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Racism, Bias, and Discrimination as Modifiable Barriers to Breastfeeding for African American Women: A Scoping Review of the Literature

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Racism, Bias, and Discrimination as Modifiable Barriers to Breastfeeding for African American Women: A Scoping Review of the Literature

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Abstract

Introduction

Although breastfeeding has been shown to improve health outcomes for infants, African American women initiate and continue breastfeeding at lower rates than women from other racial groups. This

scoping review was conducted to assess the effect racism, bias, and discrimination have on breastfeeding care, support, and outcomes for African American women.

Methods

A scoping review was performed of the literature published between January 2010 through December 2019 using databases MEDLINE via PubMed, CINAHL, Cochrane Library, PsycINFO, and Sociological Abstracts. Studies that examined racism, bias, or discrimination with breastfeeding as an outcome were included. After a review of titles and abstracts of the articles using exclusion and inclusion criteria, 5 full-text articles were included in the scoping review.

Results

The qualitative and quantitative studies reviewed provide the perspectives of pregnant and postpartum African American women as well as those of health care providers. African American women's experiences of racism adversely affected both breastfeeding initiation and duration. Health care providers' biased assumption that African American women would not breastfeed affected the quality of breastfeeding support provided to them. Specifically, African American women received fewer referrals for lactation support and more limited assistance when problems developed. This scoping review provides evidence that African American women experience racism, bias, and discrimination affecting breastfeeding care, support, and outcomes.

Discussion

Racism, bias, and discrimination are modifiable barriers that adversely affect breastfeeding among African American women. Researchers and health care providers are encouraged to consider the effect of racism, bias, and discrimination on breastfeeding care, support, and outcomes.

INTRODUCTION

All persons have the right to experience health care that is free of discrimination and bias based on race, ethnicity, gender, culture, religion, age, income, insurance status, sexual orientation, marital status, or any other individual characteristic.[1, 2] The negative effect of racism, bias, and discrimination on quality health care delivery is associated with adverse health among persons who experience discrimination.[3] In addition, institutional racism in the US health care system has been identified and linked to adverse health outcomes.[3] Historically, African Americans have been denied access to care and have received segregated substandard health care, leading to significantly poorer health outcomes.[4] In 2002, the Institute of Medicine published its landmark report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* , that revealed a pattern of unbalanced treatment of patients based on race and ethnicity and its effect on health disparities and inequities.[5] In this report, experts examined health care provider attitudes, expectations, and behaviors that may contribute to unequal treatment in health care.

Unequal and inequitable care also exists within the maternal-child health care system and contributes to poor perinatal outcomes for African American women and their infants.[6] In a recent national study of 2138 women who received maternity services in all 50 states between 2010 and 2016, Vedam et al[7] found that 1 in 6 study participants reported experiencing inequitable treatment during the perinatal period. Domains used to measure mistreatment included physical, verbal, and sexual abuses;

abandonment and neglect; poor relationship between women and health care providers; forfeiture of confidentiality; and inadequate health care provider support. The focus of the study was to apply these domains to describe women's experiences of health care providers' behaviors. Women of color (African American, Asian, Indigenous, and Hispanic) reported inequitable perinatal care more often than white women (23.8% vs 14.1%, respectively).[7] When stratified by race, the differences in mistreatment were more explicit among women of color compared with white women. For example, African American (12.8%), Asian (13.3%), Hispanic (12.2%), Indigenous (10.9%) women noted that their health care provider ignored

QUICK POINTS

- ✦African American women persistently have breastfeeding rates significantly lower than those of women from other racial and ethnic groups.
- ✦Health care providers' biased assumption that African American women would not breastfeed affected the quality of breastfeeding support provided to them.
- ✦African American women's experiences of racism adversely affected both breastfeeding initiation and duration.
- ✦Researchers are encouraged to consider the potential effect of racism, bias, and discrimination on breastfeeding care, support, and outcomes.

them or refused their requests for information compared with 5.6% of white women.[7] Twice as many women of color (12.8%) reported being shouted at or scolded by their health care provider compared with white women (6.4%).[7] However, regardless of race, few women reported instances of mistreatment based on the other domains: physical or sexual abuse and privacy violation.

