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## Breastfeeding and Social Media among First-Time African American Mothers

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### Abstract

**Objective**—To describe the use of social media during the antepartum and postpartum periods among first-time African American mothers and their support persons.

**Design**—A qualitative critical ethnographic research design within the contexts of Family Life Course Development Theory and Black Feminist Theory.

**Setting**—Participants were recruited from community-based, public health, and home visiting programs.

**Participants**—A purposive sample was recruited, consisting of 14 pregnant African American women and eight support persons.

**Methods**—Pregnant and postpartum African American women and their support persons were interviewed separately during the antepartum and postpartum periods. Data were analyzed thematically.

**Results**—Participants frequently used social media for educational and social support and searched the internet for perinatal and parenting information. Most participants reported using at least one mobile application during their pregnancies and after giving birth. Social media were

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typically accessed through smartphones and/or computers using different websites and applications. While participants gleaned considerable information about infant development from these applications, they had difficulty finding and recalling information about infant feeding.

**Conclusion**—Social media are an important vehicle to disseminate infant feeding information; however, they are not currently being used to full potential. Our findings suggest that future interventions geared towards African American mothers and their support persons should include social media approaches. The way individuals gather, receive, and interpret information is dynamic. 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.

### Keywords

African American; breastfeeding; infant feeding; social media; messaging; ethnography; qualitative research; mobile health

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Breastfeeding is the optimal source of nutrition for newborns and infants less than six months (American Academy of Pediatrics, [AAP] 2012). Infants who are breastfed are less likely to experience ear infections, asthma, respiratory infections, diabetes, and obesity (AAP, 2012). The current rates of breastfeeding initiation and continuation in the African American community are significantly lower than rates for all other populations and below the goals set by the Healthy People 2020 initiative: 82% ever breastfed and 61% breastfeeding at 6 months (U.S. Department of Health and Human Services [USDHHS], n.d., 2011). With the recent Surgeon General's Call to Action to Support Breastfeeding, breastfeeding has once again been thrust into the spotlight (USDHHS, 2011). While the current 59% initiation rate and 30% continuation rate at six months postpartum in African American women is low by comparison and less than optimal, it is important to note that this is an improvement from previous years (Centers for Disease Control and Prevention [CDC], 2013a). The increase in breastfeeding initiation rates reflects the great efforts being made in the African American community around breastfeeding, however, as shown by the lesser breast feeding rates, work remains to be done.

Research findings indicate that breastfeeding practices are influenced by ethnotheories specific to each culture (Hurley, Black, Papas, & Quigg, 2008). Ethnotheories are cultural ideas or beliefs about a specific topic shared by a socio-cultural community or group such as African American parents, mothers, grandmothers, etc. (Harkness & Super, 1996). African Americans have a rich history that includes the importance of family, religion, and community. Grandmothers, fathers, aunts, sisters, cousins, and friends influence infant feeding decisions among African American women, including whether they will initiate and continue breastfeeding their infants (Avery, Zimmerman, Underwood, & Magnus, 2009; Bentley et al., 1999; Jimenez, 2002; McCarter-Spaulding, 2007; McCarter-Spaulding & Gore, 2009; Racine et al., 2009; Rose, Warrington, Linder, & Williams, 2004). While the decision to breastfeed or use formula is ultimately the mother's, she will make that decision based on information received from family members, partners, friends, health care providers, and society (Cricco-Lizza, 2006; Rempel & Rempel, 2004; Street & Lewallen, 2013).

Technological advancements have made obtaining health promotion and disease prevention information as simple as turning on a mobile phone (Evans, Wallace, & Snider, 2012). This practice is defined as mobile health. The World Health Organization (WHO) defines mobile health as a “medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices” (WHO, 2011, p. 6). Studies have shown the effectiveness of mobile phone technologies as they pertain to weight loss, diabetes management, and smoking cessation (Cole-Lewis & Kershaw, 2010). Perinatal programs such as Text4Baby have used this technology to deliver perinatal health and safety information to pregnant and parenting women (Evans, Abrams, Poropatich, Nielsen, & Wallace, 2012).

