



2013

MANITOBA PROVINCIAL
**BREASTFEEDING
STRATEGY**







INTRODUCTION

The initial Manitoba Provincial Breastfeeding Strategy was developed in the fall of 2006 to focus improvements, increase accountability and improve reporting on breastfeeding. The breastfeeding deliverable specified that RHAs develop frameworks and activities to improve breastfeeding rates and to target percentage improvements in breastfeeding initiation, duration and exclusive breastfeeding to six months as recommended by Health Canada. The 2006 strategy encouraged a coordinated approach to breastfeeding promotion and support within each region and provincially. This strategy was foundational in developing Baby Friendly Manitoba working groups provincially and regionally and in advancing Baby Friendly Accreditation across the province.

In 2012, Manitoba Health (MH) convened a working group involving multi-departmental stakeholders and RHAs to renew the Breastfeeding Strategy.

BACKGROUND

Manitoba Health promotes and supports efforts towards making breastfeeding a priority and the normal nutritional choice for babies. Manitoba Health recognizes breastfeeding's positive impact on the health of all Manitobans. As the normal nutritional choice for infants, breastfeeding optimizes child health and has been associated with reduced obesity, reduced chronic diseases including type 2 diabetes, improved oral health,



and improved early childhood development especially for children born to low income mothers. Breastfeeding provides health care cost savings both in the present and the future.

The Baby Friendly Initiative (BFI) is an international accreditation program developed by the World Health Organization and UNICEF for the protection, promotion and support of breastfeeding. Implementing the Baby Friendly Initiative, a program of evidence-based practice for maternal and infant health improves breastfeeding outcomes. Globally, the Baby Friendly Initiative has increased breastfeeding rates, reduced complications, and improved mothers' health care experiences.

Linkages and partnerships between the Breastfeeding Strategy and other provincial relevant strategies and reports such as Health Living Strategy, Early Childhood Development, Maternal and Child Health Services (MACHS), Chronic Disease Prevention, Women's Health Strategy, Report on the Health Status of Manitobans and the Focussed on What Matters Most report will ensure consistent policy development in Manitoba.

GOALS

The 2013 Manitoba Breastfeeding Strategy contains four basic goals. These goals are aligned with Manitoba Health's departmental priorities and goals with emphasis on reducing health disparities; improving service delivery and building capacity. The goals are:

- Increase breastfeeding initiation and exclusivity rates at discharge from hospital, birth centre, or following home birth
- Increase the rates of exclusive breastfeeding to 6 months and continued breastfeeding to 2 years and beyond
- Narrow the gap between breastfeeding initiation, exclusivity and duration between northern and southern Manitoba, urban, rural and isolated communities as well as between different socio-economic groups
- Achieve Baby Friendly Initiative accreditation in Manitoba birthing hospitals, birth centres and community public health offices

GUIDING PRINCIPLES

Guiding principles are an integral part of the Manitoba Breastfeeding Strategy, providing meaningful, practical guidelines that foster an environment where individuals, community agencies, government and academia can work together more effectively to improve breastfeeding support and services.

- **Recognize Diversity and Reduce Inequity**
Manitoba's families are diverse. Gender, race, ethnicity, culture, disability, age, income, geography and sexual orientation have an impact on breastfeeding. All Manitoba women need access to health services that take this diversity into account. Understanding and addressing inequalities in breastfeeding services and support is critical to improvement.
- **A Holistic Approach**
Health promotion and delivery must care for the whole person. A "family-centred" approach promotes breastfeeding health and wellness through education and prevention of disease, and reduces risk factors that are detrimental to the health of infants, mothers and families.
- **Knowledge Building**
Knowledge building and knowledge translation about breastfeeding is crucial to the baby friendly initiative. Collaboration among hospitals, community health sites and peer support programs provides consistency and connection to protect, promote and support breastfeeding. High quality research studies must be used to determine evidence-informed best practice regarding effective interventions, programs and activities to increase breastfeeding initiation, exclusivity and duration.



• Collaboration and Coordination

Addressing breastfeeding issues requires the involvement of other levels of government and agencies. A coordinated and collaborative approach must be used which involves women in their communities, service providers, and all levels of government. This will improve coordination of policy, programs and services that impact breastfeeding.

TARGETS

- Increase provincial breastfeeding initiation rates to 85%
- Increase exclusive breastfeeding rates (including those infants who require medically indicated supplementation) at birth hospital/centre discharge to 75%
- Achieve improved breastfeeding rates in the community including:
 - a. Exclusive breastfeeding on entry to community service to 75%
 - b. Duration of breastfeeding at 6 months to 55% (25% exclusively breastfed)
 - c. Continued breastfeeding at 18 months to 25%
- By 2018, achieve Baby Friendly Initiative accreditation in 75% of all Manitoba birthing hospitals/centres that have more than 100 births/year and 75% of all provincial community public health offices

STRATEGIC PRIORITIES AND ACTIONS:

Priorities will evolve and new priorities will be identified as new evidence, funding and opportunities become available. Actions include existing and new activities from multi-sectoral government partnerships. Following are six initial priority areas to improve breastfeeding rates, services and supports in Manitoba.

