

BREASTFEEDING MOTHERS & PTSD

A Mini-Booklet

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Introduction

This mini booklet serves as a comprehensive resource, presenting a toolkit developed in consultation with healthcare providers and patient partners, offering strategies to support and enhance breastfeeding practices among refugee mothers with post-traumatic stress disorder (PTSD).

- The booklet shares strategies to promote and support breastfeeding practices among refugee mothers with PTSD.
- Refugee mothers facing vulnerability due to war, disasters, and migration encounter various obstacles, including inadequate facilities and support, language barriers, and misinformation, which affect their breastfeeding practices.
- To mitigate these challenges, healthcare providers should provide trauma-informed care, non-judgmental assessment, and psychosocial support for refugee mothers with PTSD.

Challenges

Faced by Refugee Mothers

A. Vulnerability due to war, natural disasters, and forced migration



Refugee mothers are among the most vulnerable groups, grappling with the aftermath of war, natural disasters, and forced migration. This vulnerability is profound, and there is a crucial need for tailored assistance and empathy, recognizing the immense impact that war, natural disasters, and forced migration have on the mental and emotional well-being of refugee mothers.

B. Living in disaster relief camps with limited facilities

Forced migration frequently directs refugee mothers and their families to disaster relief camps, compounding their difficulties in already challenging circumstances. The inadequacy of basic facilities in these camps amplifies

the hardships faced by refugee mothers, accentuating the importance of addressing their distinct needs. Addressing the specific needs of refugee mothers in these conditions becomes imperative, especially when promoting breastfeeding practices, as the lack of resources intensifies the hurdles they confront. Understanding the context of life in these camps becomes essential for healthcare providers and support systems, as it directly influences the well-being of refugee mothers and their ability to engage in optimal breastfeeding practices.

C. Additional challenges in a new country

Upon arrival in a new country, refugee mothers confront supplementary challenges, including a lack of essential documentation, necessary skills, and financial constraints. The absence of proper documentation adds a layer of complexity, potentially impeding access to essential services and resources for refugee mothers in an unfamiliar environment. Insufficient skills, whether language or vocational, can pose barriers to effective integration and communication, exacerbating the challenges faced by refugee mothers as they navigate their new surroundings. Financial constraints further compound the difficulties, limiting access to healthcare services, adequate housing, and other essential resources necessary for the well-being of refugee mothers and their families. Recognizing and addressing these multifaceted challenges is crucial for healthcare providers and support systems to facilitate a smoother transition for refugee mothers and enhance their ability to cope with the unique demands of parenting and breastfeeding in a new country.

D. Inaccessibility to fundamental needs like healthcare services, transportation and housing

Refugee mothers often grapple with restricted access to fundamental needs, including healthcare services, transportation, and housing. The challenges associated with inaccessibility to healthcare services underscore the importance of addressing healthcare disparities and ensuring equitable access for refugee mothers in their new environment. Transportation barriers can hinder mobility and exacerbate the difficulties faced by refugee mothers in reaching vital services, adding an extra layer of complexity to

their daily lives. The inadequacy of accessible and affordable housing further compounds the challenges, impacting the stability and well-being of refugee mothers and their families.

E. Parenting challenges in a new environment

Adapting to unfamiliar cultural norms and parenting practices can pose significant hurdles, requiring refugee mothers to navigate and integrate differing expectations. Language barriers may contribute to difficulties in effective communication with healthcare providers and community support, impacting the ability of refugee mothers to access essential parenting resources. It is imperative to provide tailored support and display cultural sensitivity to facilitate a smoother adjustment to their new parenting context, ensuring that refugee mothers receive the necessary guidance and resources to navigate the complexities of parenting in a new environment.



