

Regional Health Authorities

Breastfeeding Deliverable

Backgrounds

Status Reports

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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 & 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 & community partners to develop regional marketing strategy.</p> <p>Work with Manitoba Health & RHAs to determine best practice models for marketing of Breastfeeding initiatives & 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&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 & 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.

Brandon Regional Health Authority Breastfeeding Framework

February 2005
Updated January 2006

Background

Despite the many known benefits to breastfeeding, the breastfeeding initiation rate upon hospital discharge in the Brandon region remains below the provincial rate and below the target set by the Breastfeeding Committee of Canada. There are several factors that affect the breastfeeding initiation rate upon hospital discharge in this region. These factors include:

- An individual's intent to breastfeed is a significant factor,
- Breastfeeding is not a common practice among First Nations women,
- Medicalized birth practices through the use of epidurals and caesarean section surgeries result in a less alert baby often with reported dysfunctional sucking response. The linkage between the administration of epidural analgesia and caesarean section rates with lower breastfeeding rates is strong.
- The short-stay maternity programs result in two major challenges – there is a physiologic challenge in that women are discharged from hospital prior to the establishment of their milk supply and hospital based staff have limited time to spend with clients who need additional help, and
- Some maternal/child nurses have not accepted the additional benefits of breast milk compared to artificial formula.

(2004 Community Health Assessment, Brandon RHA. Available at: www.brandonrha.mb.ca/news_events)

Vision

The vision for the Breastfeeding Strategy for the Brandon Regional Health Authority is that babies in the Brandon region are breast-fed.

Mission

The mission of the Breastfeeding Strategy is to ensure meaningful supports are in place that result in the normalization of breastfeeding, including exclusive breastfeeding for the initial six months. We strive to engage residents in making breastfeeding the preferred nutritional choice for babies in the Brandon region.

Approaches and Principles

The Brandon Regional Health Authority's Vision, Mission and Values statements reflect a Population Health approach to the promotion of healthy choices and the delivery of health service within the region. Therefore, Population Health Promotion principles will be employed in the design and delivery of the Breastfeeding Strategy. These principles include:

Culturally appropriate – building upon established linkages with the Aboriginal community, culturally sensitive activities to enhance breastfeeding practices among First Nations and Métis women are integral to the strategy. As well, plans are underway to establish positive working relationships with immigrant communities.

Multi-sectoral – active and meaningful participation by many agencies, organizations and businesses will ensure that there is strong support for enhanced breastfeeding practices across the region.

Comprehensive – using strategies that support the WHO Code and The Ten Steps of Successful Breastfeeding, the Breastfeeding Strategy will ensure active participation of individuals, neighbourhoods, agencies and organizations, businesses and government sectors throughout the Brandon region.

Evidence-based – data analysis and wisdom gleaned from service providers forms the foundation for the program objectives and activities. Knowledge derived from various international, national and provincial research studies will direct planning and implementation activities. A retrospective study of breastfeeding duration and exclusivity rates in the region will provide insights for effective intervention.

Partnerships and shared responsibilities - the benefits that breastfeeding affords to women babies extends beyond the family unit to the community and the environment. Cooperation and collaboration will be fostered among individuals, groups, organizations, businesses and government sectors throughout the region.

Strategic Pillars

Three strategic pillars form the foundation of the Breastfeeding Strategy for the Brandon RHA. Within these strategic pillars are the five strategies as identified in the Ottawa Charter for Health Promotion (1986). The intent of incorporating the strategies from the Ottawa Charter is to ensure a comprehensive action strategy is developed in a planful way. The strategic pillars are described as:

1. Leadership and Policy Development

Reorienting health services – those affected by breastfeeding will identify reasonable and effective action by the health sector rather than the health sector responding in traditional ways. Appropriate structures are put in place to support residents in the normalization of breastfeeding.

Building healthy public policy – committing to review all government and organizational policies in light of their effects on breastfeeding practices. Public policy that supports the Baby Friendly Initiative will be developed in consultation with the people who will be affected by the policy to reduce the negative effect.

2. Surveillance, research & evaluation – on-going monitoring of breastfeeding initiation, exclusivity and duration rates in the Brandon region, identifying trends and issues and examining research studies to determine best practice regarding effective intervention are planned. As well, an evaluation plan including program indicators and outcomes will be developed.

3. Capacity building including education & training, programming, sustainability and community capacity -

Creating supportive environments – we will include the people and organizations that are affected by breastfeeding practices in a team approach to problem solving rather than providing education about an issue and recommended action. The creation of a supportive environment requires the necessary information, skills and resources to normalize breastfeeding as the preferred nutritional choice for babies in the Brandon region.

Strengthening community action – we will address the challenges of breastfeeding in ways that are appropriate and meaningful to the community rather than trying to mobilize people around the problem using strategies that are not suitable to the population. Strong partnerships between residents, agencies, organizations and businesses are central to successful breastfeeding initiatives.

Developing personal skills – we will provide skill development opportunities that are based on the existing capacities and strengths of women who are currently breastfeeding as well as those who may breastfeed in the future.

Goals

There are three **goals** identified in the Breastfeeding Strategy:

1. To increase breastfeeding initiation to 80% at time of hospital discharge.
2. To develop a client-centred, evidence-based and sustainable plan that supports the breastfeeding initiative throughout the region.
3. To determine baseline breastfeeding exclusivity and duration rates and identify mechanisms for improvement.

Target populations and key settings

Within a Population Health Promotion context, there are several target populations identified in this strategy including:

- Women of child-bearing age (15 to 45 years) including Aboriginal, immigrant and refugee populations
- Pregnant women

- Mothers
- Residents in the community including men
- Healthcare professionals
- Community agencies and organizations
- Businesses
- Government sectors including Brandon RHA
- Media personnel

It is anticipated that the implementation of the Breastfeeding Strategy will occur in many settings throughout the region. Some examples of key settings include:

- Community – private homes, schools, local agencies
- Service sector – Brandon Regional Health Centre, physician offices, Midwifery Services, Public Health Services, 7th Street Health Access Centre, Child & Family Services
- Businesses – workplaces, restaurants, and shopping malls

Description of Activities

Using strategies from the WHO Code and Ten Steps to Successful Breastfeeding and the Ottawa Charter for Health Promotion (1986), Brandon Regional Health Authority strives to promote, protect and support breastfeeding through a variety of avenues. A description of proposed activities is presented within the established strategic pillars.

1. Leadership and Policy Development

Reorienting health services

Support for the Baby Friendly Initiative by the Executive Management Committee and Board of Directors and the medical community is crucial to achievement of our goals. To secure *Baby Friendly* designation by the Breastfeeding Committee of Canada, a unified approach is paramount. Several strategies have been established to support breastfeeding in the Brandon region. They include:

- Breast pump loaner program at no cost for women with premature babies and/or experiencing difficulties with breastfeeding (1980's)
- A health centre-based lactation consultant service that includes inpatient/outpatient consultations, resource for health care professionals and liaison and/or advocate for breastfeeding women (2003)
- Practical information related to the management of breastfeeding is available to physicians through Public Health Services and the Lactation Consultant at the Brandon Regional Health Centre (2003)
- Community Postpartum Program available 7/7 with initial visits occurring prior to hospital discharge and follow-up within 24 hours. A nurse provides support for 5 days post discharge and then refers the family to the Public Health Nurse.
- Breastfeeding in-service included in the orientation of new Maternal-Child staff, Public Health nurses and midwives (initiated 2003).
- Review of case studies related to the management of breastfeeding difficulties and the sharing of information gleaned at staff unit meetings (ongoing)
- Encourage staff to attend breastfeeding workshops (annually).

Additional efforts are underway to further support for the Baby Friendly Initiative which includes:

- Develop strategies to enlist physician support of the Baby Friendly Initiative

Building healthy public policy

- Implementation of a Breastfeeding care map (Dec. 2003)
- Review current organizational policies to determine congruence with Breastfeeding Strategy
- Revise and/or develop organizational policies and procedures that support the Breastfeeding Strategy. For example, refusal of free artificial formula from companies. Current formula contract expires Sept. 2006.

2. Surveillance, Research & Evaluation

Retrospective survey (initiated February 2005)

- To determine breastfeeding exclusivity and duration rates of babies born between February and April 2003
- Survey results summarized by Liliana Rodrigue- Clinical/Evaluation Analyst (August 2005).
- Exclusive breastfeeding: @ 2 months: 77%
@ 4 months: 62%
@ 6 months: 23%

Breastfeeding Duration: (exclusive and partial)
@ 2 months: 84.8%
@ 4 months: 72.7%
@ 6 months: 60.6%
@ 12 months: 21.2%
@ 18 months: 6.1%

Nov. 2004: Health Canada/Manitoba Health recommended that the introduction of solid foods be delayed, from its current introduction at 4-6 months of age, until 6 months of age. Therefore, we anticipate that this will have a positive impact on the rate of exclusive breastfeeding @ 6 months, and will be noted in the data received from the current prospective breastfeeding survey.

Prospective survey (February 2005 – April 2007)

- To ascertain current trends related to breastfeeding duration and exclusivity rates over a 2-year period (February 2005 to April 2007)
- To obtain recommendations for breastfeeding support and/or services from survey participants.

3. Capacity building including education & training, programming, sustainability and community capacity -

Creating supportive environments

- Promote breastfeeding awareness within the health care environment and the community
- Develop strategies to address gaps in supports/services available to breastfeeding mothers
- Initiate discussion with workplaces and businesses to develop supportive measures for women to continue breastfeeding upon return to work and school

Strengthening community action

- Increase public awareness of the benefits of breastfeeding through social marketing initiatives
- Conduct focus groups with target populations to ascertain mechanisms that support and challenge breastfeeding in the Brandon region
- Build upon partnerships with key organizations such as the La Leche League to enhance the normalization of breastfeeding throughout the region

Developing personal skills

- Provide the necessary information skills and resources to all pregnant women and new mothers in appropriate ways including one-on-one support if necessary
- Disseminate research findings and other information gleaned through Baby Friendly Initiative teleconferences

The Brandon Regional Health Authority is well positioned to implement a comprehensive and effective Breastfeeding Strategy for the region. There are strong linkages between the regional health centre, Public Health Services and community-based programs that support continuity of information, care and support provided to breastfeeding families. Some examples of current programs include the following:

- Single Room Maternity Care (5 Lactation Consultants)
- Neonatal Intensive Care
- Lactation Consultant at the Brandon regional Health Centre

- Midwifery Program
- Community Postpartum Program (2 Lactation Consultants)
- Public Health Nurses
- Aboriginal programs including the Canadian Prenatal Nutrition Program (CPNP) and prenatal classes at the Friendship Centre

All partners share the responsibility for promoting, supporting and protecting breastfeeding initiatives.

**BRANDON REGIONAL HEALTH AUTHORITY
2005/06 PERFORMANCE DELIVERABLES
TIMELINE & ACCOUNTABILITY GUIDE:**

PERFORMANCE DELIVERABLE: *BREASTFEEDING (STATUS REPORT)*

REVISED TARGETS FOR %AGE IMPROVEMENT IN INITIATION AND ACTIVITIES FOR IMPROVEMENT:

As identified in our BF framework, our goal is to increase breastfeeding initiation rates at hospital discharge by 1.4%, to keep abreast with the provincial average of 80%.

Activities for achievement of this goal are:

1. Current breastfeeding promotional activities include:

- **FAMILIES FIRST PROGRAM:** Increased attempts to screen clients prenatally. Curriculum includes nutritional components and opportunities for discussion about benefits of breastfeeding.
- **HEALTHY BEGINNINGS:** Weekly group sessions which include breastfeeding promotion and support. Sessions are now split into pre and postnatal, which allows greater opportunity to meet specific needs identified at each stage (prenatal, immediate postnatal, older infant). Session topics are client driven.
- **PRENATAL CLASSES:** Offered at a variety of sites i.e., Public Health Town Centre (evening and afternoon); Friendship Centre (First Nations people) and the Brandon Regional Health Centre (refresher). Breastfeeding discussion is included in the series. La Leche League, Health Baby Facilitator, Public Health Nurses, Midwives and the Lactation Consultant all provide support and education to expectant parents at prenatal sessions across the region. In the past, an aboriginal elder provided the additional support in sessions offered at Brandon Friendship Centre, but currently there isn't one available. Recruitment continues. Focus groups are taking place in Shilo to determine need for community-based prenatal sessions.
- Hospital-based Lactation Consultant makes daily contact with moms and babies to promote/support a satisfying breastfeeding experience. Timely assessment and interventions have been found to play a crucial role in supporting mom and baby through the initiation of breastfeeding and is reflected by a decrease in the percentage of women who discontinue breastfeeding prior to discharge from the hospital.

