

**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**

<b>RHA</b> 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.	<b>Manitoba Health</b> 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.
<b>Time Frame</b> 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**

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

**RESOURCE BARRIERS**

- Funding for initial start up of Breastfeeding Initiative delayed.



South Eastman Regional Health Authority  
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

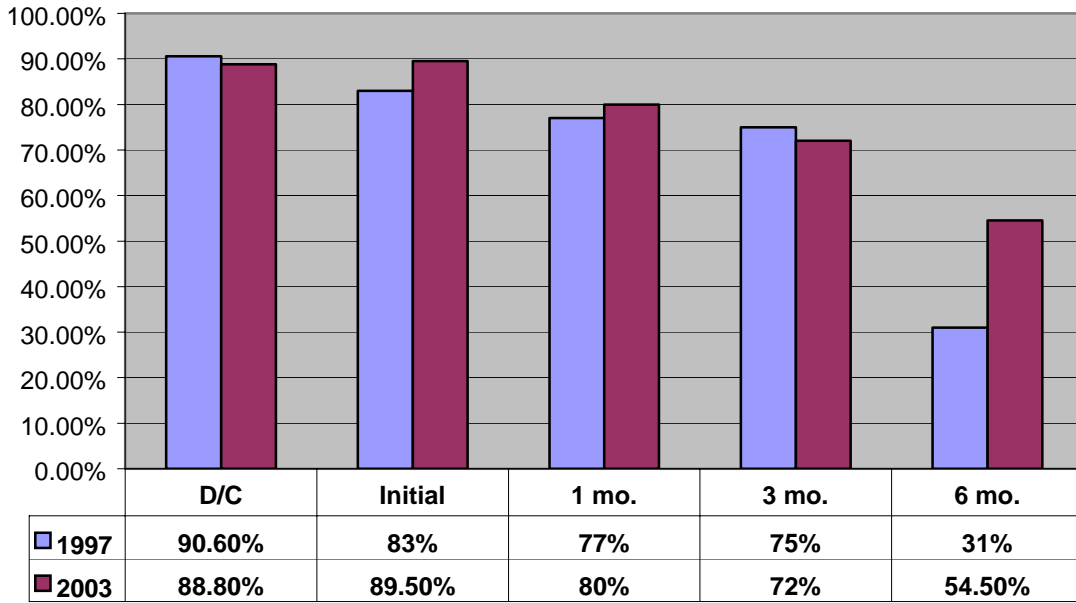
**Table 1.** Breastfeeding Status across First Six Months Postpartum, South Eastman, 2003.

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

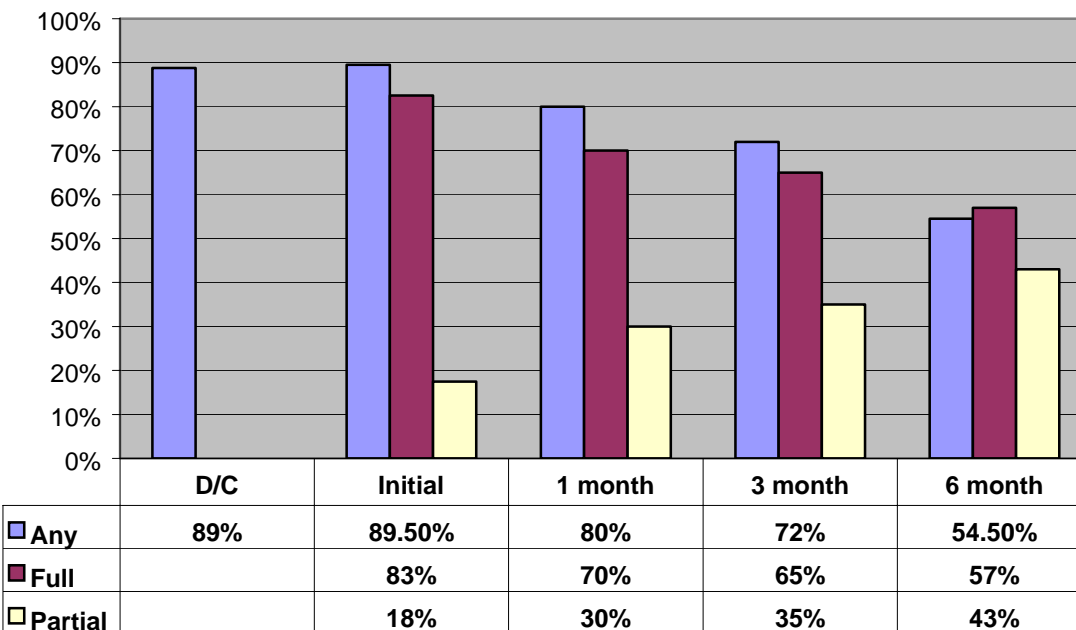
**Table 2.** Breastfeeding Status across First Six Months Postpartum, South Eastman, 2003.

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

**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.**