1. Services

Practice and information throughout the province will be consistent. Health care providers and other multi-disciplinary providers will ensure early identification of issues and referral to appropriate services as required.

Services and policies will meet the Baby Friendly best practice standard and will be compliant with



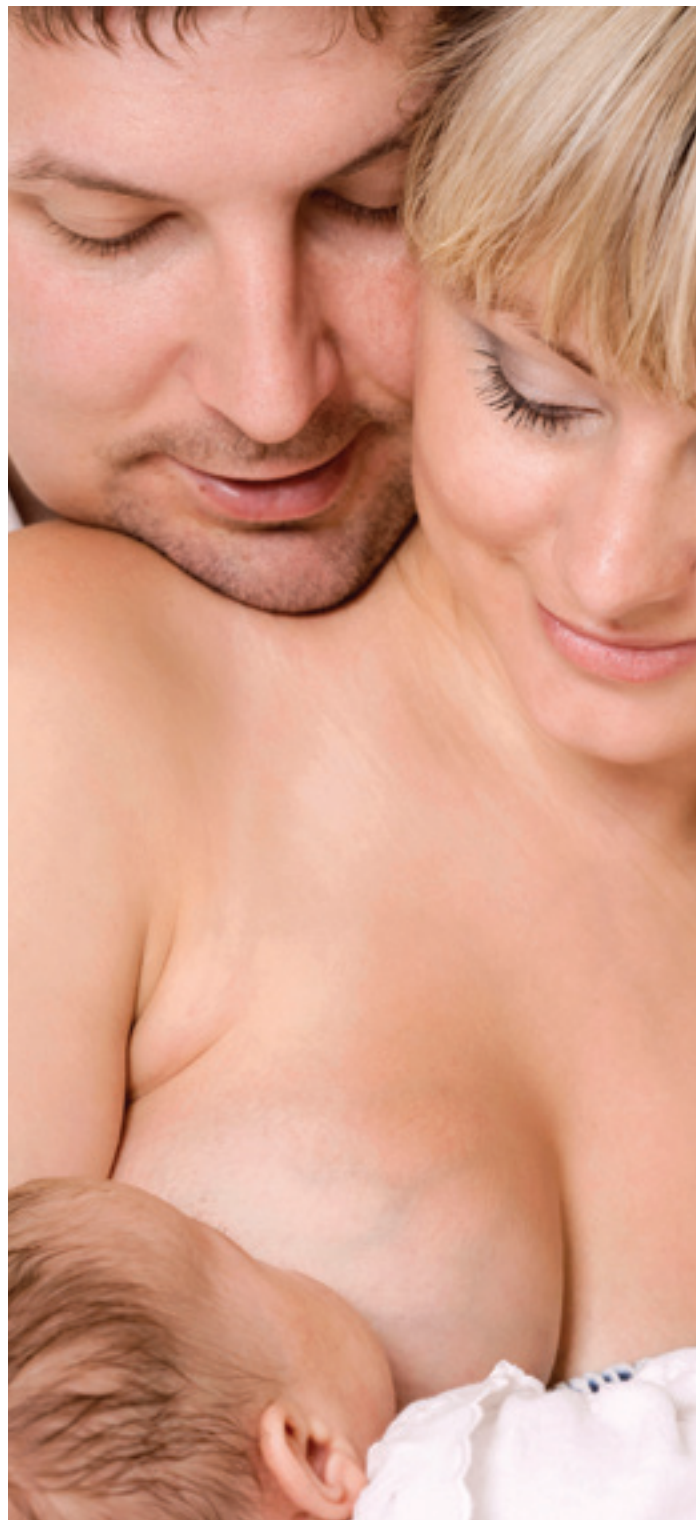
the International Code of Marketing of Breast-Milk Substitutes.

Strategic Actions:

- Increase consistent evidence based breastfeeding education and training initiatives to enhance multi-disciplinary clinical capacity across the continuum of care by for health care providers, other team members and relevant para-professionals:
 - Liaise with post-secondary institutions to include the appropriate level of breastfeeding education for health care professionals working with infants and mothers
 - Integrate the appropriate and required level of breastfeeding education for professionals working directly with prenatal and postnatal families
 - Improve services for women living in isolated, northern and rural areas by increasing:
 - specialized breastfeeding consultation or care
 - availability of northern/rural breastfeeding clinics and phone-in or distance supports for mothers
 - prenatal and postnatal access to breastfeeding information and supports to women travelling to give birth, both in transit and return to home community
- Develop Baby Friendly practices to support lab and DI services
- Establish a human milk bank in Manitoba (compliant to HMBANA standards) with provincial collection sites
- Integrate Baby Friendly designation into relevant accreditation, standards and guidelines in birthing facilities and community public health offices.
- Develop Provincial and RHA purchasing policies that meet the Baby Friendly best practice standard and comply with the International Code of Marketing of Breast-Milk Substitutes.

2. Community Relationships

Community relationships will strengthen linkages and referrals across multidisciplinary teams and between hospital and communities.