2. New strategies **planned** to promote an improvement in initiation rates include:

- Ongoing review/revision of the breastfeeding information presented at prenatal classes to ensure that the material includes factors that are necessary for breastfeeding success and excludes factors that contribute to breastfeeding failure or are irrelevant to lactation success. Content is based on the Douglas curriculum, which utilizes the recommendations of the World Health Organization regarding the development of educational materials for breastfeeding promotion. Updates in accordance with evidenced based research will be made.

- Prospective study initiated May 2005 (births February – April 2005 to be followed for two years). Volunteer recruited to gather data. Analysis is pending.
- Planning of focus groups to ascertain mechanisms that support and challenge breastfeeding is tentatively scheduled for early spring.
- Several staff have attended a variety of breastfeeding educational sessions during the past year.
- Partnered with the media to promote breastfeeding awareness during National Breastfeeding Week.
- Prenatal curriculum has been reviewed /revised, and implementation is to begin February 2006.
- Increased number of inpatient and outpatient referrals to Lactation Consultant has been noted. The majority have been self-referrals, which reflects increased community awareness of available breastfeeding supports.
- Healthy Beginnings (A Healthy Baby program), has relocated to the community (Elspeth Reid Family Resource Centre) in order to accommodate the increased volume of pre and postnatal participants.

Burntwood Regional Health Authority Breastfeeding Performance Deliverable *February 11, 2005*

BACKGROUND

“Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants, and has a unique biological and emotional influence on the health of both mother and child... For breastfeeding to be successfully initiated and established, mothers need the active support during pregnancy and following birth, not only of their families and communities, but also of the entire health system” (World Health Organization, 1989). There are many advantages to breastfeeding including cognitive and emotional psychological benefits, nutritional benefits, immunological benefits, maternal health benefits, economic benefits, and environmental benefits (American Dietetic Association, 2001).

Communities in northern Canada have distinct demographic profiles. The Burntwood Region, with a population of 45,000 people, has a high proportion of youth, with 35% of the population being under 15 years of age, 13% higher than that observed in the rest of Manitoba. With a fertility rate of 27.9 births per 1000 residents, compared with the provincial average of 14.4 per 1000, the demographic trend of high proportion of youth is likely to continue (Burntwood Regional Health Authority, 1999). Therefore, due to the high birth rate, the potential exists to intervene in order to influence and support a significant number of women in the prenatal and postpartum period.

Across Canada, there is strong evidence that the health of the aboriginal population lags behind that of non-aboriginal populations. In the Burntwood Region, people of aboriginal ancestry form the largest population group, with almost 60% of the Region’s residents living on-reserve. The First Nations communities are Cree, Cree/Ojibway, and Dene, with Cree ancestry being the most prominent group. In addition to those living on-reserve in the Region, many people with treaty status live in non-reserve communities along with people of Métis descent and various groups of non-aboriginal people (Burntwood Regional Health Authority, 1999).

Breastfeeding initiation rates in Manitoba vary greatly by geography, and are strongly associated with the population’s health and socioeconomic well being. Various socioeconomic issues in the Burntwood Region reduce the likelihood that a woman will initiate breastfeeding compared to the rest of Manitoba. “Women in regions having the least healthy population with the greatest socioeconomic risk, as well as women in the lowest income groups, are least likely to initiate breastfeeding both in urban and rural areas” (Martens, et al, 2002).

Between 1994 and 1998, the breastfeeding initiation rate in Manitoba was 78.4%, while the rate in Northern Manitoba was substantially lower at 64.5%. There was a significant trend ($p < 0.001$) in breastfeeding initiation in the Manitoba population by income quintile. Women in the highest income quintile were 30% more likely to breastfeed than women in the lowest income quintile. In urban Manitoba, 90% of women in the highest income quintile breastfed compared to 69% of women in the lowest income quintile. In rural Manitoba, 83% of women in the highest income quintile breastfed compared to 61% of women in the lowest income quintile (Martens, et al, 2002).

Despite regional, provincial, national, and international recommendations to continue exclusive breastfeeding until six months, with complimentary foods until two years and beyond, research exists within the population that indicates only 42% of women who initiate

breastfeeding will continue to breastfeed for at least six months. The rates of exclusive breastfeeding would, therefore, be expected to be considerably less (Martens, et al, 2002). Risk factors for breastfeeding cessation include not completing high school, intention to stop breastfeeding prior to four months, not anticipating the use of a mom's group or drop-in centre, one or more visits to a family physician, unmet need for care or help with breastfeeding, and receiving information about formula feeding (Sheehan, et al, 2001).

There are many additional factors that have been documented to have particular influence amongst populations defined as having low socioeconomic status, including low-income women. Perceptions of disapproval of breastfeeding in public, perceived convenience of formula feeding, perceived inadequate milk supply, embarrassment, lack of support from some health care providers, disapproval and ridicule from friends, and some difficulties with returning to work have all been associated causes of breastfeeding cessation (Guttman, N. & Zimmerman, D., 2000).

A significant number of birthing mothers in the Burntwood region are teens with other burdens and challenges in their day-to-day life. Statistics for 2002-2003 teen births for the BRHA were 90.9 per 1000 births which are significantly higher than the provincial rates of 31 per 1000 births (BRHA Community Health Assessment, 2004). Other challenges include low literacy, high rates of alcohol and drug abuse. In addition, Burntwood has the highest rate of male single parent families in the province, 6% compared to 3% for the rest of Manitoba (BRHA Community Health Assessment, 2004).

Lack of knowledge in general regarding breastfeeding and of breastfeeding management skills also lead to breastfeeding cessation. A major barrier to exclusive breastfeeding until six months is lack of support in the community. Women have identified the need for hospital and community-based programs and resources to support the duration of breastfeeding (Hogan, S.E., 2001). Peer counselor support programs have been documented to be successful methods of reducing breastfeeding cessation among aboriginal populations. Clients of a peer-counseling program were only half as likely to wean their babies from breastfeeding compared to clients that who were not clients (Martens, 2002). In-home support to women in the early postpartum period is also helpful in order to address sore nipples and latch problems (Bourgoin, G., 1997)

BURNTWOOD REGIONAL BREASTFEEDING PROMOTION COMMITTEE

The goal of the Burntwood Regional Breastfeeding Promotion Committee is to promote and support breastfeeding in a manner that respects the cultural diversity and socio-economic conditions of the Region. By supporting individuals, families, and communities, the committee strives to increase breastfeeding initiation and duration rates throughout the Region. The committee facilitates the development of partnerships and collaborative strategies between healthcare providers, community agencies, and the local community related to breastfeeding.

In keeping with the Burntwood Regional Health Authority's Mission statement, the committee is working toward decreasing preventable disease and illness, as well as promoting healthy families and healthy children through the promotion of breastfeeding. The committee oversees the implementation of the WHO 18 hour Breastfeeding Course and monitors that the standards of the course are adhered to. The committee is also responsible for ensuring that the course is sustainable and continues to be offered to all new and current staff on the Thompson General Hospital Maternity Ward and the BRHA Community Health staff. This is a mandatory course supported by BRHA policy. The course participants have included nurses, nurses' aides, dieticians, midwives, home visitors, community health workers, and program outreach workers.

In keeping with the World Health Organization (WHO) and UNICEF, the committee recognizes that implementing best practices in health services is crucial to the success of programs that protect, promote, and support breastfeeding; and, therefore, the committee encourages and supports educational initiatives based on current best practice evidence. Part of the committee's mandate is to implement and support the WHO's 10 Steps to Successful Breastfeeding in the Hospital and the 7 Steps to Support Breastfeeding in the Community.

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Burntwood Regional Breastfeeding Framework 2005/06

December 31, 2004

VISION

Babies in the Burntwood Region are breastfed.

MISSION

To contribute to an increase in breastfeeding initiation and exclusive breastfeeding in the Burntwood Region by engaging people in the Region to make breastfeeding a priority and the normal newborn and infant feeding choice. To promote and support breastfeeding in the Burntwood Region in a manner that respects the cultural diversity and socio-economic conditions.

OBJECTIVES

- *To increase breastfeeding initiation*
- *To increase exclusive breastfeeding to 6 months and breastfeeding duration to up to two years and beyond.*

POPULATION HEALTH APPROACH

- *Comprehensive*
- *Culturally appropriate*
- *Multi-sectoral*
- *Evidence-based Partnerships and shared responsibility*
- *Supportive of the Baby Friendly Initiative*
- *Promotes, supports and protects Breastfeeding*

STRATEGIC PILLARS

- *Leadership and Policy Development*
- *Surveillance, Research & Evaluation*
- *Capacity building includes:*
 - *Education & Training*
 - *Programming*
 - *Sustainability*
 - *Community capacity*

GOALS

- *Breastfeeding initiation rates of 67% at hospital discharge by March 31, 2006.*
- *Breastfeeding rates of 50% at 2 months, 40% at 4 months, 30% at 6 months, 20% at one year, and 10% at 18 months by March 31, 2006.*

TARGETS

- *Increase Breastfeeding initiation at hospital discharge by 2%.*
- *Increase exclusive BF at 6 months by 2%.*
- *Increase BF duration at 6 months one year and 18 months by 2%.*

ACTIVITIES

- *Regional Breastfeeding Policy and Procedure (Hospital & Community)*
- *Breastfeeding education (i.e. WHO course), resources, and awareness*
- *Regional Breastfeeding Promotion Committee & Breastfeeding Week*
- *Staff to become Lactation Consultants in Hospital & Community*
- *Engage key First Nations stakeholders in the promotion, protection, and support of breastfeeding.*

Key Settings

- *Home*
- *School*
- *Workplace*
- *Hospitals*
- *Community*
- *Business*

Target populations

- *Pregnant Women*
- *Mothers*
- *Women*
- *Youth*
- *Aboriginal*
- *Health professionals*
- *Governments/ RHAs*
- *Media*



Burntwood Regional Breastfeeding Promotion Committee Terms of Reference

Goal: To promote and support breastfeeding in the Burntwood Region in a manner that respects the cultural diversity and socio-economic conditions.

1. Reports to: Director, Health Programs, Burntwood Regional Health Authority

2. Membership:

- Program Manager, Maternal Health (**Co-Chair**)
- Program Manager, Public Health & Clinical Nutrition (**Co-Chair**)
- Maternity Ward Nurses
- Public Health Nurses
- Midwives
- Clinical Dietitian
- Public Health Dietitian
- Community Health Nurse
- Pediatrician
- Physician- General Practitioner
- Baby First Home Visitor
- Babies' Best Start (CPNP- Thompson)
- Obstetrician/ Gynecologist
- Clinical Nurse Practitioner
- Aboriginal and Community Liaison
- Federal Nursing Station Representative

3. Purpose and Scope of Committee:

a) Education

- In keeping with the World Health Organization (WHO) and UNICEF, the committee recognizes that implementing best practices in health services is crucial to the success of programs that protect, promote, and support breastfeeding.
- The committee encourages and supports educational initiatives based on current best practice evidence.
- The committee is aware of and sensitive to the Baby Friendly Initiative that aims to create a culture of breastfeeding, rather than a culture of infant formula feeding.
- The committee oversees the implementation of the WHO 18 hour Breastfeeding Course and monitors that the standards of the course are adhered to. The committee is also responsible for ensuring that the course continues to be offered to all new and current staff on the Thompson General Hospital Maternity Ward and the BRHA Community Health staff.

b) Program Planning

- In keeping with the Burntwood Regional Health Authority's Mission statement, the committee is working toward decreasing preventable disease and illness, as well as promoting healthy families and healthy children through the promotion of breastfeeding.

- Part of the committee's mandate is to implement and support the WHO's 10 Steps to Successful Breastfeeding and the 7 Steps to Support Breastfeeding in the Community.
- By supporting individuals, families, and communities, the committee strives to increase breastfeeding initiation and duration rates throughout the Region.
- The committee also supports that women who choose to formula feed are accepted and cared for within the same standards as a breastfeeding mother.

c) Networking

- The committee facilitates the development of partnerships and collaborative strategies between healthcare providers, community agencies, and the local community related to breastfeeding.

d) Advocacy

- The Burntwood Regional Breastfeeding Promotion Committee exists to promote breastfeeding as the best choice for infant nutrition.

