

# **Assiniboine Regional Health Authority**

## **Breastfeeding Deliverable Report February 28, 2005**

### **Introduction:**

In 1978 the World Health Organization (WHO), UNICEF and Health Canada identified that the promotion of breastfeeding would become their primary goal. Over the past 27 years national and provincial organizations throughout Canada have worked collaboratively to promote breastfeeding as a key component in the prevention of infectious and chronic diseases, in the reduction of morbidity and mortality rates and in the positive overall contribution to the physical health and well being of mom and baby.

Research has supported that breastfed babies are healthier, have increased cognitive abilities, are better nourished, and exhibit better long term health outcomes. It is been estimated that infants who breastfed for a minimum of 6 months experienced \$1,435.00 less health care claims than formula fed infants. Breastfeeding is clearly a population health approach that will have a significant impact on the overall health of the Assiniboine Region population as well as a significant financial impact on the cost of health care services.

The Assiniboine RHA Breastfeeding Deliverable has been incorporated into the Regional Breastfeeding Framework template (Appendix 1) provided to the regions by Manitoba Health. The vision, mission, goals and objectives are a reflection of the ARHA Board of Directors strategic direction for the region.

The Assiniboine RHA Breastfeeding Conceptual Framework provides an overview of current trends in breastfeeding, programs and resources that support breastfeeding within this region and perceived gaps.

In 2003-04 a strategic planning process was carried out with the Healthy Baby programs in Assiniboine Region. This planning process included a comprehensive assessment of the strengths and opportunities for improvement for this program and target population. Work was done with the target population, through focus groups, and a multidisciplinary team to identify strategic directions for Healthy Baby programming, initiatives and policy development over the next five years. The final report of this planning is attached for back ground information as Appendix 2.

As a result of this planning process, the decision was made to form a regional steering committee to be responsible for the development, coordination and planning for prenatal/postnatal programming, standards and breastfeeding initiatives within the Assiniboine region. The following priorities were determined: ensuring seamless delivery of programs and service to all prenatal and postnatal families, consistent and current information in the area of breastfeeding and moving toward a “Baby Friendly” model of service that integrates the principles of Primary Health Care.

The data that has been outlined in this document has come from the following sources: *Manitoba Centre for Health Policy and Evaluation: Assessing the Health of Manitoba Children (2001)*, *The Health and Health Care Use of Registered First Nations People Living in Manitoba: A Population Based Study (2002)*, *Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health and Health Care Use (2003)* and *Perinatal Health Surveillance Report (1989-98)*, *Assiniboine Healthy Beginnings Prenatal/Postnatal Database*, *Assiniboine Region Healthy Baby Strategic Planning Document (February 2004)* and the *ARHA Community Health Assessment Report(2004)*.

It is recognized that the operational plan in this deliverables document is a work in progress that will reflect and incorporate emerging opportunities within the ARHA, as partnerships grow and a regional breastfeeding strategy is put in place. It is our intention that this document reflects the philosophies and goals that will provide the foundation for this strategy.

The Operational Plan for this Breastfeeding Deliverable will allow for a broader partnership involvement in planning, development and evaluation. This plan will also incorporate community, non-government organizations (NGO) and non-traditional partners where appropriate. It will be critical that all health care providers and appropriate partners are linked into the strategy to ensure that the breastfeeding strategy is achievable. The principles outlined in this document will provide an overall framework and foundation upon which this strategy will be developed.

The Assiniboine Region spans an area of 32,134 square kilometers and provides service to a population of 73,000. Within the region there are 73 rural municipalities and towns, 7 reserves, 28 Hutterite colonies and 20 hospitals of which 3 provide obstetrical services at this time. The Aboriginal population makes up 8% of the regional population. At present there are 12,561 women of childbearing age (15-44 years) living in the Assiniboine Region.

The birth rate has remained relatively constant over the past 3 years at 9.7 per 1000. In 2002-03 there were 668 deliveries in the Assiniboine region, (not including reserve deliveries). Within this population 67.5% of these women delivered in Brandon, 16% in Assiniboine, 7% in other RHAs, 5.5% in Winnipeg and 3.6 % out of province.

