



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.