Implementation of the Nova Scotia Provincial Breastfeeding Policy

Evaluation Report

NOVA SCOTIA

Breast feeding Nova Scotia

Breast feeding
Nova Scotia

Report to the Provincial Breastfeeding Steering Committee/
Department of Health and Wellness
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Report prepared by Sara FL Kirk, PhD, Erin Hemmens, MA, Sheri Price, RN, PhD
and Meaghan Sim, PDt, PhD (Student)

Applied Research Collaborations for Health
School of Health and Human Performance
Dalhousie University
Halifax, NS, B3H 4R2

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EXECUTIVE SUMMARY

Background and purpose

In 2005, a provincial breastfeeding policy was launched for Nova Scotia. Building on over three decades of global action to promote and protect breastfeeding, the policy outlines three objectives:

- Provide leadership for the protection, promotion and support of breastfeeding;
- Improve the health status of mothers and babies by increasing breastfeeding initiation and duration in Nova Scotia; and
- Support the implementation of the Baby Friendly Initiative, an international program designed to optimize breastfeeding outcomes for mothers and babies.

The importance of breastfeeding is long established, having substantial benefits for both the child and mother. Yet, Nova Scotia has among the lowest breastfeeding rates in Canada, highlighting the importance of the provincial policy as a mechanism to leverage support for breastfeeding across multiple settings. With section VI (Accountability) of the policy identifying a commitment to monitor its implementation, the Provincial Breastfeeding Monitoring and Evaluation Working Group therefore commissioned this evaluation with support from the Department of Health and Wellness.

Purpose

The purpose of this evaluation was to:

- Collect meaningful and relevant data in a systematic way across the province to inform decision making and planning related to breastfeeding initiatives at various levels of the system;
- Provide a consistent assessment of policy implementation across the province;
- Identify successes, challenges and opportunities related to policy implementation;
- Identify additional supports required to achieve full implementation; and
- Promote awareness/discussion of the policy and encourage self-assessment/reflection related to implementation of the policy.

This evaluation comprised focus groups and qualitative interviews conducted by Applied Research Collaborations for Health, a research group at Dalhousie University led by Dr Sara Kirk. Focus groups were held with the Provincial Breastfeeding Steering Committee, as well as district-level breastfeeding committees across Nova Scotia, using a template created for this purpose. Three additional interviews were conducted with senior leaders to gain further insight into factors associated with the policy implementation. Results were organized across ten policy directives.

Key findings

The evaluation highlighted a series of successes and challenges experienced by those working to promote and protect breastfeeding across the province. The provincial policy has led to some success in generating support for breastfeeding. It provided district breastfeeding committees with leverage to make foundational changes in support of the policy. There was also a link between implementation of the policy and greater awareness of, and support for, breastfeeding among senior management as well as the general public. The policy was widely supported by those we talked to, but there remain a number of challenges with implementation. Current action was seen as insufficient to challenge what many viewed as an unsupportive culture of breastfeeding. Much of the work continues to be led by volunteers, and dedicated resources for supporting breastfeeding were often seen to be the first to go in times of fiscal restraint. There was a pervasive view that senior leadership, both provincially and at the district level, did not fully appreciate the importance of breastfeeding, or that the work was valued but not always adequately supported. This view likely reflects the societal norms that exist around breastfeeding, that still represent this unsupportive culture. These norms can and should be challenged, through stronger leadership, coordination of efforts and integration. These three areas are among the 16 recommendations made as a result of this evaluation, as follows:

Coordination of Breastfeeding and BFI (directives 5.1 and 5.5)

- Strengthen leadership across multiple levels (provincial, district and community) to rectify the perceived disconnect between work going on at the practice level and the level of commitment and priority afforded to breastfeeding from senior leadership.
- Identify a dedicated role within districts/IWK to support the implementation of the BFI, as well as to provide leadership for promotion of breastfeeding within districts.
- Create more effective communication structures between the provincial breastfeeding steering committee and district breastfeeding committees.

Cross-sectoral integration (directives 5.1 and 5.3)

- Further integrate the provincial breastfeeding policy with other provincial and district level strategies and initiatives, e.g. the Healthy Eating Nova Scotia Strategy, the Childhood Obesity Prevention Strategy, and the Food and Nutrition Standards for Licensed Childcare Centres.

Health education resources (directives 5.1 and 5.5)

- Communicate the availability of existing resources more widely and through a variety of means, e.g. social media.
- Continue to update resources regularly, and incorporate any identified gaps to the existing resources into future updates, rather than developing additional resources.

Social Marketing (directive 5.4)

- Continue the social marketing campaign as a strategy to challenge societal norms, create supportive environments and provide continuum of care through online peer support. This can be done through the breastfeeding website (www.first6weeks.ca), TV and radio advertisements, print media, posters, etc.

- Expand the website (www.first6weeks.ca) to include an interactive component that will allow mothers to access peer support in an online community. Address privacy issues associated with the website to facilitate online sharing and peer support.

Continuum of breastfeeding support (directives 5.1, 5.2, 5.7)

- Provide dedicated resources to support mothers who currently breastfeed or are intending to breastfeed, as well as to support health professionals, community partners, and volunteers who work with them.

BFI implementation and designation (directives 5.5 and 5.10)

- Implement the Baby Friendly Initiative and regularly monitor progress towards achieving designation.

International Code of Marketing of Breast-milk Substitutes (directive 5.6)

- Build understanding and support for the implementation of the International Code of Marketing of Breast-milk Substitutes by engaging health professionals (e.g. the Making a Difference training has been successful in moving this understanding forward).

Breastfeeding training and education (directives 5.5 and 5.8)

- Engage physicians in education about the importance of breastfeeding, both for the health of the baby and for the mother, and identify resources that they can use within their practice.
- Building on the success of the Making a Difference course, continue to provide training and education across multiple sectors, e.g. health professionals, community partners, and volunteers.
- Promote breastfeeding training and education across a range of professions and learning institutions.

Surveillance (directive 5.9)

- Develop a formal structure for a consistent approach to capturing data around breastfeeding duration.
- Promote greater awareness and uptake of the existing standard definitions for breastfeeding currently available across the province.

Action on each and every recommendation outlined in this report will go a long way towards achieving what the World Health Organization, UNICEF and others set in motion over three decades ago. Given the epidemic of chronic disease currently facing Nova Scotians, and the proven benefits of breastfeeding to both baby and mother, the provision of greater support for breastfeeding offers substantial health benefits for Nova Scotians, ensuring our future generations meet their potential by growing up healthy.

BACKGROUND AND CONTEXT

The importance of breastfeeding

"As a breastfeeding mother, it was the most wonderful experience of my life. I could still choke up about it because I felt so bonded to my baby… you only get that for a year, two years of your life, giving to your child…"

Primary, upstream health begins in the gestational and early infancy periods when the foundations of health are made and life-long health behaviors are established. Breastfeeding, widely supported as the optimal mode for infant feeding, is a critical factor in promoting health, and increasing breastfeeding practice (duration and exclusivity) is a priority for action1. The importance of breastfeeding is long established. Breastfeeding has substantial benefits for both the child and mother. Benefits for the child include protecting against illnesses and allergies, promoting mental and motor skills development, preventing childhood obesity and reducing risk factors for diabetes and heart disease in adulthood, while for the mother, breastfeeding lowers maternal risk of breast and ovarian cancer and osteoporosis in later life, and may support post-partum weight management[1-3].

In 2002, the World Health Organization set out a Global Strategy for Infant and Young Child Feeding[4]. This strategy, which was endorsed by the Fifty-fifth World Health Assembly and the UNICEF Executive Board, was designed to build on past and continuing achievements and called for an integrated comprehensive approach to its implementation, and identified the need for political and social commitment to realize its goals. Almost a decade after this global strategy was launched, it is timely to evaluate the components of the strategy and ask ourselves "how close are we in Nova Scotia to the vision for breastfeeding set out within it?"

Supporting a culture of breastfeeding

Components of the global strategy fulfill an important role in the monitoring of progress towards achieving and sustaining a culture that supports breastfeeding globally. These components include the International Code of Marketing of Breast-milk Substitutes[5,6], the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding[7] and the Baby Friendly Hospital Initiative[8]. In Canada, both the Canadian Pediatric Society and Health Canada recommend exclusive breastfeeding until babies reach 6 months of age, and continued feeding for two years and beyond[9,10].

International Code of Marketing of Breast-milk Substitutes (1981)

The World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes in 1981 to protect and promote breastfeeding, through the provision of adequate information on appropriate infant feeding and the regulation of the marketing of breast-milk substitutes, bottles and teats5. In subsequent years additional resolutions have further defined and strengthened the Code. The Code stipulates that there should be absolutely no promotion of breast-milk substitutes, bottles

and teats to the general public; that neither health facilities nor health professionals should have a role in promoting breast-milk substitutes; and that free samples should not be provided to pregnant women, new mothers or families. All governments should adopt the Code into national legislation. As of 2008, 148 countries had enacted legislation implementing all or many of the provisions of the Code. This includes 34 countries with laws that cover all provisions of the Code, while another 50 had legislation encompassing many provisions[6].