4. Communication:

- Circulation of Minutes
 - Members of the Breastfeeding Promotion Committee. List to be maintained by Co-Chairs;
 - Community representatives within the Region who are part of Breastfeeding Promotion Committee network. List to be maintained by Co-Chairs.
- Materials
 - Distribution of materials other than minutes will be determined based on the specific resource.

5. Organization:

- Co-Chairs:
 - Elected from the membership
 - Call the meeting and set the agenda
 - Forward recommendations made by the Committee to the BRHA Director, Health Programs
 - Shall maintain all minutes
 - Prepare fiscal year annual report
- Secretary
 - Appointed at beginning of each meeting
 - Forward minutes to members within 14 days

6. Terms of Office:

- Membership shall be reviewed annually

7. Quorum or Consensus:

- Consists of 5 members of the membership

8. Frequency of Meetings:

- The committee will meet the third Tuesday of every month from 1:00-3:00 pm.
- Additional meeting times may be required as determined by workload.
- Meetings will be held in Thompson and outlying communities can join via teleconference.
- Meetings can be cancelled at the discretion of either Co-Chair

9. Notice of Meetings:

- Notice of meetings and agenda shall be prepared and circulated by the Chair a minimum of 5 days prior to the meeting.
- Agenda items can be added at the time of the meeting and will be addressed as time allows and/or membership decision.

10. Terms of Reference:

- Shall be reviewed annually and revised as needed.



**Burntwood Regional Health Authority
Breastfeeding Deliverable
Progress Report Jan 24, 2006**

Regional Approach

The focus of the Burntwood Regional Breastfeeding Promotion Committee (BRBPC) has been on connecting the resources from Thompson with the healthcare providers in the Burntwood Region, particularly those who work with prenatal women.

The BRBPC has sent letters of invitation to all northern First Nations communities and to First Nations & Inuit Health Branch (FNIHB) to participate on the BRBPC and to attend the World Health Organization (WHO) Breastfeeding Education sessions. In response to these letters, requests have been received from First Nations communities to facilitate the education sessions in outlying communities. Currently we are in the process of organizing a date that we can travel to various communities to assist in promotion, support, and explaining the benefits of breastfeeding.

Strategic Pillars

The WHO's Breastfeeding Education course is offered on a quarterly basis to health care providers throughout the region. Community health representatives from First Nation's communities are strongly encouraged to attend. All public health and maternity nurses, and nurse aids are mandated to participate in this course. As well, staff are mentored in the process to promote a commitment to positive outcomes regarding breastfeeding initiation and duration.

Goals

The Burntwood Regional Health Authority (BRHA) will continue to strive in reaching set goals related to breastfeeding initiation.

Breastfeeding duration rates will be incorporated into a database that is currently being developed, with the intent to have it implemented by April 2006.

Targets

- The targets remain as per the BRHA Breastfeeding Deliverable Framework.
- For January to December 2005, there were 694 births at Thompson General Hospital. Of these 694 births, 55% of the mothers were exclusively breastfeeding upon discharge from the hospital and an additional 9% were both breastfeeding and supplementing with formula. Therefore, breastfeeding initiation rates for Thompson General Hospital are 64% for the 2005 calendar year.

Activities

- WHO Breastfeeding Education session quarterly. For 2005/2006 eighteen BRHA staff and 4 health care providers from outlying First Nations communities completed the two-day session.
- Breastfeeding week activities
- Some First Nations Health Care Providers have attended education sessions offered by BRHA and we will continue to send invitations for their participation.
- A weekly breastfeeding support and information group was established in November 2005 and is facilitated by a dietitian, midwife, maternity nurse or public health nurses. Sessions are provided for women who want extra assistance and support with breastfeeding, women looking for information and are considering breastfeeding, and for mothers wanting information on infant nutrition in general. Since the implementation of the weekly breastfeeding support sessions, staff have been in contact with a lactation consultant at WRHA for assistance when necessary.
- A room on the maternity unit has recently been renovated to a "Mothers' Room", where the breastfeeding information and support group sessions will be facilitated and educational videos and other resources are available. This room will provide a comfortable and relaxing atmosphere for inpatient moms and also moms who are discharged who want to breastfeed with helpful supports.
- A breastfeeding help line is being installed into the "Mothers' Room". This phone line will collect voice messages from women, on a day to day basis, who have questions about breastfeeding. Women requiring immediate assistance are welcome and encouraged to call the maternity unit at Thompson General Hospital directly.



Central RHA Breastfeeding Performance Deliverable Update February 2006

The following outlines the accomplishments and challenges related to implementing our Breastfeeding Performance Deliverable goal to develop and maintain competency within health care providers who are working with childbearing families regarding nutrition in order to promote and support breastfeeding during the prenatal, antepartum and postpartum period.

- Central RHA Women's Program Team has prioritized breastfeeding education and support within the strategic plan. The team is developing policies/guidelines and program plans with parameters and structure to assist with implementation in the Areas. An example is the regional recommendation to discontinue ordering/distribution of magazines such as Today's Parent that advertise formula (memo attached).
- Community programs, such as Families First and Healthy Baby "Growing with Mom" sessions have incorporated a breastfeeding education/support component in all their sessions.
- Although the promotion of breastfeeding is year round, World Breastfeeding Week was an opportunity to heighten the awareness of the health benefits of breastfeeding. We partnered with local libraries and La Leche League to plan and implement our regional World Breastfeeding Week promotion which included:
 - Designing posters, certificates and information packages for internal and external partners such as Physician clinics, First Nations Health Units and Public Libraries.
 - All *Growing with Mom* Healthy Baby Sites featured the Breastfeeding Bingo game during October.
 - "Complimentary Feeding" article was published in the September 2005 issue of Central RHA staff bulletin 'As a Matter of Fact' and the Healthy Child Coalition Newsletter.
 - "Menu of Ideas" of what could happen within each Area was provided such as registering with the Quintessence Foundation's Breastfeeding Challenge, providing a gift package for all women who give birth at the community hospitals during the WBW week, setting up displays with children's colouring sheets in lobbies of clinic offices, hospitals etc. with a draw "*Enter to win a prize for a breastfeeding baby that you know*".
- Health care providers working with breastfeeding families have access to, and are encouraged to become familiar with our Breastfeeding Performance Deliverable document and the quarterly newsletter from INFACT Canada (Infant Feeding Action Coalition).
- Planned, implemented and evaluated a regional breastfeeding awareness in-service (agenda attached) facilitated by Kathy Hamelin (Lactation Consultant from WRHA Health Sciences) Sept. 19/05. Thirty six staff attended with representation from Obstetrical units (4), Public Health Nursing (25), Families First (4), Physician (1), and neighbouring First Nations Health Services (3). A challenge to this process was that very few obstetrical nurses could attend because they couldn't be away for a full day from the unit. To overcome this barrier we plan on delivering this workshop from April – June in two - 1.5 hr. sessions, to each of the 5 delivering facilities. We are fortunate to have 2 PHNS' who are Lactation Consultants, who will share the work of delivering the presentation, based on the regional in-service.

- Regional breastfeeding practice guidelines (developed from revising the WRHA guidelines) and the LATCH-R tool CD's were distributed to all regional obstetrical units and Public Health Nurses.
- It is our hope to run the Breastfeeding Counsellor Certificate Program planned for April/06 if we have 15 participants. To date we only have 6 registered and are aggressively promoting the program to staff. Support such as MNU, Recruitment and Retention funds, along with banked time for course hours is an option available to those attending. The time commitment seems to be the biggest barrier at this time.

For further information, please contact:

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msmith@rha-central.mb.ca

Churchill Regional Health Authority Breastfeeding Interim Report March 7, 2006

Churchill RHA has made substantial progress in the area of the Breastfeeding Deliverable. Up until September 2005, there were no children born in Churchill. The CRHA has hired a midwife who has since September delivered six babies and has championed breastfeeding.

In the year prior to September 2005, there were no children born in Churchill due to a lack of consistent physician services. However, there were twenty-four babies born to Churchill residents since January 2005. Of these twenty-four mothers, twenty still reside in Churchill. Twenty of these women initiated breastfeeding.

There have been six births in the Churchill RHA since September 2005. Five of these women were from Nunavut. Information about these women continuing breastfeeding is unknown. The local woman is no longer breastfeeding at six weeks post delivery. In the same period of time, September to present, six local women have been referred out of the community to deliver their babies. Of these six women, five initiated breastfeeding. To this date three are still breastfeeding exclusively. This would give a 50% breastfeeding rate at five months.

It must be pointed out, that our new midwife wrote the Breastfeeding Policy. A copy of the draft policy is included with this report. The policy is in compliance with the Baby Friendly Hospital Initiative which was launched in 1992 by the World Health Organization (WHO) and the United Nation's Children's Fund (UNICEF). The proposed policy was reviewed by Senior Management and passed February 20, 2006. A copy of this policy is attached to this report.

Two breastfeeding classes for pregnant women have been conducted by the Midwife. The classes have been small in size, but this has allowed for greater imparting of breastfeeding information. The midwife and public health nurse continue to provide information for pregnant women about the many benefits of breastfeeding. The midwife is available on a 24/7 basis for breastfeeding advice and support in the post delivery period.

The midwife has undertaken on-line program called "Breastfeeding Essentials for Nurses and Midwives" in December. This same program is being promoted to the CRHA nursing staff. The midwife is in the process of creating training sessions concerning breastfeeding for delivery to the nursing staff.

Summary

The Midwife and the Public Health Nurse have done a commendable job in collecting statistics. The Midwife and Public Health Nurse have given several educational sessions to expectant and nursing mothers. The CRHA will continue to explore ways of promoting breastfeeding in the community.

Churchill RHA Inc.
Regional Health Authority

POLICY

Division: Nursing	Number: NR-B-110
Distribution: Nursing Public Health Clinic	Date in Effect: February 20, 2006
	Reviewed: Policy approved by the Management Committee Date: February 20, 2006
Topic: BREASTFEEDING	Cross Reference: CS-3.6-05, MC-3.2-3.5
	Page: 1 of 1

PREAMBLE:

Hospitals endorsing the recommendations of the Baby-Friendly Hospital Initiative (BFHI), which was launched in 1992 by the World Health Organization (WHO) and the United Nation's Children's Fund (UNICEF), have demonstrated increased initiation, duration and degree of breastfeeding. This policy is designed to comply with the "Ten Steps to Successful Breastfeeding" of the Baby-Friendly Hospital Initiative.

POLICY:

The Churchill RHA supports and encourages mothers to breastfeed through endorsement and implementation of best practice standards and the Baby-Friendly Hospital Initiative.

GUIDELINES:

1. All health care staff involved in the care of birthing women will receive a copy of this policy. The policy will be available in the ward.
2. All health care staff involved in the care of birthing women will be required to attend an annual training session designed to provide the skills necessary for implementation of these policy guidelines.
3. Staff providing prenatal care will provide pregnant women with information about the benefits and management of breastfeeding. Prenatal breastfeeding classes will be offered.
4. Ward staff will assist mothers to initiate breastfeeding within a half-hour of birth.
5. Ward staff will show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming-in; allow mothers and infants to remain together 24-hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants and discourage their use by parents.
10. Refer mothers to breastfeeding support services including Public Health on discharge from the hospital.

Reference:

Breastfeeding Best Practice Guidelines for Nurses, September 2003
Baby Friendly Hospital Initiative, WHO 1992

**Churchill RHA
Goals and Progress to Date**

Goal	Progress	Notes
To achieve a breastfeeding initiation rate of 80% upon discharge from the Churchill Regional Health Authority.	<p>Since Jan 05 – 24 babies have been born to Churchill women – 20 initiated breastfeeding at the place of birth. This gives an 83.3% compliance.</p> <p>Of these 20 women the following rates of breastfeeding are known 2 months – 8 women (40%) (8/20) 4 months – 4 women (20%) (4/20) 6 months – 3 women (15%)*(3/20) * (Since September 2005, there have been six women who delivered their babies outside of Churchill. At the end of Jan 06, only 3 of these women are continuing to breastfeed. This gives a rate of 50% at five months.)</p>	
To maintain breastfeeding rates of 60% at two months post birth.	Eight of 20 women were still breastfeeding at 2 months or 33% (8/20)	
To maintain breastfeeding rates of 50% at four months post birth.	Four of twenty women were still breastfeeding at 4 months – or 20% (4/20)	
To maintain breastfeeding rates of 40% at six months post birth.	Three women out of twenty were breastfeeding at six months or 15% (3/20)	
To maintain breastfeeding rates of 20% at twelve months post birth.	Information is not available for this time interval.	The CRHA will encourage women to breastfeed their babies at the 12 month interval.
To maintain breastfeeding rates of 10% at eighteen months post birth.	The CRHA has no data concerning breastfeeding rates at 18 months	The CRHA will encourage women to breastfeed their babies at the 18 month interval.

