INTRODUCTION

Demographic surveys: A demographic survey gathered information such as participant’s age, ethnicity, education, insurance status, length of time in the United States, information about children, pregnancy and breastfeeding experience and intentions.

Focus Groups: 5 focus groups were held, lasting about 1-2 hours each, with an average number of 5 refugee women participating in each group. Bilingual research personnel conducted focus groups in their respective language using a semi-structured interview guide exploring infant feeding practices, experiences, sources of information, etc. The group discussions were audio-recorded, translated and transcribed.

Data Analysis: Qualitative data analysis included intensive reading of the text and group discussion of full transcripts, followed by coding, displaying, reducing and interpreting information. The responses to the brief demographic survey were compiled and entered into an excel database. Descriptive statistics were then compiled to assess the characteristics/demographics of the study population.

• Exclusive breastfeeding for the first 6 months of age ensures that infants obtain adequate nutrients needed to support healthy growth and development. ¹
• Limited studies suggest that refugee women who resettle in high-income countries such as Canada, Australia, and the United States encounter various factors that influence their infant feeding practices. Reported barriers to exclusive breastfeeding among refugee women include:
  o language difficulties
  o lack of social support
  o inadequate follow up care
  o interruption of traditional postpartum practices

• In 2013, the Centers for Disease Control and Prevention (CDC) issued recommendations for appropriate maternity care, professional education and support in encouraging successful breastfeeding practices.²
• Breastfeeding practices of refugee women in Tarrant County has not been adequately studied. Anecdotal information has not been adequately studied. Anecdotal information

METHODS

RESULTS

Focus group results revealed key factors influencing breastfeeding practices and experiences of the refugee women in Tarrant county. These include:

1. **Knowledge of benefits**
   - “I believe that breastfeeding is healthy for both the mother and the baby…I have heard breastfeeding reduces mother’s risk of cancer…”
   - “A mother should breastfeed her child as there will be more immunity power in the mother’s milk…”
   - “(breastfeeding) instills love and bond between the baby and its mother.”
   - “Most of the grandmoms’ fed their baby breastmilk and so when it comes to their daughters, they want them to breastfeed too.”
   - “The elders in our village say that babies who were fed breastmilk can feel their parents’ love.”
   - “…even my neighbors encourage me to breastfeed.”

2. **Family and community support**
   - “It's not good to breastfeed when people are around you. I have seen most of the foreigners do not breastfeed in public.”
   - “It's not good to breastfeed when people are around you. I have seen most of the foreigners do not breastfeed in public.”
   - “...no one stops you from breastfeeding your child back in Thailand, but here it's a big problem. I can't do it in the public or I have to hide…”
   - “I have seen that women here usually feel shy to breastfeed their child in front of other people.”
   - “I planned that I will breastfeed but due to inadequate breastmilk my child lacked…I have to give powdered milk instead.”
   - “When you have small breast you can't breastfeed your child..."
   - “We don’t breastfeed our baby because we don’t have enough milk.”

3. **Breast milk production/adequacy**
   - “I planned that I will breastfeed but due to inadequate breastmilk my child lacked…I have to give powdered milk instead.”
   - “When you have small breast you can't breastfeed your child…”
   - “We don’t breastfeed our baby because we don’t have enough milk.”

CONCLUSION

Study results suggest multiple influences on infant feeding practices of refugee women following resettlement in the U.S. Based on these findings, health provider and community education affirming their positive breastfeeding practices, lactation support, education on the effect of formulas and breastfeeding on milk production, and policies that support public breastfeeding should be considered. A culturally and linguistically multi-level approach to providing education, lactation consultations and support services for refugee women is necessary to protect their positive breastfeeding practices. Findings from this study have implications for healthcare providers, lactation consultants, resettlement agencies, public health professionals and others who serve refugee women.

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RESOURCES

7. “I believe that breastfeeding is healthy for both the mother and the baby…I have heard breastfeeding reduces mother’s risk of cancer…”
8. “A mother should breastfeed her child as there will be more immunity power in the mother’s milk…”
9. “(breastfeeding) instills love and bond between the baby and its mother.”
10. “Most of the grandmoms’ fed their baby breastmilk and so when it comes to their daughters, they want them to breastfeed too.”
11. “The elders in our village say that babies who were fed breastmilk can feel their parents’ love.”
12. “…even my neighbors encourage me to breastfeed.”
13. “It's not good to breastfeed when people are around you. I have seen most of the foreigners do not breastfeed in public.”
14. “It's not good to breastfeed when people are around you. I have seen most of the foreigners do not breastfeed in public.”
15. “...no one stops you from breastfeeding your child back in Thailand, but here it's a big problem. I can't do it in the public or I have to hide…”
16. “I have seen that women here usually feel shy to breastfeed their child in front of other people.”
17. “I planned that I will breastfeed but due to inadequate breastmilk my child lacked…I have to give powdered milk instead.”
18. “When you have small breast you can't breastfeed your child…”
19. “We don’t breastfeed our baby because we don't have enough milk.”
20. “I believe that breastfeeding is healthy for both the mother and the baby…I have heard breastfeeding reduces mother’s risk of cancer…”
21. “A mother should breastfeed her child as there will be more immunity power in the mother’s milk…”
22. “(breastfeeding) instills love and bond between the baby and its mother.”
23. “Most of the grandmoms’ fed their baby breastmilk and so when it comes to their daughters, they want them to breastfeed too.”
24. “The elders in our village say that babies who were fed breastmilk can feel their parents’ love.”
25. “…even my neighbors encourage me to breastfeed.”
26. “It's not good to breastfeed when people are around you. I have seen most of the foreigners do not breastfeed in public.”
27. “It's not good to breastfeed when people are around you. I have seen most of the foreigners do not breastfeed in public.”
28. “...no one stops you from breastfeeding your child back in Thailand, but here it's a big problem. I can't do it in the public or I have to hide…”
29. “I have seen that women here usually feel shy to breastfeed their child in front of other people.”
30. “I planned that I will breastfeed but due to inadequate breastmilk my child lacked…I have to give powdered milk instead.”
31. “When you have small breast you can't breastfeed your children well.”
32. “We don’t breastfeed our baby because we don’t have enough milk.”