from health care providers.³⁶ At a systemic level, racism, bias, and discrimination may contribute to decreased breastfeeding initiation and continuation within the African American community.^{7,37,38} As described in Table 2, AMEN groups touched on many of these barriers during meeting discussions led by the Champion moms, as well as the multitude of educa-

tional resources and support available to moms and families provided by the wide variety of guest speakers who shared in the meetings.

The AMEN Champions and participants embraced the concept that the community must be involved in the development, planning, and execution of new programs.^{7,18} Through an intentional CBPR approach, the AMEN project started in one neighborhood with low breastfeeding rates, expanded to a second neighborhood, and during the current viral pandemic, has successfully transitioned to a virtual environment to reach even more mothers (Fig. 1). The AMEN project is innovative by empowering successful breastfeeding mothers from the community to be directly involved in improving health and reducing health disparities, including infant mortality, by encouraging and supporting breastfeeding. The strong connections between the various Community Partners, CCHMC, and the AMEN Champions have created synergy in improving the health of families. The CBPR approach was successfully employed, as it effectively

addresses health disparities by including the perspectives of vulnerable populations as co-researchers.¹⁸ These community members have been part of program development and planning from the outset. Importantly, with various community funding streams, AMEN has aligned with the Saving Tomorrow Today African American Breastfeeding Blueprint, which highlights the importance of compensation for time spent by community members on developing and implementing projects to support the needs of their community.⁷

By all metrics measured in this study, the AMEN project has been successful and empowering to African American women in our community. Champion moms have been trained in breastfeeding peer support, local mothers have been recruited to meetings for breastfeeding support, and attendance has been regular and sustained >3 years, even during the COVID pandemic (Fig. 1). Satisfaction with the program has been almost unanimously positive (Table 3), indicating that the discussion topics and speakers are relevant and informative. Perhaps most importantly, over the time of the AMEN project, breastfeeding initiation has increased in the original neighborhood from 43% to 55%,²⁴ which may reflect larger efforts to improve breastfeeding across the region, state, and nation during this time.^{31,39,40}

Several unplanned and unexpected benefits also have occurred, beyond the original AMEN project design. Some mothers who attended groups for an extended period of time have shared anecdotally that they have exceeded their original breastfeeding goals and some for >3 years. Most mothers have developed and maintained deep friendships, helping each other with areas of importance to new mothers in addition to breastfeeding. A particularly exciting outcome has been the growth in leadership among the AMEN Champion moms. Four have completed formal Certified Lactation Counselor (CLC) training⁴¹ and hope to incorporate lactation expertise into their careers. Several have discovered other roles such as joining research studies, participating or even leading panels, providing community outreach, sharing input with community agencies, and providing integral local services. Finally, AMEN acknowledges racism by empowering mothers of color to attain skills to become visible leaders and supporters of breastfeeding within their own communities as well as sharing their lived experiences with providers at facilitated breastfeeding conferences.⁴² In addition, the successful AMEN project has led to yet another breastfeeding support group launched in our community to support the Latinx community, called L.E.C.H.E. (Latinas Empowered to Choose Health Excellence).

Several unexpected challenging lessons were learned, which led to limitations of the data collection, survey techniques, and analysis. Although REDCap[®] was available on mobile devices at all in-person AMEN meetings, everyone's data were not always captured accurately during the busy meeting. The best way to complete the short surveys were with 1:1 coaching, which was not always possible. In the virtual format, participants sometimes do not go to the registration or sign in links, so all data of interest may not be captured. After learning that texting moms about the meetings was the best method of contact, we have instituted Twilio through REDCap[®] to send automatic reminders and survey links; however, sometimes participants do not fill out the survey in the virtual environment. Analysis was based upon information collected. Although the AMEN groups are

open to all moms, whether they intend to breastfeed or are breastfeeding, bias could occur as the groups are for the purpose of encouraging breastfeeding. Flyers are a wonderful recruitment tool for new moms, but unless there is a person handing out the flyer describing the group, we have found they are less likely to result in engagement. Connecting to expecting and new moms in the community is an ongoing challenge, especially during COVID. We are working with many community partners to help us get the word out about our meetings and support. Social media is becoming a good way to engage our participants, and will be an area for future expansion. Sustainability of the project by continued efforts to obtain community grant funding is an important goal.

Summary

Using a CBPR approach and harnessing strength from within the local community, AMEN Champion Breastfeeding Moms have successfully launched, expanded, and sustained Peer-to-Peer breastfeeding support groups that have provided support to 110 unique individuals to date in largely African American communities from areas of low breastfeeding rates. We have some new evidence that this group has had a positive effect in low-resource communities in helping mothers reach their breastfeeding goals. Relationships developed with multiple community partners have enhanced the program to include family support in a variety of needed areas.

Next Steps

Future plans include revision of data collection tools to improve accuracy and ease of completion with AMEN Champion input. The AMEN Champions are interested in increasing breastfeeding education for the community with additional scholarships for Breastfriend and CLC training, and are planning some self-created educational pieces to post on our social media as well as at AMEN meetings. Once COVID-19 restrictions are lifted, the Champions would like to continue the virtual option to allow mothers to attend who have difficulty attending in person. Participating AMEN moms are also working on a partnership with a local farm to provide healthy food to breastfeeding moms during COVID-19. The excitement, engagement, and momentum of the AMEN Champions and AMEN participating moms are inspiring, and they will continue to make a difference in breastfeeding success for the community.

Acknowledgments

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Authors' Contributions

J.L.W. was involved in the design and execution of the project and wrote the original version of the article through the final version. D.L., S.L., N.M., J.G., J.L., K.P., M.S., and L.R. served as AMEN Champion Moms and were instrumental in completing the study objectives. They participated in survey design, data collection, compilation of results, and interpretation and conclusions. All approved the final draft of the article. T.B. designed the data collection tools, analyzed the data, and edited the article.

Disclosure Statement

The authors do not have anything to disclose. The design of this project has been presented in poster format at AAP, ABM, and APHA meetings in 2018–2019.

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