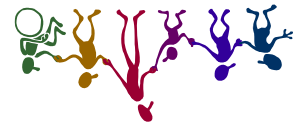




NOR-MAN Breastfeeding Deliverable Review January 2006



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.