Although several studies have examined inequities in maternal-child health delivery and their influence on outcomes for women of color, little is known about the effect of inequitable lactation care and support on breastfeeding outcomes, including initiation and duration, for African American women. Although breastfeeding has been shown to improve health outcomes for women and infants,[8] African American women initiate and continue breastfeeding at lower rates than women from other racial groups.[9] Absent or limited family and/or peer support, reduced knowledge of breastfeeding benefits, inadequate access to breastfeeding education, and reduced maternal self-efficacy have been identified as modifiable barriers to breastfeeding among African American women.[10-12] Several researchers have studied multiprong interventions to increase breastfeeding rates among African American women.[12-14] Such interventions have resulted in limited success.

This article presents an analysis of the effect of racism, bias, and discrimination on breastfeeding care, support, and breastfeeding outcomes for African American women. A secondary purpose is to identify how the concepts of racism, bias, and discrimination are defined within the context of breastfeeding outcomes research.

METHODS

A scoping review was selected to summarize the literature regarding racism, bias, and discrimination in breastfeeding care, support, and outcomes. Because scoping reviews are a relatively new method of

research, a universal definition does not yet exist.[15] Broadly defined, the purpose of a scoping review is to map key concepts underpinning a research area, summarize the types of evidence available, and identify gaps in the literature.[15] A scoping review of the literature was deemed more appropriate than a systematic review because of the limited research on racism, bias, and discrimination in breastfeeding care, support, and outcomes for American women. Another benefit of the scoping review is that it allows for both quantitative and qualitative research to be included.[16] Arksey and O'Malley[15] identified a 5-step iterative process for conducting a scoping review that was used for this analysis: identify a research question; identify relevant studies; select studies; chart data; and collate, summarize, and report findings.

Search Strategy

Literature searches were conducted in the following electronic databases: MEDLINE via PubMed, CINAHL, Cochrane Library, PsycINFO, and Sociological Abstracts. The parameters included a focus on African American, breastfeeding, lactation, breast milk, bottle feeding, bias, discrimination, racism, and racial attitudes. Sample terms include *African American* , *black* , *breast feeding* , *breast milk expression* , *breast pump* , *lactation* , *bottle feeding* , *bias* , *racism* , and *racial attitude* .

The results were limited to English language only. An assumption was made that limited research was published regarding racism, bias, and discrimination and breastfeeding. Therefore, an extended date range from January 2010 through August 2019 was used to search the literature. The search strategy was first established in MEDLINE via PubMed using a combination of database-specific controlled vocabulary and key words. From there, the other database search strategies were developed, and searches were conducted. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines were used in this review.[17] Figure **1** contains the PRISMA flow diagram. The search yielded 2071 results with the removal of 405 duplicates. After the removal of duplicates, the titles and abstracts of the initial 1666 studies were screened for subject relevance, and an additional 1661 studies were excluded. Most of these studies only examined racism, bias, or discrimination in health care among the general population, not maternal-child health or, more specifically, breastfeeding. Only studies that focused on racism, bias, or discrimination and breastfeeding outcomes were included. Articles were excluded that 1) were not original research, 2) were literature reviews, or 3) did not measure breastfeeding initiation or duration as an outcome. After a review of titles and abstracts of the articles, 5 full text-articles were reviewed for this scoping review. Each included study was evaluated for quality and strength.[18]