In 1991/92 to 1995/96 the proportion of Assiniboine infants who were breastfed on discharge from hospital was 80%. This increased to over 81% from 1996/97 to 2000/01 (*Assessing the Health of Children of Manitoba: A Population –Based Study*). The Manitoba averages for the same time periods were 76% and 80% respectively. The National Population Health survey (Health Canada 1999) recorded an initiation rate of 86% in 1994/95 for the Prairie region and the National Longitudinal Study for Children and Youth found an initiation rate of 83% during this time period. Currently in Assiniboine, for the 2004 calendar year, 84% of infants were breastfeeding on discharge (Appendix 3).

Breastfeeding initiation rates (1997/98) for newborn infants living “on –reserve” within a Tribal Council area were just over 54.3 % with rates generally higher in the northern areas. “Off-reserve” breastfeeding rates for this population were 60.5%. Currently this population is not on the Assiniboine Healthy Beginnings data base unless they live off-reserve and receive postnatal follow-up within the regional system. Current data provided for Assiniboine Region (former

Marquette and South Westman) from the Manitoba Center for Health Policy and Evaluation, (supported by the Regional Healthy Beginnings data base) indicates that the Assiniboine Region's initiation rates for breastfeeding are higher than the Manitoba average.

### **Planning Principles and Parameters:**

The following planning parameters guide the development of a regional breastfeeding strategy:

- Assiniboine Region Vision and Mission:  
Regional Vision: "Assiniboine Regional Health Authority: together, an innovative future-orientated organization providing evidence-based, sustainable, quality health services".  
Regional Mission: Through participation and teamwork, our mission is to share in enhanced wellbeing through the delivery of quality services within available resources that are responsive to the needs of the population.
- The ARHA Strategic Priorities as established by the ARHA Board of Directors, October 2004 (Appendix 4)
- The principles and beliefs of Primary Health Care as adopted by the ARHA (Appendix 5).
- The Assiniboine Region supports the belief that parents have the right to make decisions around the care, and nurturing of their infants, but that this decision should be based on the most current information that is readily accessible by all.
- The Regional Breastfeeding Strategy Steering Committee (the Terms of Reference are provided in Appendix 6) is responsible for putting forth planning, implementation and evaluation recommendations of regional breastfeeding initiatives
- The World Health Organization and UNICEF (United Nations Children's Fund) recognizes that the implementation of best practice in health services and health promotion is critical to protect, promote and support breast feeding. Best practice is represented by "The Ten Steps to Successful Breastfeeding" (Joint statement published by WHO/UNICEF 1989; "Protecting and Promoting and Supporting Breastfeeding: The Special Role of Maternity Services.")
- There is no additional funding to support initiatives

### **Approaches:**

Primary Health Care:

Primary Health Care approach supports the following principles and philosophies in service design, implementation and evaluation;

- Community participation in assessment, planning, implementation and evaluation.
- Population Health focus that addresses the health of an entire population, through health promotion, disease prevention and self care emphasis.
- Interdisciplinary multi-sectoral approach that supports a broad range of skills, a diverse knowledge base and shared responsibility through the establishment of multiple partnerships in a comprehensive approach to delivery of care.

- Accessible care and service that allows individuals, families and communities to access appropriate service by the appropriate provider in the appropriate place at the appropriate time.
- Culturally competent care and service that is provided by the appropriate provider based on standards of best practice.
- Continuity of care that ensures a comprehensive approach through the integration of uninterrupted service across the continuum of programs, practitioners, organizations and levels of care.
- Efficiency that addresses the need to achieve expected outcomes in the most cost-efficient use of resources.
- Affordability and Sustainability that reflects and operates within the realities of regional and program budgets.
- Strength-based, solution focused programming and strategies that focus on solutions, assets, and capacities rather than problems and deficits.
- Evidence-based designs, implementation and evaluation strategies that are based on valid research and assessed need.
- Harm reduction approach that provides options in a nonjudgmental, non coercive way acknowledging the right of individuals to make personal choices.