Churchill Regional Health Authority Breastfeeding Deliverable March, 2005

Introduction

Human milk is baby's first immunization. It provides antibodies, which protect baby from many common respiratory and intestinal diseases, and it also contains living immune cells. First milk, colostrum, is packed with components, which increase immunity and protect the newborn's intestines. Artificially fed babies have higher rates of middle ear infections, pneumonia, and cases of gastroenteritis (stomach flu). Breastfeeding an infant also provides protection from developing immune system cancers such as lymphoma, bowel diseases such as Crohn's disease and celiac sprue, and juvenile rheumatoid arthritis, all of which are related to immune system function.

Breastfed babies generally mount a more effective response to childhood immunizations. In all of these cases, benefits begin immediately, and increase with longer duration of breastfeeding.

New data from the World Health Organization confirms that breastfed infants grow faster initially, then slow down as they approach their first birthday. Artificially fed infants go on to have a higher risk of obesity as adults.

Research is demonstrating that breastfeeding leads to optimal brain development. Human milk has special ingredients like DHA (docosahexaenoic acid) and AA (arachidonic acid) which contribute to brain and retinal development.

All breastfed babies tend to spend a lot of their time in the "quiet alert" state which is most conducive to learning.

In addition, breastfeeding has been shown to improve maternal health, with demonstrated effects, including reduction in postpartum bleeding, earlier return to pre-pregnancy weight, reduced risk of pre-menopausal breast cancer, and reduced risk of osteoporosis, continuing long after the postpartum period.

In general, increasing the rate of breastfeeding, particularly among the low-income, racial, and ethnic populations that are less likely to begin breastfeeding in the hospital or to sustain it throughout the infant's first year, is an important public health goal.

Rates of breastfeeding are highest among college-educated women and those aged 35 years and older.

The lowest rates of breastfeeding are found among those whose infants are at highest risk of poor health and development; those aged 21 years and younger and those with low educational levels.

The Churchill Regional Health Authority is therefore committed to increasing the initiation rates for breastfeeding overall and optimization of the duration of breastfeeding with those who have initiated breastfeeding.

Interlake RHA Performance Deliverable Plan

Breastfeeding

Date of Update: January 2006

Team Members: Kim Petaski, Evange Brook, Maureen Blandford, Carol Pollock, Carol Guest, Sandy Phillips

Goal – To improve the overall health of babies by increasing initiation and duration rates with breastfeeding.

<u>Strategy</u>	<u>Actions</u>	<u>Timelines</u>	<u>Performance Measure</u>	<u>Responsibility</u>	<u>Status</u>				<u>Progress Update</u>
					Completed	In Progress	Delayed	Awaiting Funding	
1. Obtain baseline IRHA breastfeeding initiation and duration rates.	-MB Health, through ICD10 gathers breastfeeding initiation rates at discharge and will provide this information to the IRHA. -The mechanism for the gathering of baseline duration rates is to be determined by Manitoba Health. (App. #2).	December 2005 To be determined by MB Health	IRHA will receive the information from MB Health A mechanism will be in place.	MB Health and the breastfeeding working group IRHA birthing facilities MB Health		X			
2. Update the existing IRHA breastfeeding policy	-review the existing regional breastfeeding policy (App. #3). -develop additional policy statements for community sites	December 2006	Policy upgraded and additional policy statements completed.	Breastfeeding working group Interlake Regional Health Authority approval process					This work has not commenced due to time constraints. Two meetings have been cancelled due to inclement weather.

Interlake RHA Performance Deliverable Plan

Breastfeeding

Date of Update: January 2006

Team Members: Kim Petaski, Evange Brook, Maureen Blandford, Carol Pollock, Carol Guest, Sandy Phillips

Goal – To improve the overall health of babies by increasing initiation and duration rates with breastfeeding.

<u>Strategy</u>	<u>Actions</u>	<u>Timelines</u>	<u>Performance Measure</u>	<u>Responsibility</u>	<u>Status</u>				<u>Progress Update</u>
					Completed	In Progress	Delayed	Awaiting Funding	
3. Provide basic and ongoing education for health care providers in Baby Friendly practices.	-Development of an orientation package to baby friendly initiative and current breastfeeding practices for all new staff. -Bi-annual update for current IRHA staff as well as community partners. (App. #4).	December 2006	-Orientation package completed -Breastfeeding updates provided every 2 years	IRHA Education Dept. In partnership with public health nurses	X				All regional public health nurses and obstetrical nurses from Selkirk General Hospital have been in-serviced by Kathy McIvor from Winnipeg. All Families First Home Visitors and their supervisors have been in-serviced by Linda Romphf from Winnipeg.
4. Increase awareness and access to breastfeeding support for families	- provide current information through Public Health Programs. - communicate with physicians and other community partners on current resources available.	December 2006	-information provided to PH programs and community partners	-breastfeeding working group					

Interlake RHA Performance Deliverable Plan

Breastfeeding

Date of Update: January 2006

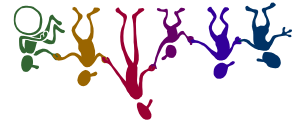
Team Members: Kim Petaski, Evange Brook, Maureen Blandford, Carol Pollock, Carol Guest, Sandy Phillips

Goal – To improve the overall health of babies by increasing initiation and duration rates with breastfeeding.

<u>Strategy</u>	<u>Actions</u>	<u>Timelines</u>	<u>Performance Measure</u>	<u>Responsibility</u>	<u>Status</u>				<u>Progress Update</u>
					Completed	In Progress	Delayed	Awaiting Funding	
5. Assist families to develop breastfeeding skills through education and development of support networks	-current breastfeeding information provided through prenatal classes and postpartum support - referral to breastfeeding clinics -promote informal networking of breast feeding Moms (example Baby Talk, Step’N Out with Mom)	Ongoing	Increased initiation and duration rates	All Interlake Regional Health Authority staff and community partners that provide support to breastfeeding families		X			All the Families First home visitors have been in-serviced in providing breastfeeding support to their families. The Step-N Out with Mom facilitators (Evange Brook and Laurie Riddell) have been in-serviced in Breastfeeding by Kathy McIvor from Winnipeg.
6. Promote breastfeeding as the optimum infant nutrition	- promote through prenatal classes - raise community awareness through promotion of “world breastfeeding week” (App. #5 a&b).	Ongoing October 2005	Increase in initiation and duration rates -world breastfeeding week activity completed	Public health nurses Public health nurses and community partners		X			



NOR-MAN Breastfeeding Deliverable Review January 2006



In reviewing the Framework one of the objectives was to increase the initiation rates and duration of breastfeeding. In reviewing the progress in the larger centres (The Pas and Flin Flon) where the RHA has responsibility for both the facility and community health care services it can be noted that there has been an increase over the first six months of 2004. The data to support this is manually collected information for the first six months of each year. (See APPENDIX B below). The initiation rate showed an increase of 17% from 2004 to 2005. The percentage of the total number of babies being breastfed at 4 months of age also rose by 10%. This progress will continue to be tracked but reflects relatively small numbers so such marked increases can not be anticipated annually. It would appear that the number of mothers that initiate and that are still breastfeeding at 4 months has remained the same at about 60%.

It is important that a tracking tool be developed so that progress may be noted using a reliable consistent data collection process. We have done the best that we can with the resources we have up to this point.

The second objective outlined in the framework was to educate the community, the health care providers, women, breastfeeding mothers, and their partners in the importance of breastfeeding. Several activities have addressed this objective:

- 7 community and facility staff attended a Best Practices in Breastfeeding Workshop with Kathy Hamelin in the Parklands region. Plans are in place to offer this Best Practices Workshop to more staff and to other communities in NRHA and northern Saskatchewan this spring.
- In addition, the Healthy Baby Program and Families First are planning a workshop in April to provide care givers with techniques to support the breastfeeding mother long term.
- Two NRHA staff successfully completed their Lactation Consultant Certification with some support from the NRHA.
- Breastfeeding Policies for the birthing hospitals have been developed with input from community partners and committee members. Best practices have been considered in this process
- Committees regionally are attempting to ensure a common message is shared with breastfeeding mothers and their partners.
- The Baby Friendly Committee completed a PATH in October to reflect future plans
- The Baby Friendly committee is attempting to encourage community players to be supportive to breastfeeding mothers. Businesses have been encouraged to have breastfeeding space available for breastfeeding mothers to access when they are out of their home.
- Breastfeeding Poster Competition was held regionally
- NRHA staff are becoming more aware of what is involved in becoming a Baby Friendly Facility. Pockets of interest are strengthening.
- Annual Breastfeeding Week activities are held. Gifts for breastfeeding mothers, promotional materials, media campaigns, newspaper articles, etc. are attempts to increase community support for the initiative
- Baby Friendly Initiative Committees are continuing to meet and encourage others to participate in their educational projects.

In reviewing the Goals established in the Framework it would appear reasonable to increase the Breastfeeding Initiation Rate at time of discharge from hospital to 85% from the 70% noted in the initial document. The Breastfeeding rate at 4 months of age would also be appropriately raised to 50%. These changes are reflected in APPENDIX A, the NOR-MAN RHA Breastfeeding Framework 2006/07 document. As the data can not be collected beyond this time frame without extensive manual efforts, the importance of establishing an effective tracking tool provincially can not be overstated.

The attached Status Report 2006 contains further information.

Next Steps:

The NRHA Breastfeeding Initiative Committees will build on the strategy developed for 2005/2006. Anticipated activities include:

- Review and modify the current framework
- Continue to support the development of a tracking tool that will reflect initiation and duration rates
- Review the available data and establish a benchmark on which to gauge future achievements
- Amend goals and targets as required
- Continue to work collaboratively with the local, regional, provincial and national Breastfeeding initiatives

**NOR-MAN Regional Health Authority Performance Deliverable
Breastfeeding – Status Report January 2006**

Key Strategy	Status Report – January 2006 Inventory of Current Activities/ Services	Comments
<p>1. Leadership & Policy Development NRHA believes that leadership and policy development plays a role in improving breastfeeding rates. Our leadership and policy development will be developed through building healthy public policy.</p>	<p>Leadership :</p> <p>NRHA Breastfeeding Strategy</p> <ul style="list-style-type: none"> ➤ Establishment of NRHA Breastfeeding Committees ➤ Regional support for the Baby Friendly Initiative ➤ Terms of Reference for local Breastfeeding Committee under development <p>Healthy Public Policy</p> <ul style="list-style-type: none"> ➤ Facilitate letter writing campaign in support of Breastfeeding locations in the downtown areas 	<ul style="list-style-type: none"> ➤ Baby Friendly Initiative and local Breastfeeding Committees have amalgamated as they share a common goal ➤ NRHA Breastfeeding Committee includes representation from PHC teams, Facility Staff, Best Beginnings – Baby and Me, consumers, La Leche League, and Midwives. ➤ Ad hoc Committees have been struck to deal with issue specific issues/events ➤ Will facilitate further development of multi-sectoral Breastfeeding Committee. Will attempt to get more breastfeeding mothers to participate. ➤ The NRHA will continue to facilitate and advocate support for healthy public policy throughout the communities ➤ NRHA will continue to play a leadership role in increasing awareness and information regarding breastfeeding practices ➤ NRHA is actively involved in provincial planning for breastfeeding support through the Baby Friendly Initiative both provincially and regionally. ➤ Breastfeeding PATH completed
<p>2. Communication / Social Marketing NRHA will develop/adopt and implement core messaging encouraging breastfeeding</p>	<p><u>Social Marketing</u> The vision of the Breastfeeding Deliverable is consistent with the NOR MAN RHA vision of: Healthy People in Health Communities “Working together to Improve Our Health”</p> <p><u>National Campaigns</u></p> <p>Breastfeeding Week</p>	<ul style="list-style-type: none"> ➤ The NRHA will continue to promote breastfeeding as the optimal form of providing infant nutrition through its various departments and health service delivery programs