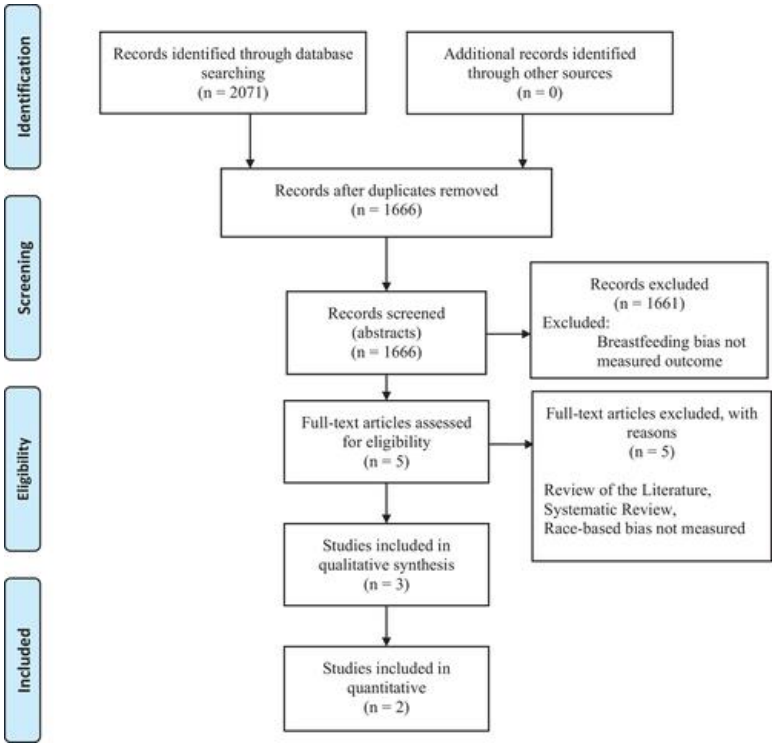

Figure 1 PRISMA Diagram

RESULTS

A summary of the 5 studies included in this scoping review is presented in Table **1** and is organized by the type of study participants. Of the studies reviewed, 3 were qualitative and 2 used quantitative methods. Researchers sought the perspectives of pregnant or postpartum women in 2 of the studies.[19, 20] Two studies examined the perceptions of health care providers.[21, 22] The perspectives of both African American women and health care personnel were examined in one study.[23] The presentation of the findings is organized using these same categories. Table **2** contains definitions of racism and types of bias found within the studies included in this scoping review. None of the articles contained a definition of discrimination.

Table 1. Research on Racism, Bias, and Discrimination in Breastfeeding

Author, Year, Location	Aim of Study	Design, Sample Characteristics	Results	Strengths and Limitations	Level, Quality of Evidencea
Perspectives of pregnant and postpartum African American women					
Gee et al[19] 2012 Louisiana	Determine differences in hospital breastfeeding support for African American women	Retrospective analysis of data from 2007-2008 Louisiana PRAMS White (57.3%) African American (39.5%) Asian (1.5%) American Indian (0.6%) Other (1.2%)	Compared with women of other races, African American women were likely to not breastfeed, not exclusively breastfeed, and report not receiving in-hospital breastfeeding support, including no rooming in and not receiving telephone contacts for postdischarge support	Large data set descriptive of all births in Louisiana Rationale for low in-hospital breastfeeding support could not be examined Sample specific to Louisiana; not generalizable	III, B
Griswold et al[20] 2018 United States	To investigate the association between experiences of racism, neighborhood segregation, and nativity on breastfeeding initiation and duration	Secondary analysis of the BWHS, a prospective cohort study of 59,001 US women enrolled in 1995 and followed every 2 years through 2005	Various forms of racism were significantly associated with differences in breastfeeding initiation and duration for African American participants	Large national sample of black women Reduction of recall bias with inclusion of primiparous women Compared with national averages, women in the sample were older at the time of birth and had higher educational status and	III, B

				SES, which may have contributed to high breastfeeding rates	
Perspectives of health care providers					
Gross et al[21] 2015 Georgia	Understand the factors that affect breastfeeding decisions of African American women of low income from the perspectives of breastfeeding peer counselors	Purposeful sampling based on referrals from breastfeeding coordinators from WIC 3 audio-recorded focus groups were held in 1 of 3 settings: rural, suburban, and urban Thematic analysis using Bronfenbrenner's sociological model	The multitude of factors that influence breastfeeding decisions were identified and organized into themes including individual, microsystem, ecosystem, macrosystem, and chronosystem Historical and cultural factors contributed to novel findings	Focus groups were held in rural, suburban, and rural settings and facilitated by an African American researcher and research assistant Facilitation by African American researchers may have supported disclosure and the model used and allowed generation of the themes framed by the sociological model Findings were based exclusively from the perspectives of PCs from one state Findings not generalizable	III, B
Thomas[22] 2018 Georgia	Examine patient discrimination based on race in lactation services	Semistructured in-depth interviews with 36 IBCLCs IBCLCs from 15 states White (n = 20) African American (n = 13)	IBCLCs described witnessing race-based discrimination in 4 themes: Implicit bias: less quantity and/or quality of care, invisibility and ignoring, race-based referrals	Focuses on systemic obstacles to breastfeeding for women of color Participants were from multiple sites, providing varying	III, B