Barriers to Breastfeeding

A. Lack of support

Lack of support for breastfeeding is a common obstacle faced by refugee mothers, where the absence of a supportive network or community can be detrimental to their breastfeeding journey. In a new country, refugee mothers may lack familial or community structures that traditionally provide support for breastfeeding mothers. Without guidance or encouragement, they might feel isolated and face challenges in establishing a successful breastfeeding routine. This barrier becomes more pronounced in settings where healthcare providers are not adequately equipped to offer lactation support. Healthcare professionals unfamiliar with cultural nuances or lacking resources to provide tailored assistance can contribute to a deficiency in the necessary guidance.



The impact of this lack of support extends beyond immediate breastfeeding concerns. For instance, if community members or healthcare providers are not culturally sensitive, refugee mothers may be less likely to seek advice or assistance. This isolation can contribute to

heightened stress levels, potentially affecting the mother's overall mental health and well-being.

B. Pressure to assimilate

Refugee mothers face pressure to assimilate into their new cultural environment, which can impede breastfeeding practices. For instance, in a host country with prevailing norms favoring formula feeding, refugee mothers may feel compelled to conform to these practices, even if they differ from their cultural preferences and experiences. In practical terms, the pressure to assimilate can manifest as a reluctance to express cultural-specific needs, such as traditional breastfeeding practices or preferences. A refugee mother may avoid seeking lactation support if she feels her cultural practices might be misunderstood or dismissed.

C. Language barriers

The pressure to assimilate extends beyond cultural norms to include language barriers. If healthcare information and support are primarily provided in the host country's language, refugee mothers may struggle to fully comprehend crucial breastfeeding advice. This language barrier exacerbates the challenge, hindering effective communication with healthcare providers and impeding the establishment of successful breastfeeding practices.

D. Racial stigma and inequalities

The impact of racial stigma and inequities present substantial hurdles for refugee mothers attempting to breastfeed. In real-world scenarios, these challenges can manifest as discriminatory attitudes or practices within healthcare systems, where a refugee mother may encounter healthcare professionals who unintentionally perpetuate racial stereotypes, leading to disparities in the provision of breastfeeding support and resources.



Inequalities in access to healthcare services can exacerbate the situation. If certain racial or ethnic groups face systemic barriers in obtaining quality healthcare, refugee mothers from these groups may experience limited access to lactation consultants, educational programs, and other essential breastfeeding resources. Racial stigma can also influence societal perceptions of breastfeeding, affecting the level of community support available. Refugee mothers facing racial prejudices may encounter additional challenges in accessing support groups or community networks that can provide crucial encouragement for breastfeeding.

E. Lack of culturally sensitive care

In practical terms, culturally insensitive care may manifest as healthcare providers not being attuned to the cultural nuances and preferences of refugee mothers, leading to a disconnect in communication and support. For instance, healthcare materials and resources may not consider the diverse cultural backgrounds of refugee mothers, resulting in information that is not relevant or relatable. This lack of cultural sensitivity can hinder effective

communication and understanding, making it difficult for refugee mothers to navigate the complexities of breastfeeding within their cultural context. In healthcare settings, the absence of cultural competency can lead to unintentional misunderstandings or misinterpretations of cultural practices related to breastfeeding. This can create a sense of alienation for refugee mothers, diminishing their willingness to seek advice or support.

F. Misinformation

This barrier encompasses instances where inaccurate or misleading information may be prevalent, potentially stemming from cultural differences, language barriers, or a lack of reliable sources. Situations where refugee mothers may encounter conflicting advice on breastfeeding practices from different sources can lead to confusion and anxiety, hindering their ability to make informed decisions about breastfeeding. Language barriers further amplify the risk of misinformation, as refugee mothers may rely on translated materials or interpretation services that might not convey accurate breastfeeding guidance. This challenge emphasizes the importance of providing clear, culturally sensitive, and linguistically appropriate information to mitigate the impact of misinformation.

G. Norm of formula feeding

Societal norms may prioritize or encourage formula feeding, potentially impacting the confidence and practices of refugee mothers who may face pressures to conform. For example, in certain host countries, formula feeding may be more culturally accepted or perceived as a modern and convenient choice. Refugee mothers, navigating a new cultural landscape, may encounter



these prevailing norms, leading to potential conflicts with their cultural beliefs and preferences for breastfeeding. The impact of this norm extends beyond societal expectations to practical challenges. Refugee mothers may face difficulties accessing affordable and culturally appropriate breastfeeding support services due to the prevalent focus on formula feeding.