	<ul style="list-style-type: none"> ➤ Breastfeeding Committee provided a promotional package to all mothers delivering in the regional facilities. ➤ Gifts were given to the first breastfeeding mother that delivered during Breastfeeding Week at the regional facilities ➤ Media packages distributed throughout region. <p><u>Communication</u></p> <ul style="list-style-type: none"> ➤ Breastfeeding posters displayed across the region ➤ Breastfeeding Picture Contest held in both larger centres Theme Breastfeeding.... Anytime Anywhere Plan is to use winning pictures to further promote breastfeeding 	<ul style="list-style-type: none"> ➤ Breastfeeding Poster contest was initiated across the region ➤ Media campaign, newspaper, radio etc. <ul style="list-style-type: none"> ➤ Will continue to convey message that breastfeeding is the best choice for infant nutrition ➤ Plan to develop key messaging for regional promotions. ➤ Utilize every opportunity available to get the message out prenatal classes, Families First through Home Visitors, CPNP Program, Food Bank, Midwives visits, etc.
<p>3. Surveillance, Research and Evaluation NRHA believes we need to identify the factors that contribute to breastfeeding practices.</p>	<p><u>Surveillance</u> Tool for tracking number of mothers initiating and continuing to breastfeed needs to be developed</p> <p><u>Research</u></p> <ul style="list-style-type: none"> ➤ Use of available data for tracking trends, information sharing, planning and implementation of programs ➤ NRHA has explored and will continue to explore evidence-based best practices as part of the breastfeeding strategy. ➤ NRHA is collaborating with KEN project to use systematic reviews of available research <p><u>Evaluation</u></p> <ul style="list-style-type: none"> ➤ PATH process completed for one committee in October 2005 ➤ Tracking Tool for data collection will be available provincially in the near future it is hoped 	<ul style="list-style-type: none"> ➤ It is the belief that the new data system for the Primary Health Care Centres will assist with data collection ➤ Exploring alternate processes for collecting data to replace manual process presently being explore <ul style="list-style-type: none"> ➤ NRHA will continue to use evidence-informed research to base programs and activities in breastfeeding initiatives <ul style="list-style-type: none"> ➤ Evaluation process needs to be built into NRHA Breastfeeding Strategy
<p>4. Capacity Building NRHA believes that</p>		

<p>Community beliefs will play a key role in changing the support systems available to breastfeeding mothers and in turn alter the initiation and duration rates within our communities. Communities will develop the appropriate tools to address the issue of breastfeeding</p>	<ul style="list-style-type: none"> ➤ Community partners coming together to get a common message out to the consumers 	<ul style="list-style-type: none"> ➤ Further contact with businesses, to be made in an attempt to support the breastfeeding mother while she is out of her home
<p>5. Partnerships, Linkage and Relationships NRHA will move forward in building and maintaining strong relationships, linkages and partnerships with other sectors, agencies and community as a whole.</p>	<ul style="list-style-type: none"> ➤ NRHA staff have sought out other programs, NGO groups, community members to become involved in the activities 	<ul style="list-style-type: none"> ➤ Open invitation for community members to participate ➤ Support from Northern Saskatchewan programs noted ➤ Provincial Link with Baby Friendly Initiative continues



APPENDIX A
NOR- MAN Regional Health Authority
Breastfeeding Deliverable
February 24, 2005



NOR-MAN Region's population is culturally diverse, young and transient in nature. This presents challenges in ensuring all residents receive consistent care and service and in implementing best practices. The following document outlines a strategic plan to improve both breastfeeding initiation rates and the duration of breastfeeding across our Region. In addition, the current education of the community as a whole around the importance of changing the historical beliefs from supplementary feedings to exclusive breastfeeding will be the biggest challenge in the communities.

VISION

The vision of the Breastfeeding Deliverable is consistent with the NOR-MAN Regional Health Authority's vision of:

Healthy People in Healthy Communities "Working Together to Improve Our Health".

PURPOSE

To offer an effective Breastfeeding strategy that provides support to all women in the NOR-MAN Regional Health Authority (RHA) service area who have made the decision to/or are contemplating breastfeeding. To accomplish this, improved partnerships and communication within and between jurisdictions will be key. There is a need for increased education and an increased opportunity for women to breastfeed. Education will assist in reinforcing the importance of breastfeeding in the overall health of individuals and communities.

One of the biggest challenges for the NOR-MAN RHA is that the health services offered in the outlying communities are the responsibility of other care providers and not Regional Health Authority staff. Manitoba Health is responsible for the Nursing Stations of Grand Rapids, Easterville, and Moose Lake. As well, Opaskwayak Cree Nation and Pukatawagan both fall under the Swampy Cree Nation Tribal Health Council with funding from First Nations Inuit Health Branch (FNIHB). Women from these outlying areas deliver in facilities within the region. However, the short time they spend in hospital is often the only contact Regional Health Authority employees have with these clients.

High risk clients from NOR-MAN RHA travel to the tertiary hospitals in Winnipeg and may never receive RHA services postpartum. The success on initiating breastfeeding for these women often is due to the support they receive from the staff in the Winnipeg Regional Health Authority. And the success in the duration of their breastfeeding is directly reflected by the support they receive upon their return to their home community from sources other than the Regional Health Authority.

Primary Health Care Nurses (formerly Public Health Nurses) offer breastfeeding support to all women within the communities that they serve. In addition, strategies are in place to support breastfeeding when mothers are unable to nurse temporarily due to separation from their newborn, postpartum complications or other extenuating circumstances.

GOAL

Consistent with the Provincial Breastfeeding Objectives:

- 1) To increase breastfeeding initiation rates, and

- 2) To increase exclusive breastfeeding to 6 months and breastfeeding up to two years of age and beyond.

The NOR-MAN RHA Breastfeeding Initiative Committee has set the following objectives:

- 1) To increase breastfeeding initiation rates and duration of breastfeeding, and
- 2) To educate the community, health care providers, women, breastfeeding mothers and their partners of the importance of exclusive breastfeeding.

BACKGROUND/RATIONALE

In response to the identified need to increase breastfeeding rates two local breastfeeding committees were formed in the late 1990's. These Breastfeeding Support Committees included membership from local breastfeeding support groups, Best Beginnings: Baby and Me - a Canadian Prenatal Nutrition Program (CPNP), Public Health Nurses, a Regional Registered Dietitian and Acute Care Staff Nurses and became the Baby Friendly Initiative Committees.

The Baby Friendly Initiative (BFI) committees have been meeting on a regular basis and have implemented a number of strategies. Annual Breastfeeding Week activities that are planned and implemented each year included gifts for the breastfeeding mothers, information packages, informational displays, and articles in the local newspapers. An informational booklet was developed and shared with all physicians, staff in the facility, community nursing staff, and nursing station staff. The intent was that breastfeeding mothers would receive consistent information on the management of thrush, mastitis, sore nipples, etc. The Ten Steps to Successful Breastfeeding developed by UNICEF and the WHO are being met to varying degrees but are seen as the golden standard for which to strive. A Breastfeeding Policy consistent with the Ten Steps to Successful Breastfeeding document has been developed and is scheduled to be approved at a meeting in February 2005.

Another strategy that the local BFI committee continues to promote is the working closely with local businesses in providing space for mothers to nurse their infants while out of the home.

The BFI Committee identified that mothers were not receiving enough information prenatally to support them in their decision to breastfeed. This led to restructuring of the prenatal classes. Expectant mothers are encouraged to attend two early- bird prenatal classes dealing with maternal nutrition information and breastfeeding information in addition to the regular prenatal classes.

The data provided by the Provincial Breastfeeding Policy Framework Support Document (Appendix A) has been helpful in assisting the region in setting its proposed initiation rate increase. Data collected manually provides a quick glance of the regional data for the communities that the NOR-MAN RHA provides direct services to.

The data we have collected shows a discouraging downward trend for breastfeeding initiation despite the work of the committee over the past year (data collected for first 6 months of each year). See Appendix B. With the small number of births the rates can be drastically affected by the choices of only a few. It is encouraging to note, however, the increase in the number of mothers continuing to breastfeed until 4 months of age.

The importance of first educating the "Champions for Breastfeeding" in the region around exclusive breastfeeding has been identified as the goal for the first year. It is difficult to promote exclusive breastfeeding when all the game players may not be consistent with the messages they are sharing with breastfeeding mothers and their support persons. As the facilities implement the supplement free policies, the staff, the patients, their visitors and the community in general will be educated on the benefits of exclusive breastfeeding. This education segment must be completed before we can move forward and increase the exclusive breastfeeding to 6 months rates.

Breastfeeding surveillance and data collection programs are in the process of being implemented.

Next Steps

The NRHA Breastfeeding Initiative Committee will build on the strategy derived for the Regional Baby Friendly Initiative Committee. Anticipated activities include:

- Establishing a benchmark on which to gauge any future achievements
- Review and modify current framework
- Amend goals and objectives as necessary
- Implement Breastfeeding Initiative and Duration Rate Tracking Process
- Continue to collaborate with appropriate partners for local, provincial or national breastfeeding initiatives.

APPENDIX B
NOR-MAN Regional Health Authority Breastfeeding Rates*
January to June Births for Each Year

Location & Year	Total Number of Births	Total Number of those Initiating Breastfeeding	Percentage of Mothers Initiating Breastfeeding	Total Number Breastfeeding at age 4 mos.	Percentage of Mothers Breastfeeding at 4 mos.	Percentage of mothers that initiated breastfeeding that were still breastfeeding at 4 mos.
Flin Flon						
2001	34	27	79%	21/34	61%	77%
2002	36	30	83%	12/32 total	37%	40%
2003	32	26	81%	17/32	53.1%	47%
2004	33	13	40%	11/33 total	33%	84%
2005	33	27	82%	16/33 total	48.5%	59.3%
The Pas						
2001	69					
2002	58	35	51%	27/69	39.1%	77%
2003	50	31	53.4%	17/58	29.3%	55%
2004	69 (1 set of twins)	27	54%	20/48	41.7%	74%
2005	52(1 set of twins)	54	78.2%	30/55	42.8%	54.5%
2005	52(1 set of twins)	44	85%	27/52	64.3%	61.4%
Snow Lake						
2001	5	4	80%	3/5	60%	75%
2002	11	8	73%	5/11	20%	62%
2003	11	10	91%	3/11	27%	30%
2004	10 (1 stillborn)	8	88.9%	2/9	22.2%	25%
Sherridon						
2001	1	1	100%	0/1	0%	0%
2002	1	0	0%	0/1	0%	0%
2003	1	1	100%	1/1	100%	100%
2004	1	1	100%	0/1	0%	0%
2005	2	Unknown	Unknown	0/2	0%	0%
Cranberry Portage						
2001	6	6	100%	5/6	83%	83%
2002	2	2	100%	0/2	0%	0%
2003	10	8	80%	7/10	70%	87.5%
2004	6	6	100%	5/6	83.3%	83.3%
2005	3	1	33%	1/3		100%
Cormorant						
2001	8	4	50%	4/4	50%	100%
2002	9	5	55.6%	2/9	22.2%	40%
2003	4	3	75%	2/4	50%	67%
2004	6	2	33%	0/6	0%	0%
Totals for TP and FF						
2004	102	67	65.7%	41/102 total	40.1%	61.2%
2005	85	71	83.5%	43/85 total	50.5%	60.6%

*This data reflects only communities that transferred to the RHA
Data is based on manual counts for only the births in the first six months of each year.



North Eastman Health Association Inc.
Association de santé du Nord-Est inc.

DELIVERABLE:

BREASTFEEDING

**Improve Initiation, Improved Duration of Breastfeeding
and Exclusive Breastfeeding.**

2005-06 RHA DELIVERABLE

Collaborate with Manitoba Health to:

- Demonstrate progress towards the implementation of a Regional Breastfeeding Framework that will be revised/updated annually, as required, and which may include;
- Revised targets for percentage improvement in breastfeeding initiation and activities for achievement.

