BREASTFEEDING JOURNEY MAPPING

September 2020

A report on the experiences of families and health care providers, receiving and delivering breastfeeding care in Interior Health, British Columbia.

KCR COMMUNITY RESOURCES
Enhancing Lives - Connecting Communities

Interior Health
Every person matters

www.breastfeedingchange.ca

A cooperative project between
KCR Community Resources and Interior Health

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Contents

Protecting and supporting breastfeeding promotes health and well-being, and reduces provincial health spending in the short and long-term. See Appendix 3, Breastfeeding Benefits and Appendix 5, References 1-15.

Executive Summary

Purpose of this report: This is the Final Report for the Vancouver Foundation Develop Grant received in 2019 by Kelowna Community Resources (KCR) in partnership with Interior Health (IH). The goal of the grant was to identify the systemic behaviours, attitudes, resource flows, and/or policies that are holding in place breastfeeding supports in both the community and within health care. The findings in this report are a basis to continue community and Interior Health consultations and to apply for larger community grants, including the multi-year Vancouver Foundation Test Grant. This Test Grant supports integrated team projects that take action to influence policies and practices to improve a social, environmental or cultural issue, in this case the issue is the need to better support and normalize breastfeeding and increase breastfeeding rates.

This project built on the goal of the KCR-IH **Breastfeeding Art Expo** (see page 3), which was to raise breastfeeding awareness in the community and to create momentum for change for breastfeeding support services. The **Breastfeeding Journey Mapping** documented 20 hours of real-life breastfeeding testimonies by parents and health care providers. What emerged were common themes: mothers felt vulnerable and poorly informed and supported, and health care providers felt overwhelmed and wanted more support from their employer in their efforts to support breastfeeding.

Recommendations

From the themes emerged **15 important participant-driven recommendations**. These recommendations are limited to the specific discussions that happened during these four journey mapping sessions. Many of these recommendations have already been identified locally, nationally and globally, but not acted upon. The majority of the participants' recommendations seek system changes in hospital and public health policies and practices so mothers and babies receive optimum breastfeeding care.

The participants' recommendations include the development or adaptation of resources; the training of women volunteers to support other women during pregnancy and breastfeeding; training and more support for maternity care nurses; the hiring of specialized lactation consultant professionals; and, strengthening policies and practices that align with the Ten Steps to Successful Breastfeeding (see Appendix 4). Some recommendations look to the community for family and public education.

While the participants' recommendations reflect their needs or what they felt would be positive inputs, it is important to note that participants may not have been aware of all existing programs, nor of the financial costs of their recommendations. The participants' recommendations will create a framework for future consultation with both the community and Interior Health. Some of the recommendations are already being tackled on a local level by the **Penticton Breastfeeding Pilot Project** (see page 4) which began simultaneously to the journey mapping. These two projects show a high level of commitment by IH to improve breastfeeding services.

Funding

Baby-Friendly Initiative designation (see page 4) is the gold standard that research has conclusively shown improves breastfeeding rates and duration. There are over 100 IH health care facilities, and each facility would require separate designation which is expensive and would take decades to complete. KCR in partnership with the Breastfeeding Journey Mapping Steering Committee and Interior Health would like to seek innovative solutions to help achieve similar systems change outcomes on a regional basis. They are taking the responsibility to work with internal and external partners and develop a viable plan and find substantive multi-year external funding to help meet some of the needs identified from the **Breastfeeding Journey Mapping** recommendations. Funding may also support the development of a collaborative way to implement the positive outcomes of the **Penticton Breastfeeding Pilot Project**.

Background to this Project

Breastfeeding Petitions (2012 to 2020)

This work builds upon three petitions over the last eight years that have been submitted to IH and/or BC government services requesting funding for Lactation Consultant (LCs) positions (www.change.org). During this time online support for nurses was initiated but no designated LC positions have been created. Only lactation consultants have extensive and specialized ongoing evidence-based training and skills to support breastfeeding mothers and their babies, and to support and teach nurses and other health care providers.

