

Birth Outcomes and Breastfeeding in Minnesota Hmong Women

FACT SHEET 2019

Birth outcomes are important indicators of maternal and child health. Good prenatal care, a healthy birth, and appropriate postpartum care have lifelong impacts. Perinatal factors also impact breastfeeding outcomes.

Breastfeeding improves the health of infants and mothers and results in cost savings for parents, insurers, employers, and society. Mothers who breastfeed have less risk of breast cancer, ovarian cancer, diabetes, and heart disease. Breastfed babies visit the physician less often, are less likely to be hospitalized or die from SIDS, and need fewer prescriptions than formula-fed infants.¹

Background



The Hmong people are an ethnic group from southern China, Laos, Thailand, and Vietnam. During the Vietnam War, the Hmong in Laos were recruited by the CIA as guerrilla fighters to combat the spread of communism in Asia. After the United States withdrew from Southeast Asia in 1975, many Hmong fled to refugee camps in Thailand to avoid government persecution due to their alliance with the U.S. Many Hmong temporarily lived in refugee camps. Some later returned to Laos, while many emigrated. The first wave of Hmong refugees came to the United States in 1975 and the latest wave in 2004.

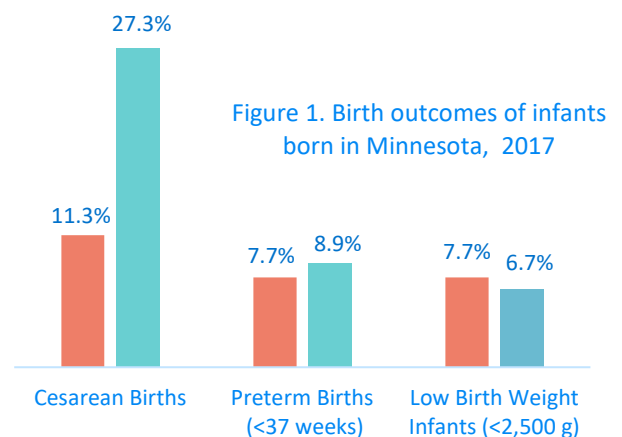
Today, the Twin Cities metropolitan area is home

to the largest Hmong population in the U.S., more than live in the next two largest (Fresno and Sacramento, CA) combined.² In St Paul, one in ten residents is Hmong, the highest density of Hmong residents in the United States.

Birth Outcomes

In 2017, there were 2,188 Hmong births in Minnesota.

- Hmong Minnesotans had markedly lower rates of Cesarean section births compared to the general Minnesota birth population.
- Fewer Hmong babies were born before 37 weeks compared to the overall Minnesota rate.
- More Hmong babies were born at a low birth weight, weighing less than 2,500 grams.



Postpartum Care

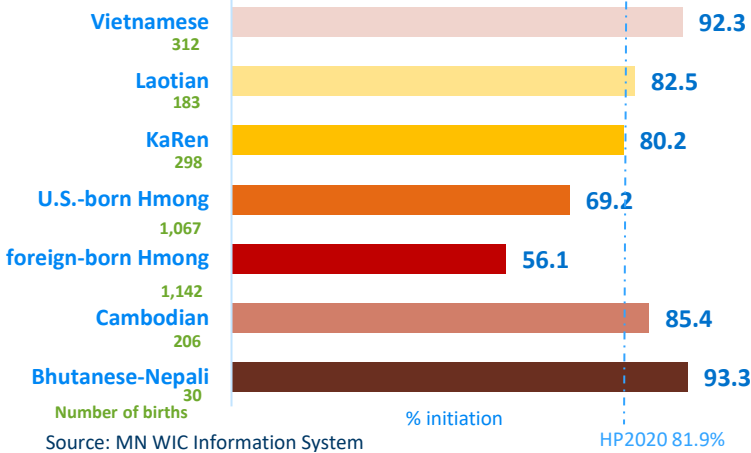
In Hmong culture, *Nyob duab hlis* is the first 30 days immediately following childbirth. During this period, Hmong women are instructed by their mothers and elders to observe certain practices to keep them, their babies, and other Hmong households in good health. Common practices include:

Postpartum (Chicken) diet: Many Hmong women are encouraged to consume only ‘hot food’ to cleanse their body of childbirth blood, which is believed by many Hmong to cause health problems. Prior to childbirth, families of pregnant Hmong women prepare enough chicken and green herbs to last through the *nyob duab hlis* period. Postpartum, Hmong mothers eat hot rice with this chicken-herb soup.