The Code aims to protect and promote breastfeeding by ensuring appropriate marketing and distribution of breast-milk substitutes. It applies to breast-milk substitutes, when marketed or otherwise represented as a partial or total replacement for breast-milk. These breast-milk substitutes include food and beverages such as infant formula, other milk products, cereals for infants, vegetable mixes, baby teas and juices and follow-up milks. The Code also applies to feeding bottles and teats. Some countries have expanded the scope of the Code to include foods or liquids used as breast-milk substitutes and pacifiers. In essence, this declaration called for the creation and promotion of a "breastfeeding culture", which in turn requires strong leadership and social change.

Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding

The Innocenti Declaration on the protection, promotion and support of breastfeeding was produced and adopted by participants at the WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative" which was held at the Spedale degli Innocenti, Florence, Italy, in 1990[7]. The declaration states that "as a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner". The declaration provided operational goals, including that all governments by the year 1995 should have:

- Appointed a national breastfeeding coordinator of appropriate authority, and established a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;
- Ensured that every facility providing maternity services fully practices all ten of the Ten Steps to Successful Breastfeeding set out in the joint WHO/UNICEF statement "Protecting, promoting and supporting breastfeeding; the special role of maternity services";
- Taken action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety; and
- Enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

It also called upon international organizations to:

- Draw up action strategies for protecting, promoting and supporting breastfeeding, including global

monitoring and evaluation of their strategies;
- Support national situation analyses and surveys and the development of national goals and targets for action; and
- Encourage and support national authorities in planning, implementing, monitoring and evaluating their breastfeeding policies.

The Innocenti Declaration was revisited in 2005, fifteen years after the adoption of the initial declaration. While acknowledging that remarkable progress has been made in improving infant and child feeding practices world wide, more needed to be done, identifying inappropriate feeding practices, defined as sub-optimal or no breastfeeding and inadequate complementary feeding, as the greatest threat to child health and survival globally. This updated declaration reaffirmed the tenets of the original declaration and set nine further targets for improving breastfeeding support, including:

- Having a national breastfeeding coordinator and committee to promote breastfeeding and healthy infant and child feeding;
- Ensuring that facilities providing maternity services follow the WHO "Ten Steps to Successful Breastfeeding";
- Following the International Code of Marketing Breast-milk Substitutes, including considering legislation to support this;
- Enacting and enforcing legislation protecting the breastfeeding rights of working women;
- Developing, implementing, monitoring and evaluating a comprehensive policy on infant and young child feeding;
- Ensuring the protection, promotion, and support of exclusive breastfeeding for six months, and continued breastfeeding up to and beyond two years.

Baby Friendly Hospital Initiative (1991)

The Baby-Friendly Hospital Initiative (BFHI) is an international program jointly developed by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) to optimize breastfeeding outcomes for mothers and babies by creating a health care environment where breastfeeding is the norm, and improving the quality of care through incorporation of evidence-based practices to protect, promote and support breastfeeding in hospitals and in the community[7,8]. This initiative is also known as the Baby Friendly Initiative (BFI), in recognition that support for breastfeeding is needed across the continuum of care from acute to community settings. BFI includes guidelines for Hospitals (The Ten Steps to Successful Breastfeeding) and the Community (The Seven Points for the Protection, Promotion and Support of Breastfeeding in Community Health Services. The Breastfeeding Committee of Canada recently (2011) produced Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services to describe the international standards for the WHO/UNICEF Global Criteria within the Canadian context. This now provides a single set of criteria for both hospitals and community health services.

The Nova Scotia Provincial Breastfeeding Policy

The global strategy called for exclusive breastfeeding of infants for the first six months of life, an objective that now forms the basis of all efforts to promote and monitor breastfeeding across the world. In 2005, a provincial breastfeeding policy was launched for Nova Scotia[11]. This policy seeks to promote breastfeeding initiation and duration in Nova Scotia and to provide supportive environments for breastfeeding mothers. The policy applies to the Department of Health, Department of Health Promotion and Protection[1], District Health Authorities, the IWK Health Centre and all health system funded providers. The objectives of the policy are stated as follows:

- Provide leadership for the protection, promotion and support of breastfeeding;
- Improve the health status of mothers and babies by increasing breastfeeding initiation and duration in Nova Scotia; and
- Support the implementation of the Baby Friendly Initiative

These objectives are further outlined in ten policy directives (see appendix 1).

Implementation of the Policy

The Provincial Breastfeeding Steering Committee provides leadership for the implementation of the Provincial Breastfeeding Policy, serves as a forum to ensure integration of breastfeeding across the continuum of care and takes a systems approach to the implementation of best practices in maternal/ child health. Integration is considered to be horizontal (across different settings) and vertical (across different levels of the health system).

At the time this evaluation was undertaken (Spring 2011), this committee was co-chaired by representatives from the Department of Health and Wellness and the Reproductive Care Program of Nova Scotia. The membership included a manager (acute care or public health) from each District and the IWK Health Centre, as well as federal partners (Public Health Agency of Canada and First Nations and Inuit Health, Health Canada) and maternal-child health program coordinators from two first nations communities. The steering committee also provides coordination and oversight to the working groups and connects with a number of senior leadership committees, as needed e.g. Public Health Senior Leadership Team, Vice Presidents of Community Health and Acute Care. Within the Provincial Breastfeeding Steering Committee structure there are four working groups:

- Baby-Friendly Initiative Implementation
- Education and Standards
- Monitoring and Evaluation
- Capacity-building

Each working group has terms of reference and provides updates and, when appropriate, items for decision at each Provincial Breastfeeding Steering Committee meeting.

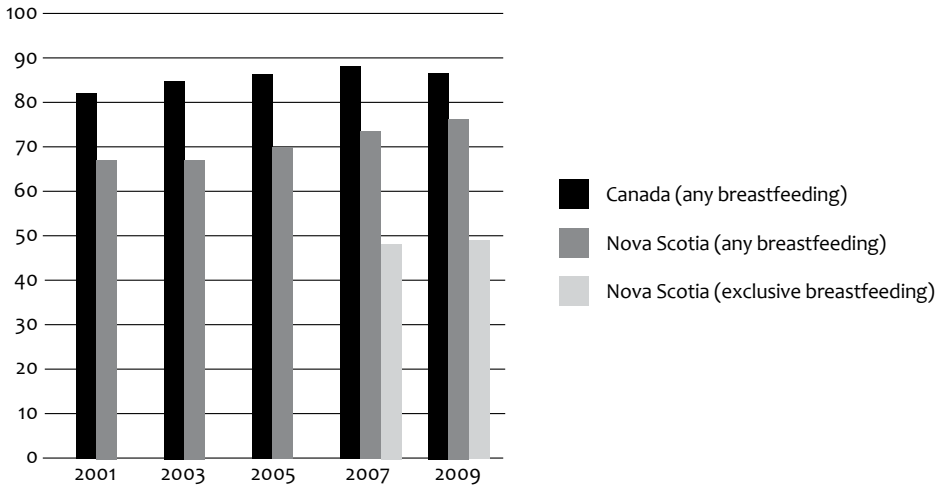
[a]In January 2011, the Nova Scotia Department of Health Promotion and Protection (NSHPP) merged with the Department of Health (DoH) to become the Nova Scotia Department of Health & Wellness (DHW).

Breastfeeding monitoring and surveillance

Currently, two provincial databases collect data on breastfeeding in Nova Scotia. The Nova Scotia Atlee Perinatal Database (NSAPD), managed by the Reproductive Care Program of Nova Scotia, collects data on initiation and methods of infant feeding during the hospital stay. The Healthy Beginnings Database, managed by Public Health Services, collects data on breastfeeding status at initial contact with Public Health and provides opportunity to collect duration rates. These databases also have standardized definitions of the terms used in surveillance, e.g. exclusive breastfeeding. At the national level, the Canadian Community Health Survey (CCHS) collects information on breastfeeding duration. This provides useful data for comparing breastfeeding rates across Canada, however due to the high sampling variability and small sample size, data are unable to be reported at the district level, thereby limiting their use for surveillance at the District level.