		Multiracial African American (n = 2) Nonwhite Hispanic (n = 1)	Overt racism using stereotypes and slurs White semantic moves (defined as whites using language to minimize the experiences of people of color, or appearing uncomfortable discussing race) Institutional inequality	geographical perspectives Race-based discrimination findings centered around IBCLCs' observations of and interactions with other professionals; IBCLCs did not self-report discriminatory behavior on their part	
Perspectives of pregnant and postpartum African American women and health care providers					
Johnson et al[23] 2016 Michigan	Explore the perceived influence of health care personnel on African American women's breastfeeding intention and actions Identify strategies to improve lactation support for African American women	Purposive sampling 6 audio-recorded focus groups Grounded theory approach using thematic analysis N = 38 Health care providers (midwives, WIC personnel, lactation consultants, and breastfeeding peer counselors; n = 9) Women either breastfeeding or	Participants identified various factors influencing breastfeeding attitudes: nonsupportive health care providers, personal adversity including poverty and physical and mental health problems during pregnancy and postpartum Culturally appropriate comprehensive support throughout the perinatal period and beyond is needed to support	Focus group allowed for perspectives of women and health care providers to be analyzed Sampled pregnant and lactating women were predominantly of low income; therefore, results are not generalizable Small sample size of health care providers (4 white and 5 African American)	III, B

		pregnant and planning to breastfeed (n = 16) Women either not breastfeeding or pregnant and not planning to breastfeed (n = 13)	breastfeeding among African American women	No African American lactation consultants or physicians were included in the sample	

Abbreviations: BWHS, Black Women's Health Study; IBCLC, international board-certified lactation consultant; PC, Peer Counselor; PRAMS, Pregnancy Risk Assessment Monitoring System; SES, socioeconomic status; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.
[a]Level of evidence ratings: level I, meta-analysis, randomized controlled trial; level II, quasiexperimental; level III, nonexperimental, qualitative, meta-synthesis. Quality of evidence ratings: A, high; B, good; C, low.
Source: *Johns Hopkins Nursing Evidence-Based Practice: Model and Guidelines* , 2017.[18]

Table 2. Types of Racism and Bias Defined in the Literature Reviewed

Type	**Definition**
Racism	
Cultural[20]	Transfer of negative stereotypes that can influence members of marginalized groups using intricate emotional processes such as psychological stress
Institutional[20]	Social environments and/or organizations that systematically constrain resources essential to the achievement of health and well-being
Bias	
Intentional and unintentional bias[23]	Health care providers having lowered breastfeeding expectations of patients based on race and ethnicity, SES, education, and class
Implicit bias[22]	Patients of color receiving substandard care and attention when compared with white counterparts; ignoring the concerns, experiences, etc of patients of color

Abbreviation: SES, socioeconomic status.
Sources: Griswold et al,[20] Thomas,[22] Johnson et al.[23]

Perspectives of Pregnant and Postpartum African American Women

Gee et al[19] reviewed data from the 2007 to 2008 (N = 2534) Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS) in a quantitative analysis to identify variances in hospital breastfeeding support based on race. To assess hospital breastfeeding practices, the researchers analyzed items in LaPRAMS that measured breastfeeding support. Study participants were asked if breastfeeding was discussed at any point during their prenatal visits. Response options were “yes” and “no.” In addition, the authors identified questions within LaPRAMS related to hospital policies reflective of Louisiana's Guided Infant Feeding Technique (GIFT) program. A hospital earning GIFT certification follows 10 steps, similar to the World Health Organization and the United Nations International Emergency Children's Fund's *Ten Steps to Successful Breastfeeding* . Women were asked to respond dichotomously to 10 actions related to infant feeding while in the hospital, which included receiving information about breastfeeding, rooming in, breastfeeding in hospital, breastfeeding within the first hour after birth, receiving breastfeeding help from hospital staff, newborn being fed only breast milk while in hospital, breastfeeding whenever the respondent desired, receiving formula gift pack, newborn using a pacifier while in hospital, and receiving breastfeeding resources to call for assistance after discharge.[19]

