



**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*

### *Report of Findings*

prepared by

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**November 2004**

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



# PEI Breastfeeding Coalition

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### *Report of Findings*

The PEI Breastfeeding Coalition would like to thank the five regional Public Health Nursing offices for their assistance with data collection. Without this help, the study would not have been possible. Coalition members would also like to express their sincere appreciation to all the women from across Prince Edward Island who participated in the study and shared their perceptions and experiences.

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## *Executive Summary*

- Two hundred and three women from across Prince Edward Island participated in the study. Of these, 175 had stopped breastfeeding at the time of the survey. The mean (average) 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.
- When questioned regarding comfort with breastfeeding, participants rated their partners’ comfort level higher than their’s and their families’ comfort level lower than their’s. Sixty-seven per cent of women indicated that they were very 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 comfort level or their partners’ comfort level with breastfeeding, whereas 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 wanted to, 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.





# *PEI Breastfeeding Coalition*

## *Survey of Breastfeeding Mothers ~ Report of Findings*

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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 Background**

#### ***2.01 The Baby Friendly Initiative***

In 1991, UNICEF and the World Health Organization (WHO) launched the Baby Friendly Hospital Initiative (BFHI). BFHI is an international program, based on UNICEF/WHO Ten Steps to Successful Breastfeeding. The BFHI program certifies hospitals and maternity clinics as *Baby Friendly*. The Breastfeeding Committee of Canada (BCC) is Canada's national authority in the implementation, assessment and monitoring of the BFHI. In 1998, the BCC adopted the BFHI as a primary strategy to achieve its mission. Reflecting the Canadian situation where the continuum of care is seen as extending beyond the hospital, the name of the initiative was changed to Baby Friendly Initiative (BFI). Currently, the BCC is in the process of implementing the BFI nationally. As part of this process, local and regional groups and networks have been established across the country. In a letter to the BCC dated August 31, 1999, Mildred Dover, the then PEI Minister of Health and Social Services, formally designated the PEI~BFC with the responsibility of implementing the BFI in this province.

## 2.02 What is the Issue?

“Human milk is uniquely superior for infant feeding and is species specific; all substitute feeding options differ markedly from it”.<sup>1</sup> The World Health Organization recommends exclusive breastfeeding for at least the first six months of life and continuing breastfeeding and complementary foods for up to two years of age and beyond.<sup>2</sup> Breastfeeding is beneficial for mothers and babies. Human milk protects the infant against gastrointestinal and respiratory infections and allergies. It is also associated with enhanced cognitive development. For mothers, breastfeeding is associated with reduced post-partum bleeding, delayed resumption of pregnancies, improved post-partum bone remineralization and reduced risk of ovarian cancer.<sup>3</sup> Furthermore, breast milk is a natural, economic, and readily available source of infant nutrition.

The National Population Health Survey (1994-95) found that 73 per cent of women reported initiating breastfeeding, however, 40 per cent of the women who initiated had stopped within three months.<sup>4</sup> There is concern that while rates of initiation have dramatically improved since the 1960's, many infants are not being breastfed long enough. Despite the obvious advantages of breastfeeding, rates of breastfeeding initiation and duration remain lower in Atlantic Canada than any other region. Only 53 per cent of women from the Atlantic Region initiated breastfeeding and 51 per cent of these breastfed less than three months. The survey also found that women of lower income, education, and younger age, as well as single women tended to have lower initiation and duration rates.

In 2001, 64 per cent of women on PEI were breastfeeding at the time of discharge from hospital and this varied by region: West Prince (48.5 per cent), East Prince (64.5 per cent), Queens (69.4 per cent), Southern Kings (54.4 per cent), and Eastern Kings (67.3 per cent)<sup>5</sup>. Although there has been a gradual increase in the provincial rate, regional variations continue to exist and rates remain lower than other provinces, constituting a significant health issue for PEI women and children. Unfortunately, there have been no accurate figures available regarding breastfeeding duration rates for PEI.