H. PTSD as an additional barrier

The impact of past trauma may manifest in heightened stress levels, anxiety, and difficulty establishing a sense of safety and routine. A refugee mother with PTSD may struggle with intrusive thoughts or emotional triggers, affecting her ability to engage in the bonding and nurturing aspects of breastfeeding. This psychological barrier adds a layer of complexity that requires targeted strategies to ensure the well-being of both the mother and child.



Strategies

to Promote Breastfeeding Practices

A. Trauma-informed care

Healthcare providers must adopt trauma-informed care approaches, recognizing the unique challenges posed by PTSD. This involves creating a safe and non-judgmental space for refugee mothers to express their feelings, taking into account non-verbal cues, and offering psychosocial assistance to address the psychological aspects of PTSD. Strategies should also encompass education and reassurance

Overall, addressing PTSD as a barrier requires a holistic approach, combining mental health support, trauma-informed care, and breastfeeding education tailored to the specific needs of refugee mothers with PTSD. Collaborative efforts between healthcare providers, mental health professionals, and support networks are essential to navigate and overcome this additional challenge.

B. Non-judgmental assessment

Implementation of non-judgmental assessment in promoting breastfeeding practices among refugee mothers is crucial. This involves healthcare providers conducting holistic evaluations that consider the unique circumstances, challenges, and cultural contexts of each refugee mother without passing judgment. During healthcare assessments, providers should refrain from making assumptions based on cultural differences, socioeconomic status, or personal choices related to breastfeeding. Instead, a non-judgmental approach ensures that refugee mothers feel respected, understood, and supported in their individual breastfeeding journeys.

By adopting a non-judgmental assessment approach, healthcare providers create an environment where refugee mothers feel safe to openly discuss

their experiences and challenges. This strategy contributes to the development of personalized and effective support plans that align with the specific needs and cultural preferences of each individual, fostering a positive and inclusive atmosphere for breastfeeding.



C. Noticing non-verbal cues and creating safe environments for expression.

Non-verbal cues play a crucial role in this assessment. Healthcare providers are encouraged to be attuned to the subtle expressions, body language, and emotions exhibited by refugee mothers, as these can provide valuable insights into their comfort levels, concerns, and overall well-being. A refugee mother's hesitation or discomfort may be expressed non-verbally, signaling the need for additional support or clarification regarding breastfeeding practices. By actively noticing these cues, healthcare providers can adapt their approaches and provide the necessary reassurance and guidance.

D. Warm and empathetic approach by healthcare providers.

This strategy involves healthcare settings where providers actively cultivate an atmosphere of empathy and understanding. For example, during consultations, healthcare professionals can use open-ended questions, allowing refugee mothers to express themselves freely and contribute to a collaborative decision-making process regarding breastfeeding practices. Another way to implement this strategy is by spending additional time engaging with refugee mothers, expressing genuine care and interest in their well-being. This human-centered approach fosters a sense of trust and comfort, essential for establishing a supportive relationship conducive to successful breastfeeding.

The warmth and empathy demonstrated by healthcare providers play a pivotal role in dismantling any apprehensions or anxieties refugee mothers may have about breastfeeding. This strategy establishes a foundation for effective communication, trust, and collaboration, essential elements for the successful promotion of breastfeeding practices in diverse cultural contexts. Ultimately, by integrating this strategy, healthcare providers contribute to a supportive and empathetic care environment, where refugee mothers feel heard, valued, and empowered in their breastfeeding journey.

E. Providing psychosocial assistance in hospital and community-based settings

A crucial strategy outlined is the provision of psychosocial assistance in both hospital and community-based settings to promote breastfeeding practices among refugee mothers. This involves addressing the emotional and psychological aspects of the mother's well-being.