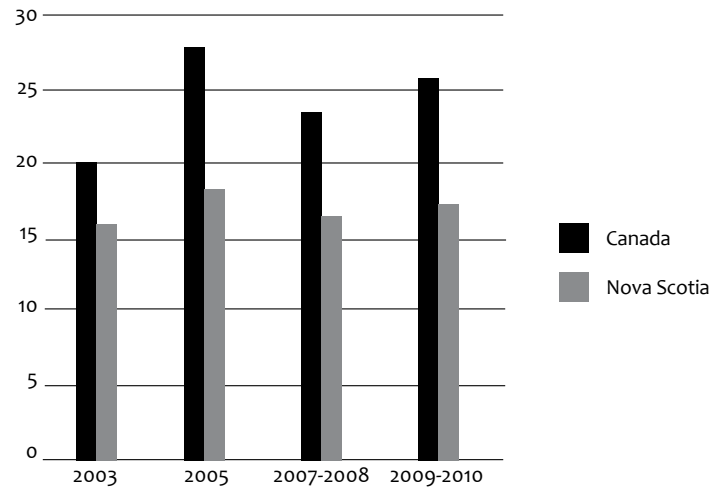
Unfortunately, increasing breastfeeding initiation and duration is challenging. While a significant number (90.3%) of Canadian mothers initiate breastfeeding1, attrition rates are high and the majority will not meet this public health benchmark of exclusive breastfeeding for the first six months12. Although there has been an upward trend in breastfeeding initiation across Canada, rates in Nova Scotia, while increasing, remain below the Canadian average (see figure 1). Unfortunately, data from the Canadian Community Health Survey do not distinguish between exclusive breastfeeding and non-exclusive breastfeeding11. Rates for exclusive breastfeeding in Nova Scotia, currently at around 48% of mothers with live births at the time of hospital discharge, also mask considerable variation across districts, from 36-64% in 2009. For breastfeeding duration, again rates in Nova Scotia lag behind the rest of Canada, but figures are disturbingly low in both cases. In 2003, only 20% of Canadian women were exclusively breastfeeding at six months; this has risen to 26% in 2009-2010. However, in Nova Scotia, just 16% of women were exclusively breastfeeding at six months in 2003, and this figure has only increased to 18% in 2009/2010. Interestingly, in the year that the policy was implemented (2005), this figure increased to 19%, which suggests an immediate impact of the policy, albeit small (see figure 2).

Figure 1.
Breastfeeding initiation rates: Nova Scotia compared with Canada



Source: Canadian Community Health Survey (Canada); NSAPD (Nova Scotia)
**Denotes percentage of mothers with live births exclusively breastfeeding at time of discharge. These are also included in the 'any breastfeeding' category*

Figure 2.
Exclusive breastfeeding at 6 months: Nova Scotia compared with Canada



Source: Canadian Community Health Survey

PURPOSE OF THE EVALUATION

Section VI (Accountability) of the Provincial Breastfeeding Policy identifies the commitment to monitor implementation of the policy. The Provincial Breastfeeding Monitoring and Evaluation Working Group, responsible for monitoring implementation of the policy, commissioned this evaluation with support from the Department of Health and Wellness.

The purpose of the evaluation was to:

- Collect meaningful and relevant data in a systematic way across the province to inform decision making and planning related to breastfeeding initiatives at various levels of the system;
- Provide a consistent assessment of policy implementation across the province;
- Identify successes, challenges and opportunities related to policy implementation;
- Identify additional supports required to achieve full implementation; and
- Promote awareness/discussion of the policy and encourage self-assessment/reflection related to implementation of the policy.

METHODS

This evaluation comprised focus groups and qualitative interviews, as follows:

1. One overarching focus group held with members of the Provincial Breastfeeding Steering Committee (which included representatives from each District Health Authority and other partners). This focus group provided an overview of breastfeeding related work since the implementation of the provincial policy in 2005. Using the semi-structured interview guide created by the Monitoring and Evaluation Working Group of the Provincial Breastfeeding Steering Committee (see Appendix 2), this focus group lasted approximately four hours, and explored the challenges, successes and opportunities of province-wide implementation to date. The focus group was facilitated by the Research Assistant from Dalhousie University with the organizational support of a graduate student.

2. Focus groups held with the breastfeeding committee in each of the districts (n=9) and the IWK Health Centre. The groups focused on the perceived successes, challenges and opportunities related to policy implementation at the district level. The semi structured interview guide used to facilitate the focus groups was created by the Monitoring and Evaluation Working Group of the Provincial Breastfeeding Steering Committee (see Appendix 3). The focus groups ran from 1.5 to 3 hours and were facilitated by the Research Assistant from Dalhousie University.

3. Key informant interviews held with three senior leaders from across the province. These individuals were identified by members of the Monitoring and Evaluation Working Group of the Provincial Breastfeeding Steering Committee and the interviews were conducted to capture the perceived successes and challenges of implementation from a senior leadership perspective. Interviews were arranged and conducted by the Research Assistant, following an introductory email sent by the Provincial Breastfeeding Steering Committee Co-Chairs. The interviews were conducted over the phone. All focus groups and interviews were digitally audio recorded, with participants providing written consent (focus groups) and oral consent (interviews) for recording. The evaluation was reviewed by the Dalhousie University Health Sciences Research Ethics Board.

KEY FINDINGS

Key findings are arranged according to the evaluative areas outlined by the Monitoring and Evaluation Working Group and focus primarily on data collected at the district level. Data from the Provincial Breastfeeding Steering Committee focus group and key informant interviews are integrated throughout to provide further context. Issues that relate to the policy directives are also addressed in this section.

Leadership and Committee Structure

The first objective of the Nova Scotia Provincial Breastfeeding Policy is to provide leadership for the protection, promotion and support of breastfeeding. Leadership is embedded within each of the policy directives, but particularly within directives 5.1 and 5.5. These two directives also speak to the committee structure that is required to move work forward in this area.

Each of the nine District Health Authorities and the IWK Health Centre had a committee devoted to overseeing the coordination of breastfeeding and BFI implementation, although the structure, composition and leadership of those committees varied across districts. Committee structures were designed to reflect the priorities of each District/Centre. In some cases, districts described having split their committees into two: 1) a committee that focused on community-led initiatives for breastfeeding promotion, and 2) a committee dedicated almost exclusively to achieving the BFI designation in respective settings. Other committees were comprised of a mix of community and acute care representation, including volunteer community members. Although representatives from Public Health provided the most prominent leadership across districts, several groups demonstrated shared leadership among Public Health, Acute Care and volunteer community members. The involvement of senior leadership was also described, which may reflect greater commitment towards breastfeeding in the committees with this structure (described in more detail below).

With the exception of Public Health Nutritionists funded through the *Healthy Eating Nova Scotia* Strategy, there were few positions across the districts that included coordination of breastfeeding and/or BFI within their scope. Occasional grants and/or overflow of Public Health funding played a critical role in the ability of some districts to hire someone to work on BFI-specific projects for short periods of time. However, BFI work was regarded by most as being done "off the side of everyone's desk." Without exception, every District Breastfeeding Committee expressed the need for dedicated, sustainable funds to support BFI coordination and implementation of the provincial policy at the local (district) level:

> *"The individuals sitting around the table are passionate about [breastfeeding] and are willing to go that extra distance and do the work even if it's off the side of our desk or in my case as a volunteer"*

> *"It's really a challenge when you lack the funds to move forward. You do the best that you can but it's very slow work. Again, no dedicated funding, no dedicated person … we do the best we can within the position that we're doing but without dedicated money and a dedicated person, it's hard to get those things off the ground."*

At the provincial level, despite having four positions with breastfeeding/BFI in their scope, the Provincial Breastfeeding Steering Committee also perceived that much of their breastfeeding work was done in addition to regular roles and responsibilities. However, while the Provincial Breastfeeding Steering Committee recognised the value of more resources to support breastfeeding, they also acknowledged that more support was available since the policy was implemented.

Support from and participation by senior leadership varied across districts. Some groups believed that their work was philosophically supported at the senior level, but that fiscal restraints and competing priorities meant that they were left to do the majority of their work without the practical support they actually required to create significant change:

> *"The message has been 'keep up the good work folks' and that's been it, that's really been it. It's always been a bunch of front line staff trying to push best practice and we're not getting anywhere."*

Other committees felt that the support from senior management amounted to "lip service" and that when overall budgets were restricted, breastfeeding support was one of the first areas to receive cuts:

> *"[The senior leader] is very supportive but the first thing [they] said to us is as long as it doesn't cost us any money, yes, we'll support you, just don't ask us for a cent."*

From the senior leadership perspective, one district Vice President confirmed that when faced with the current fiscal realities:

> *"…breastfeeding is the first thing to go" because "I don't think they [senior leadership] really see the benefits."*

Another senior leader remarked that the policy was a great step forward, but without the ability to measure the outcomes associated with its implementation, it was not an overly effective tool for making changes throughout the health care system.

At the provincial level, the Provincial Breastfeeding Steering Committee believed that senior leadership was enthusiastic about the provincial breastfeeding policy, but perhaps unaware of the resources that were required to fully implement it:

> *"I don't think when our system approved this policy that there was a real understanding of cost implications, the time implications and the implications in general of having that policy".*

In the district breastfeeding committees that reported feeling well-supported, senior leaders were engaged with the group on a regular basis and easily accessible for communication.

Communication

Like leadership and committee structure, communication is also embedded within multiple directives of the policy, but most prominently in 5.1 and 5.5. Communication within districts was facilitated primarily through informal channels, with committee members reporting to individual managers and some ad hoc committee members (whose membership varied across districts) receiving meeting minutes. No groups reported on the frequency of these internal communications. A few groups had formally presented to senior leaders regarding BFI work in their area.