#### Population Health Approach:

It is necessary that the fundamental principles of population health be considered at each level of strategic and program planning. A Population Health Strategy is focused on the health of the entire population with the aim to reduce inequities that might occur for various population groups, to act upon a broad range of factors and conditions that have strong influence on our health and to focus on the populations' responsibility for their own health. Because individual determinants of health do not act in isolation, but rather in a complex interactive manner it is critical to apply multiple strategies that include multi-sectoral and interdisciplinary partnerships. A population health approach supports and strengthens policies pertaining to public health and health promotion

#### Provincial Healthy Living Vision:

The key components of a Health Living vision are support, promotion, and protection. Healthy Living is about creating conditions and supporting behaviors that promote the best possible health for individuals, families, communities and governments. Healthy living supports making positive choices about personal health practices, creating physical and social environments and developing policies that support and promote healthy choices.

#### **Strategic Pillars:**

The Assiniboine RHA Regional Breastfeeding Framework incorporates the following three main pillars under which regional activities for a breastfeeding strategy can be grouped.

#### Leadership and Policy Development:

- Leadership and policy development has been identified as the most significant pillar at this time in the Assiniboine Region Breastfeeding Framework.
- Leadership needs to occur at three levels:
  - Board/Executive: Support of breastfeeding through commitment to “Baby Friendly” principles.
  - Program: Programming should reflect the protection, promotion and support of breastfeeding through best practice guidelines, policy and education.
  - Staff: Capacity to remain current and competent in their skills to protect, support and promote breastfeeding.

Policy development must occur at all 3 levels as policy supports the philosophies, beliefs and best practice models within the Regional Health Authority. Effective implementation of policy relies not only on the knowledge but beliefs and attitudes of the governing body.

#### Surveillance:

- Development of accurate data collection mechanism to collect initiation rates and duration rates at 2, 4, 6, 12 months.

#### Research:

- Establishment of mechanisms to ensure that current information on breastfeeding best practice is disseminated at all people within the region including employees and staff and our consumer stakeholders

#### Evaluation:

- Development of a formalized evaluation plan around breastfeeding practices, programs and initiation/duration rates that includes a formal process for consumer feedback around the education and support they received around breastfeeding

#### Capacity Building:

- Education and Training:
  - World Health Organization (WHO) best practice recommendations support that all staff providing direct care to pregnant and breastfeeding mothers should have a minimum of 18 hours of current breastfeeding education, including 3 hours of clinical skills training. Currently in the Assiniboine Region a strategy is being developed through the Baby Friendly Committee to address the above recommendations.

For public health nurses, these hours of education will occur through staff education and meeting days. This initiative will be supported through existing public health time and dollars. The challenge will lay in addressing the educational needs of facility nurses as there are currently 20 acute care facilities, 3 of which provide labor and delivery services. All facilities within the

region are called upon at various times to provide support to breastfeeding families through emergency department visits, post partum return to local facility following delivery, emergency delivery or phone contact to hospital around infant care/breastfeeding issues. Due to the large number of facilities and staff, the region would require additional funding to support the recommendation laid out by the WHO.

- The Breastfeeding Strategy Steering Committee has identified that the educational strategy around breastfeeding requires a multi-pronged approach that targets not only staff but consumers, communities, policy makers and leadership. Implementation of such a strategy would require new funding, particularly at the staff level.
- Programming:
  - Align programming and breastfeeding initiatives within the Assiniboine Regional Health Authority to support the recommendations of the WHO and Breastfeeding Committee of Canada.
  - Utilize the Baby Friendly guidelines as the foundation for the development of breastfeeding programs and initiatives
- Sustainability:
  - Recognizing that there is no additional funding to support new initiatives, strengthening of partnerships will be essential
  - Providing consistent and accessible information for both staff and consumer will be required
- Community Capacity:
  - Building community capacity will be foundational to this strategy as the creation of a breastfeeding culture within the Assiniboine Region will require support and involvement at all levels (ARHA programs and services), through a multi-sectoral approach, with family and community and health care providers being equal partners in the process.