In hospital settings, healthcare providers can integrate psychosocial support into postnatal care, recognizing the potential impact of trauma, displacement, and cultural adjustments on the mental health of refugee mothers. This may include counseling services, peer support groups, or access to mental health professionals. Extending psychosocial assistance to community-based settings ensures continuous support beyond the hospital environment. Community programs, support groups, and outreach

initiatives can provide a network for refugee mothers, addressing isolation and fostering connections with others facing similar challenges.

This strategy recognizes the interconnectedness of emotional well-being and successful breastfeeding. By acknowledging and addressing psychosocial challenges, healthcare providers contribute to a holistic approach that considers the multifaceted nature of a refugee mother's experience, creating a supportive ecosystem that enhances the emotional resilience of refugee mothers, contributing to successful breastfeeding practices.

F. Debunking myths around PTSD and breastfeeding.

Debunking myths surrounding PTSD and breastfeeding is crucial to alleviating concerns and ensuring that refugee mothers understand that breastfeeding can be a safe and beneficial option for them and their babies. For instance, a common myth may be the belief that breastfeeding is not a viable option for mothers with PTSD due to potential negative effects on mental health. By debunking such myths, healthcare providers empower mothers with accurate information, assuring them that breastfeeding can be a safe and beneficial choice.

One application of this strategy involves incorporating myth-busting discussions into counseling sessions, educational programs, and informational materials. This ensures that refugee mothers receive evidence-based information, allowing them to make decisions aligned with their preferences and well-being.

Debunking myths contributes to the normalization of breastfeeding for mothers with PTSD, fostering a supportive environment that encourages informed choices. This strategy aligns with the broader goal of providing comprehensive and accurate information to address concerns and enhance the confidence of refugee mothers in embracing breastfeeding practices despite the challenges associated with PTSD.

Education and Support

A. Offering breastfeeding education, support, and counseling in diverse care settings.

Provision of comprehensive support across varied environments is a key element in promoting breastfeeding practices. This involves offering comprehensive education, support, and counseling in diverse care settings. This strategy recognizes the importance of tailoring these services to meet the unique needs of refugee mothers in various healthcare environments. In hospital settings, healthcare providers can integrate breastfeeding education into prenatal classes, ensuring that refugee mothers receive information early in their pregnancy. Postnatal support, including lactation consultations, can be provided to address immediate concerns and questions.

Extending these services to community-based settings involves establishing support groups, workshops, or community outreach programs. This ensures ongoing education and assistance beyond the hospital, providing a continuum of care that aligns with the diverse contexts in which refugee mothers find themselves. Healthcare professionals can participate by actively engaging with refugee mothers in culturally sensitive and accessible ways. This may include providing multilingual educational materials, utilizing interpreters, and adapting counseling approaches to respect diverse cultural preferences.

Offering breastfeeding education, support, and counseling across varied care settings not only empowers refugee mothers with knowledge but also establishes a network of assistance that considers the different stages of their breastfeeding journey. This holistic approach enhances the likelihood of successful breastfeeding practices and addresses potential barriers that may arise in diverse healthcare environments.

B. Community-based follow-up care and services.

This approach recognizes that ongoing support beyond clinical settings is vital for the sustained well-being and success of refugee mothers in their breastfeeding journey. In practical terms, community-based follow-up care involves healthcare providers extending their support to local communities through initiatives such as home visits, community workshops, or support groups. These efforts aim to bridge the gap between hospital care and the everyday experiences of refugee mothers in their respective neighborhoods.

This can also be implemented by community health workers by conducting follow-up visits to provide additional guidance, addressing emerging concerns, and reinforcing breastfeeding education. This proactive approach fosters a supportive environment where refugee mothers feel connected and empowered within their community.

These services may include language-specific resources, peer support programs, and collaboration with community leaders to ensure the integration of support into the cultural fabric of the community.

Community-based follow-up care and services enhance the continuity of support for breastfeeding mothers, promoting a seamless transition from clinical care to the community. By establishing a network of assistance within local neighborhoods, this strategy contributes to the long-term success of breastfeeding practices among refugee mothers.