Measurement:

Demonstrated progress towards the implementation of a Regional Breastfeeding Framework:

1. Regional Breastfeeding Framework submitted to Manitoba Health on Feb. 28, 2005;
2. **Revised/updated framework to be submitted by December 31, 2005, which may include revised targets for percentage improvement in breastfeeding initiation and activities for achievement.**

MANITOBA HEALTH

Measurement :

- Manitoba Health will continue to work collaboratively with RHAs to define and implement mechanisms to provide data on breastfeeding duration and data on exclusive, partial or no breastfeeding for use in the 06/07 deliverable.



BREASTFEEDING DELIVERABLE REPORT

January 30, 2006

This report represents the work that has been accomplished to date in the North Eastman Health Association.

LEADERSHIP & POLICY DEVELOPMENT

North Eastman Regional Health Association, Inc. has established a Regional Breastfeeding Steering Committee to provide direction and support in the development of a regional strategy for breastfeeding. Membership includes representation from the regional Public Health Team {core team}, local La Leche League/ community members, Families First and Healthy Baby Programs. An attempt to include representation from the First Nations Communities is underway. The Acute Care Team provides input on an as needed basis. This committee has met on two occasions and plans to meet on average of four times a year or more often if required. Terms of reference need to be developed for this committee.

A core committee has been established with representation from:

- ❖ Public Health Nurses
- ❖ Public Health Program Manager
- ❖ Prenatal educator and
- ❖ Healthy Baby Program Facilitator.

The core committee is responsible for the implementation of the components of the regional breastfeeding strategy. Meetings are held every two months or more often if needed.

The outcomes of the joint meetings between the regional steering committee and the core committee have increased an awareness of the Breastfeeding Friendly Initiative. Creating awareness has identified the level of support for breastfeeding in the social and physical environments. An example: the La Leche shared the work that they are doing in the areas of information and support groups in the region. The Parent Child Centered Coalition offered business friendly awards with one of the criteria being a breastfeeding friendly environment.

SURVEILLANCE, RESEARCH AND EVALUATION

Regional data collected from the postpartum referral forms indicate about an 80% initiation rate. Given that the majority of births occur outside the region, our ability to affect initiation rates is, to some degree, limited.

To determine duration rates a regional breastfeeding survey was initiated in 2003 but due to human resource challenges, this survey was not completed until the fall of 2005 and is therefore based on a very small return sample survey. The results of this survey suggest that of the completed surveys 67% of the clients were exclusively breastfeeding at 2 months, 51% of the clients were exclusively breastfeeding at 4 months, 20% of the clients were exclusively breastfeeding at 6 months. We are currently working to complete the 2004 and 2005 duration survey rates. The Public Health nurses will complete surveys in 2006 to determine breastfeeding duration rates to obtain current information. This data will provide a more accurate reflection of breastfeeding duration rates and the results will be used for future program planning.

This data collected so far has been shared with the Healthy Baby Program, the Public Health Nursing Team, and the regional steering committee.

The Prenatal Educator, in collaboration with the Public Health team, has revised the content of the prenatal packages for clients in the region. This involved reviewing the breastfeeding resources that are being used for information and education. To ensure consistency and best practice, these resources will be shared with other disciplines that provide service to pregnant families, for example Physicians, Nurse Practitioners, the Families First and Healthy Baby Programs.

The voice mail of the Public Health nurses provides information to clients of where to obtain breastfeeding assistance in the absence of a Public Health nurse i.e. Health Links toll-free number.

We are working with our provincial counterparts with regards to breastfeeding policies, both in the community sector and the facilities.

CAPACITY BUILDING

The core committee has initiated several activities to determine the need for education and training to providers who are in direct contact with breastfeeding families.

- ❖ Education for Public Health nurses using the LATCH-R tool has occurred.
- ❖ Contact with the acute care facilities to determine breastfeeding educational needs for staff has occurred.

- ❖ Invited La Leche League to share the information/educational resources they use in their Breastfeeding support groups.
- ❖ Continue to address educational needs of other health care providers as identified.

We will continue to work on the breastfeeding interventions and strategies and evaluate the need for additional resources.

*Submitted by
Myrna Suski
Public Health Manager*

North Eastman Breastfeeding Deliverable February 2005

INTRODUCTION AND BACKGROUND

BREASTFEEDING AND MANITOBA'S HEALTHY LIVING VISION

Healthy Living is about creating conditions and supporting behaviours that promote the best possible health for Manitobans. It includes actions taken by individuals, families, communities, governments, businesses, and other organizations that assist Manitobans to lead healthier lives. For individuals, Healthy Living means making positive changes about personal health practices; for governments and communities, Healthy Living means making those personal choices easier by creating supportive physical and social environments and through policies that promote health. Promoting, supporting, and protecting breastfeeding is a key component of the Healthy Living vision.

Breastfeeding is one of the indicators currently being monitored as part of North Eastman's Performance Measurement Reporting System {PMRS}. The regional statistics that have been collected to date demonstrate an 85% initiation rate. This initiation rate differs significantly from the initiation rate provided by the province. The data also includes information on areas in our region where initiation rates are higher and lower.

ISSUES AND CHALLENGES

What we have not been able to accomplish is to complete the survey we had developed to monitor duration and exclusivity due to lack of human resources.

Only one hospital in North Eastman provides obstetrical services. Most North Eastman births occur outside the region, in Winnipeg or Selkirk. Given that most of the births occur outside the region; our ability to affect breastfeeding initiation at time of delivery is limited.

NORTH EASTMAN BREASTFEEDING DELIVERABLE FRAMEWORK

The vision and mission statements have been adopted from the Provincial Framework. The activities are grouped under the Strategic Pillars:

- 1. Leadership and Policy Development**
- 2. Surveillance, Research & Evaluation**
- 3. Capacity building**

REGIONAL STRATEGY

Our plan is to revisit the survey and explore ways of completing the survey in 2005-2006. This will provide baseline information that will assist in determining a regional breastfeeding strategy using a population health approach.

1. Leadership & Policy Development

- Establish a regional breastfeeding committee with membership from health, and participation from families, & communities to:
 - a. promote and create an awareness of the Breastfeeding Friendly Initiative, and,
 - b. determine the level of support available in the current social and physical environments.
 - c. develop a regional strategy to promote breastfeeding

2. Surveillance, Research and Evaluation

- Complete regional survey, work to establish baseline for duration and exclusive breastfeeding
- Continue to monitor breastfeeding rates
- Disseminate information to appropriate disciplines
- Identify gaps in the availability and support of breastfeeding resources and information both provincially and regionally.

3. Capacity Building

a) Education and Training

- Determine need for regional education and training
- Provide breastfeeding training and education based on regional need.

b) Programming

- Based on survey results determine programming based on need and geographic location

c) Sustainability

- Over the next year, explore impact and resource needs, human and fiscal to sustain programming.

References

Breastfeeding Recommendation in the Medical Literature provided by Manitoba Health.

Manitoba Centre for Health Policy (2003). The Manitoba RHA Indicator Atlas: Breastfeeding Initiation Rates. Winnipeg: University of Manitoba.

Manitoba Health (2004). Provincial Breastfeeding Policy Framework: Supporting Documents.

North Eastman Health Association (2003-2004). Public Health Program Statistical Information: Regional Breastfeeding Rates.

Parkland Regional Health Authority

In accordance with the Breastfeeding Deliverable, the following is an update on activities identified within the Regional Breastfeeding Framework submitted February 28, 2005.

I. Identify specific strategies within the Primary Health Centre framework to enhance breastfeeding initiation and duration.

- New Primary Health Care Centres were opened in the communities of Camperville and Waterhen in September 2005. Nursing positions were filled and training activities occurred throughout the fall and winter months. A nurse with significant maternity experience and International Board Certified Lactation Consultant designation was recruited to one of the centres in January 2006.
- It is expected that once the new Community Health Nurse completes her orientation that there will be development of breastfeeding support activities within at least one PHC centre as a pilot initiative.

II. Collaboration with First Nations health providers on Breastfeeding strategies

- First Nation partners have been invited to participate on the Regional Breastfeeding team. To date they have been unable to do so. A First Nation Band nurse who participates on the Regional Maternal Newborn team plans to discuss at an upcoming meeting.

III. Strategic planning with Regional Breastfeeding Promotion Team

- The Regional Breastfeeding Promotion Team did an analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT) related to breastfeeding in May, 2005. Priorities for program development identified include health professional education, defining the role of the community Lactation Consultant, and exploring print resources for breastfeeding.
- The SWOT analysis will be reviewed annually to monitor progress.
- The Regional team has undergone significant membership change as a result of retirements, transfers, and a desire to strengthen the clinical nature of the team.
- At the January 2006 meeting, a half day presentation was given on the World Health Organization code and the Baby Friendly Initiative to orient new members.

IV. Breastfeeding education, resources and awareness

- The Region hosted two Best Practices in Breastfeeding Workshops (one in Dauphin, one in Swan River) for all public health staff, maternity nurses, First Nation health care providers and physicians in the Region. Brochures were also distributed to neighbouring RHAs. The sessions were well attended and feedback was positive.
- Regional staff were supported in attending the Baby Friendly Provincial Conference in Winnipeg.
- A community Lactation Consultant position was developed within the Public Health program and successfully recruited to in summer, 2005. Activities of this individual included extensive orientation by WRHA lactation support staff, gathering of resources, in-servicing of all Maternity and Public Health Nurses on the LATCH-R tool, and one breastfeeding support group session in Dauphin. This individual has since transferred into a Community Health Nurse position and has been assigned responsibility to provide leadership to breastfeeding within the Public Health Program.
- The LATCH-R tool has been integrated into nursing practice.
- All print resources for breastfeeding have been gathered and critiqued for compliance with the International Code of Marketing of Breast Milk Substitutes. This project is ongoing.

- The team is planning a regional community communication focused on Pregnancy and Parenting, including breastfeeding promotion.
- Next steps for the Regional Breastfeeding Promotion team include: adapting/adopting the WRHA breastfeeding clinical practice guidelines, adopting consistent Regional breastfeeding print resources, and exploring on-going education.

V. Breastfeeding surveillance and data collection

- The organization will continue to collaborate with the province in development of a process to monitoring breastfeeding duration.

VI. Continued participation on Baby Friendly Manitoba Committee

- The Director of Public Health Services and the Community Health Nutritionist for the Region have continued to actively participate on this committee.
- The new Community Health Nurse with IBCLC designation will begin to participate in place of the Nutritionist in 2006.

South Eastman Health/Santé Sud-Est Inc.
Breastfeeding Framework
Support Document 2005/2006

Vision: Babies in South Eastman Health/Santé Sud-Est Inc. which will be referred to as South Eastman in the remaining document, are breastfed.

Adopted from the Provincial framework document.

Mission: To contribute to an increase in breastfeeding and exclusive breastfeeding in South Eastman by engaging residents in making breastfeeding a priority and the normal nutritional choice for babies.

The mission statement has been drawn from recommendations in the research. Increased rates of breastfeeding have been shown to reduce obesity and chronic diseases such as diabetes.

Adopted from the Provincial framework document.

Goals: To increase breastfeeding initiation.
To increase exclusive breastfeeding to six months.
To increase breastfeeding duration to one year and beyond.

Adopted from the Provincial framework document.

Breastfeeding Definitions:

Breastmilk includes breastfeeding, expressed breastmilk or donor milk and undiluted drops or syrups consisting of vitamins, mineral supplements or medicines.

Exclusive breastmilk – no food or liquid other than breastmilk, not even water, is given to the infant from birth by the mother, health care provider, or family member/supporter.

Adopted from the Provincial framework document.

Approach/Principles:

Population Health Approach:

Evidence based – “Breastfed children are half as likely to have illnesses within the first year as formula-fed children and are ten times less likely to be hospitalized for any bacterial infection. Breastfed babies are healthier, have increased cognitive abilities, are better nourished and have overall long term health benefits” as stated in the *Cost Savings from Breastfeeding: An Annotated Bibliography September 1999*.

Culturally appropriate – Breastfeeding rates assessed within the region in 2003 indicate that breastfeeding is culturally acceptable and appropriate.

Immigrant population growth – The population growth within South Eastman has been largely comprised of young German families who are within the childbearing age. These mothers predominantly breastfeed their babies.

Partnerships/Baby Friendly Initiative – Regionalization has enhanced partnerships between the hospitals and community programs to promote breastfeeding. The region is currently working towards the Baby Friendly Initiative.

