BREASTFEEDING IN MANITOBA

Provincial Strategy and Framework

September 2006

Provincial Breastfeeding Framework 2005/06

Vision

VISION

Babies in Manitoba are breastfed.

Mission

MISSION

To contribute to an increase in breastfeeding and exclusive breastfeeding in Manitoba by engaging Manitobans in making breastfeeding a priority and the normal nutritional choice for babies.

Objective

OBJECTIVE

To increase breastfeeding initiation.

OBJECTIVE

To increase exclusive breastfeeding to 6 months and breastfeeding duration to one year and beyond.

Approach / Principles

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 80% at hospital discharge
- Breastfeeding rates of 60% at 2 months, 50% at 4 months and 40% at 6 months and 20% at one year.

Targets

- Increase BF initiation at hospital discharge by 2%.
- Increase exclusive breastfeeding at 6 months by 2%.
- Increase breastfeeding duration at 6 months and one year by 2%.

Activities

- Draft Breastfeeding Provincial Policy framework
- Implement Breastfeeding Performance Deliverable.
- Breastfeeding clinical practice guidelines
- Breastfeeding education, resources and awareness
- Breastfeeding surveillance and data collection

Key Settings

Home

School

Workplace

Hospitals

Community

Business

Target populations

Pregnant Women

Mothers

Women

Youth

Aboriginal

Health professionals

Governments/ RHAs

Media

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Breastfeeding is part of Manitoba's Healthy Living Vision:

The prevention of illness, disease, injury and the promotion of health and wellbeing are important components of the continuum of health services. 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 choices about personal health practices such as healthy eating, not smoking and being physically active. For governments and communities, Healthy Living means making those choices easier choices, through 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.

The focus of Manitoba's Healthy Living ministry is on preventing people from becoming sick or injured and thus requiring services of the health care system. In so doing it emphasizes health promotion and public awareness of healthy behaviours and best practices, and works in partnership with government and the community to address barriers impacting healthy living. It will also consider the reasons why healthy choices aren't always easy choices and work to help communities overcome barriers to healthy living.

Baby Friendly Manitoba:

In 2001, Manitoba Healthy Living initiated the Baby Friendly Manitoba Committee as the provincial authority for supporting the Baby Friendly Initiative (BFI). The committee is chaired by Manitoba Healthy Living, and has representation from each of the province's 12 Regional Health Authorities (RHAs) as well as independent expert members. Representatives of the RHAs were identified based on their expertise and acting as catalysts and information resources about breastfeeding and the Baby Friendly Initiative for both hospital and community sectors. Each RHA has formed structures to develop and support breastfeeding initiatives in the region and to promote Baby Friendly Manitoba activities.

- Baby Friendly Manitoba Committee activities include:
  - Developing and sharing information and strategies to promote the Baby Friendly Initiative in communities, community programs and health facilities in Manitoba;
  - Acting as a catalyst and information resource to promote breastfeeding;
  - Networking with hospitals to promote breastfeeding and work towards BFI accreditation
  - Linking with the Breastfeeding Committee of Canada and other national partners;
  - Increasing community awareness of the importance of breastfeeding to the individual and society;

Recent Activities include:

- Baby Friendly Manitoba conferences
- Breastfeeding Resource Binder and Clinical Practice Binder
- Breastfeeding information on the Healthy Living website, including PowerPoint resources

- Manitoba breastfeeding poster, crib cards and measuring tapes, and a magnet for new mothers that provides information about breastfeeding their newborn infant
- Breastfeeding Clinical and Research Rounds using the tele-health network
- Breastfeeding Performance Deliverable
- Preliminary information is being developed for Clinical Practice guidelines on breastfeeding.

The Breastfeeding Deliverables Process

In the fall of 2002, Manitoba Health and Healthy Living initiated a performance deliverable initiative. The purpose of the initiative was to set measurable expectations for RHAs and other funded health care organizations to focus improvements on key health issues and improve reporting on those issues to increase accountability. Breastfeeding was identified as a key deliverable. The deliverable specified that RHAs develop frameworks and activities to improve breastfeeding rates. Additionally, RHAs were asked to target percentage improvements in breastfeeding initiation, duration and exclusive breastfeeding to six months as recommended by Health Canada.

A Breastfeeding Performance Deliverable Network was formed to support the development of RHA Breastfeeding Frameworks and target setting. The Network is chaired by Manitoba Healthy Living and has representatives from each RHA who have been identified as leads for the breastfeeding performance deliverable. All correspondence regarding performance deliverables is copied to identified VPs or CEO in the RHA as well as to the Director of the Healthy Populations branch.

A background document was provided to RHAs to assist in setting targets for percentage increases around breastfeeding initiation, duration and exclusive breastfeeding. Manitoba Healthy Living provided a Provincial Breastfeeding Framework which included best practices, targets and activities.

RHAs developed and submitted regional frameworks which were submitted to Healthy Living in 2005. Detailed reports outlined activities conducted to date as RHAs implemented their coordinated approach to breastfeeding promotion and support within each region. As well, RHAs provided a Regional Breastfeeding Framework that reflects the target increases approved in their region.

Regional Breastfeeding Frameworks have been included as part of the overall Provincial Breastfeeding Framework and Strategy as these initiatives move forward together. The Breastfeeding Performance Deliverable Network continues to meet to share best practices and plan regional and provincial activities to improve targeted breastfeeding rates.

Following are the breastfeeding deliverable frameworks of the Province of Manitoba and each Regional Health Authority. The full RHA Frameworks and Strategy document may be found online at http://www.gov.mb.ca/healthyliving/bf.html

The Manitoba Breastfeeding Framework:

Vision: Babies in Manitoba are breastfed.
"Breastfeeding is the optimal method of feeding infants. Breastfeeding may continue to up to 2 years of age and beyond." (Canadian Pediatric Society, Dieticians of Canada, and Health Canada 1998, pp.3, 5.)

Mission: To contribute to an increase in breastfeeding and exclusive breastfeeding in Manitoba by engaging Manitobans 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 (see Appendix 1).

