

Northwestern Health Unit
Breastfeeding Status Report
2016



Breastfeeding recommendations

Health Canada, the World Health Organization (WHO) and the Canadian Pediatric Society recommend that *all babies be exclusively breastfed for the first 6 months of life*, with continued breastfeeding to two years and beyond. Breast milk contains the perfect amount of nutrients and antibodies that are required for babies during the first 6 months of life and promotes optimal growth and development, promoting a healthy start that contributes to ongoing health and wellness.

Making an informed decision on infant and toddler feeding requires that mothers and families have access to current and factual information. In fact, women are more likely to decide to breastfeed when health care providers' words and actions demonstrate that they value breastfeeding and breast milk. In support of breastfeeding, the WHO "*International Code of Marketing of Breast-milk Substitutes*" addresses the concerns about aggressive marketing of breast milk substitutes to ensure that all mothers are able to make informed decisions on how to feed their babies.

Why breastfeeding is important

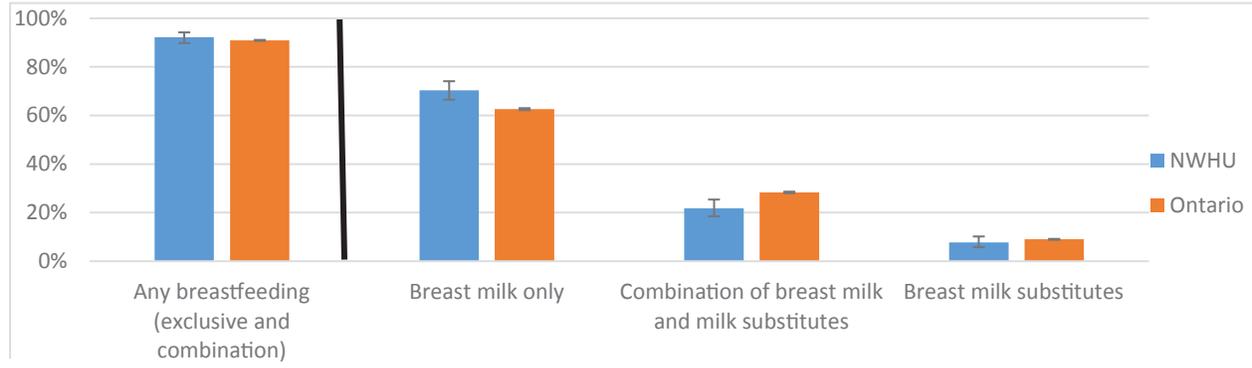
Breastfeeding is important for everyone. In addition to the importance for babies and mothers, breastfeeding is important for our community, health care system and hospitals (society). The importance of breastfeeding has been well documented and includes:

Babies	Mothers	Society
Promotes healthy growth and development	Promotes quicker recovery time post-partum	Children require fewer medications, physician visits or hospital admission
Decreases risk of hospitalization	Increases weight loss after delivery	
Decreases risk of developing respiratory disease, ear infections, SIDS, asthma, allergies, of becoming overweight or obese, type-II diabetes and some childhood cancers	Decreases risk of developing type-II diabetes, osteoporosis, breast and ovarian cancer, in becoming overweight or obese, post-partum depression and decreases maternal stress	Decreases health care costs
		No preparation is required – breast milk is always ready and available
		Alleviates personal and household budget constraints

A look at breastfeeding in the NWHU catchment area

In the NWHU catchment area 92.2% of mothers in 2015 were breastfeeding at hospital discharge (either exclusively or combined with milk substitutes). This is about equal to the provincial figure of 90.9%. 70.4% of mothers in the NWHU were exclusively breastfeeding, 21.8% were using a combination of breastfeeding and substitutes and 7.8% were just using substitutes. The proportion exclusively breastfeeding in the NWHU area was statistically higher than the proportion in Ontario as a whole.