Communication across districts was facilitated primarily through membership on either the Provincial Breastfeeding Steering Committee or its Working Groups. Communication between the district breastfeeding committees and the Provincial Breastfeeding Steering Committee was facilitated almost exclusively through DHA representation on the Provincial Breastfeeding Steering Committee and/or Working Groups.

Overall, the structures for communication within and across districts were seen to be sufficient for sustaining current work but ineffective for coordinating the efforts of the districts and Provincial Breastfeeding Steering Committee and fully integrating the provincial policy into everyday practices to support breastfeeding:

"It's really easy to work in your own little space right, and get caught up in your own little silo of what you do on a day to day basis so it's really a conscious effort to keep those lines of communication open, to try and always think of ways to improve them."

"We don't have an official way [to communicate] but there is the Provincial Steering Committee and there are provincial Working Groups and so there are some of us who sit at this table that also sit on some of those Working Groups … so you know, there are potential lines of communication but they're not defined."

Several groups highlighted external communication challenges – to both the broader health system as well as the general public – as a particular opportunity for growth:

"There's always a big challenge in communicating with people who aren't as involved with the work and getting that out to other people in a way that gets a hook into them and makes them pay attention. It's always a challenge and communication is always something that we can do a better job on."

Two of the key challenges to communication identified by the groups were an overall unsupportive culture of breastfeeding – again, in both the general health system and the broader public - and engaging health care providers whose time and resources were often pulled in multiple competing directions.

All committees believed that communication within districts could be improved with the provision of a full time, sustainably funded BFI coordinator who had the time and resources to make the necessary connections and build relationships.

Cross-Sectoral Integration

Cross-sectoral integration is a component of directives 5.1 (b) and 5.3 and speaks of the need to integrate breastfeeding into other policies and programs across government and districts. In addition, directives 5.5 (IV) and 5.4 also touch on the need to promote breastfeeding as the cultural norm for infant feeding.

While a few groups had successfully leveraged the provincial policy across sectors, the majority of district breastfeeding committees identified this as a major challenge due to lack of time and resources, as well as a lack of overall coordination of the policy across different sectors:

"I see a disconnect, I don't know that there's a specific process in place when I'm working with a mom who's being given information that's not in keeping with our provincial policy. So what then happens with that information? Where is the accountability when things like that are happening? I'm trying to follow provincial policies and so on but then I'm finding not everybody is doing that so are there mechanisms in place with the provincial policy around if people are following or not following it? How can that be coordinated?"

For those groups that had been successful, identifying champions within the other sectors was seen as crucial, as were countless hours of volunteer time contributed by community members. One district, drawing upon the efforts of volunteers and a passion for engaging the public in breastfeeding support, had experienced cross-sectoral success with its 'Make Breastfeeding Your Business' Toolkit. The Toolkit, available province wide, outlines concrete steps for engaging the private business sector and broader community.

Two key challenges identified by nearly all groups in relation to cross-sectoral integration were that: 1) in general, supporting breastfeeding mothers and children was not highly valued in the broader community, and 2) engaging the broader community in the support of breastfeeding mothers and children took more financial and human resources than were available to the district breastfeeding committees. The private business and education sectors were identified as the most difficult to engage:

"It's interesting, I do Roots of Empathy , and I've always done [grade] primary but this year I'm doing a grade six class and I specifically try to get a breastfeeding mom to bring to the class but when I said to the teacher 'would you be comfortable if she were to breastfeed', it was a definite, it wasn't a definite no, but it was a definite 'I'm very uncomfortable with that'. Like just the look on her face".

Suggestions for where future efforts to promote, protect, and support breastfeeding should be focused included continuing to challenge what many respondents viewed as an unsupportive culture for breastfeeding, both within the health system and more broadly in society. Working to engage physicians was mentioned by different committees as a way to address this in the health system, since these were viewed as key influencers. Stronger connections with other provincial strategies and initiatives were also discussed as a way to address multiple agendas around health including breastfeeding:

"So they talk about childhood obesity but the number one step to reducing childhood obesity is breastfeeding. At least there is an interest in addressing childhood obesity and when we get the strategy to come out, I know breastfeeding is a part of it because it's the whole healthy eating strategy that is child and youth, fruits and vegetables consumption, breastfeeding, it's all those pieces".

"Roots of Empathy is an evidence-based classroom program that has shown dramatic effect in reducing levels of aggression among schoolchildren by raising social/emotional competence and increasing empathy. The program reaches elementary schoolchildren from Kindergarten to Grade 8. In Canada, the program is delivered in English and French and reaches rural, urban, and remote communities including Aboriginal communities." www.rootsofempathy.org

"And are we really serious about that, do we really want to decrease obesity and really look at preventing diseases long-term? This is where it starts. And really support these people to continue. So how do we plan on doing that?"

In addition, one committee discussed the importance of understanding more about prenatal breastfeeding intentions, as well as learning if mothers-to-be were actually receiving the information they needed to make an informed choice. Expanding the 'Making a Difference' (MAD) training was also seen as an important way to build support for breastfeeding within communities.

Health Education Resources

The need for resources to support implementation of the policy is included within directives 5.1 (c&d), 5.5.III and 5.5.IV. Reflecting the directive (5.1c) that information on breastfeeding and infant feeding be standardized and updated in provincial documents or services to which parents and professionals refer, each committee identified the same key resources that they shared with families to support breastfeeding and infant feeding. The most prominent and widely used were those affiliated with the breastfeeding Social Marketing Campaign, the 'Loving Care' series and 'Breastfeeding Basics'. These were highly regarded by committee members; one committee even mentioned that these resources had been described as the top ones in the country by a visiting lactation consultant. Several groups identified gaps in existing provincial resources; for example:

- A more in-depth discussion about sexuality in 'Breastfeeding Basics'; and
- A resource that creates awareness of the existence of the provincial breastfeeding policy, e.g. information to raise awareness of the existence of the Provincial Breastfeeding Policy could be included in the 'Breastfeeding Basics' guide for mothers.

Overall, the groups expressed that existing resources, and any future ones, needed to be accessible to families online. Some committees felt that there was a need to invest more in social marketing, rather than create additional resources, to challenge the unsupportive culture around breastfeeding and to change societal attitudes:

"The moms get so much education on breastfeeding and the benefits of breastfeeding but it's the general public that, I mean most of all our efforts tend to stem to the family itself that's nursing and most of the obstacles are when they tend to go out of that setting"

Further, several committees suggested that any new resources be incorporated into existing 'master resources', such as 'Loving Care' or 'Breastfeeding Basics', so as 1) not to overwhelm families with numerous pamphlets/handouts and 2) to ensure that all information is readily available in one easy to access resource. However, there were also examples of resources for specific groups that might be appropriate to be developed by other organizations, e.g. A resource that outlines what on-reserve

Band members are entitled to from their federal coverage, which could be developed by First Nations and Inuit Health, and a resource for parents with breastfeeding children in acute care settings that could be developed by acute care facilities.

Continuum of Breastfeeding Support

Directives 5.2, 5.1(e) and 5.7 speak to the need for supportive environments for breastfeeding across multiple settings and time-points, including within hospitals, the community and workplaces that support a culture of breastfeeding. A number of resources were cited across districts to support breastfeeding, most typically peer support groups or support lines, one or both of which were available in each district and at the IWK Health Centre. The majority of these were led or supported by volunteer groups or Family Resource Centres. Each district employed a variety of means to inform mothers of the breastfeeding support services in their area. The most commonly used methods were pamphlets or posters displayed or distributed in hospitals, referrals from Public Health Nurses, fridge magnets, Family Resource Centres, prenatal classes, word of mouth and radio/television advertisements. Transportation to peer support groups was identified as a major barrier to access in several districts: numerous suggestions were made that funding transportation costs for rural families to attend breastfeeding support meetings would be a well utilized and highly valued resource.

Across the province, mothers returning to work were supported, to varying degrees, to continue breastfeeding or to pump breast-milk in publically funded work place settings. One district had a workplace policy that outlined the rights of employed breastfeeding mothers while several other districts had general orientations for staff that address this. Several districts had purchased breast pumps that employees were able to borrow. In general, the districts with district specific breastfeeding policies appeared more supportive of breastfeeding mothers returning to work, however many noted that the nature of acute care work (inconsistent breaks, emergency situations, etc.) was seen as a direct hindrance to supporting mothers who worked in the field. Most district breastfeeding committees believed that breastfeeding mothers were philosophically supported but that the practical reality of needing to pump or breastfeed at work was not particularly well supported:

> *"I tried with my first [baby] pumping when I came back and it did not work because… when there's work to be done, people don't look real friendly at you if you're running off with a pump and you're doubling up work for somebody else while you're gone, so if you actually get a break you could run and do it…"*

The same respondent also made the following observation:

> *"and this isn't being judgmental either but there's not one staff member in our facility that smokes that does not get three or four extra smoke breaks during the day and they don't take those on their lunch breaks and their coffee breaks, they're never questioned*

when they want to go out for a smoke… but granted, it doesn't take as long to have your cigarette as it does to nurse a baby, but it's just the whole thought process around it, like people don't view that as a hindrance to your working line as much as they would to sneak off and feed baby".

