

Breastfeeding Needs Assessment and Service Enhancement Project

Executive summary report

February 2020



Region of Waterloo
PUBLIC HEALTH AND
EMERGENCY SERVICES

Purpose

The purpose of the Breastfeeding Needs Assessment and Service Enhancement (BNASE) project was to provide evidence-based findings to inform internal decision-making for potential enhancements to Region of Waterloo Public Health and Emergency Services (Public Health) current breastfeeding support programs in Waterloo region.

The objectives of the BNASE project were to:

1. Conduct a needs assessment with recent¹ postpartum mothers in Waterloo region to identify gaps in local breastfeeding services; and,
2. Respond to identified gaps by strategically reallocating Public Health Nurse (PHN) time to enhance existing breastfeeding services and ultimately increase regional breastfeeding initiation, exclusivity and duration rates.

Methods

Three methods were used to collect data:

1. New Baby Survey: The survey was used to collect input from recent postpartum mothers living in Waterloo region to assess their experiences with breastfeeding, use of breastfeeding services and future service needs. Participants were recruited from local obstetrician and midwifery practices at the six-week check-up and local EarlyON Child and Family Centres. A total of 251 surveys were analyzed.

2. Public Health Unit (PHU) environmental scan: The environmental scan was conducted to better understand the breastfeeding services that other Ontario PHUs provide in their respective regions. Public Health consulted with 10 PHUs, including Statistics Canada's comparator PHUs (Durham, Halton, Ottawa, Simcoe-Muskoka and Wellington-Dufferin-Guelph) and neighbouring PHUs (Brant, Hamilton, Peel, Perth and Southwestern).

3. Breastfeeding supports inventory: Phone consultations were completed with representatives from local breastfeeding support services identified through the [Breastfeeding support in Waterloo Region](#) resource, to better understand each service and to help identify gaps in existing services.

¹ "Recent" was defined as having a baby under the age of one year.

Key findings

1. New Baby Survey

Where do mothers receive information about infant feeding prenatally?

Mothers received information about feeding their baby prenatally through multiple sources. The three most common sources were: 1. midwives (47 per cent), 2. in-person prenatal classes (41 per cent) and 3. family and friends (34 per cent).

What are mothers early breastfeeding experiences?

Mothers had intentions to exclusively breastfeed but many did not. More mothers wanted to exclusively breastfeed their baby than actually did (81 per cent compared to 57 per cent). Likewise, fewer mothers wanted to combination feed (breastmilk and formula) their baby than actually did (16 per cent compared to 39 per cent).

Prenatal level of confidence was a predictor of breastfeeding exclusivity. While the level of confidence varied among mothers overall, those that had a higher level of confidence prenatally were more likely to exclusively breastfeed. Whereas, a decrease in confidence increased the likelihood that mothers would combination feed or provide formula.

Mothers had multiple breastfeeding challenges early on. Seventy-eight per cent of breastfeeding mothers experienced challenges. The most common challenges were painful nipples, latching difficulties, sore breasts and not having enough milk. This also corresponds to the timeframe when breastfeeding challenges were experienced, with the majority being reported in the first week (65 per cent days one to three and 54 per cent days four to six). Many early feeding difficulties, including sore nipples and sore breasts, are preventable with early breastfeeding support.

Breastfeeding challenges reduced breastfeeding exclusivity and duration. Breastfeeding challenges contributed to mothers supplementing with formula (42 per cent) or discontinuing breastfeeding entirely (11 per cent). Responses also highlighted common misconceptions about breastfeeding such as perceived low milk supply which resulted in supplementation with formula which could be prevented.

Type of health care provider impacted breastfeeding exclusivity. Obstetrician clients reported less breastfeeding exclusivity than midwife clients (46 per cent compared to 62 per cent). In addition, more obstetrician clients reported feeding a combination of breastmilk and formula than midwife clients (48 per cent compared to 36 per cent).

Mothers with priority population characteristics had reduced breastfeeding exclusivity. A priority population characteristic is a risk factor that results in lower breastfeeding rates than individuals in the rest of the population (e.g. first time parent, delivered via caesarian section, baby given formula in hospital). The survey confirmed that mothers with one or more priority population characteristics had lower exclusive breastfeeding rates (ranging between eight to 55 per cent) than those with no priority population characteristics (68 per cent).