Addition of the midwifery program has enhanced breastfeeding. “The number of deliveries managed by South Eastman midwives increased 53% between 2001/02 and 2003/04. In 2003, the midwifery program managed 11% of all South Eastman births and 18% of births taking place in South Eastman. In May 2003, South Eastman RHA secured the services of a German-speaking midwife” as indicated in the *South Eastman Community Health Assessment 2003/2004: Comprehensive Report* page 68.

Strategic Pillars:

Similarly to the provincial framework, South Eastman’s framework incorporates the following:

- Leadership and Policy Promotion – to promote the consistent application of the Breast Feeding Policy at Bethesda and Ste. Anne Hospitals as well as the provincial breastfeeding strategy. A team has been developed to work towards attaining Baby Friendly status.
- Surveillance, Research and Evaluation – the plan is to enhance surveillance and promote breastfeeding duration and exclusivity, participate in research as appropriate, obtain and disseminate data effectively and efficiently, and continually evaluate programs. We will build upon the data obtained from the regional breastfeeding surveys done in 1997 and 2003.
- Capacity Building:
 - Education and training – provide staff with best practices and approaches, ensure current staff and all new staff receive adequate education and training, and promote ongoing education through in-services, literature and web sites to enhance learning.
 - Programming – sharing information with all disciplines involved through the Maternal/Child team.
 - Sustainability – continually provide opportunities for clinicians to learn and share information.

Key Setting and Target Populations:

Similarly to the provincial framework, South Eastman’s framework incorporates the following priority populations as it pertains to breastfeeding:

- Women
- Children

- Immigrant Population

Goals:

South Eastman has previously set a provincial benchmark and the goal is to increase the breastfeeding:

- Initiation rate to 90% upon hospital discharge.
- Rate to 70% at two months.
- Rate to 60% at four months.
- Rate to 50% at six months.
- Rate to 20% at one year.
- Rate to 10% at eighteen months.

Targets:

The targets for increasing breastfeeding in South Eastman have been set at:

- Breastfeeding initiation by 1.5% to achieve 90%.

Regional Activities:

Activities have been undertaken to:

- Develop and implement a regional performance deliverable based on the provincial framework.
- Support breastfeeding regionally via the work of the Maternal/Child team and the regional accreditation process.
- Achieve Baby Friendly status at Bethesda Hospital and extend it to Ste. Anne Hospital through:
 - Education, resources and familiarity with the ten steps
 - Enhancing surveillance and promotion of breastfeeding duration and exclusivity
 - Obtaining data collection in an efficient and cost effective manner
 - Accreditation process

Support Documentation:

Please find attached the regional breastfeeding surveys done in 1997 and 2003.

DELIVERABLE:**14. Demonstrated progress towards the implementation of a Regional Breastfeeding framework.****MEASUREMENT**

RHA Revised/updated framework to be submitted by December 31, 2005 which may include revised targets for percentage improvement in breastfeeding initiation and activities for achievement.	Manitoba Health Review baseline data for RHA breastfeeding initiation rates by February 28, 2006. Collaborate with RHAs to set RHA specific targets for percent improvements by February 28, 2006. Collaborate with RHAs to define mechanisms to gather data on breastfeeding by February 28, 2006.
Time Frame January 31, 2006	

Background (Intro)**Work to Date**

- Regional framework for South Eastman Health/Santé Sud-Est Inc. has been reviewed and remains unchanged.
- Funding submission has been completed to secure resources to support the “Baby Friendly Initiative”. Funding not yet secured.
- Support for the consistent application of the Regional breastfeeding policy continues.
- In May of 2005, a breastfeeding survey was devised and implemented which ascertains the education that mothers received prenatal and postnatal.
- Quarterly rates of mothers who are breastfeeding upon discharge from hospital continue to be tracked.

ACTION PLAN

Goals / Objectives	Measures	Evaluation
<ul style="list-style-type: none"> • Secure funding source for “Baby Friendly Status” by Feb. 28, 2006. • Achieve Baby Friendly status at Bethesda Hospital and extend to Ste. Anne Hospital. • Increase breastfeeding rates: • Initiation rate to 90 % upon hospital discharge. • Rate to 70 % at two months. • Rate to 60 % at four months. • Rate to 50 % at six months. • Rate to 20 % at one year. • Rate to 10 % at eighteen months. 	<p>When funding is obtained:</p> <ul style="list-style-type: none"> • Augment education, resources and familiarity with the ten steps. • Enhance surveillance and promotion of breastfeeding duration and exclusivity. • Ensure data collection in an efficient and cost effective manner. 	<ul style="list-style-type: none"> • Measure breastfeeding rates February 28, 2006. • Obtain Baby Friendly Status by February 28, 2007.

RESOURCE BARRIERS

- Funding for initial start up of Breastfeeding Initiative delayed.



South Eastman Regional Health Authority

Regional Maternal/Child Team Infant Feeding Survey 2003

Introduction

Breastfeeding rates are part of the fundamental data set needed to evaluate community health needs. They provide valuable information, not only on infant nutrition, but about success, or otherwise, of the overall delivery of preventive services to pregnant women and to young growing families.

In 1997, South Eastman Regional Health Authority conducted a population-based survey of infant feeding practices as part of its Phase 2 Community Health Assessment. In 2003, a follow-up survey was initiated by the Regional Maternal/Child team.

Method

Routine regional practice calls for postpartum family contact by the public health nurse within 48 hours of discharge. The initial telephone contact is followed by a home visit if this is clinically indicated or requested by the client. The public health nursing assessment is facilitated by information set out in the postpartum data sheet, which is completed and faxed to the nurse by the relevant hospital. Information recorded on the data sheet includes personal identifiers, maternal age, marital status, parity and breastfeeding status at the time of discharge.

Both surveys, 1997 and 2003, were conducted during the same months of the year. All mothers who delivered infants during the months of March, April and May were contacted and asked if they were willing to participate in the study.

There were 191 live births in the study region between March 1 and May 31, 2003. Information, as above, from each mother's postpartum data sheet was recorded, as were the findings of interviews conducted with mothers by public health nurses at the following times: during the initial public health contact, and at one, three and six months postpartum. At the time of interview, the following information was collected: breastfeeding status (full, partial, or none – see definitions below), and the nature and type of supplement (if any).

Study participation was excellent. Out of 191 births for that period of time, 162 women agreed to participate in the study and provided information at initial contact. After initial contact, the number dropped slightly to 155 at one month, 151 at three months, and 143 at six months.

Definitions

Breastfeeding was categorized in the 1997 study as full when it was exclusive (no other liquid of solid given to the infant) or almost exclusive (water or juice given, but not more than once daily and not more than 1-2 swallows). Breastfeeding beyond those levels was defined as partial.

Results

Descriptive

The majority of study subjects were aged 20-29 years (51 per cent) and 30-39 years (42 per cent); only five per cent were under 20 years of age, and two per cent were over 40. Fourteen of the women (9 per cent) reported that they were single with no current partner.

First live birth was documented for thirty-five per cent of the women (14 per cent under 20, 69 per cent aged 20-29, and 17 per cent aged 30-39). Slightly more than 9 per cent of deliveries were caesarian section. The vast majority of infants (71.5 per cent) recorded gestational ages of 38+ weeks, while 5.5 per cent recorded birth weights below 2500 grams and 23 per cent above 4000 grams.

Breastfeeding Levels

Table 1 describes breastfeeding status across the first six months postpartum, while Figure 2 shows breastfeeding rates across the same time period. Just under 90 per cent of women initiated breastfeeding and were still breastfeeding at the time of discharge. The overall breastfeeding rate at initial public health contact was 89.5 per cent, falling to 80.6 per cent by one month, 72 per cent by three months and 54.5 per cent by six months.

Breastfeeding rates as compared to 1997 had several significant differences. (See Table 2 and Figure 1). There was no drop in the rate of breastfeeding from discharge to initial contact. In fact, there was a very slight rise. The one month rate was similar to 1997 with a slight drop at three months. However, there was a significant increase in mothers maintaining breastfeeding to six months.

Rates of full versus partial breastfeeding varied from 1997 to 2003 (See Figures 2 and 3).

The variation in breastfeeding rates at initial contact may be related to the introduction and implementation of the breastfeeding policy, and the education of staff in the facilities. The significant increase in rates at six months may be related to change in legislation extending the maternity leave to one year.

For the mothers who had stopped breastfeeding by six months, the average duration of breastfeeding was 14 weeks, and the majority were feeding commercial formula. Only two reported having introduced whole milk and one mother was feeding her baby three per cent milk.

At six months 120 of 143 mothers had started solids and the average age that solids were introduced was 18 weeks. Introduction of solids occurred between 13-14 weeks in the 1997 survey.

Conclusion

As a whole, breastfeeding rates were slightly higher initially and the duration, particularly of full breastfeeding, was significantly higher in 2003. In addition, mothers delayed introducing solids to a later time

Table 1. Breastfeeding Status across First Six Months Postpartum, South Eastman, 2003.

	Total no. 2003	2003 yes	2003 no
Discharge	162	144	18
Initial Contact	162	145	17
One Month	155	124	31
Three Months	151	111	40
Six Months	143	78	65

Table 2. Breastfeeding Status across First Six Months Postpartum, South Eastman, 2003.

	Total no. 2003	Total no. 1997	2003 yes	1997 yes	2003 no	1997 no
Discharge	162	171	144	155	18	16
Initial Contact	162	171	145	142	17	29
One Month	155	169	124	130	31	39
Three Months	151	157	111	118	40	39
Six Months	143	161	78	50	65	111

Figure 1. Breastfeeding Rates Across Six Months Postpartum, by Breastfeeding Status, South Eastman, 2003, as Compared to 1997.

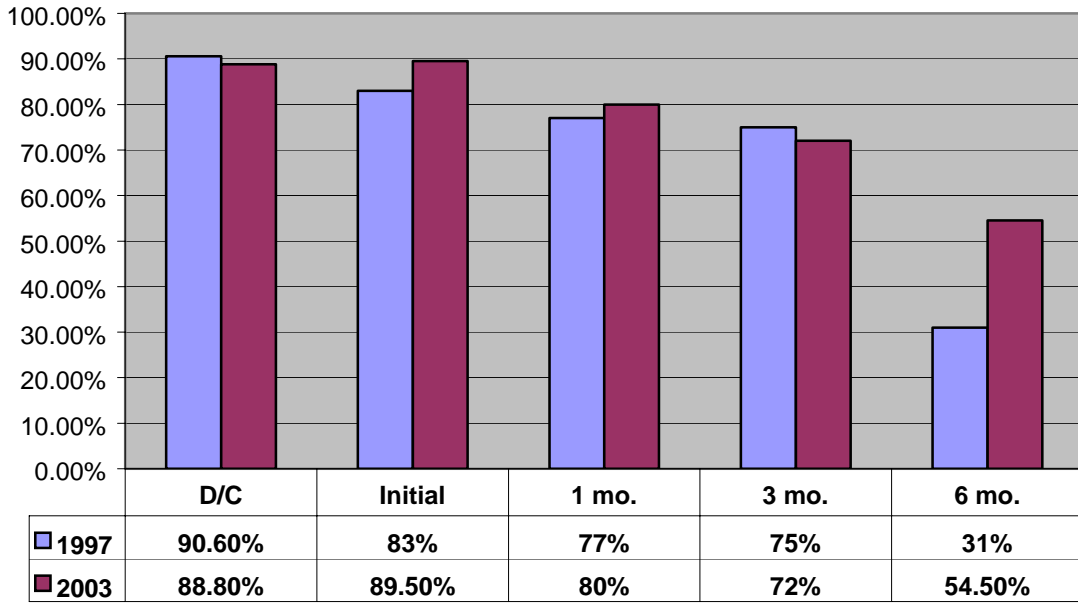


Figure 2. Breastfeeding Rates Across First Six Months Postpartum, By Breastfeeding Status, South Eastman, 2003