### **Regional Goals:**

1. ARHA staff will provide consistent breastfeeding information based on best practice guidelines.
2. Regional health care providers will work collaboratively within existing resources to promote breastfeeding initiation, duration and exclusivity.

### **Targets:**

1. Increase breastfeeding initiation at hospital discharge by 2%.
2. Increase exclusive breastfeeding at 6 months by 2%.
3. Increase breastfeeding duration at 6 months and one year by 2%.

**Activities:**

A three year regional breastfeeding strategy is outlined in the logic model which is appended as Appendix 7.

**Key Settings:**

Key settings are the home, schools, hospitals and the community. These are the settings where the majority of ARHA health services are delivered currently.

**Target Populations:**

Our priority target population includes aboriginal and non-aboriginal pregnant women, mothers, women and adolescents.

**Summary:**

Breastfeeding is a basic human right. The promotion, protection and support of this basic right must come from all levels of governance, from health care professionals, health care institutions, public facilities, work places, social agencies, community and individuals within the ARHA.

The Breastfeeding Strategy Steering Committee and the maternal Child CQI team within the Assiniboine region will be working collaboratively in a leadership role to support the planning, implementation, delivery and evaluation of the regional breastfeeding strategy outlined on the Logic Model. It needs to be recognized that the strategy is a dynamic work in progress that is dependent on existing resources and will capitalize on emerging opportunities that present over the course of the next few years.

# Assiniboine RHA

## Breastfeeding Deliverable Logic Model

### APPENDIX 7

	Leadership	Policy development	Education/Training	Surveillance	Evaluation	Sustainability	Community Capacity	Marketing & Communication
Goals	Implement a regional Breastfeeding strategy that is supported at the board, program and service delivery levels.	Implement regional policy that supports the principles of a Baby Friendly strategy.	All regional health care providers will have access to consistent breastfeeding best practice information and education.	ARHA will work collaboratively with Manitoba Health and other RHAs toward the development of a process to support the collection of initiation, duration and exclusivity rates.	Evaluate Breastfeeding initiatives and strategies.	The implementation of a Regional Breastfeeding Strategy will be accomplished to the extent possible within existing resources.	Through collaboration with key partners, the ARHA Breastfeeding Strategy will support capacity building at the community level.	ARHA will Implement Breastfeeding marketing strategy in accordance with Manitoba Health messages.
Objectives	Increase level of awareness and commitment to the principles of Baby Friendly model within the Assiniboine Region (moving towards a process of designation).	Ensure the development of breastfeeding policies that support the principles of a Breastfeeding Strategy.	Increase level of knowledge around breastfeeding best practice in ARHA staff who work with breastfeeding families through use of current policy content, educational opportunities where resourcing allows, nursing journals and self learning packages.	Regional Breastfeeding Steering Committee will work with internal and external service delivery systems/staff to ensure a consistent, accurate and cost effective process for collection of initiation, duration and exclusivity rates.	To ensure that Breastfeeding strategies and initiatives are meeting the needs of the targeted population.	To provide awareness, education and programming within existing resources.	Increase community awareness, support of and participation in Breastfeeding initiatives and strategies.	To promote a "breastfeeding culture" within the Assiniboine Region.  Use "risk" based approach where appropriate