Necessary Steps

During Care Provision

A. Preference regarding interpreters should be considered.

An integral step in care provision involves considering and respecting the preferences of refugee mothers regarding interpreters. This strategy recognizes the importance of effective communication in healthcare settings, emphasizing the need to accommodate language differences to ensure clear and comprehensive understanding.

Healthcare providers should inquire about and respect the language preferences of refugee mothers during care interactions. This may involve offering interpreter services, language-specific educational materials, or utilizing bilingual staff to bridge communication gaps. For instance, if a refugee mother expresses a preference for a specific interpreter, efforts should be made to accommodate this request, fostering a more comfortable and trusting environment. This approach is crucial in situations where accurate communication is essential for providing quality healthcare services.

Application of this strategy extends to creating a cultural and linguistically inclusive healthcare environment. By considering interpreter preferences, healthcare providers demonstrate a commitment to personalized and respectful care, enhancing the overall experience and ensuring that refugee mothers actively participate in decision-making processes related to their health and breastfeeding practices.

B. Discover when and what seems to trigger stress among refugee mothers and intervene

This strategy recognizes the potential impact of stress on overall well-being and aims to create an environment where healthcare providers can intervene effectively. Healthcare professionals should engage in open and

empathetic conversations to discover the specific stressors affecting refugee mothers. This may include discussions about their experiences, challenges in the new environment, or concerns related to breastfeeding. Actively listening and acknowledging these stress triggers are essential components of this strategy. For example, if a refugee mother expresses stress related to cultural adjustments or parenting challenges, healthcare providers can tailor their support to address these specific concerns. This may involve offering targeted counseling, connecting mothers with community resources, or providing additional educational materials.

This emphasizes the importance of ongoing communication and observation. This proactive approach contributes to a more responsive and personalized care provision, ensuring that healthcare professionals are equipped to address stress triggers effectively and support refugee mothers in managing stress for improved overall well-being, including successful breastfeeding practices. By regularly checking in with refugee mothers and staying attuned to their evolving circumstances, healthcare providers can intervene promptly and implement support measures tailored to the unique stressors faced by each individual.

C. Reassure and offer support

Another crucial step in care provision involves offering reassurance and continuous support to refugee mothers. This strategy recognizes the importance of emotional well-being and aims to create an environment where mothers feel comforted, understood, and empowered. Healthcare providers should proactively communicate reassurance, acknowledging the challenges refugee mothers may face and validating their efforts. This involves expressing empathy, offering words of encouragement, and emphasizing the significance of the healthcare team's ongoing support. For example, if a mother expresses concerns about her ability to adapt to a new cultural environment or doubts about her breastfeeding journey, healthcare providers can reassure her by highlighting the resilience she has demonstrated and providing evidence-based information to address specific concerns.

It is important to establish a supportive relationship built on trust and

understanding. By consistently offering reassurance and demonstrating ongoing support, healthcare providers contribute to a positive care experience and enhance the overall well-being of refugee mothers. This proactive approach is crucial in fostering a sense of security and confidence, especially in the context of breastfeeding. Reassuring refugee mothers and providing continuous support aligns with the goal of creating a collaborative and empowering care environment that contributes to successful breastfeeding practices and the overall health of both mothers and infants.

D. Teaching refugee mothers stress regulation and self-care.

A pivotal step in care provision also involves empowering refugee mothers by teaching them stress regulation techniques and the importance of self-care. This strategy recognizes that effective stress management and self-care practices contribute significantly to overall well-being, especially in the context of challenging situations. Healthcare providers should themselves or refer to professionals who will actively engage with refugee mothers in educational sessions, providing practical tools and guidance on stress regulation. This may include teaching relaxation exercises, mindfulness techniques, and encouraging healthy coping mechanisms tailored to the individual needs and cultural preferences of the mothers.