PricewaterhouseCooper (PwC) reported that approximately 33% of consumers in the United States are using social media sites to obtain pertinent health information (PwC, 2012). According to the Oxford Dictionary (2014), social media is defined as “websites and applications that enable users to create and share content or to participate in social networking.” Social media has also been defined as “any form of electronic communications (e.g., websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (e.g., videos)” (Merriam-Webster, 2014). Social media is different than traditional media or communication because it involves the use of mobile technology (e.g., smartphones, tablets, and laptops) and other Web platforms (Boyd & Ellison, 2007). The frequency and quality of information disseminated on this platform is also non-traditional, as information is shared between users at a fast pace (Hether, Murphy, & Valente, 2014).

Understanding the factors associated with low breastfeeding initiation rates and possible facilitators that can be used to overcome these barriers is important. Increased knowledge of how African American women use the information provided via social media platforms may assist health care providers and educators in developing tools that will facilitate an increase in breastfeeding initiation rates, support provided to new mothers, breastfeeding exclusivity, and duration in this population. The purpose of this article was to describe the use of social media during the antepartum and postpartum periods among first-time African American mothers and their support persons. Social media use was an emergent theme from a study on African American families’ infant feeding perceptions and experiences (Asiodu, 2014). The data presented in this paper was a novel theme, distinct from the primary research question of this original study.

## Methods

### Research Design

The study was approved by the University of California, San Francisco, Committee on Human Research. The methodological approach for the study was critical ethnography (Thomas, 1992). Critical ethnography expands on ethnography, which deals with the study of culture or a particular group by focusing on linking social phenomena with underlying themes with the purpose of empowering the population being studied (Hammersley & Atkinson, 2007; Madison, 2005). The approach of this study was further informed by the Family Life Course Development Theory (Bengston & Allen, 1993) and Black Feminist

Theory (Collins, 2008). The Family Life Course Development Theory was selected to examine changes to the familial unit over time; whereas Black Feminist Theory was used to explore the racial, cultural, gender, and socioeconomic oppression experienced by African American women.

### Participant Recruitment and Selection

English-speaking, self-identified African American first-time mothers, 18 years and older were recruited from four Northern California Bay Area counties. Information about the study was distributed through social media sites such as Facebook and Craigslist. Flyers were posted in the waiting rooms of local hospitals, clinics, and community-based organizations. Informational presentations were conducted with local public health and home visit programs and their staff members. In an effort to obtain a socioeconomically diverse study population, participants were also recruited from African American sororities, college campuses, professional organizations, and social networking sites such as Mocha Moms. Potential participants were asked to complete a study recruitment sheet at one of the recruitment sites or contact the researcher directly. A screening tool was used to confirm study eligibility. Once enrolled in the study, mothers identified support persons who agreed to participate in the study with her. Consent was obtained from all study participants prior to initiation of the first in-person interview.

### Data Collection

Consistent with ethnographic methodology, data were collected using semi-structured interviews, community participant observations, and field notes (Hammersley & Atkinson, 2007; Spradley, 1979). Participants were interviewed and observed throughout the antepartum and postpartum periods. Settings for the interviews and community observations included participants' homes, coffee shops, and community-based organizations. Pregnant participants and support persons were interviewed separately. The interview guides were modified to follow emergent themes as they arose. Interviews lasting 60-90 minutes were audio-recorded and professionally transcribed verbatim.

Participants were observed while attending antepartum and postpartum groups, baby showers, and breastfeeding classes and support groups. Most participant observations occurred with pregnant participants during the antepartum and postpartum periods; however, support persons were observed during baby showers and home visits. Community participant observations were conducted to obtain a deeper appreciation of the cultural behaviors, languages, beliefs, values, and customs associated with infant feeding practices in the African American community (Hammersley & Atkinson, 2007; Spradley, 1979). Participant interactions with mobile applications were also observed. In an effort to better understand the infant feeding content received by study participants via social media platforms, one of the most frequently mentioned mobile applications was downloaded and reviewed. The first author conducted all interviews and participant observations. Rigor was maintained through reflexivity, prolonged community engagement and peer debriefing (Tobin & Begley, 2004). Reflexivity was maintained through reflective journaling and memos. Data were collected from March 2013 to June 2014.