Breastfeeding rates at hospital discharge, 2015

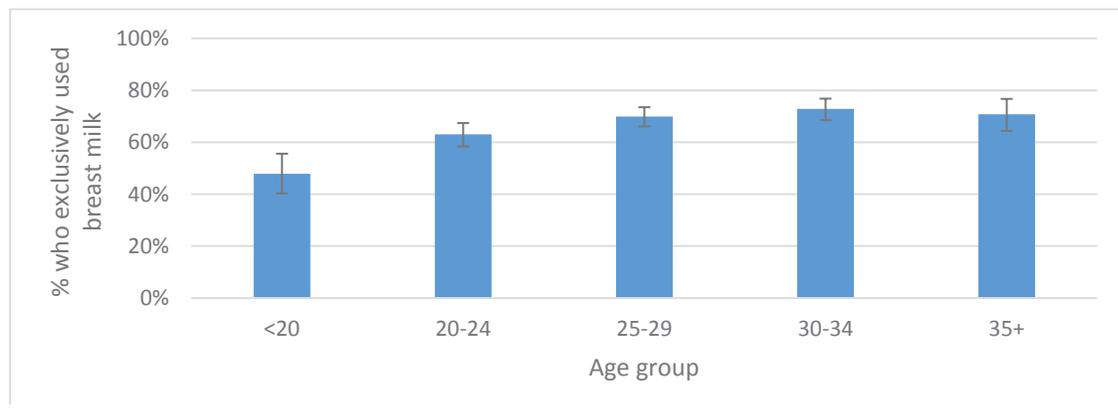


Source: BORN Ontario. Date Extracted: February 15, 2016
 Note: data excludes First Nations communities

Rates of exclusive breastfeeding at discharge have been lowest amongst younger mothers. Between 2013 and 2015, the proportion of mothers under 20 who were exclusively breastfeeding at discharge was 47.9%, statistically lower than all other age groups. The second lowest rate was in those aged 20-24, of which 63.0% were exclusively breastfeeding.

Analysis of 2014 data indicated that exclusive breastfeeding rates in First Nations communities in the NWHU catchment area were at 40.1%, which is about 44% lower than off-reserve rates.

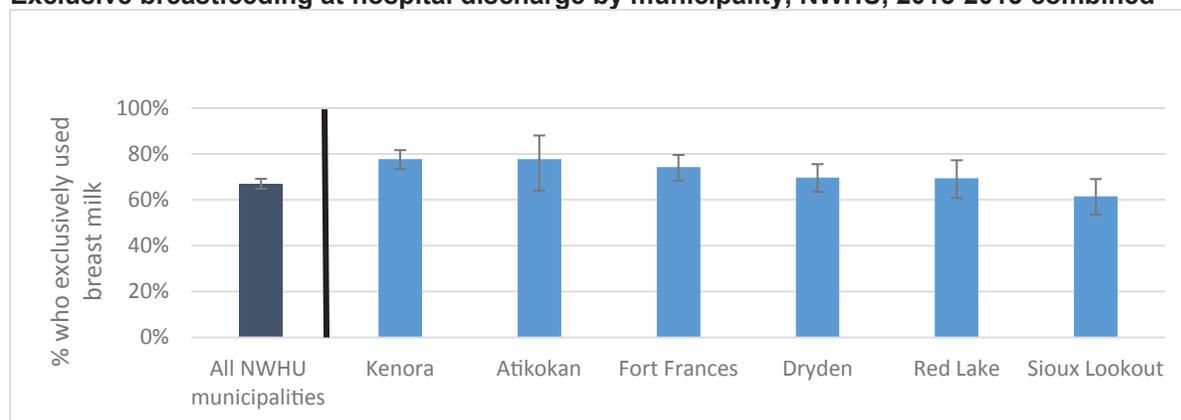
Exclusive breastfeeding at hospital discharge by maternal age group, NWHU, 2013-2015 combined



Source: BORN Ontario. Date Extracted: February 15, 2016
 Note: data excludes First Nations communities

Kenora is the municipality with the highest rate of exclusive breastfeeding in the NWHU area. Between 2013 and 2015, 77.8% of mothers in Kenora were exclusively breastfeeding at hospital discharge. The lowest rate was in Sioux Lookout, where it was 61.6%.

