Breastfeeding in Ontario

Notable Trends within the Province

In order to gain a greater understanding of breastfeeding in Ontario, breastfeeding data was retrieved from the Better Outcomes Registry and Network (BORN) Ontario database (2013/14). The information retrieved highlighted the impact of factors on exclusive breastfeeding rates among mothers who gave birth to live, full-term infants in the province of Ontario:

- Individual and neighbourhood demographics.
- Childbirth outcomes.
- Prenatal care.
- Health status.
- Substance use.

This factsheet highlights noteworthy trends in the provincial data. All statistics presented in this factsheet refer to exclusive breastfeeding at hospital discharge unless otherwise indicated. Due to some missing data, results should be interpreted with caution.

Some data in this fact sheet is presented for all of Ontario and some data is presented for specific Local Health Integration Networks (LHINs). Ontario LHINs are not-for-profit corporations who work with local health providers and community members to determine the health service priorities of their regions. Funded by MOHLTC, LHINs plan, integrate and fund local health services. There are 14 LHINs in Ontario (www.lhins.on.ca).

A more detailed summary of information can be found in Health Nexus’ publication *Populations with Lower Rates of Breastfeeding: A Summary of Findings.*
**Exclusive Breastfeeding at Discharge for Ontario LHINs**

<table>
<thead>
<tr>
<th>PLACE OF BIRTH</th>
<th>EXCLUSIVE BREASTFEEDING AT DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Erie St. Clair</td>
<td>61.4%</td>
</tr>
<tr>
<td>(2) South West</td>
<td>68.0%</td>
</tr>
<tr>
<td>(3) Waterloo Wellington</td>
<td>77.5%</td>
</tr>
<tr>
<td>(4) Health Net HSN</td>
<td>60.9%</td>
</tr>
<tr>
<td>(5) Central West</td>
<td>43.8%</td>
</tr>
<tr>
<td>(6) Mississauga Halton*</td>
<td>58.1%</td>
</tr>
<tr>
<td>(7) Toronto Central*</td>
<td>72.2%</td>
</tr>
<tr>
<td>(8) Central</td>
<td>57.2%</td>
</tr>
<tr>
<td>(9) Central East</td>
<td>53.9%</td>
</tr>
<tr>
<td>(10) South East</td>
<td>62.3%</td>
</tr>
<tr>
<td>(11) Champlain</td>
<td>64.6%</td>
</tr>
<tr>
<td>(12) North Simcoe Muskoka</td>
<td>74.4%</td>
</tr>
<tr>
<td>(13) North East</td>
<td>61.7%</td>
</tr>
<tr>
<td>(14) North West</td>
<td>59.7%</td>
</tr>
<tr>
<td><strong>ONTARIO</strong></td>
<td><strong>62.1%</strong></td>
</tr>
</tbody>
</table>

* Excluded from calculations due to high levels of missing data

[Map showing exclusive breastfeeding rates by LHINs with key colors representing different percentage ranges: < 49%, 50-55%, 55-60%, 60-65%, 65-70%, 70-75%, 75% or over, and Missing Data.]
Maternal Age

Within Ontario, being a teenage mother is generally associated with lower rates of exclusive breastfeeding (51.2% compared to a provincial average of 62.1%).

Parity

Ontario women who have only one child and women who have more than one child are almost equally as likely to breastfeed (62.7% vs 61.4%).

Unemployment

Within Ontario, neighbourhoods with lower rates of unemployment have been found to have higher rates of exclusive breastfeeding in all LHINs (67.0%).

Income

When neighbourhoods are stratified according to income level, the Ontario neighbourhoods with the lowest incomes have a breastfeeding rate of 54.2% and those with the highest incomes have a breastfeeding rate of 68.4%.
**Immigration**

Within Ontario, neighbourhoods with the highest proportion of immigrants tend to have lower rates of exclusive breastfeeding (53.8 % vs. 67.0 %).

**Visible Minorities**

Within the province, the neighbourhoods with the highest concentration of visible minorities tend to have lower rates of exclusive breastfeeding (54.3 % vs. 67.6 %).

**Mode of Delivery**

With respect to exclusive breastfeeding, within Ontario there is a pronounced difference between women who deliver by cesarean and those who have vaginal deliveries (48.5 % vs 67.2 %).

**Types of Vaginal Birth**

Ontario women who have assisted vaginal births are less likely than those who have spontaneous vaginal births to breastfeed exclusively (60.6 % vs 68.1 %).

**Perineal Lacerations**

Within Ontario, the rate of exclusive breastfeeding among women who had no perineal lacerations, or had 1st or 2nd degree lacerations following birth (67.4 %) is higher than for women who had 3rd, 4th or cervical lacerations (63.4 %).
Pain Management during Labour and Birth
Women in Ontario who use pain management during labour and birth, including epidurals, narcotics, inhalants and non-medical pain relieving methods have lower rates of exclusive breastfeeding (63.0%) than women who receive no pain management during childbirth (71.3%).

Prenatal Health Care Provider
Within Ontario, 84.3% of women who receive prenatal care from a midwife breastfeed exclusively at hospital discharge. Women who receive prenatal care from other providers (such as obstetricians, family physicians, or nurses) are much less likely to breastfeed exclusively than those who receive care from a midwife (58.7%).

Diabetes in Pregnancy
Within Ontario, 63.3% of women without diabetes during pregnancy breastfeed exclusively, while only 42.8% of women with diabetes during pregnancy breastfeed exclusively after delivery.
Mental Health Conditions

Within Ontario, women without mental health conditions and women who have mental health conditions have similar breastfeeding rates (62.8% vs 60.0%).

Substance Use

Following delivery, there is a large difference between the rates of breastfeeding among women who use drugs and illicit substances, not including alcohol use during pregnancy and those who do not (46.9% vs 62.4%).

Smoking

Within Ontario, women who do not smoke during pregnancy are more likely to breastfeed than those who smoke throughout their pregnancy (63.6% vs 47.8%).

What Can Service Providers Do?

While the statistics presented in this factsheet highlight noteworthy trends within the provincial data, they also highlight differences between LHINs and within LHINs.

Service providers should explore their own communities in order to identify community specific, breastfeeding related strengths and weaknesses and develop effective strategies to improve breastfeeding.
References


¹ This report is based in part on data provided by Better Outcomes Registry and Network (BORN) Ontario, a provincial program housed at the Children’s Hospital of Eastern Ontario. The interpretation and conclusions contained herein do not necessarily represent those of BORN Ontario. Data to inform this report came from the historical Niday Perinatal Database and from the new BORN Information System (BIS).