	Leadership	Policy development	Education/Training	Surveillance	Evaluation	Sustainability	Community Capacity	Marketing & Communication
Activities Year 1	<p>Breastfeeding Strategy Steering Committee will take a leadership role in implementation of ARHA Breastfeeding Strategy.</p> <p>Provide education to the Board around Baby Friendly model and Breastfeeding Strategy.</p> <p>Disseminate information to ARHA staff and partners around Breastfeeding Strategy.</p>	<p>Baby Friendly Committee will work collaboratively with ARHA/BRHA Maternal Child CQI team and Public Health program to review and develop where needed best practice policy for breastfeeding.</p> <p>Facility and community will support staff to be aware of best practice policy for breastfeeding.</p> <p>Facility and community will support staff to be aware of best practices in breastfeeding through current policy content, educational opportunities, nursing journals, and self learning packages.</p> <p>ARHA Breastfeeding Steering Committee will work collaboratively with internal and external partners to implement a regional Breastfeeding Strategy.</p> <p>Provide education to Board and ARHA staff on the Baby Friendly model and Breastfeeding Strategy.</p> <p>Reviewing Winnipeg Breastfeeding Best Practice Guidelines.</p>	<p>Develop 3 year education/training plan for Public Health Nurses, Families First Home Visitors &amp; Baby Steps Site Facilitators supports current best practice recommendation (18 hours breastfeeding education).</p> <p>Dialogue with facility on breastfeeding education needs of staff related to breastfeeding and best practice models.</p> <p>Determine educational needs of community and community partners around breastfeeding.</p>	<p>Regional Breastfeeding Steering Committee will work collaboratively with ARHA, Brandon RHA Maternal Child CQI teams and Public Health Programs to ensure complete and accurate information collection and completion on prenatal / postnatal population.</p>	<p>Breastfeeding Steering Committee will develop a formal evaluation strategy for all breastfeeding initiatives and programs.</p> <p>Participants will evaluate training sessions</p> <p>To provide ongoing monitoring rate.</p>	<p>Breastfeeding Steering Committee will work collaboratively with programs and partners to ensure sustainable, integrated planning that promotes, protects and supports breastfeeding at the service delivery and policy development levels.</p> <p>Breastfeeding Steering Committee will establish linkages with partners within and external to the ARHA to support coordination / integration of healthy lifestyle initiatives (potential linkages with Chronic Disease Prevention, Primary Health Care, Baby Steps, Families First, First Nations, and Parent Child Coalitions).</p>	<p>Work in collaboration with Public Health, Baby Steps, external community partners and delivering hospitals to implement a regional Breastfeeding Strategy.</p>	<p>Breastfeeding Steering Committee will collaborate with ARHA Communications Department &amp; community partners to develop regional marketing strategy.</p> <p>Work with Manitoba Health &amp; RHAs to determine best practice models for marketing of Breastfeeding initiatives &amp; information.</p>

	Leadership	Policy development	Education/Training	Surveillance	Evaluation	Sustainability	Community Capacity	Marketing & Communication
Activities Year 2	Board would provide approval for a 3 year Breastfeeding Strategy that supports the principles of Baby Friendly.	Develop a Baby Friendly Breastfeeding Policy for ARHA (Facility & Community)	<p>Develop supportive educational strategies for facility staff that incorporate access to current breastfeeding information through journals, internet sites, educational opportunities and self learning packages.</p> <p>Develop educational strategies for community through prenatal sessions, Baby Steps sessions and development of Breastfeeding calendar (for distribution).</p>	<p>Develop a regional database to support collection of data for the maternal /child population.</p> <p>Develop a data collection process to be incorporated into well baby clinics for purpose of tracking duration and exclusivity rates for target population.</p> <p>Develop a yearly Breastfeeding report to be shared with Board, staff, CQI teams.</p>	Implement evaluation strategy in year 2	Research other initiatives to determine other breastfeeding strategies and initiatives.	Support the creation of a breastfeeding culture through display boards, prenatal/postnatal sessions, Baby Friendly sessions, art work, articles in newspapers. Evaluate strategies and build upon existing strategies.	<p>Implement within existing resources best practice models for marketing of Breastfeeding Strategies.</p> <p>Ensure that all marketing strategies are sensitive to the cultures within the region.</p>
Activities Year 3			<p>Develop breastfeeding calendar.</p> <p>Develop a prenatal/postnatal directory of services (regional/provincial).</p>	<p>Complete annual report</p> <p>Evaluate collection tool developed in year 1.</p>	Ongoing evaluation and program development.			