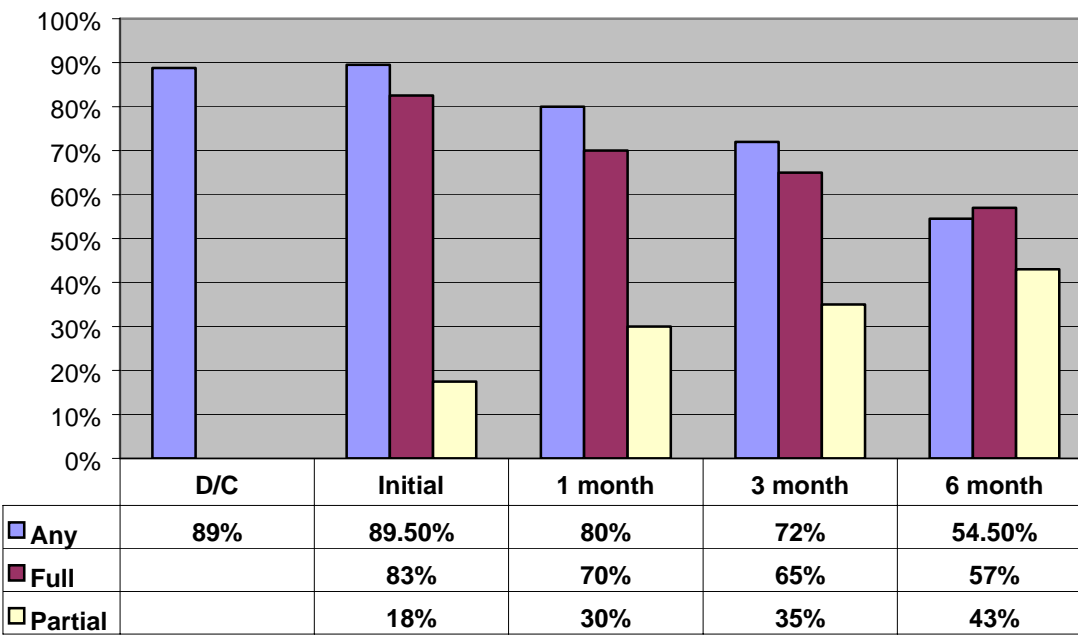
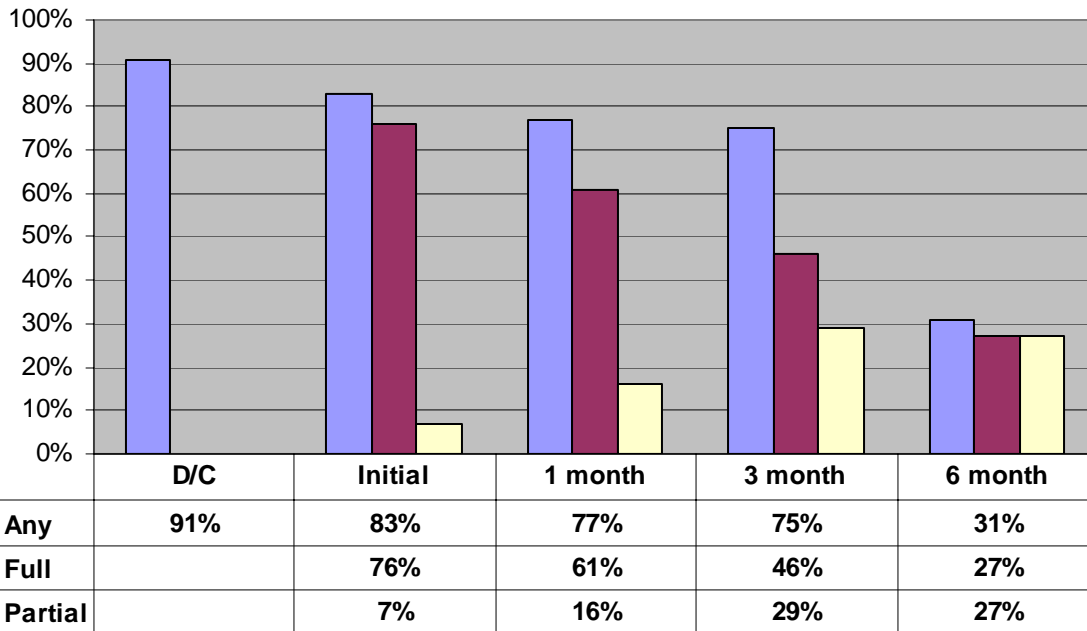


Figure 3. Breastfeeding Across First Six Months Postpartum, By Breastfeeding Status, South Eastman, 1997.



Winnipeg Regional Health Authority

Breastfeeding Performance Deliverable Update

March 3, 2006

- A breastfeeding hotline satisfaction survey is being developed in collaboration with the Provincial Health Call Centre
- A breastfeeding duration/intention survey is being developed in collaboration with the Provincial Health Call Centre
- The Healthy Beginnings database presently utilized in Public Health is in the process of being revised. Options to capture breastfeeding duration information are being explored in that database.
- A Baby Friendly initiative Self Assessment is planned as a collaborative initiative between the Women's Health Acute Care, Primary Care and Public Health Programs. The goal of the self-assessment is to identify areas of strength and areas for improvement related to the Baby Friendly initiative.

CAPACITY/EDUCATION/TRAINING/INCREASED AWARENESS

- Douglas College training was offered again this year to service providers from Health Sciences Centre, St. Boniface Hospital, Public Health, Midwives, and the provincial Health Call Centre.
- The breastfeeding guidelines were introduced with accompanying education related to working with breastfeeding families across the region. Plans are being developed to incorporate this into ongoing orientation and staff development (e.g. a 3 hour workshop for all new employees to St. Boniface Hospital).
- Efforts to develop a social marketing strategy to promote breastfeeding are planned for mid 2006.
- An Aboriginal Advisor position has been developed for Population and Public Health with a key area of focus on breastfeeding initiation with the Aboriginal Population.
- The Aboriginal Advisor roles in hospitals have been expanded to work with prenatal women to promote breastfeeding initiation.
- Two nursing positions have been added to St. Boniface Hospital for lactation support.
- Public Health Staff participated in training provided by Healthy Child Manitoba on promoting breastfeeding in a mixed feeding culture. Plans are being developed to incorporate this information into ongoing Public Health orientation and staff development.
- The practice of promoting breastfeeding using a Baby Friendly approach (which involves supporting and respecting choice) has been discussed at Public Health Nursing Practice Council.

Winnipeg Regional Health Authority Breastfeeding Performance Deliverable February 2005

Vision

Babies in the Winnipeg Health Region are breastfed.

Mission

To contribute to an increase in rates of breastfeeding and rates of exclusive breastfeeding in the Winnipeg Health Region (WHR) by engaging families to make breastfeeding a priority and the optimal nutritional choice for babies through the provision of information and support.

Objectives

1. To increase rates of breastfeeding initiation.
2. To increase rates of exclusive breastfeeding to 6 months.
3. To increase duration of breastfeeding to two years and beyond.

Principles

The Winnipeg Regional Health Authority...

- Supports evidence as outlined by the World Health Organization (WHO), UNICEF, the Canadian Pediatric Society, Dietitians of Canada, and Health Canada recommending breastfeeding as the optimal method for feeding infants.
- Demonstrates a non-judgmental and supportive approach to providing families with the information required about feeding their baby regardless of their choice of feeding method.
- Provides education to families to support their ability to make an informed choice regarding feeding method. Provides education based on the client's identified learning needs.
- Remains committed to continuing to support and enhance the provision of breastfeeding services in the region.
- Promotes breastfeeding in the prenatal period, supports mothers to initiate breastfeeding in hospital (or in the care of the midwife) and to continue breastfeeding as per WHO/UNICEF guidelines.
- Seeks opportunities to create supportive environments to promote breastfeeding (e.g. in waiting or reception areas).

Community Area Initiation Rates

Eighty-three percent of women within the Winnipeg Health Region initiated breastfeeding in 2003-2004 (Appendix A). The WHRA aims to increase initiation rates by 2% over the next 2 years. This increase would secure an 85% initiation rate by Jan 2007.

Despite the fact that the overall initiation rates meets or exceeds national standards, breastfeeding initiation rates vary considerably between community areas. Some community areas are currently at very high levels. Efforts to promote improved initiation will be targeted to reach the population of the community areas with the lowest rates.

Duration

The Winnipeg Regional Health Authority (WRHA) in collaboration with Manitoba Health and other regional health authorities will continue to explore strategies to gather information on breastfeeding duration rates.

Strategic Pillars

A variety of strategies have been developed and implemented to support breastfeeding within the Winnipeg Health Region. Future-oriented universal and targeted strategies will focus on pregnant and delivering families in the region to ensure families have the information to make an informed choice, to raise awareness of breastfeeding as a cultural norm, and to ensure equal access to evidence-based information and community supports for breastfeeding families. Future oriented activities are dependent upon redirection of money to the community.

LEADERSHIP/POLICY

Current

- Regional Breastfeeding Guidelines have been drafted. These guidelines will be implemented across the continuum of health care pending approval.
- The Victoria Hospital/Public Health Breastfeeding Hotline was transferred to Health Links Info Santé.
- *Gaps remain related to workload for Public Health Nurses to provide support to women in the early postpartum period.*
- *Gaps remain related to workload for Public Health Nurses to be able to reach more prenatal women to provide education and referral to community resources.*
- *Some breastfeeding resources exist but gaps remain related to accessibility.*

Proposed 2005/2006 Plan

- Enhance Regional Breastfeeding Support Services to be provided at the individual and community level. Work with breastfeeding women to create peer supports across the region geared to prenatal and postpartum women.
- Develop a variety of strategies to increase contact with prenatal women/families to promote breastfeeding prior to delivery of the infant.
- Organize a strategic planning session related to infant feeding. Invite relevant WRHA service providers and community partners to participate in the planning process.

RESEARCH / EVALUATION

Current

- The breastfeeding clinic support model as provided in the River Height community area has been evaluated. An action plan is being developed to address information gathered through this survey.

- Ongoing evaluation of the utilization of the breastfeeding hotline services provided by Health Links Info Santé.
- *Gaps remain related to breastfeeding outcomes associated with the support received from current breastfeeding support services.*
- *Gaps remain related to baseline data available to measure regional breastfeeding duration levels.*

Proposed 2005/2006 Plan

- Explore processes to measure client satisfaction and breastfeeding outcomes for clients using regional breastfeeding support services.
- Explore opportunities and strategies to gather information to establish baseline information on breastfeeding duration within the WHR.

CAPACITY/EDUCATION/TRAINING/INCREASED AWARENESS

Current

- Provision of breastfeeding support through breastfeeding clinics.
- One-on-one assessment and support of breastfeeding families by Public Health Nurses in their home.
- A nursing position shared between Victoria Hospital, Fort Garry and River Heights community areas was created to provide breastfeeding support and consultation to clients and to hospital and public health nurses.
- Douglas College Breastfeeding Counselor Certificate courses have been provided to midwives and nurses from the hospital, Public Health, and Health Links Info Santé. Approximately one hundred staff has completed or are in the process of completing this course.
- Ongoing staff development support has been provided to Health Links Info Santé staff regarding the breastfeeding hotline.
- Regional Baby Friendly Network established.
- *Gaps remain related to workload for Public Health Nurses to identify and provide enhanced support, and relevant referrals for women and their families experiencing postpartum challenges such as breastfeeding issues and postpartum depression.*
- *Gaps remain related to ability to enhance breastfeeding support services across the continuum of care across the Winnipeg Health Region.*
- *Gaps remain related to staff orientation and staff development strategies, which are cross continuum and regional in nature.*

Proposed 2005/2006 Plan

- Establish an enhanced network of breastfeeding clinics across the community areas.
- Explore opportunities for social marketing strategies to promote breastfeeding.
- Develop written breastfeeding education material for the public.
- Develop strategies to promote breastfeeding initiation in the community areas with low rates.

- Provide staff development opportunities for health care providers throughout the region regarding breastfeeding guidelines. Develop interactive online breastfeeding learning modules for staff across the region.

Appendix A

BREASTFEEDING INITIATION

Community Area	Current Initiation Rate%	Proposed Initiation Rate by Jan 2007	% Increase / Community area
River Heights	90.5	90.5	0
Assiniboine South	89.9	89.9	0
St Boniface	89.6	89.6	0
Ft Garry	89.2	89.2	0
St Vital	88.6	88.6	0
St James Assiniboia	87.8	87.8	0
Transcona	84.0	88.0	4
River East	83.7	88.0	4.3
Seven Oaks	81.8	86.0	4.2
Downtown	75.3	79.0	3.7
Inkster	72.2	76.2	4.0
Point Douglas	68.3	72.1	3.8

* April 1, 2003 to March 31, 2004 in the Winnipeg Health Region.

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