African American women composed 38.5% of the study sample. African American women in this study were 60% less likely to initiate breastfeeding when compared with the rest of the sample population (odds ratio [OR], 0.40; 95% CI, 0.31-0.52). Although African American women reported receiving breastfeeding prenatal counseling more often than participants of other races (OR, 1.39; 95% CI, 1.02-1.91), counseling was not associated with breastfeeding initiation for these women (OR, 1.28, 95% CI, 0.99-1.65).[19]

Compared with women of other races, there were no significant differences in the in-hospital support for African American participants on 6 of the 10 GIFT breastfeeding support items: receiving information about breastfeeding, breastfeeding within the first hour after birth, receiving breastfeeding help from hospital staff, breastfeeding whenever the respondent desired, receiving formula gift pack, and newborn using a pacifier while in hospital. African American participants reported fewer experiences on the following 4 support items: rooming in (OR, 0.66; 95% CI, 0.45-0.97), newborn being fed only breastmilk while in hospital (OR, 0.59; 95% CI, 0.41-0.860), receiving breastfeeding resources to call for assistance after discharge (OR, 0.60; 95% CI, 0.38-0.95), and breastfeeding in hospital (OR, 0.52; 95% CI, 0.32-0.83).[19]

Griswold and colleagues[20] performed a secondary analysis of the Black Women's Health Study using data collected from 1995 to 2005. The Black Women's Health Study is a longitudinal study examining factors, including racism, that may influence health outcomes for black women in the United States. The researchers used a life course perspective to examine the effect of exposure to daily racism (eg, “people act if: they are afraid of you, they are better than you; you receive poorer service”[20]) and experiences of institutional racism (eg, being treated unfairly regarding housing, job, and police).

Data from a total eligible cohort of 3036 black women were analyzed. After excluding cases for missing data, the researchers explored the effect of experiences of racism on breastfeeding initiation (n = 2705) and duration (n = 2172) among healthy, primiparous black women. The breastfeeding initiation rate was 80% in the sample. Breastfeeding duration rates were 25% at 3 months, 24% at 3 to 5 months,

and 51% at 6 months. The multivariate analysis was adjusted for age, body mass index, years of education, marital status, geographic region, neighborhood socioeconomic status index, and occupation. Living in a predominately black neighborhood compared with living in a predominately white neighborhood during childhood was associated with lower rates of breastfeeding initiation (OR, 0.69; 95% CI, 0.48-1.0). Racism in the workplace (53% of the sample) negatively affected breastfeeding initiation (OR, 0.91; 95% CI, 0.74-1.11). Conversely, experience of racism with police encounters (reported by 21% of the women) was associated with increased breastfeeding initiation (OR, 1.41; 95% CI, 1.10-1.80) and increased breastfeeding duration of more than 6 months (OR, 1.41; 95% CI, 1.10-1.82) compared with women who did not have experiences of racism in police interactions. Racism in the employment setting was associated with lower odds of continuing breastfeeding at 3 to 5 months compared with 3 months or less (OR, 0.77; 95% CI, 0.60-0.99).[20]

Perspectives of Health Care Providers

In a qualitative study, Gross et al[21] examined the perspectives of breastfeeding peer counselors from the Special Supplemental Nutrition Program Women, Infants, and Children (WIC) for factors that affect breastfeeding decisions among African American women of low income. Three focus groups were held, with 7 to 8 breastfeeding counselors in each (N = 23). Many of the focus group participants were African American (48%). Using a socioecological model, 5 themes framed the focus groups findings. The microsystem and exosystem themes were relevant to the purpose of this scoping review.