In total, 43 in-person interviews were completed and 25 hours of participant observations were conducted. Of the 43 in-person interviews, 18 were collected during the antepartum period (14 participants; 4 support persons) and 25 during the postpartum period (16 participants; 9 support persons). One pregnant participant was lost to follow-up during the postpartum period. Each participant received a \$20.00 gift card after the completion of an antepartum and postpartum interview or community observation.

## Data Analysis

Data analysis was iterative and occurred throughout the data collection process. Data analysis was conducted by the first author. For the purposes of this study, we operationalized social media as the use of Internet webpages and mobile applications. Thematic analysis was used to examine the text (Aronson, 1994; Spradley, 1979). Thematic analysis focuses on identifying emerging themes and patterns embedded in the data. To ensure rigor of the data analysis process, transcripts were read iteratively. Initially, transcripts were coded systematically as concepts related to infant feeding experiences of African American families were identified (e.g., lack of breastfeeding role models, importance of social support, employment obligations, education, changing family dynamics, and social media use). Following the initial data coding sessions, transcripts were re-examined, and individual codes were placed into thematic categories related to barriers, facilitators, and potential facilitators to breastfeeding initiation and continuation. Thematic maps were generated to assist with the analysis. Data saturation was reached as no new information or themes emerged from additional interviews. Criticality and integrity of the data analysis process were maintained by the completion of reflective memos and member validation of emerging themes (Whittemore, Chase, & Mandle, 2001). Themes developed from the data analysis were used to inform subsequent interviews and participant observations. The study purpose and research question were revisited as needed to maintain objectivity.

## Results

In total, 22 research subjects (14 pregnant women and 8 support persons) participated in this study. Pregnant women ranged in age from 21 to 36 years with a median age of 23.5 years. At the time of the first interview, about half (57%) of pregnant participants were married or had a partner and (50%) were employed. Most of the pregnant study participants had graduated from high school (86%), earned an annual income of \$25,000 or less (86%), and were Medi-Cal recipients (79%). Most of the participants (93%) noted an intention to breastfeed or combination feed their infants. Only one participant noted an intention to formula feed.

Support persons included three partners, three friends, one mother, and one grandmother. One identified as White, non-Hispanic; otherwise, all self-identified as African American. The median age was 35.5 years and ranged from 24 to 77 years. Most support persons (88%) were high school graduates and (75%) believed their pregnant partner, friend, or family member intended to breastfeed during the postpartum period.

Participants and support persons were often observed using social media applications before, during, or after study interactions. By using the social media platforms, participants were hoping to accomplish a number of things: (a) obtain relevant information about the perinatal period; (b) educate themselves about various health-related topics (e.g., diet, exercise, and FAQs around pregnancy and parenting); and (c) receive social support and advice from other mothers and women in similar situations.

While participants' lived experiences and environments varied, one common thread observed throughout the interviews and observations was the use of technology, specifically smartphones. Regardless of educational background, income, or living situation, each participant had a smartphone (a more technologically advanced mobile phone) or access to one.

### Social Media Technology

Most study participants reported using at least one mobile application during the antepartum and postpartum periods. The most frequently noted applications were BabyCenter's My Pregnancy and My Baby Today, BabyGaga, and I'm Expecting. The social media platforms were initially accessed during the antepartum period and continued to be used after the arrival of the baby. Several participants acknowledged receiving various infant feeding and perinatal pamphlets; however, they appeared to be most engaged with their social media platforms. Participants seemed eager and excited to discuss the different applications and websites currently being used.

During many interviews, participants regularly pulled out their mobile devices to display the perinatal applications or websites. All of the applications or websites were viewed using smartphones. The applications were free of charge and downloaded via the "App Store" or "Play Store" on their mobile devices. Study participants had either an iPhone or an Android phone and frequently downloaded multiple applications, although they typically settled on using just one or two applications during the antepartum and postpartum periods.

I have the application on my phone that has been following me throughout my pregnancy. So you know they have little tips and little information toggle that you can go and see, and they explain a lot to you and even show you videos and everything. So I use that a lot, and if I have a question, I'll Google it. I'll just look at it right quickly and see what I can find in. Ooh. [App]. Do you want to see it?  
[Pregnant participant]

At times when participants questioned information received from the mobile applications, they often referred to other websites or social media sites for fact checking.