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<sup>1</sup>American Academy of Pediatrics Work Group on Breastfeeding. “Breastfeeding and the Use of Human Milk”, *Pediatrics*, 1997;100:1035-9.

<sup>2</sup>World Health Organization. ([http://www.who.int/child-adolescent-health/NUTRITION/infant\\_exclusive.html](http://www.who.int/child-adolescent-health/NUTRITION/infant_exclusive.html)). September, 10, 2004.

<sup>3</sup>Health Canada Canadian Perinatal Surveillance System. *Breastfeeding Fact Sheet*. Health Canada Reproductive Care Unit. ([www.hc-sc.ca/hpb/lcdc/brch/factshts/brstfde.html](http://www.hc-sc.ca/hpb/lcdc/brch/factshts/brstfde.html)). January 4, 1999.

<sup>4</sup>*National Population Health Survey Supplement (1994-95)*. Health Canada. Ottawa.

<sup>5</sup>Personal communication, Diane Boswall, PEI Reproductive Care Program, October 2004.

### **3.0 Purpose**

The purpose of this study was to collect baseline data regarding breastfeeding duration rates across PEI, women's reasons for discontinuing breastfeeding, and women's perceptions and opinions regarding the support they received while breastfeeding, the barriers they encountered and how breastfeeding can be encouraged. The results serve as one component of the evaluation of the coalition's strategic plan. The survey will be repeated post-strategic plan implementation and comparisons will be made on the main variables of interest.

### **4.0 Research Questions**

Based on the evaluation framework, 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?

### **5.0 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. This enabled researchers to reach almost all mothers who gave birth approximately 12 months prior to and during data collection, as a very high percentage of women on PEI have their infants immunized by Public Health Nursing. This assisted in obtaining a relatively accurate picture of duration rates and also enabled the researchers to collect data regarding the facilitators and barriers to breastfeeding. Prior to initiation of the study, Public Health Nursing supervisors in the five regions gave their permission to have the study conducted in their offices. The data from this descriptive, baseline survey will be compared with post-strategic plan implementation survey data, which will be collected in approximately five years.

#### **5.01 Sample**

A convenience sample of 203 women was obtained from the population of mothers who brought their babies to their local Public Health Nursing office for their 12 month immunization during the study time frame. Every woman who registered her baby for the 12 month immunization was eligible for inclusion. The one inclusion criteria was that she breastfed her infant for at least one day.

Assuming an effect size of .3 for the analyses, it was determined that a sample size of 200 would yield adequate power (.85) to detect mean differences in duration, comfort, support, and encouragement variables. This sample size gave more than acceptable power (.99 ) to detect proportional differences in the medium effect size range (differences of .15). These differences will not be assessed until after the post implementation survey, but were considered to ensure an adequate sample size.

### **5.02 Variables**

The main variables investigated in this study included: breastfeeding duration; desire to discontinue; reason(s) for discontinuing; women's, partners', and families' comfort with breastfeeding; perceived support and encouragement; barriers and encouragement required. Demographic variables included: parity, age, previous breastfeeding experience, prenatal education, general education, and income.

### **5.03 Instrument**

The instrument used in this study, the Survey of Breastfeeding Mothers, is located in Appendix A. It was developed specifically for this study and no testing of the instrument was conducted. It consists of 11 "yes" or "no" responses, rating scales, and open ended questions. The questions specifically addressed the research questions and elicited women's perceptions and opinions about their breastfeeding experience.