At the microsystem level, breastfeeding peer counselors cited WIC, particularly the counselors themselves, as the major source of breastfeeding support for many of their African American clients.[21] However, at an exosystem level, the peer counselors reported primary health care provider bias, based on race, as a barrier to breastfeeding. Breastfeeding peer counselors indicated that if African American women did not initiate breastfeeding discussions, their health care provider did not introduce the topic.[21] The researchers found that breastfeeding peer counselors observed that African American women experienced several hospital practices contradictory to breastfeeding success (eg, supplying breastfeeding women with formula, supplementing breastfed infants with formula, and limited or no visits from lactation care providers) when compared with women of other races.[21]

Using semistructured interviews with 36 international board-certified lactation consultants (IBCLCs), Thomas[22] examined racism and discrimination in lactation care using critical race and grounded theories. Among the IBCLC study participants, 13 were African American, 20 were white, 2 were multiracial African American, and 1 was nonwhite Hispanic.

Implicit bias emerged as a major theme in the analysis. Regardless of race, most IBCLCs in the study reported witnessing breastfeeding discrimination in the form of implicit bias toward women of color, especially African American women.[22] The IBCLC participants described the assumption made by health care providers (eg, nurses, physicians, and other lactation consultants) that most women of color would not breastfeed. Thus, health care providers made fewer requests for lactation services on the behalf of women of color.[22] The IBCLCs reported that fewer referrals for African American women affected how lactation personnel prioritized support visits, especially when working under time constraints.[22] For example, one participant stated that when lactation services were provided to African American women, the care appeared to be more rushed and done with less than full attention, compared with the services given to white women.[22]

The IBCLC participants also described the effect of insurance bias on breastfeeding support attitudes and behaviors. Although incidences of insurance bias were reported for women of all races, the IBCLCs described the additive influences of race and public assistance.[22] If a woman was both African American and receiving federal assistance, IBCLCs more commonly observed negative biases.

Perspectives of Pregnant and Postpartum African American Women and Health Care Providers

Johnson et al (2016)[23] explored the influence of health care providers on African American women's breastfeeding intention and initiation. Using purposive sampling, the researchers recruited participants from 3 categories: women who had intention to breastfeed or were currently breastfeeding, women not breastfeeding or those with no intention to breastfeed, and health care providers who cared for women during the postpartum period. Six focus groups were conducted (2 groups for each participant category). In semistructured focus group discussions, participants were asked to address the following: thoughts about infant feeding in general, maternity leave and returning to employment, impressions and opinions about an ideal breastfeeding support program, social and community support, and an opportunity to explore other topics.

A total of 38 women, including 9 health care professionals, participated in the study. Breastfeeding women reported initiating breastfeeding despite receiving inadequate support and discouragement from their health care providers. Participants recalled receiving inadequate breastfeeding support, and lack of trust in the health care provider was a prominent theme. Examples of this included the absence of lactation support when latch issues arose and their breastfed newborns receiving formula in the nursery.[23] The authors found that women identified breastfeeding as optimal but reported prenatal and postpartum health complications as barriers. Participants specifically reported that mental health problems and stress related to the challenges of daily life were barriers to initiating breastfeeding or continuing to breastfeed.

The health personnel focus groups included 5 African American and 4 white health professionals.[23] The types of health professional study participants included midwives, lactation consultants, and peer breastfeeding counselors.[23] The perceptions of the health professionals regarding lactation support were congruent with the women's views. Health personnel acknowledged a lack of culturally appropriate lactation support needed in caring for African American women.[23] Furthermore, health personnel reported that the women they cared for had other issues (eg, poverty, poor health) that took precedence over discussing breastfeeding.[23]

DISCUSSION

Although only 5 studies were included in this scoping review, the findings confirm that racism, bias, and discrimination are consistently reported to exist and to be factors that have adverse effects on breastfeeding care, support, and outcomes for African American women. Experiences of racism adversely affected both breastfeeding initiation and duration.[20] African American women and their health care providers identified stressors that may be a consequence of racism and that took precedence over breastfeeding.[22] A greater understanding is needed of the magnitude of the effect of racism on breastfeeding care support and outcomes for African American women.