Just because a couple of my other friends had it and they would post stuff on Facebook. That's how I saw it and I was like, "Oh, well, let me check it out." It was pretty accurate information because I would go back and read the [prenatal book] or go on - was it [website] - or no. I think it was the - one of those websites...and it was also giving similar information to that so I trusted it. [Postpartum participant]

In addition to mobile applications, participants appeared connected to a number of specific websites. Repeated mentions of Facebook, Google, YouTube, Mom365 and WebMD were



noted throughout the antepartum and postpartum periods. Again, participants seemed content and comfortable sharing the contents of the websites they enjoyed most.

Yeah. It's a website because... they send you like a lot of promotions like good deals and stuff like that, and every week they send you information like, "What's going on with your baby this week?" Like it tells you like what's happening with them.... If I have a question, really I just Google. [Postpartum participant]

In addition to personal media searches, recommendations from family members, friends, and health care providers were highly valued. Pregnant participants and their support persons were typically introduced or directed to a particular mobile application or website early in the antepartum period. Support persons were particularly vocal about how they accessed perinatal information and shared information with their family member, significant other, or friend.

Yeah. I definitely pointed her to the [App] 'cause like I said that was like the number one App she had got - she hardly knew about babies and, there was tons of Apps... Yeah, so pretty much all the sites that I mentioned before, I mentioned to her. [Support person]

Social media platforms appeared to be the preferred mechanism for obtaining important information during the antepartum and postpartum periods. Pregnant participants and their social support persons were frequently offered unsolicited advice about useful mobile applications and websites. When a personal search was completed, applications and websites were often selected based on their popularity.

### **Growth and Development**

Social media were often used to communicate information and share life-changing events with family members and friends: that is, as a means of social connection, as well as a way to gather pertinent perinatal information. Participants used a variety of social media platforms, such as mobile applications, Facebook, and websites, to obtain pertinent perinatal information. For instance, much of the knowledge obtained via mobile applications centered on the growth and development of the fetus. Each week, participants received notifications from their mobile applications indicating the likely weight and length of the fetus, in addition to updates on organ development and body characteristics. Anticipatory guidance was also provided around childbirth, body changes, parenting, and nutrition. Participants appeared enthusiastic about receiving and sharing growth and development information with their support persons. During one postpartum group observation, participants were observed referring back to previous messages received on their phones to assist with answering pregnancy trimester development questions. Facebook and Google were also frequently mentioned as instruments for obtaining information, education, and support.

I won't say [App] is the most important, but I would say it's the most interesting, what I look forward to when at the beginning of the week, it tells you, "Oh your baby now weighs this much and is this many inches"... I guess that's the part I look forward to. [Pregnant participant]



Excited with a message received for the day, one participant read an entire excerpt from the mobile application during her one-to-one interview. While the perinatal information received by participants appeared to be useful, the excerpt shared (and other messages reviewed) were generic. Participants rarely questioned the veracity or authenticity of what they were reading and found the information quite credible.

Participants had difficulty recalling if any infant feeding messages had been reviewed or received. When asked specifically about infant feeding messages provided through the mobile applications, participants often spent several minutes scrolling through their devices to find such information. In instances where the participants were unable to locate the specific information, they often attempted to describe the received messages.

Oh, I've used this [App], and it tracked my whole pregnancy: however many weeks I was, how the baby was developing, what stages we were at, what to expect, how to feel, how much weight I should be gaining, how much weight they predict the baby is in your stomach. And then now, that he's born, they send me updates every month saying what your baby should be doing at this month, the progress so I love that application. Then it links itself to Facebook. Then another application [name]. It would just tell you like what to expect each month. It had a timer on it for if you had contractions, you could keep time. Time it. It had the calendar for all your appointments. Just different little things I like to - so I was on two different Apps and then - but as far as like breastfeeding goes, I don't remember if it said anything about that. [Postpartum participant]

Participants were able to recite with ease growth and development messages received during the week and prior weeks; however, they were not able to recall much pertinent infant feeding information. These interactions were informative because the infant feeding information provided by most of the mobile applications was not memorable.