Strategic Actions:

- Improve partnerships with federal programs and First Nations, Inuit and Metis run services to support aboriginal breastfeeding mothers and infants
- Improve municipal partnerships to promote breastfeeding and increase consistency of breastfeeding information and support for families
- Increase opportunities for community based support/networking including mother to mother support, peer breastfeeding support and access to community clinics.

3. Social Determinants & Equity

Improve understanding regarding the effect of cultural diversity on breastfeeding, infant feeding and the Baby Friendly Initiative on attitudes and practices that effectively promote, protect and support breastfeeding in different cultures.

Strategic Actions:

- Improve access to breastfeeding services, supports and information to First Nation, Inuit, and Metis breastfeeding mothers and infants
- Improve access to breastfeeding services, supports and information to priority groups of women including: difficult to reach populations including newcomers and teens, substance using women, women with special needs, mental health and disabilities.
- Develop consistent appropriate/accessible resources about breastfeeding and infant feeding for priority groups of women that reflect the diverse cultures of Manitoba, and adhere to Baby Friendly standards
- Target training and consistent culturally appropriate information regarding breastfeeding and infant feeding for other sectors such as EIA, social work and others working with priority groups of women.





- Target interventions to increase breastfeeding among women affected by poverty, low-income/unstable housing, nutrition and food security issues.
- Link and support other health strategies including primary care, early childhood development, poverty reduction, chronic disease, healthy weights and tobacco reduction strategies for women
- Increase availability of breastfeeding and infant feeding information in other languages and at a variety of literacy levels.
- Improve education to health care providers in helping a mother choose a breastmilk substitute (infant formula) that is acceptable, feasible, affordable, sustainable and safe (AFASS) in her circumstances.
- Parents who make an informed decision need to be respected and supported.

4. Policy and Planning

Enhance breastfeeding support, services and education by continuing to develop the Baby Friendly Manitoba breastfeeding initiative.

Implement Baby Friendly Initiative accreditation in hospital, birth centres and community health offices

Take a leadership role with other provincial and municipal departments, RHAs, provincially funded programs and services and industry to ensure they comply with the WHO code and relevant World Health Assembly resolutions

Ensure that geographical and income related inequities are considered in research, policy and program development.

Strategic Actions:

- Continue to support the Breastfeeding Committee for Canada (BCC), the national authority in the implementation of the Baby Friendly Initiative (BFI).
- Continue to participate in the BCC Federal/Provincial/Territorial Committee, which oversees the implementation of Baby Friendly within their respective provinces/territories.
- Continue the work of the BCC Federal/Provincial/Territorial committee to oversee and to create opportunities for inter-jurisdictional collaboration

regarding breastfeeding policy and program development, research and sharing of resources and information.

- Continue to support to the Baby Friendly Manitoba Committee and Working Groups including:
 - identify a RHA representative to participate on the Baby Friendly Manitoba Committee and involvement on breastfeeding provincial activities
 - continue support to an annual Baby Friendly Conference and clinical/research rounds (educational activities)
- Continue Baby Friendly Provincial and RHA reporting:
 - develop a Provincial Breastfeeding Clinical Practice Guidelines and standard of care
 - enhance breastfeeding surveillance and data from:
 - hospitals, birth centres and community health services to support Baby Friendly Initiative accreditation
 - emerging data initiatives (e.g. Panorama, EMR)



- Implement a provincial and regional breastfeeding workplace policy to support staff and clients of provincial services
- Develop requirements for physicians regarding informed consent to improve understanding of potential negative impacts of cosmetic breast surgery on breastfeeding
- Educate all health care providers to implement the new WHO Growth Charts to monitor infant, child and adult growth.
- Increase awareness of the Manitoba Healthy Baby program to increase the numbers of women accessing this and other peer support models to increase breastfeeding rates.
- Continue to encourage the Manitoba Centre for Health Policy and other research agencies to monitor breastfeeding initiation (as well as exclusivity and duration rates if available), reporting on the gaps in percentage points between geographical and socio-economic groups.

5. Public Education & Health Literacy

Share knowledge and information about breastfeeding and the Baby Friendly Initiative.

Use research studies to determine evidence-informed best practice regarding effective interventions, programs and activities to increase breastfeeding initiation, exclusivity and duration.

Strategic Actions:

- Increase the practice of breastfeeding by establishing a social marketing campaign that includes:
 - public education
 - resources
 - social media
- Ensure that breastfeeding education is an ongoing part of Healthy School curriculum
- Increase understanding about the risks of mixed feeding and formula use
- Increase awareness potential risk factors, including body modifications, for poor breastfeeding outcomes
- Champion breastfeeding positive messages across provincial communication initiatives and campaigns and promote use of images that reflect positive breastfeeding

culture and do not display formula feeding including bottles and pacifiers.

- Increase knowledge about the value of the Baby Friendly Initiative and accredited facilities in the general public and across disciplines working with mothers and infants
- Use a diverse approach to social marketing that builds on a variety of ways to obtain health information by diverse groups including peer-to-peer support groups, elders and grandmothers and new technologies.