Exclusive breastfeeding at hospital discharge by municipality, NWHU, 2013-2015 combined

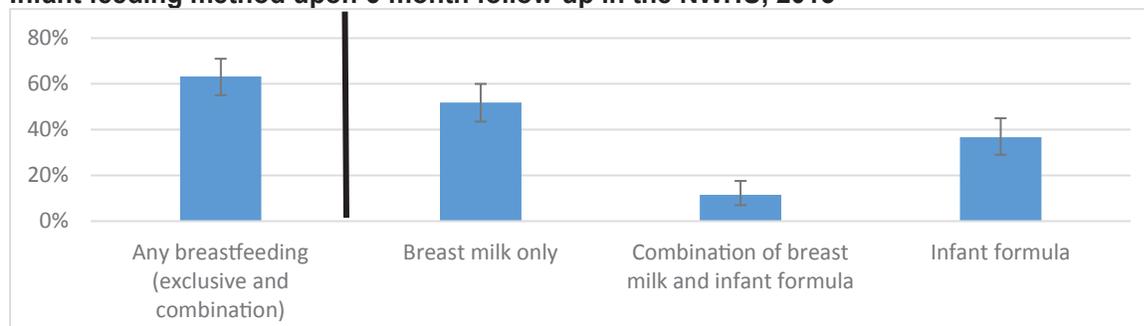


Source: BORN Ontario. Date Extracted: February 15, 2016
 Note: "All NWHU municipalities" data does not include First Nations communities

The NWHU has been following up with mothers in the region at 48 hours, 7 weeks and 6 months to ask about how they are feeding their infants. This is being done through the Infant Feeding Survey, an instrument developed at the NWHU.

In 2015, 139 mothers in the area completed the 6-month follow-up survey. Of these mothers, 63.4% reported that they were breastfeeding (either exclusively or in combination with formula). 51.8% were breastfeeding exclusively, 36.7% were using only infant formula and 11.5% were using a combination of breast milk and infant formula.

Infant feeding method upon 6-month follow-up in the NWHU, 2015



Source: NWHU Infant Feeding Survey, 2015. Date Extracted: February 15, 2016

What you need to know about breastfeeding and initiation rates

Breastfeeding initiation rates are the lowest among	Barriers to breastfeeding
Young mothers	Breastfeeding problems
Women with Indigenous ancestry	Conflicting and inconsistent messages
Mothers with lower income, less education and who are unemployed	Maternal confidence, attitudes, knowledge or beliefs
	Access to services
Women who are without a partner or strong social network	Social determinants of health and individual circumstances

How you can encourage and promote breastfeeding

- Immediately after birth, babies should be placed in uninterrupted skin-to-skin contact with their mothers. Immediate skin-to-skin contact promotes an easier transition to life outside of the womb, decreases crying, increasing interaction with mother and promotes successful breastfeeding.
 - It benefits baby by stabilizing their heart rate, breathing, blood pressure, temperature, and blood sugar.
 - A baby who is held skin-to-skin can hear, feel and smell their mother which calms and comforts them. It also has been shown to reduce baby's pain during painful procedures.
- Assisting mothers to initiate breastfeeding when baby shows feeding readiness is a key to early breastfeeding success.
- Facilitate 24 hour rooming-in for all mother-infant dyads: this results in many benefits for baby and mom.
- The use of breast milk substitutes (formula) is a medical treatment that should be used only after careful consideration and with mothers' informed consent, unless medically indicated.
- It is recommended in Canada that all full-term healthy infants receive 400 IU of Vitamin D per day. Infant formula contains vitamin D and additional supplementation is not required. Vitamin D drops are routinely recommended for exclusively breastfed infants.

For more information about

- Policy development
- Breastfeeding initiation and duration rates
- The Baby-Friendly Initiative
- Improving breastfeeding rates
- Creating supportive environments
- Educational and/or training opportunities
- Resources

Please contact your local HBHC Public Health Nurse at 1-800-465-4377.



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Health Unit

www.nwhu.on.ca