Objectives:

1. To increase breastfeeding initiation.

2. To increase exclusive breastfeeding to 6 months and breastfeeding duration to up to two years and beyond.

Goals have been drawn from recommendations by WHO, UNICEF and Health Canada (see Appendix 1)

Breastfeeding Definitions
Breastfeeding definitions have been drawn from Health Canada "Exclusive Breastfeeding Duration 2004 Recommendations and from the Breastfeeding Committee for Canada (BCC).

> **Breastmilk includes** breastfeeding, expressed breastmilk or donor milk and undiluted drops or syrups consisting of vitamins, mineral supplements or medicines.
>
> **Exclusive breastmilk** – based on the WHO definition[1] refers to the practice of feeding only breast milk (including expressed breastmilk) and allows the baby to receive vitamins, minerals or medicine. Water, breastmilk substitutes, other liquids and solid foods are excluded.
>
> Exclusive breastfeeding is recommended for the first six months of life for healthy term infants, as breast milk is the best food for optimal growth. Infants should be introduced to nutrient-rich solid foods with particular attention to iron at six months with continued breastfeeding for up to two years and beyond.

Approach/Principles:
Population Health Approach:
A comprehensive population health approach emphasizes positive health activities and illness prevention measures. Population health is a holistic approach to health that aims to improve the health of the entire population and to reduce health inequities among populations. The population health

[i] *World Health Organization (WHO). Promoting proper feeding for infants and young children. 2004 Geneva Global Strategy for Infant and Young Child Feeding. http://www.who.int/nutrition/topics/infantfeeding/en/*

approach includes the recognition that many factors--known as determinants of health--influence individual health and well-being. The determinants of health include the following.

- Income and Social Status
- Social Support Networks
- Education and Literacy Levels
- Employment / Working Conditions
- Social Environment
- Physical Environment
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biological and Genetic Development
- Health Services
- Gender
- Culture

In short, the population health approach attempts to positively influence conditions that enable people to make healthy choices, as well as offering services that promote and maintain health.

Supportive of the Baby Friendly Initiative:
The Baby Friendly Initiative is an international ten step program established in 1992 by World Health Organization (WHO) and UNICEF to promote, support and protect breastfeeding worldwide in hospitals and in the community. Although there are over 14,000 designated Baby Friendly Hospitals and birthing centres worldwide, there are only four that have been designated in Canada. There are four Baby Friendly Community Health Services in Canada. As the National authority for the WHO / UNICEF Baby Friendly Initiative in Canada, the Breastfeeding Committee for Canada (BCC) has the goal of implementation of the BFI across the country over the next three years. Information on the Baby Friendly Initiative has been posted on the Healthy Living website at http://www.gov.mb.ca/health/nutrition/bfi2.html

Strategic Pillars:
The framework incorporates three main pillars. Provincial activities are grouped under these pillars.

1. Leadership and Policy Development
2. Surveillance, Research and Evaluation
3. Capacity Building:
   - Education and training
   - Programming
   - Sustainability

Key Setting and Target Populations
Key settings include:

- Home
- School
- Workplace
- Hospitals
- Community
- Businesses

Priority populations have been identified as including:

- Pregnant women
- Mothers
- Women
- Youth
- Aboriginal peoples
- Health professionals
- Government / RHAs
- Media

Goals:

Provincial goals have built upon the strategic work done by other jurisdictions that have gone through processes to establish their breastfeeding specific strategic plans and improvement targets.

A table is provided below which summarizes the breastfeeding initiation and duration data found from these jurisdictions. *Please note that data may provide statistics from all or part of the country or may be approximate because of missing data:*

Country	*Year*	*Initiation*	*1 mo*	*6 wks*	*3 mo*	*6 mo*	*12 mo*	*Rate of increase (initiation only)*
Australia	*1995*	*84%*			*61%*	*49%*		
	2000				*54%*	*32%*		
Target	*2003*	*90%*				*80%*		*2% per year*
New Zealand	*2002*			*65.1%*	*33%*			
	2003	*93.8%*		*69%*	*36%*			
Target	*2005*			*74%*	*57%*	*21%*		
	2009			*90%*	*70%*	*27%*		*2-6% per year*
U.K.	*2000*	*69%*	*44%*			*23%*		*1995 – 2000 3-8% depending on area*
Norway	*2002*		*97%*		*88%*	*80%*	*20%*	
U.S.A.	*1995*	*59.7%*			*21.6%*			
	1998	*64%*				*29%*	*16%*	

	2000	*68.4%*			*31.4%*	*17.6%*		
	2002	*70.1%*			*33.2%*	*19.7%*		
	2010	*75%*				*50%*	*25%*	

Targets:

The provincial targets were derived from the data found in the report "The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health and Health Care Use". Breastfeeding data from this report is broken down by RHA and can be accessed on-line at http://www.umanitoba.ca/centres/mchp/rha/rha2002/.

Manitoba has a breastfeeding initiation rate of 79.67% for the time period of 1996-2000. This represents a 3.92% increase in breastfeeding initiation from the previous four year time period of 1991-1995. All but one RHA in Manitoba experienced an increase in initiation rates over this ten year period (see table below).

Based on this data, it is anticipated that a 2% annual increase in initiation, exclusive breastfeeding at 6 months and duration of breastfeeding at 6 months and one year is an ambitious, but still achievable target.

RHA	Crude rate per 1000 1991-1995	Crude rate per 1000 1996-2000	% change between periods
South Eastman	84.00%	88.56%	4.56%
South Westman	80.21%	82.40%	2.19%
Brandon	75.30%	78.65%	3.35%
Central	82.65%	83.49%	0.84%
Marquette	78.66%	80.34%	1.68%
Parkland	64.82%	70.62%	5.80%
Interlake	76.13%	79.12%	2.99%
North Eastman	64.23%	69.11%	4.88%
Burntwood	62.88%	65.23%	2.35%
Churchill	87.30%	79.27%	-8.03%
Nor-Man	61.59%	63.71%	2.12%
Winnipeg	77.31%	82.33%	5.02%
Manitoba	75.75%	79.67%	3.92%

Provincial Activities:

Activities have been grouped under the Strategic Pillars.

