

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.

REFERENCES

American Dietetic Association (2001). Position of the American Dietetic Association: Breaking the barriers to breastfeeding. *Journal of the American Dietetic Association*. 101(10), 1213-20.

Bourgoin, G., Berger, M., Dovigi, C., Lahaie, N., Rheaume, B., & Sahai, V. (1997). Factors Influencing the Duration of Breastfeeding in the Sudbury Region. *Canadian Journal of Public Health*. 88(4), 238-41.

Burntwood Regional Health Authority website www.brha.mb.ca (1999). (accessed September 25, 2004).

Guttman, N. & Zimmerman, D. (2000). Low-income mothers' views on breastfeeding. *Social Science & Medicine*. 50, 1457-73.

Hogan, S.E. (2001). Overcoming Barriers to Breastfeeding: Suggested Breastfeeding Promotion Programs for Communities in Eastern Nova Scotia. *Canadian Journal of Public Health*. 92(2), 105-8.

Martens, P. (2002). Increasing Breastfeeding Initiation and Duration at a Community Level: An Evaluation of Sagkeeng First Nation's Community Health Nurse and Peer Counselor Programs. *Journal of Human Lactation*. 18(3), 236-46.

Martens, P. (1997). Prenatal Infant Feeding Intent and Perceived Social Support for Breastfeeding in Manitoba First Nations Communities: A Role for Health Care Providers. *International Journal of Circumpolar Health*. 56, 104-120.

Martens, P., Cheang, M., Phillips, S., & Rosolowich, V. (2000). How Baby-friendly are Manitoba Hospitals? The Provincial Infant Feeding Study. *Canadian Journal of Public Health*. 91(1), 51-7.

Martens, P., Derksen, S., Mayer, T., & Walld, R. (2002). Being Born in Manitoba- A Look at Perinatal Health Issues. *Canadian Journal of Public Health*. 93(2), S33-8.

Sheehan, D., Bridle, B., Krueger, P., Sword, W., & Watt, S. (2001). The Ontario Mother and Infant Survey: Breastfeeding Outcomes. *Journal of Human Lactation*. 17(3), 211-19.

World Health Organization (1989). Protecting, Promoting, and Supporting Breastfeeding: The Special Role of Maternity Services. Geneva: A Joint WHO/UNICEF Statement.

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

5. Organization:

- Co-Chairs:
 - i. Elected from the membership
 - ii. Call the meeting and set the agenda
 - iii. Forward recommendations made by the Committee to the BRHA Director, Health Programs
 - iv. Shall maintain all minutes
 - v. Prepare fiscal year annual report
- Secretary
 - i. Appointed at beginning of each meeting
 - ii. 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.