	Leadership	Policy development	Education/Training	Surveillance	Evaluation	Sustainability	Community Capacity	Marketing & Communication
Out comes Year 1 JANUARY 2005-January 2006	<p>Breastfeeding Steering Committee formalized with membership expanded to include representation from 3 delivering facilities in ARHA, Baby Steps, Families First, Public Health, Lactation specialist, Provincial Breastfeeding Committee representative, First Nations, Chronic Disease Prevention Committee, Public Health Program Manager.</p> <p>Information and presentations on Breastfeeding deliverable provided to the following groups: ARHA Maternal/Child COI committee, Chronic Disease Prevention Committee, First Nations partners, Family First, Public Health, Client Care Coordinators in delivering hospitals in ARHA.</p>	<p>Developed and implemented standardized post partum guidelines (based on WRHA) for ARHA Public Health Program. Guidelines and 1 day supportive education session done May 2005.</p> <p>Breastfeeding strategy a standing agenda item for Maternal Child CQI, Public Health, Families First, Baby Steps, CDPI meetings.</p> <p>L&amp;D policies in 3 delivering hospitals reviewed for current best practice in breastfeeding.</p> <p>WRHA Breastfeeding Practice guidelines reviewed by Breastfeeding Steering Committee and Maternal Child CQI members (community and facility).</p>	<p>"Breastfeeding Answer Book", "Medications &amp; Mothers Milk" provided to all Public Health Nurses, "Breastfeeding Protocols" provided to 3 delivering facilities, "Pocket Guide to Breastfeeding Answer Book", to all Baby Steps Site Facilitators.</p> <p>Breastfeed resources used by community reviewed, standardized and developed for prenatal/postnatal target population. Developed an "Introduction to Solids" handout that incorporates current breastfeeding recommendations. Shared provincially.</p> <p>Education Plan: 2 facility nurses supported to attend 1 day training workshop Kathy Hamlin, Community Lactation Consultant supported to attend provincial conference on Breastfeeding. Education session provided to Baby Steps staff on "Current Practices In Breastfeeding." Orientation of new Public Health nurses included day with lactation specialist at Brandon Regional Health Centre.</p>	<p>Developed a regional postpartum data base.</p> <p>Inputted Prenatal / Postnatal data for 2004, 2005 calendar years.</p>	<p>Reviewed, developed and standardized breastfeeding resources used by Public Health, Family First, Baby Steps (prenatal class content, pamphlets, videos, printed material, display boards).</p> <p>Client satisfaction survey and program evaluation used in all Public Health, Healthy Child programs to obtain consumer feedback.</p>	<p>Breastfeeding Steering Committee formalized to include Public Health Nurse, Facility Client Care Coordinator (2 delivering facilities), Healthy Baby Coordinator, HB Dietitian, Public Health Program Manager, Aboriginal Health Coordinator (consultative).</p> <p>Committee met 5 times through 2005.</p> <p>Terms of Reference developed. Membership of committee expanded to include representation from the following: client care coordinator (all 3 delivering facilities), CDPI committee, Provincial Baby Friendly committee, ARHA Maternal Child CQI team.</p> <p>Intake/referral form developed for early prenatal referral. Primary intent of referral form to target early prenatal population for the purpose of providing more comprehensive care through individual and group programming/intervention. Referral form and letter provided to all physicians within ARHA.</p>	<p>Baby Steps-A Healthy Baby Program delivered in 16 different communities throughout Assiniboine region for 2005 year. 250 sessions occurred, with a total of 348 participants attending (238 postnatal, 110 prenatal). Baby Steps sessions provided access to information/ education, professional and peer support in the areas of breastfeeding, nutrition, parenting, early child development and safety.</p>	<p>Five breastfeeding display boards were developed and used throughout the region in health units, Baby Steps sites and various community events.</p> <p>Eight pieces of breastfeeding art work have been purchased and are currently being placed in 8 ARHA facilities across the region as part of strategy to support a breastfeeding culture, (3 delivering hospitals, 3 health units, and each of the 2 ARHA boardrooms).</p> <p>Four articles were developed and placed in 19 local newspapers, in the ARHA newsletter (goes to each household in ARHA), on ARHA website and in each public health office.</p>