### **5.04 Data Collection/Ethics**

Upon receipt of ethics approval from the UPEI Research Ethics Board, the pilot study was conducted with five mothers from East Prince. Based on pilot study findings, minor wording changes were made to two survey questions to increase clarity. Following the pilot, data collection began and continued for a period of 15 months. Mothers in each of the five regions, who brought their infants in for their 12 month immunization, were introduced to the study by the receptionist/nurse. The mother was asked if she breastfed her baby, and if she met the inclusion criteria of breastfeeding even for one day, she was asked if she was interested in reading the letter about the study. If interested, she was given an envelope with the Letter of Invitation (see Appendix B) and the Survey of Breastfeeding Mothers. The mother read the Letter of Invitation, and if she agreed to participate, she completed the survey in the waiting room and returned it to the reception desk. If she did not want to participate, she was instructed to not fill out the survey. Consent was assumed if the mother returned the completed survey. The letter clearly stated that the survey was voluntary and that the woman could choose to complete all, part, or none of the survey and her decision would in no way affect the care she or her baby received. The letter indicated that the woman should not put her name on the survey so there would be no way to identify her and that her responses would be combined with those of other women.

## 6.0 Data Analysis/Storage

Data were analyzed using Stata 7.0 to report basic summary statistics on the quantitative variables and on demographics. Regional comparisons were made using ANOVA and chi square tests. Qualitative analyses extracted content themes from the open ended questions using content analyses. Following the post implementation survey, mean differences will be analyzed between pre and post strategic plan implementation data, to test for changes in variables across time. The proportion of women reporting on categorical variables will be tested for shifts across the two time periods of the study, and qualitative data will be examined for emerging themes.

## 7.0 Results

### 7.01 Description of Sample

The study sample consisted of 203 women from across the province. Each of these women had breastfed (even for 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. Women ranged in age from 17 to 45 years with a mean 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. These results are presented in Table 1. No significant differences were noted across regions with respect to any of the demographic variables.

**Table 1**  
**Education & Income Level**

<b>Highest Level of Education</b>	<b>Percentage</b>
<= Grade 8	0.5
High School	27.7
Technical/Vocational	19.5
University Degree	33.9
Other	18.4
<b>Annual Household Income</b>	
< 15,000	6.3
15,000-19,999	8.3
20,000-34,999	21.9
34,000-50,000	18.2
> 50,000	35.9
No Response	9.4

## 7.02 Breastfeeding Duration

Twenty-eight of the 203 women were still breastfeeding at the time they were surveyed. The majority of the sample (n=175) had stopped breastfeeding at the time of the survey. The mean duration of breastfeeding for these women was 135.3 (SD 108.0) days or 4.5 months. The range in duration was one to 360 days. Regional variations in duration are shown in Table 2. 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.

**Table 2**  
**Breastfeeding Duration By Region**

<b>Region</b>	<b>Mean # Days</b>	<b>Standard Dev. (SD)</b>	<b>Min # Days</b>	<b>Max # Days</b>	<b>Mean # Months</b>
<b>West Prince</b>	75.7	77.4	1	240	2.5
<b>East Prince</b>	129.2	105.4	1	360	4.3
<b>Queens</b>	161.7	99.5	6	345	5.4
<b>Southern Kings</b>	144.8	134.8	2	360	4.8
<b>Eastern Kings</b>	136.8	108.2	3	360	4.6

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. No significant regional variations were noted, although a higher percentage of women from Queens Region (67 per cent) wanted to stop when they did.

Women’s reasons for discontinuing breastfeeding are shown in Table 3. Participants were able to choose as many reasons as they wished. The most frequently cited reasons for discontinuing were return to work or school and breastfeeding problems/issues.

**Table 3**  
**Reasons for Discontinuing Breastfeeding**

<b>Reason for Discontinuing</b>	<b>Percentage</b>
Returned to Work/School	26.5
Not Enough Milk	25.9
Sore Nipples/Engorged Breasts	22.4
Other*	22.4
Planned to stop	21.2
Child Weaned Self	17.6
Trouble with Positioning/Latch	17.6
Too Tired	16.5
Not Convenient	14.7
Lack of Support	5.3
Illness (Mother/Infant)	4.1
Advice of Physician	0.6

\*Other reasons included: baby teething, baby refused/ lost interest, hard on other children, became pregnant, too much milk, baby sensitive to mom’s diet, people saying baby too old, breast reduction, unplanned trip, hospitalized, disliked the feeling, tired of being a soother, thrush, etc.