For example, if a mother expresses challenges in dealing with stress related to parenting or cultural adjustments, healthcare providers can offer personalized guidance on specific stress regulation strategies. This may involve incorporating culturally relevant practices that align with the mother's background and preferences.

By empowering refugee mothers with the knowledge and skills to manage stress effectively, healthcare providers contribute to the development of a resilient and proactive approach to well-being. This education not only supports refugee mothers in their immediate circumstances but also equips them with tools that can have a lasting impact on their overall mental health, fostering a sense of empowerment and self-efficacy, crucial elements for successful breastfeeding practices and maternal well-being.

E. Demonstrating cultural sensitivity and respect for religious and cultural preferences.



A fundamental step in care provision involves healthcare providers demonstrating cultural sensitivity and profound respect for the religious and cultural preferences of refugee mothers. This strategy recognizes the diversity of cultural backgrounds and beliefs, emphasizing the importance of tailored and inclusive care. In practical terms, healthcare professionals should familiarize themselves with the cultural norms, traditions, and religious practices of the mothers under their care. This

involves actively engaging in conversations, asking questions with cultural awareness, and considering these aspects when planning and delivering care. If a mother expresses specific dietary preferences based on her cultural or religious beliefs, healthcare providers can ensure that meal options align with these preferences. Demonstrating this level of cultural sensitivity contributes to a more comfortable and trusting care environment.

The real-world application of this strategy extends to the acknowledgment and incorporation of cultural preferences in all aspects of care, including communication styles, birthing practices, and dietary considerations. Healthcare providers should actively seek feedback, encourage open dialogue, and adapt their approaches to align with the diverse cultural backgrounds of refugee mothers. By demonstrating cultural sensitivity and

respecting religious and cultural preferences, healthcare providers foster an inclusive and supportive care environment. This approach is essential for building trust, ensuring effective communication, and promoting positive health outcomes, including successful breastfeeding practices, within diverse cultural contexts.

F. Providing information on accessible mental health resources and services.



The final essential step in care provision that will be discussed in this booklet involves equipping refugee mothers with information on accessible mental health resources and services. This strategy recognizes the significance of mental well-being and aims to bridge the gap between healthcare settings and available mental health support within the community. Healthcare providers should actively share information about local mental health resources, counseling services, and support networks available to refugee mothers. This includes providing easily understandable materials, contact

details, and guidance on how to access these services. For example, if a mother expresses concerns about her mental health or the impact of past trauma, healthcare providers can offer a list of culturally sensitive mental health resources, ensuring that the information is accessible and tailored to the mother's specific needs.

This strategy involves the integration of mental health information into routine healthcare discussions. Healthcare providers should actively inquire about mental health concerns, educate mothers on the importance of seeking support, and collaborate with local mental health organizations to ensure a seamless connection to available resources. By providing information on accessible mental health resources and services, healthcare providers contribute to a comprehensive and holistic approach to care. This strategy empowers refugee mothers to proactively manage their mental well-being, fostering a sense of agency and resilience that positively impacts not only their mental health but also their ability to navigate the challenges of breastfeeding and overall maternal well-being.

Family and Community

Involvement

A. Involvement of family in the care of refugee mothers.

Healthcare providers should encourage and facilitate the participation of family members in the care of refugee mothers. This may include spouses, parents, or other family caregivers, who can provide emotional, practical,



and cultural support during the challenging period of forced migration and resettlement. Involving family members in breastfeeding education sessions can enhance the collective understanding of the importance of breastfeeding and create a supportive environment for the mother. This collaborative approach fosters a sense of shared responsibility for the well-being of both the mother and the infant.

Creating inclusive spaces within healthcare settings where family members are welcomed and actively engaged may involve organizing family-friendly educational programs, providing informational materials that cater to a broader audience, and encouraging open

communication between healthcare providers and family members. By involving the family in the care of refugee mothers, healthcare providers contribute to a holistic support system. This approach recognizes the interconnectedness of family dynamics and the well-being of the mother, fostering a collaborative and culturally sensitive environment that positively influences breastfeeding practices and overall maternal health.