No visitations to other peoples’ homes: New Hmong mothers are prohibited from visiting other Hmong homes, especially those with pregnant women, for 30 days after childbirth. Many Hmong believe that new mothers’ bodies are ‘unclean’, can disrupt household or clan spirits, and can bring health problems to a household.³

Breastfeeding Initiation in Hmong WIC Participants

Figure 2. Breastfeeding initiation among Asian WIC participants born in Minnesota in 2016



Per MN birth record data, **89.9% of Minnesotan mothers initiated breastfeeding** in 2018. Breastfeeding initiation rates among most Minnesotan racial/ethnic groups increased over the years 2001-2018 and now exceed the HP2020 goal. However, large disparities persist between cultural groups. Non-Hispanic Asian mothers ranked second lowest in initiating breastfeeding in 2016. When the Asian category is further divided by ethnicity, **Hmong mothers, U.S.-born and foreign-born, have the lowest breastfeeding initiation rates of all groups reported.**

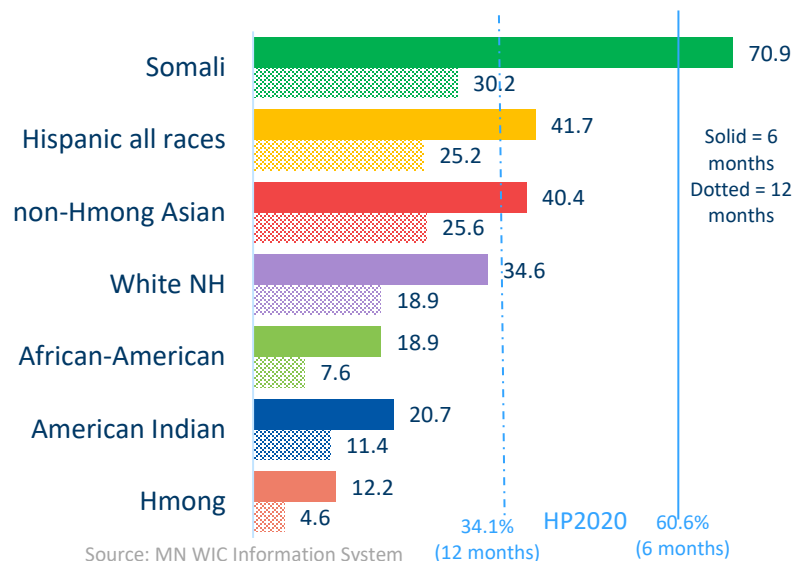
Breastfeeding Exclusivity and Duration in WIC Participants

Exclusive breastfeeding is defined as breastmilk only with no supplementation by infant formula or water. Feeding newborns supplements, such as infant formula, increases risks for health complications and disrupts the infant microbiome. It may also negatively affect milk supply and lead to early weaning.

Hmong mothers have the lowest rate (14%) of exclusively breastfeeding during the hospital stay, compared to other groups.

Optimally, the breastfeeding relationship will continue for at least one to two years *or longer* as mutually desired. However, many women wean in the first days and weeks of their infant’s life, often earlier than they had hoped. In 2015, **1 in 8** Hmong WIC mothers was breastfeeding at 6 months and **1 in 27** Hmong mothers at 12 months.

Figure 3. Breastfeeding continuation at 6 and 12 months for infants served by WIC, 2016



3. Rice, P. L. (1999). Infant weaning practices among Hmong women in Melbourne. *Australian Journal of Primary Health*, 5(2), 27-37. [Birth Outcomes and Breastfeeding among Hmong Women in Minnesota](#)