Comments from all three petitions can be viewed at the links below. These comments provide a valuable spectrum of mothers' and health care providers' experiences.

- **2012 Kelowna Petition:** launched by Kelowna Breastfeeding Café, a non-profit breastfeeding support group. 743 people signed the petition; it is now closed but can be viewed at: change.org > Kelowna General Hospital Needs Designated Lactation Consultant Services to Support New Mothers and Babies.

- **2018 Kamloops Petition:** launched by Kelsey Cobbe, a Kamloops mother, in collaboration with Breastfeeding Matters in Kamloops, a non-profit breastfeeding support group. 1496 people have signed the petition; it is still open. change.org > Full-time Lactation Consultant on staff at Royal Inland Hospital.

- **April 2020 BCLA Petition:** launched by the BC Lactation Consultant Association following a BCLA Position Statement on the impacts of the COVID-19 crisis on families; specifically how increased breastfeeding support in key areas will minimize the potential for negative effects on the next generation. 644 people have signed the petition; it is still open. change.org > Breastfeeding services in key areas for families, particularly during COVID pandemic.

Breastfeeding Art Expo (2013 to 2018)

www.breastfeedingchange.ca

The Breastfeeding Art Expo was highly successful and had two significant outcomes. The first was the establishment of a breastfeeding designation pilot project in Penticton, BC. The second was this Breastfeeding Journey Mapping project.

The Art Expo was a collaboration between Kelowna Community Resources (KCR) and Interior Health (IH) along with 36 other community partners. Funding came from five groups including the BC Arts Council and Vancouver Foundation. The Art Expo's multi-community exposure encouraged many broad-range discussions by the media and the public. It also inspired IH staff in various settings and roles to meet and talk about the health benefits of breastfeeding. The benefits are listed in Appendix 3.

Penticton Breastfeeding Pilot Project (2019 to 2022)
Baby-Friendly Initiative (BFI) Designation

Following the Art Expo, stakeholders emerged from Penticton General Hospital, Penticton Health Centre and Penticton Indian Band Health Department and began to discuss the pursuit of Baby-Friendly Initiative designation. The strength of partnership between these stakeholders has resulted in collaboration on the Penticton Breastfeeding Pilot Project. This collaborative effort is the first in Canada to cooperatively support each other to each achieve Baby-Friendly Initiative designation. This pilot project is in its second year and has already influenced change with tangible gains.

The Baby-Friendly Initiative "has the power to create systems change, inform professional practice and enrich personal values and ethics, and strengthen commitment to improve women's and children's health and the well-being of families. It enables mothers to achieve their personal goals regarding infant feeding."
Breastfeeding Committee of Canada (Reference 12)

The Penticton Breastfeeding Pilot Project is a collaboration between:
- Interior Health (IH) Population Health
- Penticton General Hospital (IH); clinical staff
- Penticton Health Centre (IH); public health staff, and
- Penticton Indian Band Health Department, Snx̌astwilxtn Centre

Breastfeeding Journey Mapping (2019 to 2020)

This breastfeeding journey mapping process was undertaken as a process to understand, in a snap-shot, the entire breastfeeding care experience from before birth to hospital and back home. It was a way to understand existing strengths, opportunities and gaps in service from the perspective of both mothers and health care providers.

The Process:

- Journey Mapping sessions were held in November 2019.
- Participants were from the Okanagan and Thompson-Cariboo regions of Interior Health.
- There were three sessions for the mothers, one each in Kamloops, Kelowna and at Adams Lake Indian Band.
- This included a total of 25 mothers, one father and one grandmother.
- There was one session of 10 health care providers held in Kelowna.
- Each session was led by qualified facilitators with the same pre-prepared questions for each topic.

A safe space with anonymity guaranteed, allowed the participants to express their narratives and reactions to receiving and giving care, which at most times were emotional and heartfelt. Participants knew their stories would be submitted as a report, to reinforce existing strengths and best practice and to prompt or support changes.