Women’s reasons for discontinuing by each region are presented in Table 4. The most notable differences 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.

Women were also asked for their main reason for discontinuing breastfeeding. These data were analysed through content analyses, and the results were similar to those reported in Table 3. In descending order of mention, the main reasons for discontinuing breastfeeding were: return to work, not enough milk, breastfeeding problems (pain / engorgement / sore nipples / thrush / mastitis), baby weaned self, baby issues (child’s age, biting), planned to stop, too tired, latch/positioning problems, not convenient, mother didn’t like, maternal medication, sibling issues, maternal illness.

**Table 4**  
**Reasons for Discontinuing Breastfeeding by Region**

<b>Reason for Discontinuing</b>	<b>West Prince %*</b>	<b>East Prince %</b>	<b>Queens %</b>	<b>Southern Kings %</b>	<b>Eastern Kings %</b>
<b>Returned to Work/School</b>	18.2	19.6	22.2	22.2	27.3
<b>Not Enough Milk</b>	9.1	25	18.5	25.9	25
<b>Sore Nipples/ Engorged Breasts</b>	27.2	19.6	13	29.6	13.6
<b>Planned to stop</b>	13.6	14.3	25.9	18.5	13.6
<b>Child Weaned Self</b>	4.5	14.2	20.3	7.4	18.1
<b>Trouble with Positioning/Latch</b>	31.8	10.7	11.1	11.1	18.2
<b>Too Tired</b>	22.7	10.7	16.7	22.2	4.5
<b>Not Convenient</b>	13.6	10.7	1.9	7.4	6.8
<b>Lack of Support</b>	4.5	3.6	7.4	3.7	2.3
<b>Illness (Mother/Infant)</b>	9	3.6	3.7	0	2.3

\* Percentage of women in each region



### 7.03 Comfort with Breastfeeding

Women were asked to rate their own level of comfort, their partners', and their families' comfort levels with the women breastfeeding no matter where they were. They rated comfort with breastfeeding on a four point scale with one being "not at all" and four being "totally" comfortable. The mean ratings and percentages are shown in Table 5. Women rated their partners' comfort higher than their own and their families' lower than their own. Sixty-seven percent of women indicated that they either were 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. On the other hand, 33 per cent of women were not at all or only a little comfortable with breastfeeding wherever they wished.

**Table 5**  
**Comfort with Breastfeeding**

Women's Ratings of	Mean (SD) Rating	Not at All %	A Little %	Very %	Totally %	N *
Own Comfort	2.9 (.84)	5	28	42.5	24.5	200
Partner's Comfort	3.0 (.85)	3.6	23.6	39	33.8	195
Family's Comfort	2.8 (.84)	3	39.6	34.5	22.9	197

\* N= number rating item or for whom it was applicable.

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 all other regions ( $p=.007$ ). Regional comparisons of mean ratings (SD) are shown in Table 6.

**Table 6**  
**Mean Ratings of Comfort by Region**

Women's Ratings of	West Prince Mean (SD)	East Prince Mean (SD)	Queens Mean (SD)	Southern Kings Mean (SD)	Eastern Kings Mean (SD)
Own Comfort	2.7 (.92)	3.0 (.84)	2.9 (.85)	2.7 (.72)	2.9 (.88)
Partner's Comfort	2.8 (.90)	3.0 (.92)	3.2 (.73)	2.7 (.88)	3.1 (.80)
Family's Comfort	2.3 (.95)	3.0 (.79)	2.9 (.87)	2.5 (.75)	2.7 (.74)

## 7.04 Support and Encouragement with Breastfeeding

Women were asked to rate the amount of support and encouragement they received from their partners, families and a variety of professional/non-professional support services. They rated support and encouragement with breastfeeding on a four point scale with one being “not at all” and four being “totally” supportive. The mean ratings and percentages are shown in Table 7. Overall, ratings of encouragement and support 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 comparison, while family resource centres were reported to provide the most encouragement and support of all sources. It must be noted that only 69 of the women experienced support from family resource centres. No significant differences in encouragement and support were noted across regions. Mean ratings (SD) by region are presented in Table 8.