	Leadership	Policy development	Education/Training	Surveillance	Evaluation	Sustainability	Community Capacity	Marketing & Communication
Out comes Year 1 JAN 2005-Jan 2006		<p>Baby Friendly policy templates (for facility and community) reviewed and being completed by Breastfeeding Steering Committee.</p> <p>Breastfeeding strategy a standing agenda item for Maternal Child CQI, Public Health, Families First, Baby Steps, CDPI meetings.</p>	<p>Public Health Program supported 2 PHNs to spend 1 day each with lactation specialist at Brandon Regional Health Centre (breastfeeding assessment and intervention skills).</p>					<p>Eight additional articles were developed to place in ARHA "For Your Information" and "Staff Matters". These are newsletters that go out to all facilities across the region. The goal of this initiative is to start and build knowledge, language and an understanding of the benefits of breastfeeding among all ARHA staff in order to build a culture supportive of breastfeeding within the ARHA organization. Articles were developed for the Baby Steps newsletter that goes out to over ___ families and partnership agencies.</p> <p>Breastfeeding Calendars were developed and provided to PHNs, delivering facilities and Baby Steps sites to be given out in mid-Dec.</p> <p>Tent cards were developed with information on current breastfeeding recommendations. Cards went into over 50 hospitals and wait rooms in physician clinics around the region.</p>

	Leadership	Policy development	Education/Training	Surveillance	Evaluation	Sustainability	Community Capacity	Marketing & Communication
Activities for 2006/07	<p>Breastfeeding Steering Committee to put forward the recommendation to the Provincial Baby Friendly Committee that lobbying is done with the Department of Education for incorporation of strategies into school curriculums that would support the culture of breastfeeding.</p> <p>Steering committee to determine what regional committees/programs should receive minutes and standing reports on the ARHA breastfeeding strategy.</p> <p>Presentation on BF deliverable to be given to ARHA board March 2006.</p>	<p>Breastfeeding Steering Committee to work collaboratively with Maternal Child CQI team to develop a plan to address issues identified in the recent review of policies and guidelines that support breastfeeding best practice.</p> <p>Work toward the development and implementation of a standardized breastfeeding policy/best practice guidelines within the ARHA delivering facilities.</p> <p>Complete the Baby Friendly policy template for 3 delivering hospitals and community.</p>	<p>Breastfeeding Steering Committee partnered with Primary Health Care, Education Services, Families First, Baby Steps and Public Health to provide a 1 day workshop with Kathy Hamlin (Feb 13/06) open to all ARHA staff and partners.</p> <p>One day education session (Feb 28/06) on Psychosocial Aspects of Breastfeeding for home visitors and staff providing programming and support to Baby Steps program.</p> <p>To prioritize PHNs identifying the desire to spend 1 day with lactation specialist at Brandon Regional Health Centre and to set up rotational schedule.</p> <p>To survey Public Health staff to determine identified gaps in knowledge following Kathy Hamlin presentation. To develop a strategy to support the identified learning needs in this area.</p>	<p>To evaluate the costs (financial and resource) of doing a regional retrospective and prospective survey on breastfeeding. To have further discussion provincially re probability of duration/exclusivity rates being captured through MIMS process.</p> <p>To work with education services to ensure that all education for staff community/facility around breastfeeding is tracked and easily accessible.</p>	<p>Develop a standardized evaluation tool to be used with all breastfeeding education sessions carried out in the region.</p> <p>Develop an evaluation to be used by PHNs at post partum contacts that will capture feedback from clients around the following: type and content of BF information, usefulness, and sense of support/education at all levels of care for breastfeeding.</p>	<p>Identify key community partners and consumers who would provide valuable input into the planning and marketing of the ARHA Breastfeeding Strategy. Determine with partners/key consumers the most appropriate approach to accessing their ongoing input and support.</p>	<p>To build the capacity within existing home visitors to support overburdened families in their decision to breastfeed. Provision of 18 hours of breastfeeding education over the next year that addresses the psycho/social and physical aspects of breastfeeding best practice.</p> <p>Work with community partners and Baby Steps program to determine the need for breastfeeding support system and a sustainable model for rural communities, (target for 4 focus group discussions).</p> <p>Develop a communication strategy to increase community awareness of existing supports to breastfeeding families (Health Links, PHN, Baby Step program...)</p>	<p>Breastfeeding Steering Committee will meet with ARHA Communications Officer to develop a regional Breastfeeding communication strategy for 2006 that will coincide with World Breastfeeding week.</p> <p>Breastfeeding Steering Committee will develop a regional communication strategy that identifies for families regional and provincial supports systems for breastfeeding families.</p> <p>Development of a breastfeeding services directory to be provided to prenatal, postnatal women (through physicians' offices, hospitals, lab and x-ray, health units, postpartum visits, midwives).</p>