Five topic areas as they related to breastfeeding:

1. Before and during pregnancy
2. Labour and delivery
3. Post-birth
4. Early weeks
5. Coming months

Questions for each breastfeeding-related topic:

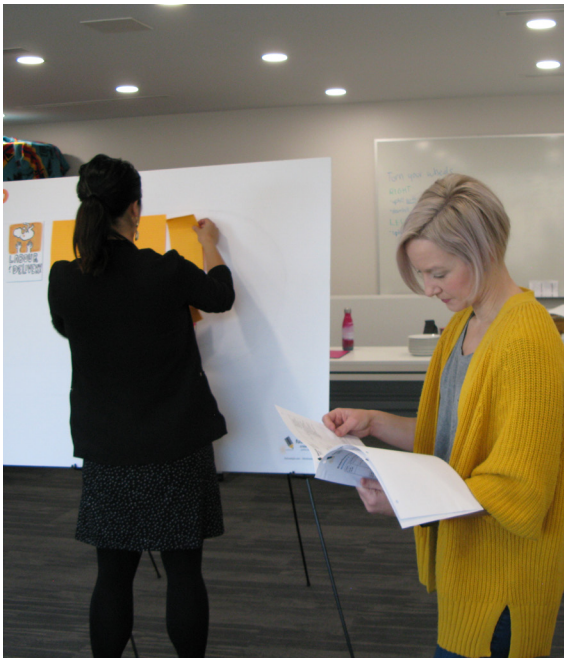
1. What was your experience during this stage?
2. What worked/didn't work at this stage?
3. Who was involved during this stage?
4. What opportunities are there for improvement?

Documentation:

- The graphic artist/co-facilitator attended all four sessions and was responsible to summarize the stories into key messages. She drew images of those key messages on a journey map — a white board, 10 feet by 3 feet.
- At the same time there were two recorders for each session who documented a total of over 20 hours of discussion.
- Transcriptions from the sessions were carefully reviewed by the author, from which six major themes emerged for both the mothers and the health care providers.
- This report focuses on the six major themes, which are supported by a selection of quotations from the participants.
- Final recommendations from each theme were developed by the author in consultation with the Steering Committee.