Many district committee members described personal experience with this dilemma and most identified that if it were not for their determination and self-advocacy, they would not have been able to continue their breastfeeding relationship after returning to work:

"HR is not involved, they're not giving information to people returning from maternity leave, so 'if you're breastfeeding, here's what we can do to help you.' You would have to be very interested and proactive to get any support."

Continuing to breastfeed beyond six months was also seen as a challenge, with some focus group members describing their own personal experience around not feeling accepted in making the decision to breastfeed beyond six months:

"We've got to change the minds, the culture has to change because even nursing at 22 months I was getting to the point, and I know I shouldn't have been, but to the point where I felt I had to hide it. I had to hide it from my mother because she'd say 'oh my god you're too old to be breastfeeding this child', or 'she's too old to be breastfeeding', but you get to the point where you feel you have to hide it because it's not normal, it's not considered normal to others".

Despite the aforementioned challenges, all but one district provided dedicated space(s) designed to make breastfeeding mothers, both employees and members of the general public, feel comfortable and welcome. In some cases, there was no specific room dedicated to breastfeeding mothers, but each hospital in the region provided a seating section, clearly marked and equipped with comfortable chairs and curtains. All other districts provided rooms dedicated to breastfeeding mothers that were clearly marked and equipped with comfortable chairs. Extra equipment available in some spaces across the province included breast pumps, fridges, ottomans, soft lighting and change tables. The Department of Health and Wellness has a dedicated wellness room for mothers and infants that is equipped with signage, a comfortable chair, a blanket and soft lighting. The Provincial Breastfeeding Steering Committee identified clearer communication of the availability of the room to mothers as well as clearer communication with management of the need for such a room as specific opportunities for growth.

BFI Implementation and Designation

The implementation and designation of the Baby Friendly Initiative is a core component of directives 5.5.V and 5.10. Previous evaluation of BFI was conducted in 2004-2005 with the aim of determining

where Districts were in relation to implementation. This evaluation provided information on progress towards implementation towards BFI designation. For the purposes of this evaluation, awareness and understanding of the process of achieving BFI designation was the focus.

All district breastfeeding committees, as well as the Provincial Breastfeeding Steering Committee, saw achieving BFI designation as both a challenge and an opportunity. This was due largely to the fact that the 10 steps that make up the designation process for hospitals (See Appendix 4) are perceived as complex, time consuming and often difficult to measure. A number of structural challenges were also mentioned, including a lack of enforcement around the steps in achieving BFI designation, along with concerns for where funding for achieving designation would come from and the often-mentioned unsupportive culture for breastfeeding. Beyond theses structural challenges of implementing BFI at the district level, other challenges raised by the district breastfeeding committees were:

- Lack of sustained funding for someone to lead the initiative at the district level;
- Lack of general awareness within the health system of the importance of breastfeeding support and BFI designation;
- Reluctance on the part of senior leadership to 'buy in' to BFI for fear of financial commitment or loss of financial support from formula producers; and
- Educating and engaging physicians and acute care providers.

"It would be wonderful to have positions funded to dedicate time to implementation of those ten steps. And again, I would, even two would be pie in the sky, so that you'd have Public Health and Mat/ Child people that would work collaboratively"

> *"The challenge is in engaging physicians, it's engaging other departments to see they have a role to play in BFI, they don't always see that. A mom who comes in with a five month old baby who requires surgery needs to be supported to continue to breastfeed the baby, or that perhaps knowing a mother is breastfeeding is important when mom comes into the emergency, she's been on prescriptions that she needs to know is OK for her to take, but they need to know it too. So I think it boils down to a lack of knowledge and awareness and getting everybody on board with the same consistent and accurate messages."*

Despite these challenges associated with achieving BFI designation, all committees were able to identify particular achievements within their districts since the implementation of the provincial policy:

- Half of all districts reported having a district specific policy in place with all other districts at various stages of draft policy approval;
- Skin to skin contact and 24 hour rooming-in is increasingly becoming the norm in many health centres across the province;
- Making a Difference training has standardized breastfeeding messages and practices across the province;

- Several districts purchased their formula at fair market value with several other districts currently reviewing and/or renegotiating their contracts ; and
- All district breastfeeding committees have connections with breastfeeding supports available in the community and regularly refer mothers to them.

One committee member also spoke of the need for BFI designation to be part of the national accreditation process for health settings14:

> *"I'm seeing recognition of just health promotion in general growing. But for example, we just went through accreditation but there was no real integration of BFI work into our accreditation stuff as well right, like you know it's, we were kind of questioning so why isn't that part of our accreditation standards?"*

Integration of BFI designation into the accreditation process would both raise awareness of the steps required for BFI designation and send a powerful message that breastfeeding was valued at a national priority.

International Code of Marketing of Breast-milk Substitutes

Directive 5.6 addresses the need to encourage the application of the International Code of Marketing of Breast-milk Substitutes. The Code was not viewed by all focus group participants as a universally agreed or celebrated document. A number of district breastfeeding committee members felt that the Code impinged upon women's autonomy and decision-making abilities, demonizing formula to the point of making any mother who cannot or will not breastfeed feel guilty about feeding her baby formula. Worth noting is that, as a step towards BFI designation, compliance with the Code, particularly the clause which stipulates that formula must not be provided free to families, was often misconstrued by committee members to mean that any formula given to infants represented a direct violation. Several district breastfeeding committee members were able to point out that the Code states in section 6.6-6.7 that providing free formula is acceptable when it is medically necessary and when the donation can be sustained for the duration of the infant's/child's need of it. Others raised the question of marketing and sponsorship more broadly:

> *"And it raises greater government-like questions too, like why are we so dependent on corporate, you know sponsorship for things that in other countries that doesn't happen? So what's sort of happening with our model that we need to rely on all these lotteries and gambling and sponsorship with all these different companies that go against a lot of things down the road that will affect the health of our population?"*

These observations strengthen the earlier recommendation by district breastfeeding committee members that the Making a Difference course, which includes an in-depth discussion of the International Code and its applicability, be offered more widely.

In light of the aforementioned challenges, building understanding of the Code among health care providers was perceived by all district breastfeeding committees to be particularly difficult. Some committees had taken on this piece of work by hosting 'lunch and learns' with staff, however, those committees noted that it was typically the health care providers who were already strong breastfeeding advocates who attended the sessions. Physicians were seen as a particularly challenging group, as many still accepted free formula and family care items, such as weigh pads and tape measures, with formula advertisements on them. Suggestions for building understanding of the Code among physicians were:

- A partnership between the Provincial Breastfeeding Steering Committee and Doctors Nova Scotia;
- Provision of provincially funded, unlabelled family care items to all physician's offices;
- A one page resource mailed out to all physicians outlining the Code and its importance; and
- Identifying a highly visible champion to promote the Code among colleagues.

Beyond physicians, several committees, as well as the Provincial Breastfeeding Steering Committee, expressed the need for national legislation of the Code to make it a priority within the health system. A number of committees identified the Provincial Breastfeeding Steering Committee as the appropriate leader of the advocacy efforts necessary to accomplish this.

The 'Making a Difference' course was viewed by all committees as a successful program in relation to educating and informing health care providers about the International Code, and the importance of breastfeeding in general. Incorporating physicians and other health care providers into future Making a Difference training was seen as an exciting opportunity for building understanding of the Code across health systems.

The primary means of building understanding of the International Code among mothers was through informal discussions in Public Health led prenatal classes. Although several committees believed this to be sufficient, others clearly identified a need for a family specific resource dedicated to explaining the Code and its impact/importance in a short, easy to read, take home format.

Breastfeeding Training and Education in Learning Institutions and across the broader Health System

The importance of encouraging all professional bodies to ensure adequate theoretical and practical training in the area of breastfeeding is addressed in directives 5.5.VI and 5.8. Promoting breastfeeding training and education within learning institutions was acknowledged as both a challenge and an opportunity by most district breastfeeding committees. For those committees that believed they had been successful in doing this, there were several common factors that enabled their success:

- Having established relationships with key people within the learning institutions, such as a teacher or instructor;

- Making presentations to individual classes or programs (such as Early Childhood Education, Nursing or Medical programs); and
- Supporting/making connections with Roots of Empathy programmers and mothers.

Committee generated suggestions for promoting breastfeeding training and education among general health system staff and volunteers included:

- Supporting general health system staff and volunteers to attend the Making a Difference training; and
- Creating a mandatory general orientation for all health system staff and volunteers that highlights the policy and the importance of supporting breastfeeding mothers/children.