1. Leadership and Policy Development:
   - establish a provincial breastfeeding committee
   - complete and adopt a provincial breastfeeding strategy

2. Surveillance, Research and Evaluation:
    - enhance surveillance on breastfeeding duration and exclusivity
    - identify priorities in research
    - establish system for dissemination of results
    - encourage evaluations of programs

3. Capacity Building:
    - Education and Training
        - support to professionals and RHAs regarding breastfeeding best practices and approaches
        - develop clinical practice guidelines for consideration by health care professional bodies
        - provide breastfeeding training regarding specific topics, programs and approaches via conferences and research rounds

    - Programming
        - disseminate information from national and international sources to regional planners
        - public awareness activities

    - Sustainability
        - explore options for long term resource development and sharing
        - provide opportunities for practitioners to learn and share

Appendix 1

Breastfeeding Recommendations in the Medical Literature:

Scientific evidence clearly shows that exclusive and sustained breastfeeding has numerous health benefits for both the mother and her child. It is the best form of infant feeding and it should be promoted and supported by hospital and community health practitioners. Breastfeeding provides optimum nutrition for infants and contributes to their healthy growth and development. Breastmilk reduces the incidence and severity of infectious diseases and in turn lowers infant morbidity and mortality. In addition to contributing positively to infant health, breastfeeding also reduces the risk of breast and ovarian cancer for the mother and it increases space between pregnancies.[1]

Breastfeeding success is improved by specific knowledge and support, limiting the availability of formula, discontinuing promotions from formula companies, informing the mother pre, during, and post birth, and allowing 24-hour contact for babies and mothers.[1, 2, 3]

The World Health Organization and UNICEF have implemented many standards and initiatives to help promote breastfeeding worldwide. The Baby-Friendly Hospital Initiative was created in 1991 and is based on a 10-step process established by these two organizations to regulate breastfeeding practices throughout the world. [2, 4]

Breastfeeding initiation: It is recommended that breastfeeding be initiated as early as possible. Skin-to-skin contact between the mother and infant within the first hour following birth results in a mean duration that is 2.5 months longer than the duration in maternal-infant pairs that are not afforded the same early contact. [2, 5, 6, 7]

Breastfeeding duration: Health Canada and the World Health Organization recommend that exclusive breastfeeding is recommended for the first six months of life, as it provides all the nutrients, growth factors, and immunological components a healthy term infant needs. It is also recommended that breastfeeding should be continued for up to two years and beyond with the introduction of iron-rich solid foods after six months. [2, 8]

Exclusivity: The World Health Organization recommends that exclusive breastfeeding, where the infant only receives breastmilk without any additional food or drink not even water for six months, is the optimal way of feeding infants. [9]

Formula Use and Supplementation: As recommended by the WHO and UNICEF newborns should not be given food or drink for the first six months as it is nutritionally unnecessary, with exception to newborns that require supplementation for medical reasons.[2, 9] The Canadian Paediatric Society recommends breastfed infants to receive vitamin D daily, until weaned. Fluoride supplementation should be received daily for infants between the ages of six months and two years only if they are living in areas where household water supply contains less than 0.3ppm fluoride. Iron supplementation for the first six months is only needed for full term infants who are not breastfeeding. It is not necessary beyond that time as the solid foods usually provide sufficient levels of iron.[8, 10]

Prescription Drug Use: There are a few medications that mothers may need to take that may make it necessary to interrupt breastfeeding temporarily including; radioactive isotopes, antimetabolites, and cancer chemotherapy agents.[11, 12]

Breastfeeding support: Mothers need current information regarding the normal management of breastfeeding, medications and their effect on the breastfeeding infant, and assessment and information on managing concerns like sore nipples, plugged ducts, and mastitis. Medical indications for supplementation, guidelines for hypoglycemia, and indications for referral to public health, lactation consultants, and peer support groups are needed.[7, 13]

Benefits of Breastfeeding: Breastfeeding provides benefits to the baby, mother, family, health care community, and environment. It not only provides optimal nutrition and emotional nurturing for the child and mother, but it also provides positive economic advantages to both families and society.[14] Successful implementation of a breastfeeding guideline will benefit in the following ways:

The mother

- Reduces the risk of breast cancer and ovarian cancer [4, 9, 13, 15, 16, 17]
- Increased bone density offering protection for some women against osteoporosis [4, 17,18,]
- Reduces the risk of hip fractures later in life [17]
- Rapid uterine involution [10, 17]
- Helps reduce post-natal weight gain by using extra calories [2, 8, 10, 16, 17]
- Helps delay post-natal menstruation and helps increase the spacing between pregnancies [2, 8, 9, 13, 17]
- Less postpartum bleeding [8, 17]

The child

- Early initiation of breastfeeding ensures that infants learn to suck properly, which results in a more complete and effective feeding and longer breastfeeding duration
- Lowers the incidence of the following:
    - Allergies and asthma [4, 13, 16, 17]
    - Bacteremia and meningitis [16, 17]
    - Botulism [14]
    - Childhood lymphoma [13, 17]
    - Juvenile diabetes [13, 17]
    - Gastrointestinal infections [4, 8, 13, 16]
    - Inflammatory bowel disease [4]
    - Iron deficiency anemia in infants under six months [19]
    - Necrotizing enterocolitis [16, 17]
    - Otitis media [4, 8, 16, 17]
    - Urinary tract infection [17]
- Reduces the risk of sudden infant death syndrome [4, 16, 17]
- Reduces atopic disease [13, 16]
- Reduces the chance of obesity later in life [4, 20, 17, 21, 22]
- Can result in fewer dental problems later in life such as braces and cavities [16]
- Can result in increased intelligence [4, 13, 16, 17]

The environment and society

- Reduces the amount of packaging (tin, paper, and plastic) [16]

- Cuts down on bottles, nipples, disposable liners, and feeding equipment [16]
- Reduces the use of energy resources in the preparation of formula (electricity, water, gas) [16]
- Economic savings for the family from the cost of purchasing infant formula [14]
- Reduced employee absenteeism related to child illnesses [16]
- Reduced healthcare costs from fewer physician and hospital visits [16, 23]

The health care community

Information sharing and support for breastfeeding in Manitoba hospitals will give consistency and proper implementation and control of procedures, quality assurance by meeting international standards, increased morale and satisfaction of staff and families, and economic advantages by saving on formula, bottles, and feeding equipment and prevention against infant illnesses.