### **Weekly Use of Social Media**

Most participants (91%) noted reviewing a mobile application or website on a daily or weekly basis. Participants were notified when new information was available and were able to set parameters for how the notifications were received. The communication was asynchronous as participants were able to navigate the applications to view upcoming topics or review information possibly missed during previous week(s). "No, I just opened the App and I just look at it every day and I scroll down," said one pregnant participant. Another stated:

Weekly with me. And, you know, it asks me certain questions, and how I feel about certain stuff and give me video update on, you know, how big the baby is, how it's growing. And anything like that. And, you know, it's just - anything. Like do you wear heels when you're pregnant? Like it just give you a whole bunch of tips and it's from day to day so... I get a notification every week. [Pregnant participant]

However, participants interacted with websites and Facebook pages quite differently, especially during the postpartum period. Pregnancy-related applications were deleted, and newborn or parenting-specific applications were downloaded. Decreased usage was noted

during the postpartum period as participants were spending more time interacting with their babies and attending postpartum groups. Postpartum, participants were more likely to use the Internet or view a mother's support group page on Facebook if they had a question or were looking for some type of clarification: "Only when I have a question. Probably twice - two to three times a week," said one postpartum participant. Another postpartum participant stated, "I look on every now and then but not really. I really don't have time. Now, it's like sleep or making sure my house stays pretty decent. It's hard to do that but it's okay."

### Searching for Support on Social Media

During the antepartum and postpartum periods, participants frequently discussed the limited or minimal support received from family members and friends. A number of participants expressed feeling alone, isolated, and saddened by the lack of visitors or interest shown in them after giving birth. Social media was often used as a means to obtain support, especially for breastfeeding mothers. Most of the participants (71%) practiced combination feeding using breast milk and formula. However, 4 of 14 participants were exclusively breastfeeding after three months. For those breastfeeding mothers, the support provided through participation on Facebook was invaluable:

I really refer to that App a lot because there was the August group there. So all mothers who have babies born in August 2013, they would post their questions, they would post pictures, they would just post tons of information.... And then they had a breastfeeding group. So like you know any questions that people have and - that you may have, I just go on and look.... So social media has definitely been like, that's kinda vital pretty much 'cause it's like you know, you're not able to be around that many people who are breastfeeding so it's like when you can bring all people from around the world who do and then just get different views, it really helped out. [Support person]

Additionally, pregnant participants with partners had a different relationship with their mobile applications. In situations where the partner was present and enrolled in the study, the use of mobile applications was discussed quite openly because messages from mobile applications were often used to engage family members, partners, and friends:

And then my phone is not as smart, that's my husband's phone because my husband has um, like two Apps. That's how he probably knew it was my week, and he reads them to me and tells me what the baby looks like, the size of the baby. "I think my baby looks like a papaya right now," he said and yeah, that has been helpful for us 'cause we know - we're tracking the baby every week to know what - what is happening with it. I mean - I heard, like his ear, he can hear sounds but his brain is not well developed to know what it's hearing and stuff. [Pregnant participant]

Her partner stated the following:

Yeah, it's really interesting and actually on my phone, um, I have like a couple different pregnancy Apps and stuff like that.... But I always do a lot of research, like I'm always on the Internet just like looking up stuff about the baby. Like what are they doing? How's the brain developing? Like, you know, what organs are developing this week. [Support Person]

The interaction depicted in these quotes suggests that pregnant participants were able to share their experiences with their support partners in a unique way. While the participant in the first set of quotes did not have any mobile applications on her personal phone, she had access to social media via the use of her husband's phone. As first-time parents, they were eager to learn as much about the growth and development of their child as they could. By discussing and reading the daily messages provided through the applications together, the pregnant participants and their partners seemed to be developing a stronger bond with their baby and each other.

While support was received through a variety of social media platforms, African American-specific support was absent from these forums used by participants. When asked specifically about African American infant feeding resources, participants stated they were not aware such websites or resources existed. In addition, participants stated seeing more women like themselves on the different breastfeeding and parenting Facebook pages and websites would have been more beneficial, highlighting the need and desire of breastfeeding African American women to find supportive women and community:

I haven't seen them.... Because I would probably could relate even more so, you know, being a woman of color, having a child and breastfeeding.... Because you said that like a lot of Black, African-American people have the lowest rates of breastfeeding, like that sticks on my mind now and it makes me think like if there was more support between us as Black women then, you know, it would empower us to do it. On the page it's all White people basically because they're like from, like all over the United States but it's mostly White people. So like when I see a Black girl comment, I instantly want to read it or, you know, click on her page. You know it makes me - it give me curiosity, you know. [Postpartum participant]

Even when Web groups or Web pages are identified as for African American women or mothers, the purpose and content of the group might not meet the needs of the intended users. Through the interactions on Facebook, participants recognized that they were not alone in their breastfeeding struggles. However, the absence of Black women or women of color participating in the different breastfeeding Web pages was obvious and difficult to explain. Participants were left wondering if there were other breastfeeding African American mothers online.

