Populations With Lower Rates of Breastfeeding

Background Information

Revised July 2014

Benefits of Breastfeeding

Breastfeeding is the natural way to feed a baby, providing a wide range of benefits to the mother and baby. Breastfeeding protects babies from infectious diseases and promotes healthy growth and development. There is also evidence that it protects babies from obesity later in life. According to the *No Time to Wait* report, each additional month that an infant is breastfed, up to eight months of age, reduces the risk of being obese later in life by four per cent.

Exclusive breastfeeding is important for the first six months of life - breastmilk is the healthiest and only food needed at this time. WHO recommends exclusive breastfeeding for six months, followed by breastfeeding with additional foods for up to two years and beyond.

Barriers to Breastfeeding

Despite the well-known health benefits of breastfeeding over formula feeding, and the convenience and lower cost of breastfeeding, breastfeeding rates are low in many sub-populations such as women with lower incomes.

Most mothers plan to breastfeed, however, for a range of individual, family and societal reasons, a small proportion do not initiate breastfeeding. For some mothers breastfeeding comes easily, and others find it difficult to start and maintain breastfeeding. While about 9 out of 10 mothers start breastfeeding, only 1 in 3 is successful in exclusively breastfeeding for the recommended 6 months.

Key Points: Barriers and Challenges to Breastfeeding

The most common reasons for not breastfeeding in Canada include:

- Mother has a medical reason (20.5%)
- Bottle feeding is easier (19.8%)
- Breastfeeding is unappealing (19.0%)
- Complicated birth (9.8%)
- Belief that formula is as healthy as breastmilk (6.6%)

(Statistics Canada data for 2009/10)

There are many barriers and challenges to breastfeeding, including:

- Initiation of breastfeeding
- Lack of access to knowledgeable and skilled support services
- Family pressures and competing demands
- Promotions by formula companies and easy access to formula
- Difficulty maintaining breastfeeding when the mother returns to work
- Negative community attitudes

Breastfeeding Duration in Ontario

Unfortunately breastfeeding rates drop off steeply in Ontario:

- 91.8% of mothers initiated some breastfeeding (Statistics Canada data for 2012)
- 61.5% of mothers were breastfeeding exclusively at discharge (BORN data, 2013)
- 33.3% of mothers breastfed exclusively for 6 months or longer (Statistics Canada data for 2012)

Populations with Lower Rates of Breastfeeding

Breastfeeding rates are known to vary based on many factors including age, income, education, marital status, language, country of origin, etc. In general, women who are older, have a partner, are better educated, and have higher family incomes are more likely to initiate and continue to breastfeed.

In comparison to the provincial average of 61.5% of mothers who breastfed exclusively on discharge, populations with ***lower*** rates of breastfeeding show the following trends:

- **Age** - Mothers under age 20 (50.2%).
- **Education –** Mothers living in a neighbourhood with a higher percentage of adults who have lower education attainment (57.2%).
- **Employment** – Mothers living in a neighbourhood with a higher percentage of adults who are unemployed (57.4%).
- **Income** - Mothers living in a neighbourhood with a higher percentage of adults who have lower income (54.7%).

(BORN data, 2013)

A review of the Canadian literature conducted by the Best Start Resource Centre (2014) concluded that the following factors are clearly associated with ***lower*** breastfeeding initiation and/or duration rates:

Maternal Age and Parity

- Younger maternal age

Maternal Ethnicity and Origin

- Being Aboriginal

Maternal Education/Income/Work

- Lower income
- Less educational attainment
- Mothers' earlier return to work

Maternal Social Support

- Being unmarried
- Lacking social support

Maternal Attitudes, Beliefs

- Not intending to breastfeed
- Not having an attachment oriented approach
- Having lower breastfeeding self-efficacy

Maternal Health Concerns

- Poor maternal health
- Diabetes during pregnancy
- Maternal obesity
- Poor maternal mental health

Maternal Substance Use

- Smoking during pregnancy

Medical Issues during Delivery

- Caesarean births

Infant Health Concerns

- Preterm infants
- Infant admission to the NICU
- In hospital supplementation

Influencing Populations with Lower Breastfeeding Rates

From the literature review the following strategies were identified:

Key Points: Influencing Populations with Lower Breastfeeding Rates:
Factors influencing breastfeeding in populations with ***lower*** breastfeeding rates, i.e. are of particular relevance to the breastfeeding community grants, include:

- Strategies to educate first time mothers
- Strategies that engage women with lower socio-economic status (i.e. lower income and lower education)
- Strategies that are relevant to Aboriginal populations
- Strategies that influence women's attitudes, intentions and confidence regarding breastfeeding
- Strategies to connect women to social supports, and to increase the quality and quantity of social supports
- Strategies that provide women with information about continuing to breastfeed when they encounter challenges or they return to work after a maternity leave

Effective Practices

Areas of Focus

Breastfeeding interventions often focus on one or more of the following areas:

- Improving organizational factors
- Changing clinical practices
- Educating pregnant women
- Providing support and advice to breastfeeding women

Effective Approaches for the General Population

The literature review completed by the Best Start Resource Centre (2014) confirmed the findings by the Planning Unit of MOHLTC (2013) concluding that the following were effective practices in increasing breastfeeding initiation and/or duration rates:

- **Multi-faceted Interventions:** Structured programs that employ a multi-faceted approach and change organizational, service delivery and individual behaviour (for example the WHO/UNICEF Baby-Friendly Hospital Initiative) have a positive effect on breastfeeding initiation rates.
- **Education Programs for Pregnant Women**: Prenatal breastfeeding education (including peer counselling, lactation consultation and formal breastfeeding education) is the single most

effective intervention, increasing breastfeeding duration and confidence as well as exclusive breastfeeding.

- **Education for Partners of Breastfeeding Women:** Education/training for partners improves breastfeeding outcomes.
- **Support Programs for Breastfeeding Mothers:** Breastfeeding support from peers or professionals increases the initiation and duration of breastfeeding. Supports that are longer, use multiple methods of education and support, use predictable and scheduled support, and have face-to-face interactions are more likely to be effective. Phone and internet interventions have also shown some evidence of effectiveness.

Effective or promising strategies focusing on population with lower rates of breastfeeding
Although the literature is scant on effective strategies specific to populations with lower rates of breastfeeding, a survey of key informants completed by the Best Start Resource Centre (2014), identified promising strategies:

- **Strategies focussing on support**
    - Peer-to-peer provision of breastfeeding support.
    - Peer, professional and family support for breastfeeding mothers.
    - Interdisciplinary breastfeeding support.
    - Language specific breastfeeding support.

- **Strategies focusing on education**
    - Preconception education focusing on normalizing breastfeeding.
    - Prenatal education focusing on skill and confidence building.

- **Strategies focussing on interventions and care**
    - Predictable, ongoing interventions.
    - In-person interventions (including home-based interventions).
    - Remotely (telephone) delivered interventions.
    - Male partner focused interventions.
    - Implementation of the Baby-Friendly Initiative (BFI).
    - Midwifery care.
    - In-hospital promotion of skin-to-skin mother-infant contact.
    - Partnerships across the continuum of prenatal and postpartum care.

In addition, the *No Time to Wait* report points to:

- **Health Care Providers**: Encouragement and support from health care providers has been shown to increase intention to breastfeed, as well as breastfeeding initiation and duration. In addition, for women who are less likely to breastfeed, it is important for physicians to encourage breastfeeding in culturally sensitive ways.
- **Lactation Consultants**: The involvement of lactation consultants has been shown to improve breastfeeding skills.
- **Phone Support:** Breastfeeding helplines can contribute to better outcomes. Telehealth now offers 24 hour breastfeeding support over the phone by breastfeeding experts with referrals to local breastfeeding services.
- **Existing Provincial Services:** Existing provincial services such as Healthy Babies Healthy Children may have a potential role in providing support during a critical time for breastfeeding

establishment and support. They work with vulnerable families with lower breastfeeding rates, at a time when support may be needed for breastfeeding initiation or breastfeeding challenges.

Responses Already in Place

- **Phone Support:** Telehealth now offers 24 hour breastfeeding support over the phone by breastfeeding experts with referrals to local breastfeeding services.
- **Existing Provincial Services:** Drop-in groups, mother-to-mother support groups and services offered by professionals are available in many areas of Ontario. Available services can be found via the Bilingual Online Ontario Breastfeeding Services Directory at www.ontariobreastfeeds.ca.
- **Support for the Baby-Friendly Initiative (BFI)** is provided via the BFI Strategy for Ontario (www.tegh.on.ca/bfistrategy), engaging facilities and supporting them with resources, tools and training to implement BFI.
- The first round of **Breastfeeding Community Projects** to reach and support populations with lower rates of breastfeeding is underway and will be ready to share results and learnings in 2015 (www.beststart.org/projects/breastfeeding_community_project.html).