## **Breastfeeding Deliverable Report - Assiniboine Regional Health Authority**

January 1, 2004 - December 1, 2006

The Assiniboine Regional Health Authority Breastfeeding Deliverable was submitted to Manitoba Health February 2005. At this time a regional Breastfeeding Steering Committee was formalized with membership from Public Health, Baby Steps, Client Care Coordinators from 2 delivering hospitals, a lactation specialist and Public Health Program Manager. The role of this committee has expanded over the past year from one of sharing and collaboration, to one of leadership, coordination and implementation. In 2004 regional postpartum data indicated that there were 642 births in our region. Of these 642 births there was breastfeeding data that was able to be collected from 620 postpartum referrals indicating a breastfeeding initiation rate of 84%. At this time our region had no data collected on breastfeeding duration or exclusivity rates.

In 2005 the ARHA developed a postpartum database to collect and track prenatal and postnatal information. The data entry for 2004 and 2005 was completed January 2006. Births (not including First Nations on reserve) for the 2005 year decreased by 9% in the region. There were 590 births for which the postpartum information on breastfeeding was complete for 576 referrals. Breastfeeding initiation rate for this group was 84%. This information indicates that there has been no change in breastfeeding initiation rates for the first year of this deliverable. To date our region has no information on breastfeeding duration or exclusivity rates. There has been discussion at the steering committee level around processes for collection of this data but no decision has been made as this would require additional public health nurse time for data collection and administrative time for input. The committee has made the decision at this time to await Manitoba Health's response to the use of the MIMS system to track this information.

Implementation of breastfeeding strategies in the Assiniboine region provides challenges at the service delivery, community and the policy development level. The Assiniboine region spans an area of 32,134 square kilometers and provides service to a population of 73,000. This population is spread over 73 rural municipalities and towns creating challenges for ease of access to breastfeeding programs and supports. Sustainability of breastfeeding programs becomes increasingly challenging as many rural communities experience periods of fluctuation in births resulting in numbers too few to sustain programming in their community. For many young families time, financial resources and personal energies become barriers to accessing supportive programs and services outside of their community and surrounding area. The Breastfeeding Steering committee has identified the need for consumer consultation to determine type of breastfeeding supports and service delivery model that would best fit the needs of this population.

Currently 16 % of women deliver in one of the 3 delivering facilities within the region. Many of these women are delivering outside of their community network and support system. Research indicates that initiation and duration rates are impacted by the type of support/care and information received by women during the prenatal and postnatal periods. Standardization of policy and breastfeeding best practice becomes critical to ensure that women and families are receiving consistent, evidence based information and support both at the community and facility level within and outside regional care systems. Review of regional policies and guidelines that support breastfeeding families and breastfeeding best practice have been identified as one of the priorities for the 2006 year.

It is the belief of the ARHA Breastfeeding Steering committee that education on breastfeeding best practice for community and facility staff will have the greatest impact on initiation and duration rates followed closely by current and consistent breastfeeding policies/guidelines at the facility and community level. These strategies require resources (fiscal and human), expertise and time. Moving forward with an educational strategy for staff and the development/implementation of breastfeeding best practice guidelines at the community and facility level will be fundamental to increasing the initiation and duration rates for our region.