## Discussion

Participants in this study viewed social media as a practical, convenient, and valuable way to obtain perinatal information and support. The information provided through the mobile applications appeared to be appropriate and educational. This finding is relevant and timely given 90% of Americans have mobile phones and 18% of households in the US are mobile-only (Duggan & Smith, 2014).

Mobile phone use is of particular importance for the study's target population. Most participants in this study had smartphones though they lived in areas that were low-income and resource-limited (e.g., limited supermarkets, public transportation options, banks, health care centers, or breastfeeding support services). Thus, social media technology may be one

way to address breastfeeding initiation and continuation in this hard-to-reach population that has lower breastfeeding rates than other populations and lower than desired. According to Duggan and Smith (2014), young people, African Americans, and Latinos are more likely to use their phones to access social media platforms than any other ethnic or age group. Moreover, the use of smartphones is on the rise: approximately 40% of cell phone users access social media platforms on their phones, and 28% of them access social media platforms daily.

In a recent study conducted by the Pew Research Center (Duggan & Smith, 2014) authors found that approximately 72% of adults online use a social networking site, whether accessed by smartphone or computer. Young adults, women, and those living in urban areas are more likely to use and share information on these platforms. In addition, African American women are the highest users of Twitter, Instagram, and Pinterest (Duggan & Smith, 2014). Thus, social media may provide avenues for exploring African American women's experiences and their accessing and using mobile health communication services, specifically around infant feeding messaging and decision making.

The infant feeding messages received by study participants were unremarkable and ineffective, as study participants were unable to recall content associated with breastfeeding. This lack of engagement highlights a missed opportunity to educate and discuss infant feeding on platforms most used by urban, young adults, and women of color. According to Black Feminist Theory (Collins, 2008), the experiences of African American women should be understood within their sociocultural context taking into consideration multiple intersections: race/ethnicity, gender, socioeconomic status, motherhood, etc. African American women may feel uncomfortable in forums that do not demonstrate recognition of African American history and culture, particularly in relation to the impact of the legacy of slavery on African American understandings of cultural meanings linked to breastfeeding (Asiodu & Flaskerud, 2011; Dunaway, 2003). Use of culturally specific messages, images, and content tailored to the African American community could increase African American women's feelings of inclusion and increase their access to needed support. Discussing such topics as infant feeding on social media platforms will help to normalize breastfeeding for all populations.

Participants expressed an appreciation and recall of information regarding fetal growth and development obtained via social media. Key messages around breastfeeding (e.g., breast anatomy and physiology, ABC's of colostrum, and the importance of social support) should be disseminated in the same manner during the antepartum and postpartum periods, in hopes of affecting attitudes and beliefs and possibly improving breastfeeding rates in this population whose rates lag behind others. In a recent study, Evans and colleagues (2012) conducted at George Washington University found that mothers enrolled in the Text4Baby program were three times more likely to believe they were prepared to be a new mother. Moreover, findings from the Text4Baby program demonstrate the effectiveness of targeted text messaging on mothers' perinatal attitudes and beliefs. These findings reiterate the importance of providing perinatal information through social media and mobile health platforms.

While young urban women's rates of information technology use are high, participants' responses in this study suggest the need to improve and enhance current health-related social media messages. Of high importance would be increasing the use of language and graphics that are representative of diverse cultures and backgrounds. Although the current messages disseminated through the perinatal mobile applications noted in this study may be suitable for most women, in circumstances where there is a large health disparity or knowledge gap, different messaging may be needed. Because African American women and their infants have higher rates of poor perinatal outcomes (e.g., premature birth, low-birth weight, infant mortality, and maternal morbidity and mortality), current health-related messages available through social media may need to be reexamined to reach populations with poorer health outcomes. More time and resources should be invested in developing engaging, culturally appropriate messaging and information for women of color, specifically African American women.