B. Encouraging social support through breastfeeding support groups and peer support programs.



Healthcare providers should actively promote and facilitate the formation of breastfeeding support groups within the community. These groups provide a platform for mothers to share insights, challenges, and successes, fostering a sense of camaraderie and mutual support. Organizing peer support programs where experienced mothers mentor and guide those facing challenges can create a supportive network. Peer mentors offer practical advice, emotional support, and a shared understanding of the cultural nuances that may impact breastfeeding practices. Offering culturally sensitive materials and ensuring diverse representation within these groups contribute to a supportive and relatable environment.



By encouraging social support through breastfeeding groups and peer programs, healthcare providers contribute to the development of a robust community network. This approach recognizes the significance of shared experiences, cultural understanding, and peer connections in overcoming breastfeeding barriers and promoting positive maternal and infant health outcomes within the diverse refugee community.

C. Interdisciplinary collaboration between healthcare providers and community organizations.

Healthcare providers should actively engage in partnerships with community organizations, including religious and cultural groups, social services, and non-profit organizations. This collaboration aims to create a seamless network that enhances access to resources, support services, and culturally tailored care for refugee mothers. For example, collaborating with local religious organizations may facilitate the integration of cultural practices into healthcare plans, ensuring that care aligns with the beliefs and

preferences of refugee mothers. This collaboration creates a bridge between clinical care and community-based resources.



This strategy involves establishing open lines of communication, shared training initiatives, and coordinated efforts between healthcare providers and community organizations. This ensures that the unique needs of refugee mothers are addressed comprehensively, promoting a holistic approach to their care.

By fostering interdisciplinary collaboration, healthcare providers contribute to a more inclusive and culturally sensitive healthcare system. This approach recognizes the expertise that community organizations bring to the table and leverages collective efforts to overcome barriers, promote breastfeeding practices, and enhance the overall well-being of refugee mothers and their families.

D. Collaborate with religious and community organizations offering social services



Healthcare providers should actively seek and cultivate partnerships with religious and community organizations. These collaborations can involve joint initiatives, shared resources, and coordinated efforts to address the social determinants of health that impact the well-being of refugee mothers. Partnering with religious organizations may involve leveraging existing community networks to disseminate culturally sensitive health information, while collaboration with community-based social services can provide additional layers of support, such as housing assistance or language-specific counseling.

Application of this strategy involves creating a framework for ongoing communication, mutual understanding, and coordinated service delivery. By working hand-in-hand with these organizations, healthcare providers enhance the accessibility and cultural relevance of social services available

to refugee mothers.

Collaboration with religious and community organizations not only expands the reach of healthcare initiatives but also reinforces a community-centered approach. This strategy recognizes the collective strength of diverse organizations in addressing the unique challenges faced by refugee mothers, fostering a supportive environment that positively influences breastfeeding practices and overall maternal well-being.

E. Advocating for baby-friendly migrant health centers for additional support and services.

Healthcare providers should actively advocate for the creation of healthcare centers tailored to the needs of migrant families. These centers, designated as baby-friendly, are equipped to provide comprehensive and culturally sensitive care, including breastfeeding support, mental health services, and community resources. For instance, a baby-friendly migrant health center may offer designated lactation support services, multilingual educational materials, and culturally appropriate spaces for breastfeeding mothers. This advocacy aims to ensure that healthcare settings are attuned to the unique challenges faced by refugee families.

Application of this strategy involves collaborative efforts with policymakers, healthcare administrators, and community leaders to raise awareness about the benefits of baby-friendly migrant health centers. By advocating for these specialized centers, healthcare providers contribute to the creation of inclusive and supportive environments for refugee mothers.

Advocating for baby-friendly migrant health centers aligns with a commitment to providing tailored care that considers the cultural, social, and emotional aspects of the refugee experience. This strategy fosters a healthcare landscape that actively supports breastfeeding practices and overall maternal and infant well-being within the context of forced migration and resettlement.