



**PEI Breastfeeding Coalition  
Membership**

- Queen Elizabeth Hospital
- Prince County Hospital
- West Prince Community Health Services
- East Prince Public Health Nursing
- Queens Public Health Nursing
- Kings Public Health Nursing - Montague and Souris
- East Prince Pediatricians
- Department of Health and Social Services
- PEI Reproductive Care Program
- Queens Pediatricians
- UPEI School of Nursing
- Kids R' First Family Resource Centre
- Centre de ressources familiales - Cap enfants
- Carousel Family Resource Centre
- LaLeche League
- PEI Midwives Association
- Parent Representatives
- Association of Nurses of PEI
- Doula Association of PEI
- PEI Pharmacy Association
- C.H.A.N.C.E.S. Family Resource Centre
- Lennox Island First Nation

# **PEI Breastfeeding Coalition**

## *Survey of Breastfeeding Mothers Executive Summary*

prepared by

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*“Working to make breastfeeding the  
cultural norm for infant feeding on PEI”*

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### **1.0 Introduction**

The PEI Breastfeeding Coalition (PEI~BFC) is a broad based provincial working group dedicated to the promotion, support and protection of breastfeeding on Prince Edward Island. The coalition is multi-disciplinary, represents all regional health authorities across the province, and has representation from community partners and the Department of Health and Social Services. Constituted in early 1999, an initial task of the PEI~BFC was to establish a strategic planning framework, which would guide its decisions and activities over the next several years. A survey of breastfeeding mothers was carried out and the results of the study will provide the coalition with baseline data to assess the effectiveness of the strategic plan over the next five years.

### **2.0 Purpose**

The purpose of this study was to collect baseline data regarding breastfeeding duration rates across PEI, women's reasons for discontinuing breastfeeding, women's perceptions and opinions regarding the support they received while breastfeeding, the barriers they encountered and how breastfeeding can be encouraged.

### **3.0 Research Questions**

The research questions addressed in this study were:

1. What are the duration rates for breastfeeding on PEI?
2. Do mothers breastfeed for as long as they wish?
3. What are women's reasons for discontinuing breastfeeding?
4. Are mothers comfortable breastfeeding wherever they wish?
5. What is the comfort level of partners and other family members?
6. Do mothers have adequate support and encouragement to continue breastfeeding?
7. What barriers do women encounter to breastfeeding wherever they wish?
8. What can be done to encourage women on PEI to breastfeed?

### **4.0 Methodology**

The study was primarily a descriptive survey. Data were collected from mothers who had breastfed or continued to breastfeed at the time their infant was 12 months of age. Data were collected from May 2002 to September 2003 in the five regional Public Health Nursing offices prior to the infant's 12 month immunization.

## 5.0 Findings

- The sample consisted of 203 women from across the province. Each of these women had breastfed (for at least a day) or were still breastfeeding at the time of the study. Twenty-two (10.8 per cent) women participated from West Prince, 56 (27.6 per cent) from East Prince, 54 (26.6 per cent) from Queens, 27 (13.3 per cent) from Southern Kings, and 44 (21.7 per cent) from Eastern Kings regions. Women from West Prince and Southern Kings were under-represented in the sample.
- Participants ranged in age from 17 to 45 years with a mean (average) age of 29.6 (SD 5.47) years. The number of times women gave birth ranged from one to seven. The vast majority of women (81.4 per cent) had received prenatal education. Women represented a broad range of education and income. No significant differences were noted across regions with respect to any of the demographic variables.
- Of the 203 women, 175 had stopped breastfeeding at the time of the survey. The mean duration of breastfeeding for these women was 4.5 months. West Prince had the lowest duration at 2.5 months and Queens the highest at 5.4 months; however regional variations in duration were not statistically significant.
- When asked if they wanted to stop breastfeeding when they did, 57.9 per cent of women responded “yes”, while 42.1 per cent did not want to stop breastfeeding. The most frequently cited reasons for discontinuing breastfeeding were return to work or school and breastfeeding problems/issues.
- The most notable differences in reasons for discontinuing breastfeeding across regions related to sore nipples/engorgement and trouble with positioning and latch. A higher percentage of women from Southern Kings (29.6 per cent) and West Prince (27.2 per cent) reported discontinuing due to sore nipples/engorgement. As well, 31.8 per cent of West Prince women reported discontinuing due to trouble with positioning/latch, which was higher than the other regions.
- When questioned regarding comfort with breastfeeding, participants rated their partners’ comfort higher than their own and their families’ lower than their own. Sixty-seven per cent of women indicated that they were either very comfortable or totally comfortable breastfeeding wherever they wished. They believed that 72.8 per cent of their partners and 57.4 per cent of their families were very or totally comfortable.
- Comparisons across regions showed no significant differences in women’s perceptions of their own or their partners’ comfort. However, women from West Prince perceived their families to be significantly less comfortable with breastfeeding than in other regions.
- Ratings of encouragement and support for breastfeeding were relatively high across all sources. Women perceived their mothers, families/friends, and employers to be the least encouraging and supportive. Eighteen per cent of participants’ mothers, 14.5 per cent of employers, and 13.3 per cent of family and friends were perceived to be not at all or only a little encouraging and supportive.

- Partner and professional support and breastfeeding support groups were perceived to be relatively equal in terms of support level, while family resource centres were reported to provide the most encouragement and support of all sources.
- When asked if they experienced anything that discouraged them from breastfeeding when and wherever they wished, 23 per cent of participants responded “yes”, while 77 per cent indicated “no”. Of those women who answered “yes”, factors that discouraged them in order of frequency of mention included: lack of private areas to breastfeed in public places/malls; public discomfort with breastfeeding; lack of support; and maternal discomfort with breastfeeding.
- Participants were asked if there were things that could be done to encourage women to breastfeed. Five themes that were identified in order of frequency of mention included: educating women regarding the benefits of breastfeeding for the baby and for themselves and about the realities of breastfeeding; securing more breastfeeding friendly places; receiving ongoing support from professionals; increasing public awareness and comfort with breastfeeding; and refraining from making women feel they are being pushed into breastfeeding.

## **6.0 Recommendations**

1. There is a need to continue to monitor and address ways to increase breastfeeding duration rates while continuing to promote initiation.
2. Lack of significant regional differences for the most part suggests that a provincial strategy is appropriate, with some specific consideration of the issues in West Prince.
3. Reasons that women are discontinuing breastfeeding must be addressed, in particular return to work and breastfeeding problems/issues. Increasing professional/non-professional support in the community to address/prevent breastfeeding problems and education and lobbying of employers for supportive work environments may be effective in increasing duration rates.
4. Partners must be used as messengers and role models in provision of support and comfort with breastfeeding. They provide much hope for the advancement of breastfeeding in the province.
5. Families and friends must be educated about the importance of their comfort and support in encouraging women to breastfeed.
6. Public places must be lobbied to increase availability of private places for women to breastfeed.
7. An effort must be made to increase public awareness regarding the benefits of breastfeeding and to increase public comfort with breastfeeding. The public must get the message that breastfeeding is the norm and women must be comfortable in order to sustain breastfeeding.

8. Education regarding the benefits of breastfeeding for the mother and baby should continue to be provided by professional/non-professionals, though women should not perceive themselves as being “pushed” into breastfeeding.
9. Women must be presented with a realistic picture of the breastfeeding process.
10. Future research should examine the implications of a non supportive environment in an attempt to determine how to best design interventions.