Empowering Education and Support for Breastfeeding Women Living in Rural Communities

For breastfeeding people living in rural areas, it is often difficult to find appropriate breastfeeding and lactation resources as they can be few and far between. According to the Centers for Disease Control and Prevention (CDC), infants in rural areas are less likely to ever breastfeed than infants living in urban areas.

Emma, a new mother to a baby boy, lives in a rural area where the nearest town with a healthcare facility is over an hour away. Even by phone, it was difficult to reach her provider's office. She was determined to provide the best for her son, including breastfeeding; however, she was concerned about managing her post-partum anxiety and depression. She wasn't sure where to find out if her medications were something she could take while breastfeeding – which made her more anxious! Emma faced some common challenges living in a rural area:

- Travel Barriers – Emma struggled with general breastfeeding and medications concerns, all while managing the demands of a newborn; traveling long distances for an appointment was not only exhausting, but also not ideal.
- Limited Local Support – Emma's town had no specialized breastfeeding support services. The nearest support group was a two-hour drive away, making it difficult for Emma to access help when she needed it most.
- Limited Resources – Finding reliable information about breastfeeding was another challenge. Emma felt isolated and unsure where to turn for accurate information.

One day, while searching for answers online and discovering mixed information about the medications she wanted to start, Emma discovered MotherToBaby. Intrigued by our expert support that was available remotely and promptly, she explored our fact sheets, blogs, and podcasts that cover a range of breastfeeding topics. After reviewing our website, she was delighted to see our live chat service!

During our conversation, we addressed Emma's concerns about breastfeeding while on her medications to treat her post-partum anxiety and depression. We were also able to discuss the recommendations for vaccines while breastfeeding (like the updated COVID-19 and influenza vaccines. We also answered her questions about cold

medications, referring her to our specialized blog. She was very relieved to connect with someone so quickly and receive accurate information on the spot.

The flexibility of MotherToBaby's online services was also a game-changer for Emma. She was now able to access information at times that suited her schedule, as she also could use our text, email, or phone service. This was particularly important for Emma, since her days were unpredictable and often included late-night feedings and other unexpected moments!

MotherToBaby referred Emma to online lactation resources and support groups. Engaging with other breastfeeding parents and experts on an online platform can provide her with emotional support and encouragement. Sharing experiences and hearing from others who faced similar challenges can also help Emma feel less alone and more empowered in her breastfeeding journey. Engaging with the online community and support can provide Emma with a sense of connection and support that was missing in her rural area, which can help her more easily navigate the ups and downs of breastfeeding.

Mental health support was also very important to Emma because she lacked this in her daily life. Resources like Post-Partum Support International (PSI) and the National Maternal Mental Health Hotline are now tools Emma has to support her along the way.

With evidence-based information about her medications and referrals to the appropriate resources, Emma felt much more reassured about treating her anxiety and depression while breastfeeding. She felt more knowledgeable and prepared to continue taking care of herself and her newborn. The convenience of online support and education alleviated much of the stress she had been feeling. She could now focus more on bonding with her baby, knowing she can turn to MotherToBaby should she have more questions or concerns about medications or exposures while breastfeeding.

References:

https://www.ruralhealthinfo.org/toolkits/maternal-health/2/breastfeeding

https://www.cdc.gov/breastfeeding/data/facts.html

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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One of the most common Zika-related questions we get at MotherToBaby is, “What is the risk of Zika if I travel to Country X?” Or, a variation of the same: “We just got back from Country X. Do we ***really*** need to wait 3 months before we try to get pregnant?”

Back when the Zika epidemic was sweeping the western hemisphere, answering these travel-related questions was fairly straightforward. It was easier to know where there was a risk for Zika infection as governments and public health organizations around the world collaborated to identify and report cases. Since then, the number of reported Zika cases has fallen dramatically, but sporadic, low-level transmission continues to happen in some areas. Systems for detecting and reporting cases vary widely from country to country now, making it difficult to know the exact level of risk in any given area.

So, what’s a traveler to do?

First and foremost, all travelers should avoid mosquito bites to help prevent not only Zika, but also other diseases spread by mosquitoes. Preventing bites is important for everyone, especially those who are pregnant or planning a pregnancy and their partners. The best way to prevent mosquito bites while traveling is to use an Environmental Protection Agency (EPA)-registered insect repellent with one of the following active ingredients:

- DEET
- Picaridin (also known as KBR 3023 and icaridin)
- IR3535
- Oil of lemon eucalyptus (OLE)

- Para-menthane-diol (PMD)
- 2-undecanone

Other ways to help prevent bites during travel include wearing loose-fitting, long-sleeved shirts and pants, and sleeping in areas free of mosquitoes (such as accommodations with window and door screens or air conditioning, or sleeping under a mosquito net).

Second, consider your destination.

Check for active Zika Travel Health Notices from the Centers for Disease Control and Prevention (CDC). Travel Health Notices indicate areas with known current transmission of Zika.

After checking for Zika Travel Health Notices, visit the CDC interactive Zika map. The map uses different shades of blue to broadly classify Zika risk in countries and territories around the world:

- Dark blue areas have reported Zika transmission in the past and there could be current sporadic or low-level transmission in some areas. As in any area, there could be delays in detecting and reporting any new outbreaks.
- Medium blue areas have the kind of mosquitoes that most commonly spread Zika, but they have not reported Zika cases in the past.
- Light blue areas are not known to have the kind of mosquitoes that most commonly spread Zika, and they have not reported Zika cases in the past.

Third, learn the recommendations.

Learn the recommendations related to pregnancy based on your destination (summarized below). Depending on where you're thinking of going, CDC might advise that you avoid travel, take steps to prevent passing the virus to a partner through sex (sexual transmission), and/or delay pregnancy if you or your partner are planning to become pregnant. Preventing sexual transmission of Zika means using condoms or dental dams, not sharing sex toys, or not having sex for 2 months after travel (for biological females) or 3 months after travel (for biological males). If delaying pregnancy after travel, follow these same timeframes (2 months after travel for biological females and 3 months after travel for biological male partners).

Recommendations for areas with a Zika Travel Health Notice:

- If you are pregnant, avoid travel to these areas.
- If your partner is pregnant and you must travel to these areas, prevent mosquito bites and sexual transmission during and after travel according to the guidelines and timeframes above.
- If you or your partner are planning a pregnancy and you choose to travel to these areas, prevent mosquito bites, prevent sexual transmission, and delay pregnancy after travel according to the guidelines and timeframes above.

Recommendations for areas with current or past transmission (dark blue on the map):

- If you or your partner are pregnant and you choose to travel to these areas, be sure to prevent mosquito bites. If you are concerned about Zika, prevent sexual transmission during and after travel according to the guidelines and timeframes above.
- If you or your partner are planning a pregnancy, be sure to prevent mosquito bites. If you are concerned about Zika, prevent sexual transmission during and after travel and consider delaying pregnancy according to the guidelines and timeframes above.

For travel to all other areas with mosquitoes, take steps to prevent bites.

Lastly, talk to your healthcare provider.

Talk to your healthcare provider about any questions or concerns. They can help you consider the nature of your travel, your ability to prevent mosquito bites and sexual transmission, the risks associated with a potential Zika infection, your pregnancy plans, and any other factors specific to you, your partner, and your circumstances.

MotherToBaby specialists are also available to talk with you about Zika or other travel-related exposures before or during pregnancy. Safe and happy travels!

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