The challenge associated with engaging physicians was a consistent theme across all districts, often coming up multiple times:

> *"I've had women come and say 'well I stopped because I was on an antibiotic and the doctor told me I couldn't breastfeed…'"*

> *"And you can't counteract that… you can't tell a patient your doctor is wrong, you can't stand there and say your doctor is wrong, the patient values those physicians, those are their key person".*

At the provincial level, the Provincial Breastfeeding Steering Committee identified Dalhousie University's inter-professional breastfeeding elective, Making a Difference and the Food and Nutrition Standards for Regulated Child Care Settings as successful initiatives aimed at promoting breastfeeding training and education within learning institutions and throughout the broader health system. A few district breastfeeding committees spoke of the need to engage in education within the school system, either through more health promotion for teachers in training or directly to students, although this was not discussed in great detail.

Breastfeeding Monitoring and Surveillance

Surveillance is a necessary component of monitoring and evaluation and is addressed in directive 5.9. As previously described, breastfeeding surveillance data comes from three main sources, the Nova Scotia Atlee Perinatal Database (NSAPD), the Healthy Beginnings Database and Canadian Community Health Survey data. A review of current breastfeeding methods in Nova Scotia was recently conducted. Although a few districts are collecting duration data, this is not done on a consistent basis. This review identified two gaps in surveillance data, at both the provincial and district levels: 1) a lack of, and need for, breastfeeding duration data, and 2) the consistency of definitions used when collecting breastfeeding information, along with clarification on the process for data collection. Both of these issues were mentioned within the focus groups:

"There has to be clarification on some of the tools, so for example, the provincial data base, you could take a sample of ten public health personnel that puts data in and ask them 'what's your definition of partial medical' and 'what's your definition of this,' and you'd probably get a few different answers."

The current breastfeeding surveillance data set and collection methods were viewed by all focus groups as insufficient for fully understanding the outcomes of breastfeeding mothers across Nova Scotia. Every committee felt that the definitions used for surveillance, such as 'exclusive breastfeeding', needed to be standardized and clearly communicated to providers to prevent subjective interpretation. Standardized definitions do exist within the Healthy Beginnings database, which suggests that those participating in the focus groups were not aware of these or did not perceive these as such. Nearly all committees, including the Provincial Breastfeeding Steering Committee, offered the recommendation of having physicians collect surveillance data using standardized definitions, in tandem with the routine vaccination schedule (2,4,6,12 and 18 months). Another suggestion was that committees needed both breastfeeding data and information on how to best interpret these data.

Other suggestions for improving current data collection methods were:

- A self reporting, online system for mothers; and
- A tool for determining influencing factors in a mother's decision to begin/continue/discontinue breastfeeding.

"My dream is that there would be the capacity for women to self report and then we could just access the information. If it's in their hands, I mean they are techno-savvy, this generation, so if there was a way to set it up that they could report in at whatever period of time and we had a way of extracting that information."

Social Marketing Campaign

Directive 5.4 describes the requirement to establish a breastfeeding social marketing strategy aimed at the general population. This campaign was launched in October 2009 following extensive consultation with the target group of mothers, potential mothers and people who support them (friends and family). Health professionals were identified as a secondary target group and the campaign tag line was 'Breastfeeding. Learning makes it natural'. This message was designed to address the reality that breastfeeding could be challenging, and that it didn't just happen naturally but needed to be worked at. The campaign included two television commercials, radio advertisements, a series of posters, bookmarks and a campaign website - www.first6weeks.ca - so-called because in the consultation, women often spoke about six weeks being the approximate time it takes to get comfortable with breastfeeding.

Overall, the majority of committees believed that the social marketing campaign provided opportunities for deeper breastfeeding dialogue with mothers and families. The highly visible nature of the campaign was applauded as it brought breastfeeding into the public domain and encouraged discussion:

> *"The fact that the province was actually saying something about breastfeeding was a good thing. It brought up the topic of breastfeeding, positive or negative, it brought up the topic in homes or between people."*

Further, the message of "learning makes it natural" was felt by committee members to be particularly appreciated by both breastfeeding mothers and health care providers. Several committee members from across the districts remarked that the social marketing campaign provided them with a useful and easily communicated platform for discussing the often challenging realities of an early breastfeeding relationship:

> *"I like to use the saying a lot. I hear from moms that are thinking about switching to formula, they say 'breastfeeding is supposed to be natural but it's really hard' and I always reinforce about the learning process."*

Three overall critiques of the campaign were shared by most of the district breastfeeding committees. The first critique focused on the fact that the message of the campaign was neither easily discernible nor accessible to those individuals with low literacy. To that end, some participants felt that the message of 'learning makes it natural' was lost in the complexity of the delivery, most notably in the resources that featured dance steps and a learning curve, and that women had to "really work" to figure out what the messages of the resources were.

The second critique was that committee members observed many mothers and their supporters misinterpreting 'The First Six Weeks' slogan to imply that mothers should only breastfeed for six weeks:

> *"Well a mother asked me, a prenatal mother, she was saying 'do you only have to breastfeed for the first six weeks?' So that was the only question I got from a mother regarding the campaign"*

Several groups also remarked on the lost potential of the website due to privacy concerns[4], as the Internet was seen as a powerful tool for educating and supporting breastfeeding mothers:

> *"Even some of the stories when you clicked on the letters it wasn't working or you'd get the same story three times, but these young moms are used to constant information so that was about as interesting as reading a sheet of paper. They did like the information that was on the webpage better than the posters, but it was interesting for about five minutes."*

[4]*Currently the website is static due to an unforeseen complication with hosting the website on a government server.*

However, it is important to consider that health care providers were not the intended audience for this campaign and that the campaign materials were tested with the target audience (breastfeeding mothers and the general public) and had been well-received. The campaign did demonstrate success in engaging people, encouraging more dialogue around breastfeeding and promoting the message that breastfeeding did not just happen for new mothers, which was seen to be reassuring.

Highlighting Key Successes

This section of the focus groups provided each district breastfeeding committee and the IWK Health Centre with the opportunity to reflect on and celebrate their particular successes. This list provides a summary of the most talked about accomplishments in each district since the implementation of the provincial policy. This is not a comprehensive list, but instead provides highlights of the work being conducted to build partnerships, raise awareness and advocate for breastfeeding across districts:

- One district highlighted success with the 'Make Breastfeeding Your Business' toolkit, through engaging local business organizations and community groups. This led to a number of businesses providing dedicated space for breastfeeding mothers;
- One district spoke of their success with establishing peer support groups and peer support phone lines, with several of each service providing bilingual services to mothers across a wide geographic region;
- One district described how their library kit program was seen as working very well and they were proud that they were able to support a local town in working towards BFI designation;
- One district currently captures duration statistics with regular call-backs to breastfeeding mothers. Also, the committee was proud of the successes of the a local mothers group in creating and sustaining a breastfeeding culture in that area;
- One district had recently formed a committee specifically designated to achieving BFI status in the district. That committee has identified a number of "quick wins" that they can accomplish in a short time, providing everyone in the district with a renewed sense of energy around breastfeeding support;
- One district described their success in keeping breastfeeding on the agenda at the management level despite crippling budgetary restraints and an unsupportive breastfeeding culture. The group also recently partnered with local businesses to create a promotional breastfeeding video; and
- The lactation consultants in one district have been receiving more physician referrals for breastfeeding issues than in the past, suggesting that their work is making crucial inroads with physicians and therefore better supporting mothers;
- One district viewed the Making A Difference course as a particular success with 75% of Public Health and 50% of Acute Care providers having gone through the training;
- One district described their success with implementing and supporting a Breastfeeding Community of Practice Group that focuses on the breastfeeding needs of the broader community;
- Once committee spoke of their success in protecting the breastfeeding relationship of mothers and children who are accessing acute care services such as surgery.

Leveraging the Provincial Policy and Pulling it all Together

The Provincial Policy and the work of the Provincial Breastfeeding Steering Committee provided the local district breastfeeding committees with leverage to make foundational changes in support of breastfeeding at the District Health Authority level. All groups were able to make a clear link between the implementation of the policy and a greater level of awareness of breastfeeding and breastfeeding support among senior management as well as the general public:

> *"I don't think it's an understatement to say everything we do is creating an environment that's around promotion of breastfeeding. So whether it's the work around BFI, whether it's conversations we're having at tables around cross-sectoral integration, like regardless of where it is, the fact that we're having conversations about breastfeeding is different. That didn't happen before."*

This observation was echoed in the senior leadership interviews:

> *"Having a provincial breastfeeding policy was one of the pieces that I have used, and continue to use, to provide me with the support I need to garner support within the institution."*

At the provincial level, the policy was also seen as an effective tool for leveraging resources in support of breastfeeding. In particular, Provincial Breastfeeding Steering Committee members celebrated and credited the rapid response to questions around breastfeeding and H1N1 to having the provincial policy in place:

> *"But I think with the provincial endeavors now, it's pulling us all together, it's kind of creating more consistent messaging out there."*

> *"There's a much bigger public face to breastfeeding support than would have been the case 4 or 5 years ago and a lot of that does connect with things that are happening province wide"*

These comments and the overall findings from this evaluation reinforce the value of having a provincial policy but there is more to be done to create a supportive culture of breastfeeding in Nova Scotia. The following section provides recommendations for how the policy should evolve in the future.