Cessation of breastfeeding has been shown to increase infant risk for these diseases:

- Type 2 Diabetes – Infants who are exclusively breastfed have lower plasma glucose levels and higher levels of long-chain polyunsaturated fatty acids than those who are bottle-fed. This plays a role in the development of insulin resistance. [24]

- Asthma – Exclusive breastfeeding has a substantial protective effect against respiratory illness in the first six years of life. [25]

- Atopic Diseases – Exclusive breastfeeding for four months or longer provides a protective effect against atopic diseases until at least five years old. [25]

Drugs: Most drugs are compatible with breastfeeding and do not pose a risk to infants. Antineoplastics, anticonvulsants, drugs of abuse, and ergot alkatoids are considered to be generally incompatible with breastfeeding. [11, 12]

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Objective

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Approach / Principles

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 80% at hospital discharge
- Breastfeeding rates of 60% at 2 months, 50% at 4 months
- and 40% at 6 months and 20% at one year.

Targets

- Increase Breastfeeding initiation at hospital discharge by 2%.
- Increase exclusive Breastfeeding at 6 months by 2%.
- Increase Breastfeeding duration at 6 months and one year by 2%.

Activities

- Draft Breastfeeding Provincial Policy Framework
- Implement Breastfeeding Performance Deliverable.
- Breastfeeding clinical practice guidelines
- Breastfeeding education, resources and awareness
- Breastfeeding surveillance and data collection

Key Settings

Home

School

Workplace

Hospitals

Community

Business

Target populations

Pregnant Women

Mothers

Women

Youth

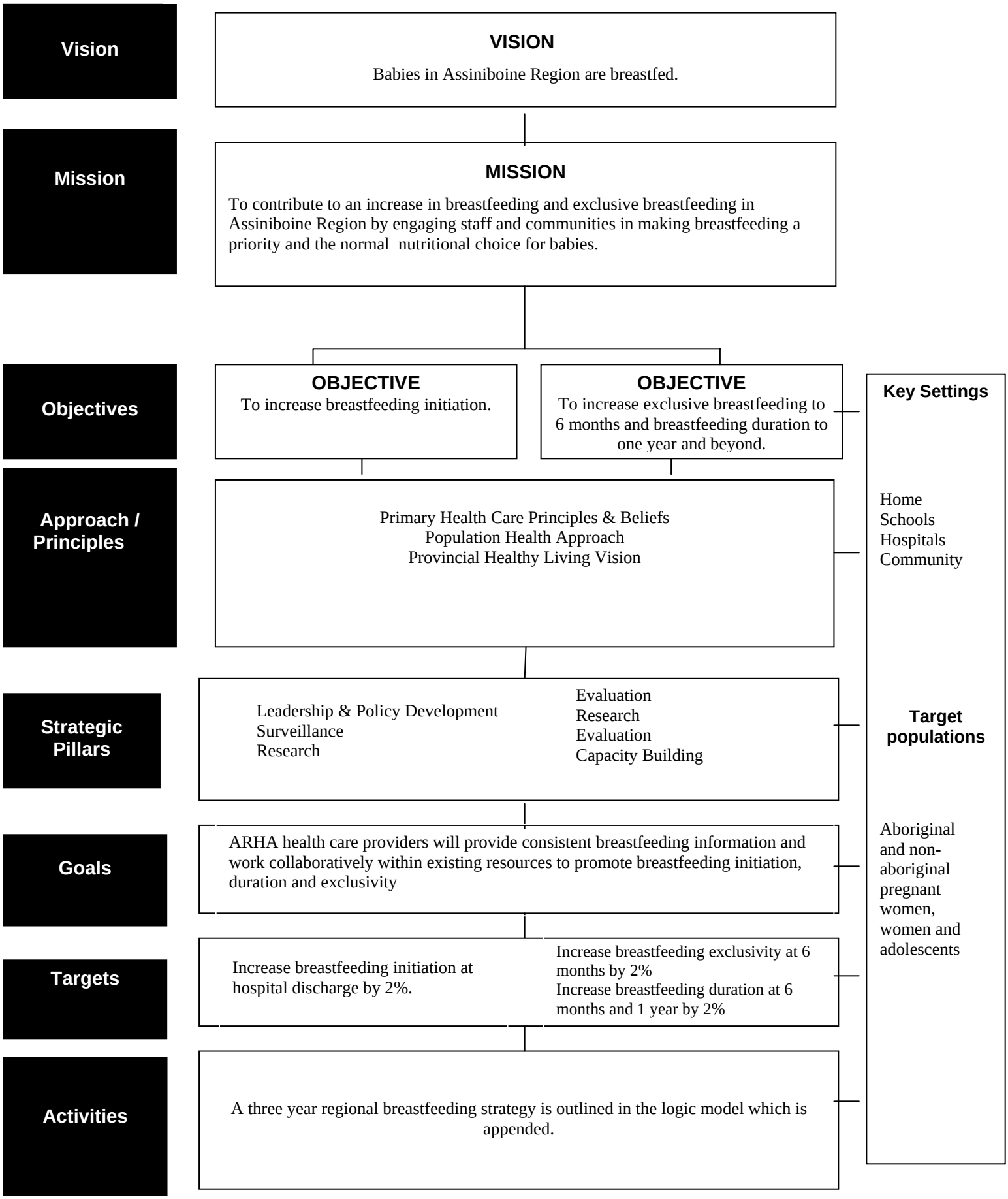
Aboriginal

Health professionals

Governments/ RHAs

Media

Assiniboine Regional Breastfeeding Framework 2005/06



Brandon RHA Breastfeeding Framework 2005/06

Vision

VISION

Babies in the Brandon region are breastfed.

Mission

MISSION

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.

Objectives

OBJECTIVE

To increase breastfeeding initiation.

OBJECTIVE

To increase exclusive breastfeeding to 6 months and breastfeeding duration to up to two years and beyond.

Approach / Principles

POPULATION HEALTH APPROACH

-Comprehensive -Culturally appropriate -Multi-sectoral

-Evidence-based -Partnerships and shared responsibility

-Supportive of the Baby Friendly Initiative - Promotes, supports and protects BF

Strategic Pillars

- **Leadership and Policy Development**
  - Reorienting health services
  - Building healthy public policy
- **Surveillance, Research & Evaluation**
- **Capacity building** including education & training, programming, sustainability and community capacity:
  - Create supportive environments
  - Strengthen community action
  - Develop personal skills

Goals

- Increase breastfeeding initiation rates at hospital discharge by 1.4% (80%)
- Develop a client-centred, evidence-based and sustainable implementation plan.
- Increase breastfeeding rates at 2, 4, 6, 12 and 18 months by 2%.

