Deaf Mothers and Breastfeeding: Assessing their Knowledge and Practices through Focus Group Discussions

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Background

Breastfeeding has been championed as the optimal fluid for infants. Moreover there is a lack of inclusion of contextual factors. Nevertheless the majority of hearing women in the US face significant structural barriers in decision-making about infant feeding. The current study explores the factors that influence information about infant feeding, how they negotiate these barriers, and ultimately, how they attain their goals, if at all. This qualitative study cannot establish the frequency of breastfeeding among Deaf mothers, but explores data on the range and types of information sources, as well as barriers and facilitators they face in trying to breastfeed.

This work brings together two community-based participatory research projects in the Department of Community Medicine at the University of Rochester: The National Deaf Health Research (NDCHR) and a child-focused community breastfeeding support and promotion project. NDCHR has as its mission to identify and eliminate health disparities in deaf populations. NDCHR used a cultural model of mistrust which views deaf people who use American Sign Language (ASL) to communicate as a cultural minority group, with a visibility gap. ASL users are capable of identifying Deaf, following the subject group as opposed to indexing ontological status.

The current project undertakes direct responses to the Deaf Health Community Committee’s charge to learn more about how Deaf mothers first gained breast feeding knowledge and use information related to infant care.

Objective

To understand breast feeding practices among a group of Deaf mothers in Rochester, NY.

Methods

Using a research methodology that values understandings and experiences within a particular context, we interviewed 19 groups (53) with 19 Deaf women who had a child under age 4 (years). Given the anecdotal and “tell-never” aspect of our interview findings, we hypothesized that Deaf mothers would have a lesser sense of continuity than hearing mothers. This notion was reinforced in the findings (over the 2 years) of the study. Finding from these interviewed a greater deal of variation among them was occurring in the Deaf community.

Participants were recruited through e-mailed fliers to local Deaf organizations including Deaf Mothers of Rochester, and through an ad in the electronic newsletter “Deaf Times.” A $15 gift card in an envelope was offered.

Informed historical observations of participation and explanation between hearing and Deaf mothers were conducted as part of the study. We conducted this study with the participation and assistance of the researchers. The two researchers then used six to eight criteria to capture the discussion. An experienced signer (Deaf research assistant) translated and transcribed the video tapes into English for analysis.

Participants

Name
Age
Race
Child’s age
Relate
FG 1
FG 2
Lissa
21
White
9 m
Yes
Yes
“Breastfeeding was a struggle. My mother-in-law didn’t give me any encouragement at all. The baby was crying, she was hungry. I tried for three weeks before I gave up and quit. My husband was devastated but I told him that nobody was giving me enough support.” ~ FG 1 Lissa

“Notice your breast milk is delicious.” ~ FG 1 Joyce

“The first time my daughter was a struggle...so I called the doctor and asked him to send someone to my house. He sent a nurse who explained that I had to relax because I was too tense and nervous. If I relaxed, my daughter would latch on because when I’m nervous, she is too...So I relaxed and sure enough, she latched on and it was successful. I breastfed exclusively for 10 months. I didn’t use formula or anything else.” ~ FG 2 Claudia

This group of Deaf mothers was well educated. They were proactive in asking for help from health professionals for parenting, nutrition and information about breastfeeding. The babycenter.com recommended it for up to a year because of the benefits from breast milk.” ~ FG 3 Jane

“I was from [outside the US] where there is a strong positive attitude about breastfeeding. My mother told me to breastfeed my baby. The doctor explained the benefits and encouraged me while I was pregnant. I was a bilingual woman so my doctor explained to me (in sign language). I kept it in mind. Signed communication helps a lot.” ~ FG 4 Cynthia

“Remember going to a birthday party when I was pregnant. A mother came up to me and told me to be patient about breastfeeding because it’s not easy. She told me the importance of patience...and I took her words seriously.” ~ FG 2 Lissa

“I think time and support are key. I am certain that with time and support I would have breastfed him longer [than 7 months]” ~ FG 1 Joyce

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Results

Some of the results are shown graphically to the left. Other significant themes that emerged from the data include:

Breastfeeding Depicted as ‘Struggle’

Almost all of the mothers used the sign for ‘struggle’ in describing their first attempts at breastfeeding. We found we have not even used其中 hearing women indicate breastfeeding as ‘struggle’. “It took me a while to figure it out, but I did.” Deaf mothers have a stronger sense of autonomy and control as a group extended in their developing relationship between mother and child, making them feel more validated breastfeeding.

Support within the Deaf Community

Each community in Rochester, NY is a world of its own and members gain access to another social, information, and emotional support. This group discusses how in PRC we were especially pregnant and a celebration of the birth. Community was new to the Rochester area. She had to be emotional at support. She felt isolated not connected for some of the challenges of parenting. Some Deaf mothers decided to enter their children to foster parents and families, see the challenges they faced and how they selected accessible resources, acquired information, and maintained that relationships with hearing people to overcome parenting difficulties.

Knowledge, Resources, and Agency

This group of Deaf mothers was well educated. They were proactive in asking for many from health professionals; even looking out dubes who could use sign language. Their resource for information are shared below:

- Books
- Magazines
- Deaf Mother’s Club
- La Leche League for Deaf Mothers
- Web sites
- Captioned videos
- DVDs
- Magazines
- Deaf Mother’s Club
- Web sites
- Captioned videos

Strengths

This is the only study that has asked Deaf women about their breastfeeding experiences. Our qualitative approach captured women’s experiences in their own voices.

Limitations

We had a small sample with limited social class diversity. Some women may not speak ASL or may not want a person who speaks sign language. One woman who spoke ASL but who perceived the research as inappropriate did not want to participate. It did not work out so I used formula instead.” ~ FG 4 Ann

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Conclusions

The group of Deaf mothers are for the most part educated, highly motivated, and active agents in seeking support for breastfeeding. They had good support from health professionals including doctors who used sign-language. Findings indicate that the ‘struggle’ to breastfeed requires persistence, encouragement at all times, and a able family. How did I know about breastfeeding? My doctor told me (in sign language). He explained breastfeeding and encouraged me while I was pregnant. Film. My OB/GYN explained to me (in sign language). Film. So I kept it in mind. Signed communication helps a lot.” ~ FG 4 Cynthia

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Acknowledgements

ExxonMobil’s National Center for Deaf Health Research (NDCHR); Thomas Pendergrass, PhD; and Bonnie Swerdlin, PhD, National Center for Deaf Health Research, Rochester Prevention Research Center: National Center for Deaf Health Research.