Health care provider bias and/or institutional discrimination were identified in 4 of the studies in this review.[19, 21-23] Health care providers' biased assumptions that African American women were less likely to initiate breastfeeding affected the quality of breastfeeding support provided to them.[23] Specifically, this bias decreased referrals for lactation support and made breastfeeding African American women a lower priority.[22] Both women and health care providers reported that other issues (eg, poverty, physical and mental health concerns) took precedence over breastfeeding support.[23] In addition, these studies found that African American women who initiated breastfeeding in hospital received limited lactation support when problems arose and received care counterproductive to breastfeeding.[19, 21, 23] One study found that some African American women perceived health care provider discouragement, rather than support, to breastfeed.[23] Pregnant women and health care providers reported that breastfeeding support was not culturally appropriate to meet the multifaceted needs of African American women.[23]

The findings of this scoping review are consistent with those of other studies. Spencer and Grassley[24] reviewed 37 studies on factors that influence breastfeeding outcomes (intention, initiation, and duration) among African American women. They identified inequalities in breastfeeding information provided to African American women compared with women of other races. Specifically, African American women reported receiving little breastfeeding advice or encouragement from their health care providers.[24] The authors identified this as a missed opportunity to bridge the gap in health disparities. They also found that African American women faced discrimination from health care providers who assume that they would not breastfeed.[24] In a qualitative study, Miller et al[25] examined 20 African American women's experiences in one Baby-Friendly Hospital.[25] Consistent with the findings of this scoping review, African American women who initiated breastfeeding reported limited lactation assistance to manage problems.[25]

This scoping review has several limitations. First, because racism, bias, and discrimination were the search terms, the findings were predisposed to reflect them. These terms were not defined in all the studies. Therefore, there is potential for over- or underrepresentation in the findings of the review. In future research, consistent inclusion of operational definitions of these terms is needed. Although qualitative methods were effective for examining the lived experiences of African American women in the 3 studies, their findings are not generalizable. Furthermore, few of the studies differentiated the type of health care personnel providing care, making it difficult to distinguish which types of health care providers, including midwives, delivered the perceived and/or real biased and discriminatory care. Health care providers may also have been vulnerable to response bias during focus groups. Consequently, even in studies in which the specialty of the health care provider was known, self-acknowledgement of bias and discrimination was absent. Therefore, only the perspectives of colleagues who indicated that they observed breastfeeding bias and discrimination on the part of their associates are presented. The lack of self-awareness of personal bias and discrimination on the part of health care providers poses an added barrier regarding breastfeeding interventions geared toward African American women. Future research is needed to address self-awareness of racism, bias, and discrimination.

This review provides evidence that African American women's experiences with racism, compounded by health care provider bias, may affect breastfeeding initiation and duration. According to *The*

Surgeon General's Call to Action to Support Breastfeeding , African American infants experience breastfeeding disparities, regardless of the socioeconomic status they are born into.[26] In fact, as this scoping review was being completed, the National Institute on Minority Health and Health Disparities led a 2-year interprofessional scientific visioning process to examine ways to reduce racial health disparities.[27] To close the disparity gap, the authors suggested strategies to inform research that facilitates successful adaptation and equitable implementation and delivery of evidence-based interventions that reduce health disparities.[27]

CONCLUSION

This scoping review of the effects of racism, bias, and discrimination in breastfeeding outcomes of African American women adds to literature on health inequities. Further research is needed to address racism, bias, and discrimination in relation to African American women's breastfeeding care, support, and outcomes. Therefore, when examining modifiable factors that affect breastfeeding rates for African American women, researchers are encouraged to consider the potential effect of racism, bias, and discrimination on breastfeeding care, support, and outcomes. Specifically, collection and analysis of experiences and perceptions of the recipients of breastfeeding care are needed. Research centered on identifying health care providers' bias and discrimination, targeting the health professionals directly, is crucial if breastfeeding support is to be equitable.

The perspectives of African American women aligned with those of the health professionals who have roles in breastfeeding care and support. Biases resulted in missed opportunities for breastfeeding education and promotion. Therefore, the findings illuminate a modifiable barrier to low breastfeeding rates among African American women. Researchers and health care providers are encouraged to consider the effects of racism, bias, and discrimination on breastfeeding care, support, and outcomes.

CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

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