Targets

- **Increase BF initiation at hospital discharge by 1.4%**
- **Increase exclusive BF at 6 months by 2%.**
- **Increase BF duration @ 6 months, one year and 18 months by 2%.**

Activities

Effective data collection and monitoring, establish local trends and issues, develop public awareness campaigns, support community capacities, initiate pilot projects based on best practice, deliver educational sessions to health care professionals and community advocates, strengthen current partnerships and establish new ones, public celebrations.

Key Settings

Homes

Schools

Workplaces

Health related

Community

Businesses

Target populations

Women (15 – 45 years)

Pregnant women & mothers

Aboriginal, immigrant & refugee populations

Health professionals

Governments/ RHAs

Media

BURNTWOOD RHA Breastfeeding Framework 2006/07
(January 2006)

Vision

VISION

Babies in the Burntwood Region are breastfed.

Mission

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

OBJECTIVE

To increase breastfeeding initiation

OBJECTIVE

To increase exclusive breastfeeding to 6 months and breastfeeding duration to up to two years and beyond.

Approach / Principles

Population Health Approach

Comprehensive	Evidence-based (Best Practices)
Culturally appropriate	Supportive of the Baby Friendly Initiative
Multi-sectoral	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 BF 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 quarterly (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 BF promotion, protection, and support of breastfeeding.