**Table 7**  
**Encouragement and Support with Breastfeeding**

<b>Women’s Ratings of Support from...</b>	<b>Mean (SD) Rating</b>	<b>Not at All %</b>	<b>A Little %</b>	<b>Very %</b>	<b>Totally %</b>	<b>N *</b>
<b>Partner</b>	3.6 (.65)	1	6.5	20	72.5	200
<b>Mother</b>	3.4 (.83)	2.1	16.3	25.3	56.3	190
<b>Family/Friends</b>	3.3 (.71)	0.5	12.7	40.6	46.2	197
<b>Employer/Work</b>	3.3 (.88)	6.6	7.9	32.9	52.6	76
<b>Doctor</b>	3.6 (.62)	1.5	3.1	26.3	69.1	194
<b>Hospital Nurses</b>	3.7 (.53)	0.5	2	25	72.5	200
<b>Lactation Consultant</b>	3.7 (.58)	1.2	3.7	15.2	79.9	164
<b>Public Health Nurse</b>	3.7 (.50)	0	3.1	19.3	77.6	192
<b>Nutritionist</b>	3.7 (.66)	2.5	3.8	12.5	81.2	80
<b>Family Resource Centre</b>	3.8 (.50)	1.5	0	15.9	82.6	69
<b>Breastfeeding Support Group</b>	3.7 (.67)	3.6	0	23.6	72.8	55
<b>Chat Lines</b>	3.3 (1.1)	14.3	4.8	14.3	66.6	21

\* N= number who experienced this type of support or for whom it was applicable.

### **7.05 Barriers to Breastfeeding**

Women were asked if they experienced anything that discouraged them from breastfeeding when and wherever they wanted to. Twenty-three percent of participants responded “yes”, while 77 per cent indicated “no”. Although there were no significant differences across regions, a higher percentage of women from Queens Region (35.3 per cent) reported being discouraged from breastfeeding as compared to West Prince (11.1 per cent), East Prince (14.0 per cent), Southern Kings (18.5 per cent), and Eastern Kings (25.6 per cent).

Of those women who answered “yes”, things that discouraged them in order of frequency of mention included: lack of private areas to breastfeed in public places/malls (12), public discomfort with breastfeeding (11), lack of support (5), and maternal discomfort (3). There were no apparent differences across regions. The lack of private areas to breastfeed was described by several women. One wrote, “In malls, I felt uncomfortable sometimes sitting on a bench in the hallways. Zero breastfeeding rooms available”. Another said, “If my child got hungry while I was in the shopping malls, there was no place I could go to breastfeed. I didn’t feel comfortable to do it in public.”

Lack of public comfort was described by several women. One woman stated, “At a family restaurant, I was asked by the hostess not to nurse my daughter as she felt it would make other people in the restaurant uncomfortable”. Another said, “When in public, people would often stare and feel uncomfortable around me”.

Lack of or inadequate support was evidenced by the following statements. “Got infection and when asked for help from lactation consultant her only concern was that I keep breastfeeding and she didn’t seem very concerned about my infection.” Another woman stated, “At my first home visit when my son was born, my milk hadn’t come in and I was made to feel like I was doing something wrong - it was recommended to me that I supplement him with formula! (Much better experience with public health later).” Finally another wrote about hospital staff, “I was really discouraged when they would wake her up to feed and as soon as I would get her latched on she would fall asleep, then it was like the nurses would get mad because she didn’t feed and made me feel like I was starving her.”

