

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.