Key Settings

Home

School

Workplace

Hospitals

Community

Businesses

Target populations

Pregnant Women

Mothers

Women

Youth

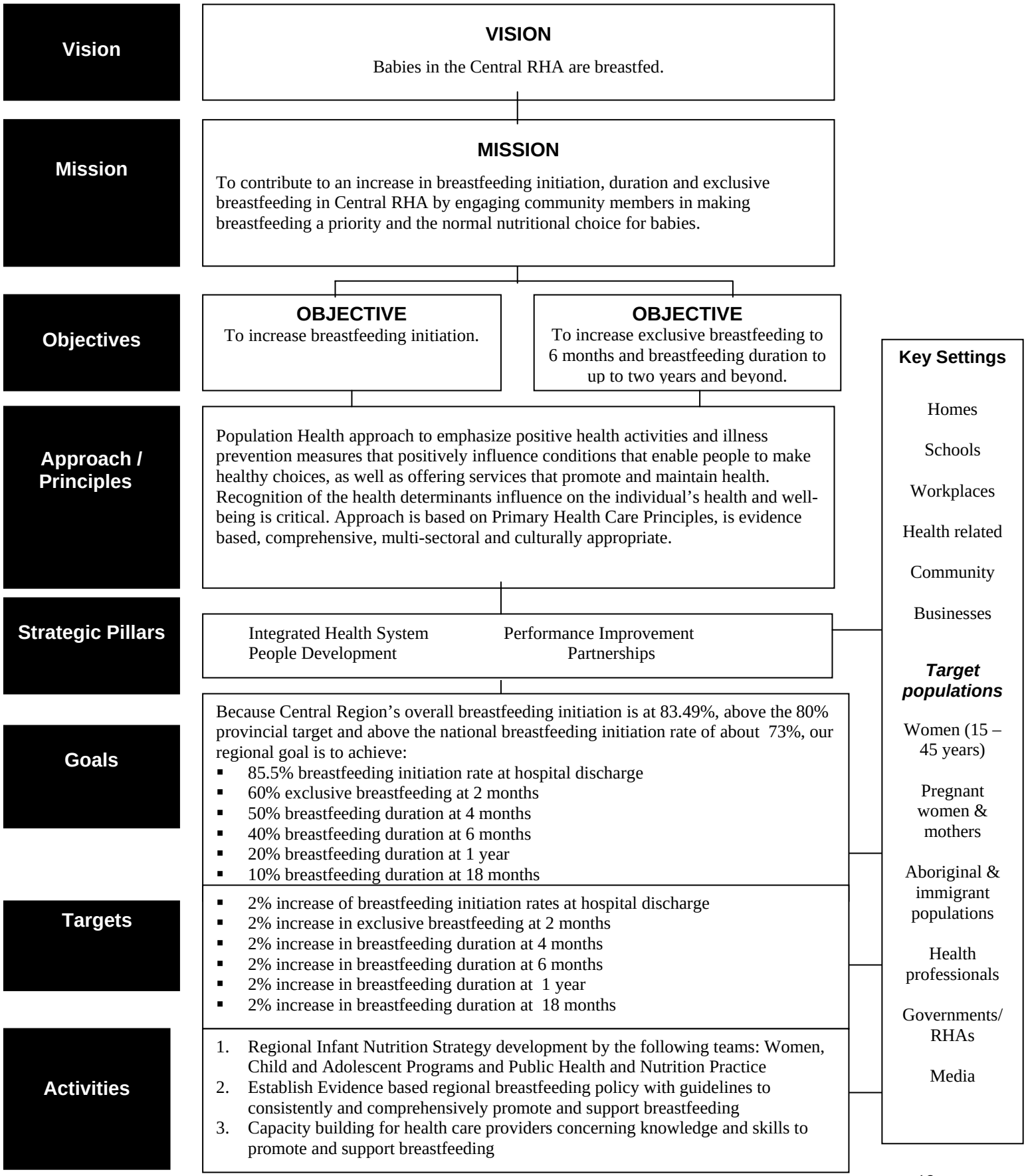
Aboriginal

Health Professionals

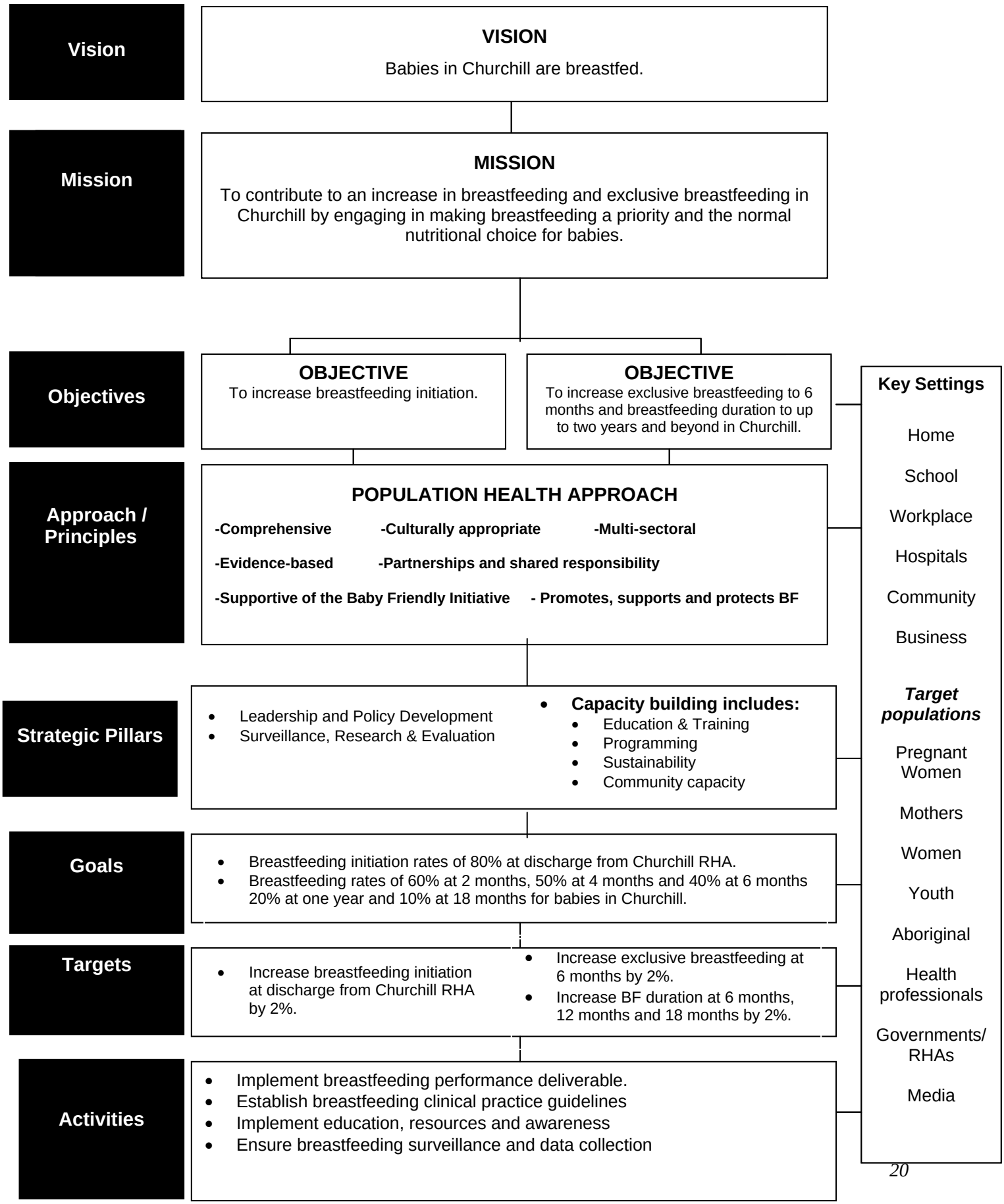
Government / RHA

Media

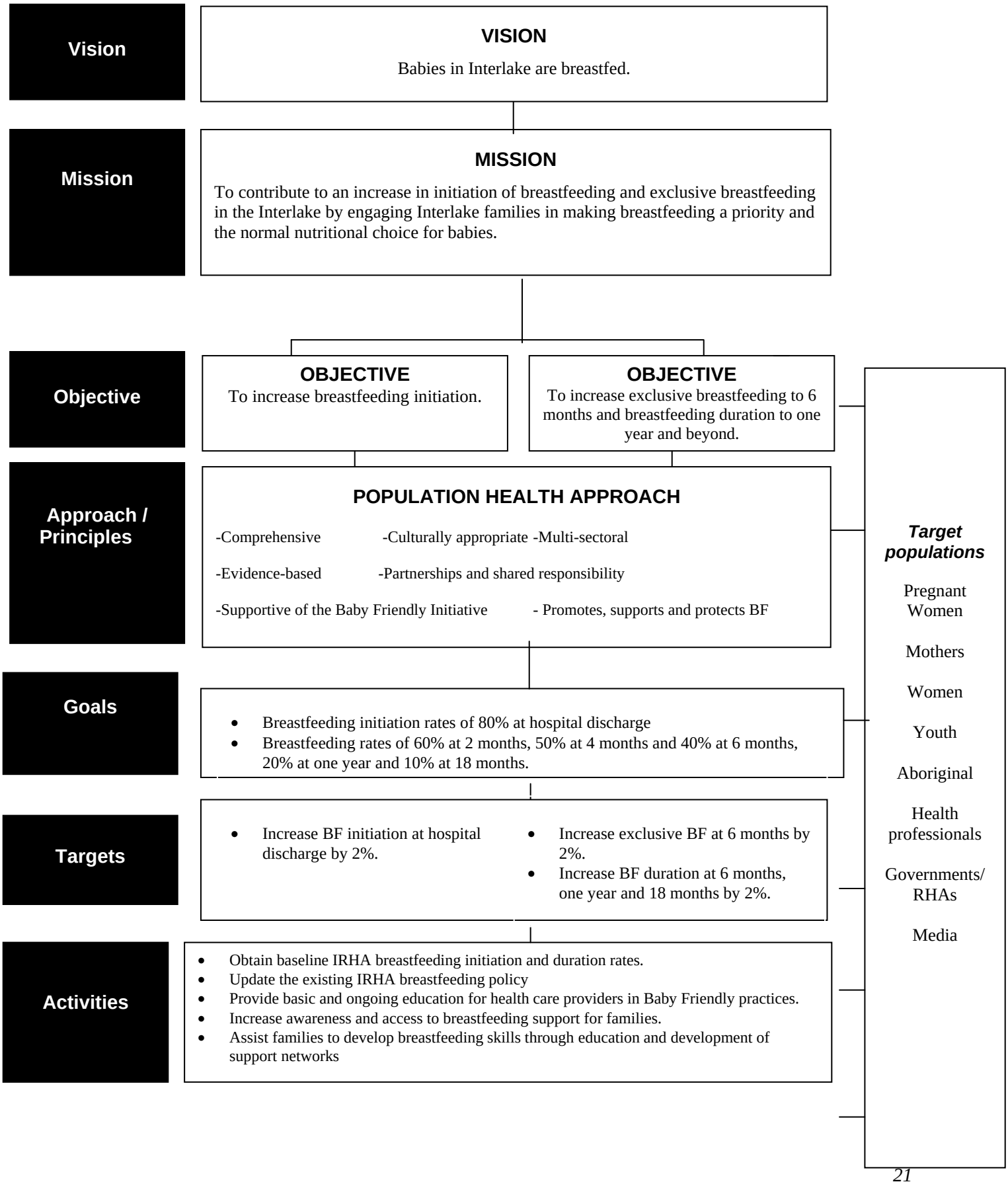
Central RHA Breastfeeding Framework 2005/06