What types of supports and services would be helpful to mothers who want to breastfeed?

The top three types of supports and services identified were: 1. drop-in clinic (56 per cent), 2. home visit (55 per cent) and 3. in hospital support (49 per cent).

Other preferences:

- **Who:** Respondents wanted lactation consultants (65 per cent), midwives (54 per cent) and their hospital nurse (53 per cent) to provide supports and services. Public health nurses (PHN) ranked sixth (32 per cent). It is unclear if respondents are aware that PHNs have additional training to provide breastfeeding support.
- **Where:** The majority of respondents wanted services provided in their home (81 per cent) or in hospital (63 per cent). Public Health ranked fourth (28 per cent).
- **When:** Respondents were flexible with when service was offered; 76 per cent selected “any time or day works for me.”
- **How:** Respondents wanted to automatically receive a breastfeeding support visit in the hospital after birth (71 per cent), to book their own appointment (66 per cent) or go to a drop-in program (60 per cent).

What are the potential barriers to accessing breastfeeding supports and services?

Mothers indicated a number of barriers to accessing breastfeeding supports. The top three barriers were: 1. recovering from childbirth (44 per cent), 2. child care (37 per cent) and 3. hours of service operation (27 per cent).

2. Public Health Unit environmental scan

What types of breastfeeding supports do comparator and neighbouring Public Health Units provide?

The PHU scan indicated that local context played a role in the breastfeeding services that were offered in their respective community. Specifically, regional differences such as the presence of lactation clinics in the hospital or community determined what

services PHUs offered (e.g. appointment-based clinics are less likely in communities with hospital lactation consultant clinics).

The three main ways PHUs offer breastfeeding support are: 1. drop in clinics (7/10 PHUs), 2. home visits (7/10 PHUs offered breastfeeding-specific home visits) and 3. appointment-based clinics (5/10 PHUs). Most PHUs (6/10) offer more than one way to access in-person, one-to-one breastfeeding services provided by a PHN. All PHUs (10/10) offer breastfeeding telephone support and education prenatally. All PHU breastfeeding services are provided by a PHN/Registered Nurse (n=10).

In comparison to other PHUs, Public Health offers appointment-based clinics, telephone support and education prenatally. However, Public Health does not offer breastfeeding-specific home visits or drop-in clinics.

3. Breastfeeding service inventory

What types of breastfeeding supports are there in Waterloo region?

Classification of breastfeeding supports by type in Waterloo region indicated that in-person supports with a health care provider are available in the form of scheduled clinic appointments and home visits. There are currently no-drop in clinics with a trained health care provider in Waterloo region. Telephone support is also provided by health care providers. In-person and telephone based supports are provided by trained peer workers. There are fee-based breastfeeding supports available through private International Board Certified Lactation Consultants who can provide home visits.

Since the inventory, there have been a number of changes and uncertainties to the health care sector landscape highlighting the need for Public Health to continue to keep its [breastfeeding supports in Waterloo region](#) resource up-to-date on Public Health's website.

Recommendations

Based on the key findings, six recommendations for enhancements to Public Health's breastfeeding services have been developed:

1. Explore the feasibility of adding drop-in clinics.
2. Explore the feasibility of adding home visits.
3. Ensure early and timely access to breastfeeding support post-partum.
4. Strengthen relationships with service providers to create more seamless and early access to breastfeeding supports.
5. Promote strategies that increase prenatal breastfeeding confidence.
6. Utilize communications strategies to raise awareness of breastfeeding misconceptions and Public Health Nurse scope of practice.

Next Steps

Next steps for Public Health will be to review the recommendations in order to determine which ones can be actioned based on program mandates, current context, and capacity. In the meantime, Public Health will be launching a self-booking app to its existing appointment-based clinics by spring 2020 as part of its transition to electronic medical records. Public Health will continue to promote its breastfeeding services and encourage partners to promote awareness of and early access to Public Health and other local breastfeeding services for prenatal and postpartum families.

A full report is available. For copies or questions, contact:

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The [full report](#) is available on [Public Health's website](#). Accessible formats of this document are available upon request. Please call 519-575-4400 (TTY: 519-575-4608) to request an accessible format.