Maternal discomfort was described by one woman who remarked, “I got along well as far as latching, milk supply etc. I did not like breastfeeding and the feeling of the “invasion” of my body (it’s difficult to describe) therefore I was not comfortable doing this anywhere in public.” Another stated, “As my son got older, I didn’t as often in public - people think he may have been too big to breastfeed.”

### **7.06 Ways to Encourage Breastfeeding**

Participants were asked for their opinion about how women on PEI can be encouraged to breastfeed. Five major themes, some with subcategories, were identified. Again there was consistency across regions with respect to the themes.

Educating women regarding breastfeeding was the most frequently identified method of encouraging women to breastfeed. Of the women who responded, 40 suggested that women need to be educated about the benefits of breastfeeding not only for the baby but also for themselves. One woman wrote, "I think if a mother is aware of all the good reasons to breastfeed... good will prevail". Another responded, "Have more commercials, advertisements stressing the importance of breastfeeding and in the long run the benefits of doing so (health wise)." Yet another wrote, "Keep promoting the benefits of breastfeeding, that is how I decided to breastfeed over bottle feed." Other participants (n=9) suggested that women need to be educated about the realities and process involved in breastfeeding. One woman wrote, "I think women need to be aware of the serious commitment they are making. They need to be aware of the time, pain, commitment so that when they do experience it they are not put off by the reality of it. Also reassure that it gets easier." Another stated, "Explain that the first two weeks are the toughest but it gets better and to keep trying." Yet another remarked, "Explain the pros and cons, tell them about sore nipples, engorged breasts, etc. Be supportive!!!"

Securing more breastfeeding friendly places as a way of encouraging breastfeeding was mentioned by 35 women. One woman responded, "More places in malls and places like that where a woman could go and feed her baby without feeling she was being watched by everyone walking by." Another wrote, "Nursing rooms in public places because no matter how much one is told that public nursing is okay, some moms are just not comfortable with it." Finally one woman suggested, "Try to get breastfeeding areas at work places and public places."

Receiving ongoing support from professionals (n=14) and more support groups (n=7) was the next frequently identified theme. One woman stated that we need "better support in hospital and the first two weeks home. Public Health nurses should be able to come into the home more than they do." Another wrote, "I think the nurses at the maternity ward in the hospital were encouraging but at home there is not much support for mothers to continue." Another remarked, "Spend more time with new mothers, have more patience with new moms, they are just learning and are very nervous."

Increasing public awareness and comfort with breastfeeding was identified by 16 women. One woman wrote, "More public awareness, the more openly it is discussed and advertised via TV, radio, newspapers etc., the more apt people will be to breastfeed comfortably." Another mom responded, "People don't realize all of the benefits your child receives from breast milk, I think the public should be more aware of the help it gives your children for the rest of their lives, ie. immune system." Another woman wrote, "TIME - nothing will change over night, education, TV/radio adds. Need to communicate breastfeeding is the norm versus the exception." One woman suggested, "Stronger messages (like on cigarette packages but positive) similar to pap test campaign on TV and posters etc., it's worth it!"

Finally, 10 participants recommended that women should not be pushed into breastfeeding. One woman stated, "I think it is totally a woman's choice, not everyone is comfortable with it." Another said, "A woman will only breastfeed if she is comfortable with her body..." Another responded, "Don't push women to breastfeed, it just discourages them." Another mother wrote, "Be less pushy in hospital with breastfeeding and more women may not get turned off." Yet another stated, "Don't have so many Public Health nurses push it on you." Finally one participant remarked, "It's a personal experience, which should not be pushed on anyone. I think supplying the mother with the information and then allow her to make her own decision."

In conclusion, one mother summed up her thoughts well by writing, "I think it's a fine line between encouragement and making them feel bad if they don't. I enjoyed my experience and in hindsight wished I had nursed longer but there is a tendency to treat nursing moms like they are better than the moms who bottle feed. I think making people understand how good it is for the baby but only if they are willing and comfortable to do it. It seems that the health system is doing a wonderful job promoting breastfeeding already - I think if you give the right information it is up to the individual to do what is best for them, but I must say the bond you feel from it (after you have forgotten all the aches and pains) is something I wouldn't trade in all the world."