Churchill RHA Breastfeeding Framework 2005/06

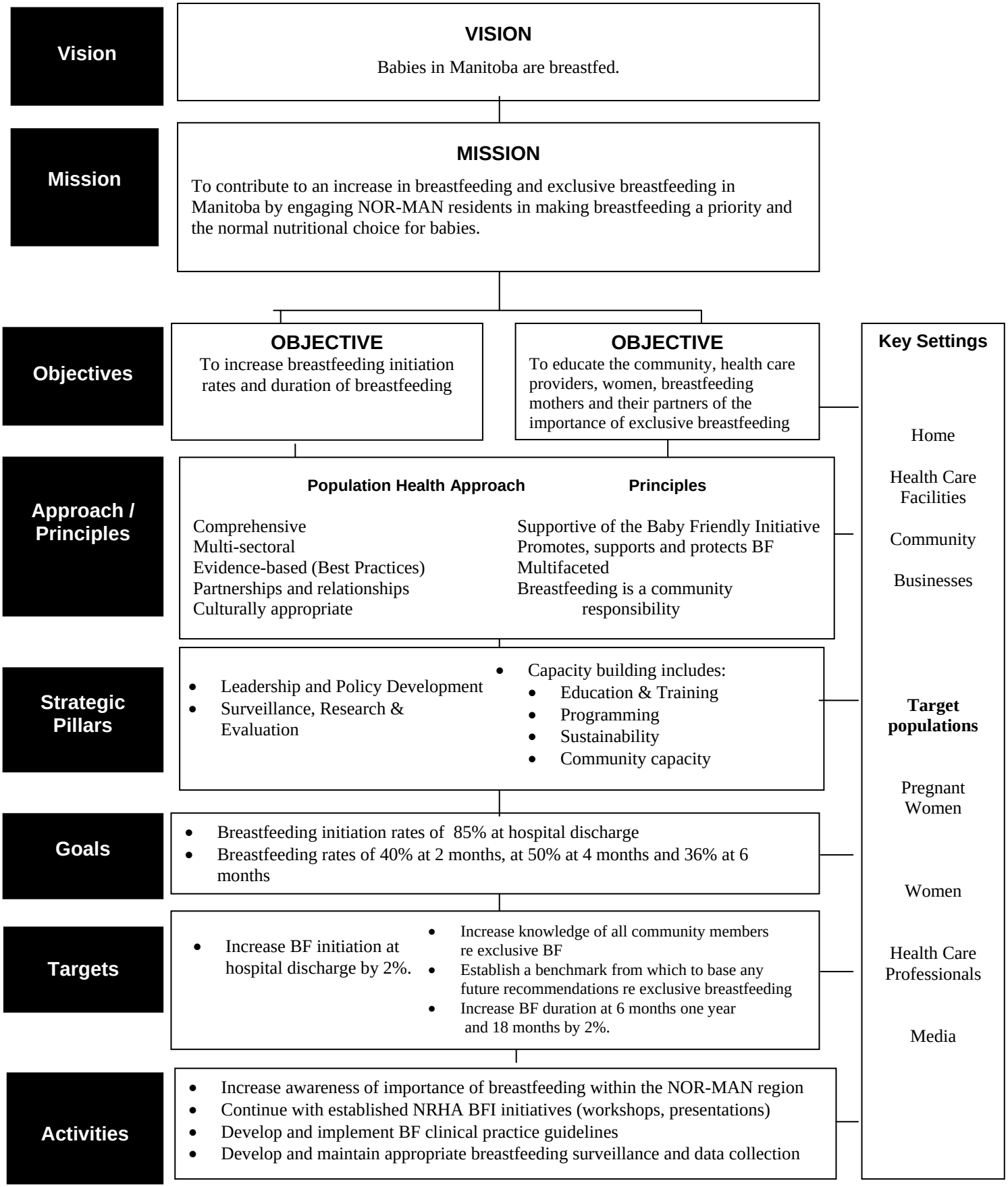


Interlake RHA Breastfeeding Framework 2005/06



NOR-MAN RHA Breastfeeding Framework 2006/07

(January 2006)



North Eastman RHA Breastfeeding Framework 2005/06

Vision

VISION

Babies in North Eastman are breastfed.

Mission

MISSION

To contribute to an increase in breastfeeding initiation, duration and exclusive breastfeeding in North Eastman by engaging the residents of North Eastman in making breastfeeding a priority and the normal nutritional choice for babies.

Objectives

OBJECTIVE

To increase breastfeeding initiation.

OBJECTIVE

To increase exclusive breastfeeding to 6 months and breastfeeding duration to up to two years and beyond.

Approach / Principles

POPULATION HEALTH APPROACH

-Comprehensive -Culturally appropriate -Multi-sectoral

-Evidence-based -Partnerships and shared responsibility

-Supportive of the Baby Friendly Initiative - Promotes, supports and protects BF

Strategic Pillars

- Leadership and Policy Development
- Surveillance, Research & Evaluation
- Capacity building includes:
  - Education & Training
  - Programming
  - Sustainability
  - Community capacity

Regional Goals

- Breastfeeding initiation rates of 90% at hospital discharge
- Breastfeeding rates of 70% @ 2 months, 60% @ 4 months & 50% @ 6 months, 30% @ 1 year, and 20% @ 18 months.