Additionally, it is currently difficult to determine who or what entities are responsible for infant feeding messaging provided by social media platforms. This leads one to question the depth, cultural relevance, and frequency of infant feeding information being disseminated. Because most participants in this study used some type of social media during the perinatal period, identifying and acknowledging the sources of information behind the infant feeding messages is important, as is validating the accuracy and appropriateness of the information provided by these platforms.

Increased positive social support is an essential aspect of successful breastfeeding initiation and continuation widely noted throughout the infant feeding literature (Avery et al., 2009; Bentley et al., 1999; McCarter-Spaulding, 2007; McCarter-Spaulding & Gore, 2009; Racine et al., 2009; Rose et al., 2004). Peer support has been shown to be an effective tool for providing breastfeeding support for African American women and other populations (Mickens, Modeste, Montgomery, & Taylor, 2009). The Family Life Course Development Theory (Bengston & Allen, 1993) posits researchers to examine changes to the familial unit over time. The type of support observed in this study between participants and partners is significant to highlight because partners and fathers of the babies are known to have great influence over the infant feeding decision-making process (Avery et al., 2009; Bentley et al., 1999; McCarter-Spaulding, 2007; McCarter-Spaulding & Gore, 2009; Racine et al., 2009; Rose et al., 2004). Understanding how social support persons (e.g., partners, family members, and friends) use social media to influence pregnant or parenting African American women and their decision-making or health behavior over time is noteworthy for future research endeavors. Likewise, the support received or sought through social media Web pages, specifically around breastfeeding, needs to be examined.

A great deal of what African American women know about breastfeeding comes from what they have been told or have observed during their childhood, adolescence, and young adulthood. Many participants in this study noted limited discussions around breastfeeding prior to pregnancy and a lack of exposure to breastfeeding role models (Asiodu, 2014). Additionally, the act of breastfeeding was often practiced in private, if at all (Asiodu, 2014). This finding is not surprising, as the historical impact of slavery has created a disconnection between African American women and breastfeeding (Asiodu & Flaskerud, 2011; Dunaway,

2003). Practices such as forced wet nursing have left an enduring stigma on African American women and their families. Thus, generations of African American girls and young women have grown up without being exposed to breastfeeding.

The images in the media, discussions with support persons, and involvement with their surrounding communities all play important roles in shaping one's perceptions and experiences around infant feeding, specifically breastfeeding (CDC, 2013b). Social media presents a new pathway for reaching these women. However, findings from this study suggest that the opportunity to provide breastfeeding support, both in general and to the African American community, is not being realized.

### Limitations

The perspectives presented in this paper were from a purposive sample of first-time African American mothers and their support persons from similar socioeconomic backgrounds and geographic locations. Additional research is needed to ascertain how multiparous women and their support persons use and interact with perinatal social media platforms. Because the use of social media was an emergent theme from the study, further research specifically focused on the use of social media and infant feeding information is recommended.

### Conclusion

While a number of institutional, personally-mediated, and internalized barriers contribute to the infant feeding disparity between African Americans and other populations in the United States, social media platforms can be used to help overcome a number of these hurdles (Jones, 2000). Individuals obtain medical and educational information in a variety of different ways. With the advent of social media and increased Internet use and access, creating more innovative interventions to engage African American women and their social support persons is imperative. Fostering safe and culturally competent social media platforms to help support these women may encourage more mothers to initiate and continue breastfeeding for longer periods of time. While the lactation community has attempted to take advantage of this movement via social media campaigns initiated by the CDC and U.S. Department of Health and Human Services' Office of Women's Health, a significant opportunity remains for increased development of pertinent resources and interventions (Wolynn, 2012). Social media is an important vehicle for disseminating significant infant feeding education and information. However, it is not currently being used to its full potential.

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**Callouts**

- 1) Presently, breastfeeding rates for African American women are significantly less than rates of all other populations.
- 2) Emerging social media platforms and applications could potentially be used for increasing breastfeeding initiation and continuation in the African American community.
- 3) It is important to explore African American women's experiences accessing and using health communication services, specifically around infant feeding.