RECOMMENDATIONS

The provincial policy has been successful in generating support for breastfeeding, but current action is insufficient to challenge what many viewed as an unsupportive culture of breastfeeding. Much of the work continues to be led by volunteers, and dedicated resources for supporting breastfeeding are often the first to go in times of fiscal restraint. Although there are a number of examples of success around the promotion of breastfeeding in multiple settings, there is still considerable work to be done to support breastfeeding more widely across the province. The following 16 recommendations are therefore made as a result of this evaluation:

Coordination of Breastfeeding and BFI (directives 5.1 and 5.5)

- Strengthen leadership across multiple levels (provincial, district and community) to rectify the perceived disconnect between work going on at the practice level and the level of commitment and priority afforded to breastfeeding from senior leadership.
- Identify a dedicated role within districts/IWK to support the implementation of the BFI, as well as to provide leadership for promotion of breastfeeding within districts.
- Create more effective communication structures between the provincial breastfeeding steering committee and district breastfeeding committees.

Cross-sectoral integration (directives 5.1 and 5.3)

- Further integrate the provincial breastfeeding policy with other provincial and district level strategies and initiatives, e.g. the Healthy Eating Nova Scotia Strategy, the Childhood Obesity Prevention Strategy, and the Food and Nutrition Standards for Licensed Childcare Centres.

Health education resources (directives 5.1 and 5.5)

- Communicate the availability of existing resources more widely and through a variety of means, e.g. social media.
- Continue to update resources regularly, and incorporate any identified gaps to the existing resources into future updates, rather than developing additional resources.

Social Marketing (directive 5.4)

- Continue the social marketing campaign as a strategy to challenge societal norms, create supportive environments and provide continuum of care through online peer support. This can be done through the breastfeeding website (www.first6weeks.ca), TV and radio advertisements, print media, posters, etc.
- Expand the website (www.first6weeks.ca) to include an interactive component that will allow mothers to access peer support in an online community. Address privacy issues associated with the website to facilitate online sharing and peer support.

Continuum of breastfeeding support (directives 5.1, 5.2, 5.7)

- Provide dedicated resources to support mothers who currently breastfeed or are intending to breastfeed, as well as to support health professionals, community partners, and volunteers who work with them.

BFI implementation and designation (directives 5.5 and 5.10)

- Implement the Baby Friendly Initiative and regularly monitor progress towards achieving designation.

International Code of Marketing of Breast-milk Substitutes (directive 5.6)

- Build understanding and support for the implementation of the International Code of Marketing of Breast-milk Substitutes by engaging health professionals (e.g. the Making a Difference training has been successful in moving this understanding forward).

Breastfeeding training and education (directives 5.5 and 5.8)

- Engage physicians in education about the importance of breastfeeding, both for the health of the baby and for the mother, and identify resources that they can use within their practice.
- Building on the success of the Making a Difference course, continue to provide training and education across multiple sectors, e.g. health professionals, community partners, and volunteers.
- Promote breastfeeding training and education across a range of professions and learning institutions.

Surveillance (directive 5.9)

- Develop a formal structure for a consistent approach to capturing data around breastfeeding duration.
- Promote greater awareness and uptake of the existing standard definitions for breastfeeding currently available across the province.

CONCLUDING REMARKS

This report has highlighted the key findings of an evaluation of the implementation of the Nova Scotia Provincial Breastfeeding Policy. The purpose of this evaluation was to:

- Collect meaningful and relevant data in a systematic way across the province to inform decision making and planning related to breastfeeding initiatives at various levels of the system;
- Provide a consistent assessment of policy implementation across the province;
- Identify successes, challenges and opportunities related to policy implementation;
- Identify additional supports required to achieve full implementation; and
- Promote awareness/discussion of the policy and encourage self-assessment/reflection related to implementation of the policy.

These objectives have been achieved through the collection and analysis of a range of data from the provincial and district breastfeeding committees and through reviewing these findings within the context of the policy directives. The data collected provided valuable insight into how the policy directives were being integrated within the broader health system and how that integration is impacting breastfeeding activities across the province. We wish to recognize that the breastfeeding committees and support systems we encountered throughout the course of this research have, for the most part, been in existence for much longer than the provincial policy and thus any successes, challenges and opportunities identified in this report should be viewed in light of many years of sustained work prior to 2005 to support breastfeeding province-wide. The majority of the data presented here was provided by the district breastfeeding committees and therefore was influenced by the priorities and objectives of those groups. Community representation and breastfeeding mothers represent a gap in our understanding of how the provincial policy is impacting ground level understanding and support of breastfeeding. Senior leaders provided further context to the data collected in the Districts but their numbers were not sufficient enough to draw concrete conclusions of senior leadership involvement across the districts.

Despite the above limitations, there are a number of examples of successes with the promotion of breastfeeding across the province, and these need to be celebrated. The policy was widely supported by those we talked to, but there remain a number of challenges with implementation. There was a pervasive view that senior leadership, both provincially and at the district level, did not fully value the importance of breastfeeding, or that the work was valued but not supported by adequate or dedicated resources for this work. This view likely reflects the societal norms that exist around breastfeeding, that still represent an unsupportive culture. These norms can and should be challenged, through stronger leadership, coordination of efforts and integration, as outlined in the above recommendations. This is of particular importance as the provincial government embarks on a provincial childhood obesity prevention strategy. Recent evidence from Atlantic Canada has

highlighted the role of breastfeeding and maternal pre-pregnancy bodyweight in the development of childhood obesity15-17. Given that breastfeeding has benefits to the mother and baby, as previously outlined1-3, promotion of breastfeeding offers a population-based strategy for addressing the childhood obesity epidemic in the province. Prominent inclusion of support for breastfeeding in the provincial childhood obesity prevention strategy, as well as action on each and every recommendation outlined in this report, will therefore go a long way towards achieving what the World Health Organization, UNICEF and others set in motion over three decades ago. This in turn should translate into substantial health benefits for Nova Scotians, ensuring our future generations meet their potential by growing up healthy.

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APPENDICES

Appendix 1: Policy Directives

Directive 5.1: The Department of Health and the Department of Health Promotion and Protection:

- Will, in part, through the Provincial Breastfeeding and Baby-Friendly Initiative Committee:
  - Appoint a person to coordinate breastfeeding and the Baby-Friendly Initiative at the provincial level;
  - Integrate breastfeeding into all government programs relating to child health;
  - Ensure that information on breastfeeding and infant feeding is standardized and updated in provincial documents or services to which parents and professionals refer (i.e. A New Life, Breastfeeding Basics, Year One Food for Baby, After Year One Food for Children, etc.);
  - Include and maintain information on breastfeeding, including the position of the Department of Health and the Department of Health Promotion and Protection, to its website;
  - Ensure the development and use of standardized infant feeding assessment and care planning tools by providers throughout the health system.

Directive 5.2: Put in place the conditions (time, space and support) necessary to facilitate breastfeeding by employees of the Department of Health and the Department of Health Promotion and Protection and work to ensure the same across government.

Directive 5.3: Ensure that social policies (interdepartmental and cross-sectoral) that promote breastfeeding are maintained and improved.

Directive 5.4: Establish a breastfeeding social marketing strategy aimed at the general population.

Directive 5.5: Promote the implementation of the Baby-Friendly Initiative (BFI) through a provincial committee (Provincial Breastfeeding and BFI Committee). The following are included within the mandate of the committee:

- Provide leadership for the protection, promotion and support of breastfeeding;
- Support the implementation of the Baby-Friendly Initiative within Nova Scotia, in partnership with the Breastfeeding Committee of Canada (BCC), the National Authority for the Baby-Friendly Initiative (BFI);
- Make known the Ten Steps to Successful Breastfeeding and the Seven Step Plan for the Protection, Promotion and Support of Breastfeeding in Community Health to health system funded organizations and agencies;
- Distribute to health system funded facility and organization administrators appropriate information concerning programs aimed at protecting, promoting and supporting breastfeeding (e.g. BFI);

- Assume responsibility, in collaboration with the organizations concerned (e.g. WHO, UNICEF, the Breastfeeding Committee for Canada, etc.), for the certification of baby-friendly facilities and for recommendations made to the Department of Health and the Department of Health Promotion and Protection for the granting of the designation;
- Build commitment throughout the province for breastfeeding and to implement the BFI so that breastfeeding will be the cultural norm for infant feeding in Nova Scotia.

Directive 5.6: Encourage the application of the International Code of Marketing of Breast-milk Substitutes, which implies:

- Include in policy relating to ministerial publications, both written and audiovisual, the obligation to respect the Code, while emphasizing that breastfeeding is the normal method of infant feeding. Images representing bottlefeeding, baby bottles, nipples or commercial infant feeding formula (artificial milk) should not be used unless absolutely necessary;
- Ensure that policies relating to government publications are respected, and using influence on other Departments to ensure that the Code is respected.

Directive 5.7: With the Provincial Committee and the District Health Authorities/IWK Health Centre, support the implementation of tools e.g. infant feeding/nutrition assessment & care planning tool (under development) and activities, such as, individual breastfeeding support, community capacity building e.g. peer support groups, local coalitions/networks, by DHAs and other health system funded organizations and agencies.