Regional Targets

- Increase prenatal education regarding breastfeeding to potentially increase initiation rates at birth.
- Increase BF duration at 6 months, one year and 18 months by 2% or as determined by collection of baseline data.

Regional Interventions

See Intervention / Strategies attachment.

Key Settings

Home

School

Workplace

Hospitals

Community

Business

Target populations

Pregnant Women

Mothers

Women

Youth

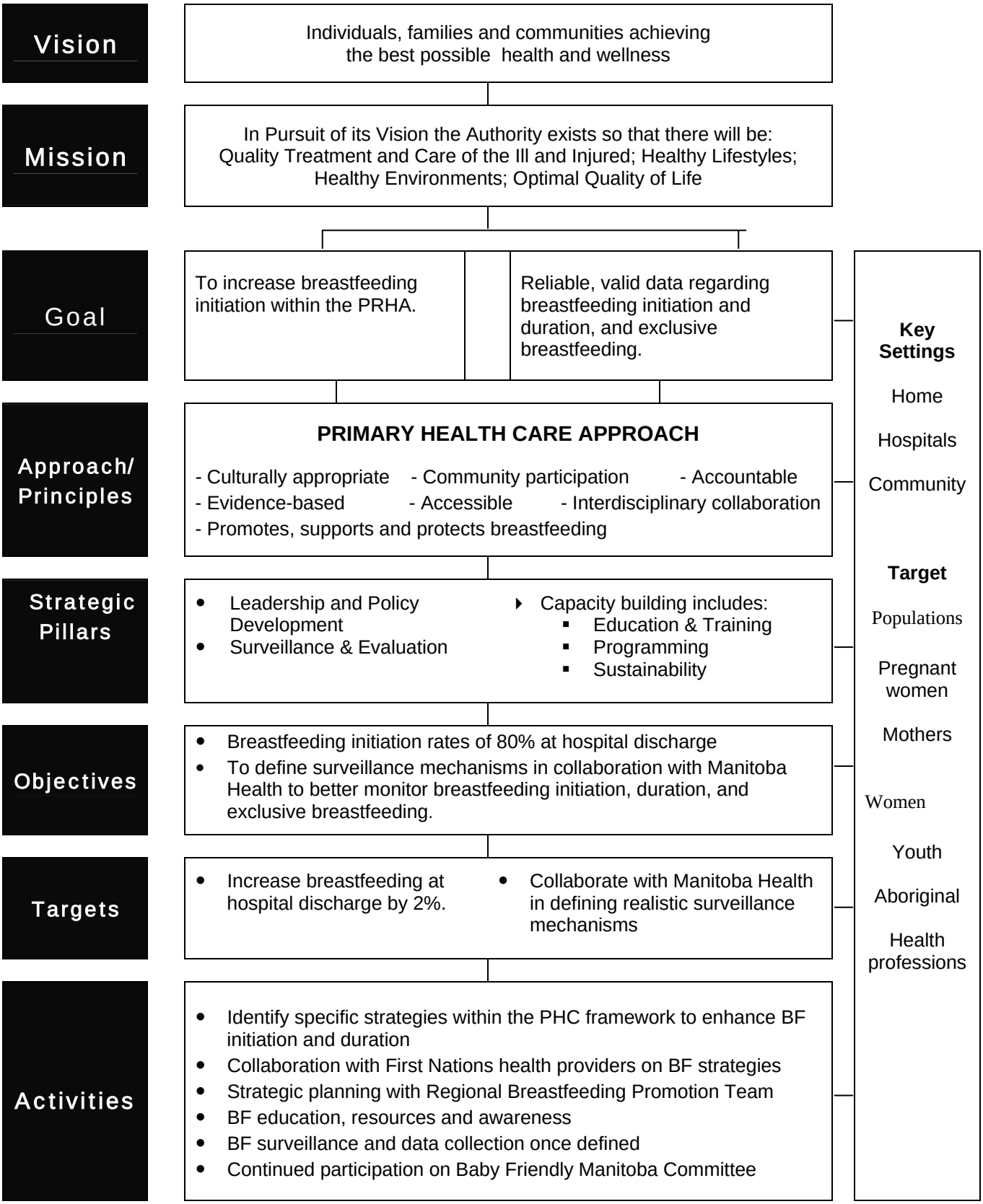
Aboriginal

Health professionals

Governments/ RHAs

Media

Parkland Regional Health Authority Breastfeeding Framework 2005/06



South Eastman Regional Health Authority Breastfeeding Framework 2005/06

(January 28, 2005)

Vision

VISION

Babies in South Eastman Health/Santé Sud-Est Inc. are breastfed.

Mission

MISSION

To contribute to an increase in breastfeeding and exclusive breastfeeding in the South Eastman district by engaging it's residents in making breastfeeding a priority and the normal nutritional choice for babies.

Objectives

OBJECTIVE

To increase breastfeeding initiation.

OBJECTIVE

To increase exclusive breastfeeding to 6 months and breastfeeding duration to one year and beyond.

Approach / Principles

Population Health Approach

- Evidence-based
- Culturally appropriate
- Immigrant population growth
- Partnerships
- Promotes, supports and protects Breastfeeding
- Multi-sectoral
- Support and promotion of Baby Friendly Initiative at

Strategic Pillars

- Leadership and Policy Promotion
- Surveillance, Research and Evaluation
- Capacity building includes:
  - Education and training
  - Programming
  - Sustainability
  - Community capacity

Goals

- Breastfeeding initiation rate of 90% at hospital discharge
- Breastfeeding rates of 70% at two months, 60% at four months, 50% at six months, 20% at one year, and 10% at eighteen months

Targets

- Increase breast feeding initiation at hospital discharge by 1.5%

Activities

- Implement Breastfeeding Performance Deliverable
- Participate in provincial data collection process
- Achieve Baby Friendly Hospital status at Bethesda Hospital initially followed by Ste. Anne Hospital through:
  - Education, resources and familiarity with the ten steps
  - Surveillance and data collection
  - Accreditation

Key Settings

Home

Community

Hospitals

Schools

Workplace

Target populations

Pregnant Women

Mothers

Youth

Women

German Immigrant Population

Health Professionals

SE Health RHA

Media

Winnipeg Regional Health Authority
Regional Breastfeeding Framework 2005/06