## **8.0 Discussion**

The broad range of sample demographics allows generalization of the results across women on PEI; however under-representation from West Prince and Southern Kings may reduce this generalizability and may have had some impact on the results.

The provincial duration rate of 4.5 months falls below the WHO's recommended six months duration. This impacts the health of Island children and women. Though not statistically significant, the duration rate of 2.5 months in West Prince is a concern considering the low initiation rates in that region. Women also perceived their families to be less comfortable with breastfeeding in West Prince and a higher percentage of women in that region had problems with latching/positioning and sore nipples/engorged breasts. What is remarkable to note is that 42.1 per cent of women did not want to discontinue breastfeeding when they did. This is a very valuable finding that will lend itself to intervention. The two main reasons for discontinuing breastfeeding appear to be returning to work/school and breastfeeding issues/problems.

Although comfort levels with breastfeeding were quite good, increased comfort will not only affect initiation but also duration rates. It is interesting that women perceive their partners to be more comfortable than they themselves or other family members. It is remarkable that 33 per cent of women were not at all or only a little comfortable with breastfeeding.

Ratings of encouragement and support were consistently higher than ratings of comfort with breastfeeding. It appears in general that women perceive a reasonably high level of support, though as suggested in the qualitative data ongoing enhancement of support will not only reduce barriers but also encourage women to breastfeed. This in turn may increase the duration rate. The data suggest that partner and professional/non-professional support are perceived to be the highest. Mothers, family members/friends, and employers do not provide the same level of support, even though they are very important to the women. Considering that going back to work/school was the main reason for discontinuing breastfeeding and support from employers was lower than other sources, these findings may provide evidence for appropriate intervention.

Barriers to breastfeeding were consistent across regions. Lack of places to breastfeed and public discomfort with breastfeeding were the main barriers identified, again providing evidence for intervention. The methods to encourage breastfeeding were reflective of the barriers and women's comfort levels with breastfeeding. A number of valuable suggestions lend support for specific interventions.

## 9.0 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.





## *Appendix A*

### *Survey of Breastfeeding Mothers*



## PEI Breastfeeding Coalition ~ Survey of Breastfeeding Mothers

***In order to improve the supports offered to breastfeeding mothers, we would like to know about your experience.***

1. If you **are still** breastfeeding, (**If you are weaning, consider yourself still breastfeeding**)
  - a) how long have you been breastfeeding? \_\_\_\_\_ (Months)
  - b) how long do you plan to breastfeed? \_\_\_\_\_ (Months)
  
2. If you **have stopped** breastfeeding,
  - a) how old was your baby when you stopped? \_\_\_\_\_ (Days) or \_\_\_\_\_ (Weeks) or \_\_\_\_\_ (Months)
  - b) did you want to stop when you did?       Yes       No
  - c) what was the reason(s) you stopped? (**Check all of the following that applied to your decision**)
 

<input type="checkbox"/> Not convenient	<input type="checkbox"/> Lack of support	<input type="checkbox"/> Too tired
<input type="checkbox"/> Child weaned self	<input type="checkbox"/> Sore nipples/engorged breasts	<input type="checkbox"/> Illness (mother/infant)
<input type="checkbox"/> Trouble with positioning/latch	<input type="checkbox"/> Advice of doctor	<input type="checkbox"/> Returned to work/school
<input type="checkbox"/> Planned to stop at this time	<input type="checkbox"/> Not enough milk	
<input type="checkbox"/> Other (specify) _____		
  - d) What was the **main** reason you stopped breastfeeding? \_\_\_\_\_
  