Directive 5.8: With the Provincial Committee, encourage all professional bodies to ensure that universities, community and vocational colleges offer students who will be future health professionals, adequate theoretical and practical training in the area of breastfeeding.

Directive 5.9: Ensure the development and implementation of a provincial breastfeeding surveillance system using standardized definitions and timelines (initiation and duration) developed and approved by the Breastfeeding Committee for Canada. [Consistent with "Healthy Babies, Healthy Families" infant feeding and growth (i.e. height and weight) should be monitored at 3-7 days of age, ten to fourteen days of age and at one month.]

Directive 5.10: Regularly monitor progress towards achievement of the BFI in Hospitals and Community Health Services across the province

Appendix 2: Provincial Level Focus Group Guide

Coordination of Breastfeeding and BFI (Leadership & Committee Structure):

Please describe the coordination of breastfeeding, including the Baby Friendly Initiative, at the provincial level. Include in your response:

- Any positions dedicated to the coordination of breastfeeding (including BFI)? What is the scope, term and source of funding?
- Any committee structures to support breastfeeding.

1. The membership of this committee, including the sectors and disciplines represented, and who leads it.

2. The level of support from and participation by senior leadership related to breastfeeding.

3. This committee's process for communicating with National (Breastfeeding Committee of Canada) and Regional committees

Please provide feedback on the coordination of breastfeeding. Include in your response any feedback related to coordination provincially, nationally, within the Atlantic Region and/or within the districts. Consider: 1) what is working well? 2) What are the limitations/barriers? 3) What, if any, recommendations do you have for improving structure?

Cross-Sectoral Integration

Please share any work that has been and/or is currently being done, since the release of the Provincial Breastfeeding Policy, to integrate breastfeeding into policies, programs or existing standards across government.

Health Education Resources (for the general population)

What provincial resources have been revised and/or developed to support the implementation of the Provincial Breastfeeding Policy?

Are there any provincial resources that need to be revised to support the implementation of the provincial breastfeeding policy?

Please provide any ideas or suggestions for the development of resources (of any medium – print, web-based etc.) to support the implementation of the Provincial breastfeeding policy.

Continuum of Breastfeeding Support

Please describe how mothers are supported within Provincial work places to 1) Breastfeed and/or pump breast-milk and 2) Continue to breastfeed for 2 years and beyond.

Please describe any spaces available to breastfeeding employees and visitors. In your description, include any equipment within these spaces that facilitates breastfeeding (a comfy chair etc.)

BFI Implementation and Designation

Please describe the designation process for achieving BFI designation in NS.

Please share any successes and/or challenges related to achieving BFI designation at the Provincial Level.

International Code of Marketing of Breast-milk Substitutes

Please take a few minutes to review the code as provided. Please describe your efforts to build understanding of the code and apply it to the following areas (please include in your answers any key successes and/or challenges in each category)

- Mothers
- Health Workers
- Health Care Systems
- Labelling
- Other

Please identify any additional supports that would help with implementation of the code.

Breastfeeding Training and Education

Please describe any efforts to promote breastfeeding and breastfeeding training within learning institutions (public schools, colleges, universities etc.)

Please describe any initiatives related to breastfeeding education for health system staff, volunteers and early childhood education staff.

Surveillance

[Preamble: In the Spring/Summer of 2010, key informant interviews were conducted to collect information of current breastfeeding data collection.]

Please identify any information that you feel is missing from current data collection, but would be useful for decision making.

Please provide ideas and recommendations to improve breastfeeding data collection.

Promotion of Breastfeeding

Please describe your efforts since the release of the Provincial Breastfeeding Policy, to promote breastfeeding as the cultural norm for infant feeding.

Reflecting on the Social Marketing Campaign specifically (the entire process for the SMC, including the formative research, focus groups, telex-health sessions, and messaging in every day practice), please share the following:

- Your thoughts on how the SMC has impacted mothers.
- Your thoughts on how the SMC has impacted health care providers practice and attitudes about breastfeeding.
- Particular successes of the SMC.
- Particular challenges of the SMC

Final Thoughts

Please provide ideas/recommendations for future efforts to promote, protect and support breastfeeding.

Appendix 3: District Level Focus Group Guide

Coordination of Breastfeeding and BFI (Leadership and Committee Structure):

Please describe the coordination of breastfeeding, including the Baby Friendly Initiative, in this district. Include in your response:

- Any positions dedicated to the coordination of breastfeeding (including BFI)? What is the scope, term and source of funding?
- Any committee structures to support breastfeeding.

4. The membership of this committee, including the sectors and disciplines represented, and who leads it.
5. The level of support from and participation by senior leadership related to breastfeeding.
6. This committee's process for communicating with 1) leadership within your DHA 2) with other DHAs and 3) with the provincial breastfeeding steering committee and provincial working groups.

Please provide feedback on the coordination/organization of breastfeeding related activities in this district. Include in your response any feedback related to coordination within your district as well as, where applicable, coordination at the provincial level. Consider:

1. What is working well?
2. What are the limitations/barriers?
3. What, if any, recommendations do you have for improving structure? [If funding is not raised, ask for comment on funding to support implementation of the policy at the local level]

***** This question is not concerned with the activities themselves, but rather the organization of them. What worked, what didn't, what could be improved upon?

Cross-Sectoral Integration

Please share any work that has been and/or is currently being done, since the release of the Provincial Breastfeeding Policy, to integrate breastfeeding into policies or programs across the district.

Health Education Resources (for the general population)

How is this committee using provincial resources to promote, protect and support breastfeeding in this district?

Are there any provincial resources that need to be revised to support the implementation of the provincial breastfeeding policy?

Please provide any ideas or suggestions for the development of resources (of any medium – print, web-based etc.) to support the implementation of the provincial breastfeeding policy.

Continuum of Breastfeeding Support

Please describe for each of the following how breastfeeding is supported in this district. In your descriptions, please consider the number of supports, funding sources, leadership who is involved, how community is made aware of the supports, key successes and challenges: 1) Peer Support Groups 2) Peer Support Lines 3) Other

Please describe how mothers are supported within this district's work places to 1) Breastfeed and/or pump breast-milk and 2) Continue to breastfeed for 2 years and beyond.

Please describe any spaces available to breastfeeding employees and visitors. In your description, include any equipment within these spaces that facilitates breastfeeding (a comfy chair etc.)

BFI Implementation and Designation

Describe the steps that have been taken related to the designation process in this district.

Please share any successes and/or challenges related to the implementation of the BFI 10 steps (and/or 7 points) in this district.

International Code of Marketing of Breast-milk Substitutes

Take a few minutes to review the code as provided. Please describe your efforts to build understanding of the code and apply it to the following areas (please include in your answers any key successes and or challenges in each category)

- Mothers
- Health Workers
- Health Care Systems
- Labelling
- Community Partners (family resource centres, community health centres etc.)
- Other

Please identify any additional supports that would help with implementation of the code.

Breastfeeding Training and Education

Please describe any efforts to promote breastfeeding and breastfeeding training within learning institutions (public schools, colleges, universities etc.)

Please describe any initiatives related to breastfeeding education for health system staff, volunteers and early childhood education staff.

Surveillance

[Preamble: In the Spring/Summer of 2010, key informant interviews were conducted to collect information of current breastfeeding data collection.]

Please identify any information that you feel is missing from current data collection, but would be useful for decision making.

Please provide ideas and recommendations to improve breastfeeding data collection.

Promotion of Breastfeeding

Please describe any additional efforts that have not already been covered, to promote breastfeeding as the cultural norm for infant feeding in this district since the release of the Provincial Breastfeeding Policy.

Reflecting on the Social Marketing Campaign specifically and in its entirety (including the formative research, focus groups and tele-health sessions), please share your thoughts on how the SMC has impacted mothers in this district.

Please share your thoughts on how it has impacted health care providers practice and attitudes about breastfeeding.

Final Thoughts

Please provide ideas/recommendations for future efforts to promote, protect and support breastfeeding in this district.

Appendix 4: 10 Steps to BFI Designation

Step One: Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.

Step Two: Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy

Step Three: Inform pregnant women and their families about the importance and process of breastfeeding

Step Four: Place babies in uninterrupted skin to skin contact with their mothers immediately following birth for at least an hour or until the completion of the first feeding or as long as the mother wishes: encourage mothers to recognize when their babies are ready to feed, offering help as needed.

Step Five: Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

Step Six: Support mothers to exclusively breastfeed for the first 6 months unless supplements are medically indicated.

Step Seven: Facilitate 24 hour rooming in for all mother infant dyads; mothers and infants remain together.

Step Eight: Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

Step Nine: Support mothers to feed and care for their breastfeeding infants without the use of artificial teats or pacifiers (dummies or soothers).

Step Ten: Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

The Code: Compliance with the International Code of Marketing of Breast-milk Substitutes.

NOVA SCOTIA

Breast feeding
Nova Scotia