

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.

Implementation of the Nova Scotia Provincial Breastfeeding Policy

Executive Summary



For the full report Provincial Breastfeeding Strategy, please see www.gov.ns.ca



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.

Recommendations

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.