3. Think about your breastfeeding experience and check (✓) the most appropriate boxes below:

<b><i>When you wanted to breastfeed.....</i></b>	<b>Not at all</b>	<b>A little</b>	<b>Very</b>	<b>Totally</b>	<b>Does not apply</b>
How comfortable were you, no matter where you were?					
How comfortable was your partner, no matter where you were?					
How comfortable were your other family members, no matter where you were?					
<b><i>How much support and encouragement was there from.....</i></b>	<b>Not at all</b>	<b>A little</b>	<b>Very</b>	<b>Totally</b>	<b>Does not apply</b>
Your partner					
Your mother					
Other family and/or friends					
Your employer/workplace					
Your doctor					
Hospital Nurses					
Lactation Consultant					
Public Health Nurse					
Nutritionist					
Family Resource Centres					
Breastfeeding support group(s)					
Chat lines on the Internet					

Please Turn the Page Over  
→

4. Did you experience anything that **discouraged you** from breastfeeding when and where you wanted to?

- Yes     No

If yes, please describe how and where this happened: \_\_\_\_\_

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5. What do you think can be done to encourage women on PEI to breastfeed? \_\_\_\_\_

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***The next few questions will help us to describe those women who answered this survey.***

6. How many times have you given birth? \_\_\_\_\_

7. How old are you? \_\_\_\_\_ years

8. Did you breastfeed your other children?     Yes                       No                       Does not apply

9. Did you receive any prenatal education?     Yes                       No

10. What was the highest level of education you finished?

- Grade 8 or lower                       High school diploma                       Technical/vocational school  
 University degree     Other (specify) \_\_\_\_\_

11. What is your annual household income before taxes?

- Under \$15,000    \$15,000-19,999    \$20,000-34,999    \$35,000-50,000    Over \$50,000    No response

***Thank you very much for taking the time to complete this survey!***

## *Appendix B*

### *Letter of Invitation*



# SURVEY OF BREASTFEEDING MOTHERS



## Members of the PEI Breastfeeding Coalition

- ✿ Queen Elizabeth Hospital
- ✿ Prince County Hospital
- ✿ West Prince Community Health Services
- ✿ East Prince Public Health Nursing
- ✿ Queens Public Health Nursing
- ✿ Eastern Kings Public Health Nursing
- ✿ Southern Kings Public Health Nursing
- ✿ 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 Familiale
- ✿ Carousel Family Resource Centre
- ✿ LaLeche League
- ✿ PEI Midwives Association
- ✿ Consumer Representative
- ✿ Association of Nurses of PEI
- ✿ Doula Association of PEI
- ✿ PEI Pharmacy Association

The PEI Breastfeeding Coalition  
is asking for **YOUR HELP**

The PEI Breastfeeding Coalition is a group of professionals and community organizations sharing the common goals of:

- ✿ ***promoting breastfeeding on PEI***
- ✿ ***encouraging more women to breastfeed***
- ✿ ***encouraging women to breastfeed longer***

**You can help our study by:**

- ✿ ***thinking about your breastfeeding experience during the past year***
- ✿ ***answering the questions on this survey even if you breastfed your baby for one day***

The purpose of this survey is to find out how long women on PEI are breastfeeding, some of the reasons they stop breastfeeding, where they get their support while breastfeeding, and what other ways they could be supported.

It is your choice whether you complete this survey or not. You can choose to answer all, some, or none of the questions. The care you and your baby receive will not be affected in any way by your choice. It should take about 5 minutes to fill out the survey, while you are waiting for your baby's appointment. If you agree to take part, please return the completed survey to the box at the reception desk.

We ask that you **not** put your name on the survey. You will not be identified by your answers, as they will be combined with those of other women in a report for the Breastfeeding Coalition. If you would like a copy of the report, please leave your name and address with the receptionist. There are no risks in filling out this survey, and the answers you and other women give us will be used to help support women on PEI who want to breastfeed.

If you have any questions about this survey, you can call Susan Chappell (888-8160).

This study has been approved by the UPEI Research Ethics Board. If you have any questions about how the study was done, please call Lynn MacPhee, Office of Research and Development (566-0637). Please keep this letter and take it home with you.