Rhonda Camille,
co-facilitator at Adams Lake Indian Band

Minh Ngo,
Fuselight Creative, co-facilitator

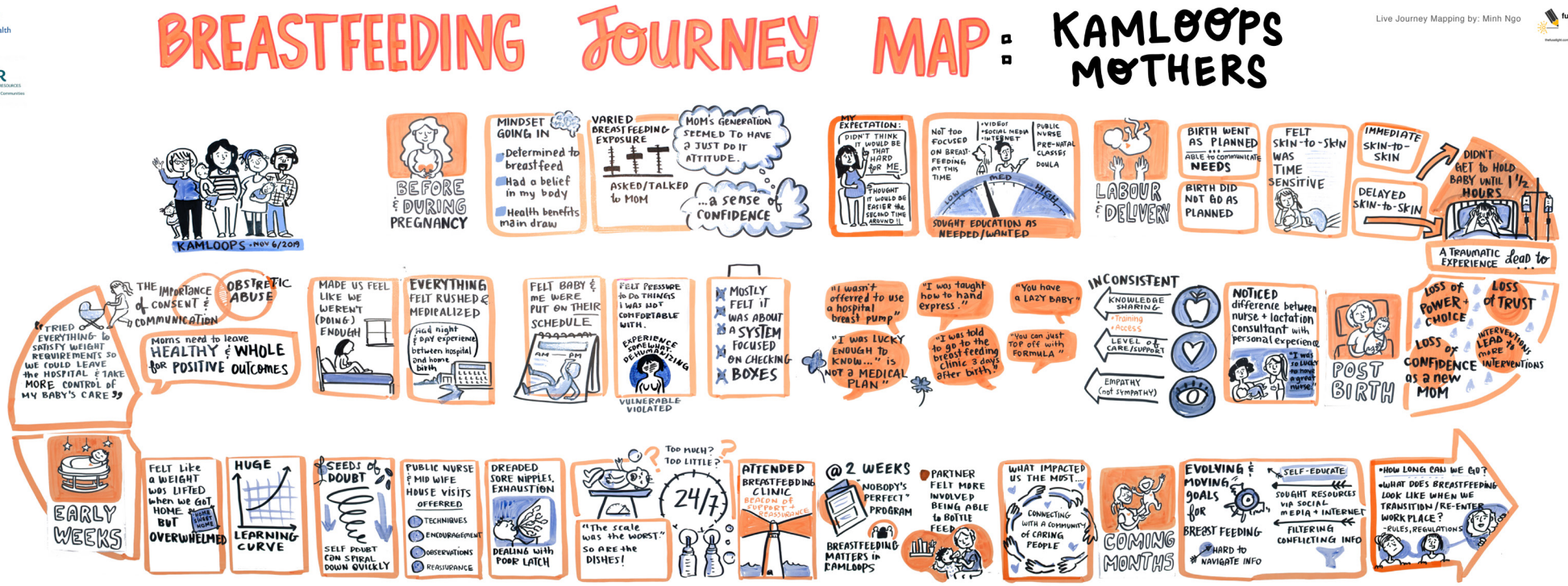


Lisa Ford,
co-facilitator at Kamloops and Kelowna

Kamloops journey map in process

Map 1: Kamloops Mothers

- Five mothers and one father

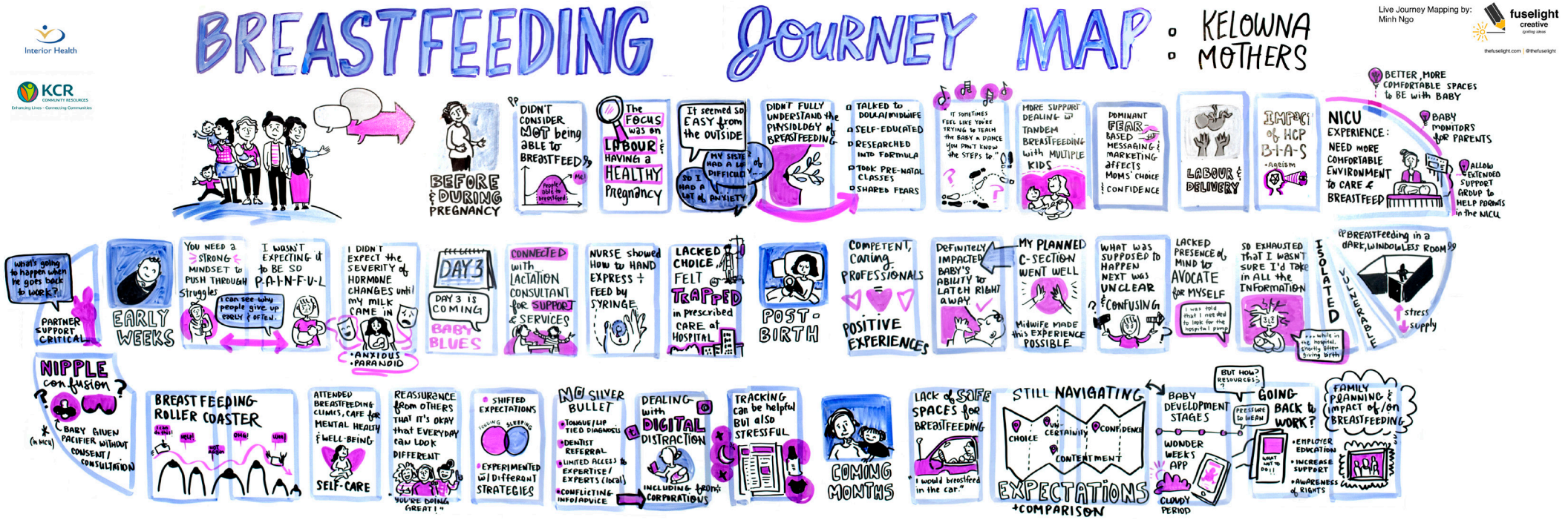


Map 2: Shuswap Mothers

- Nine mothers and one grandmother
- R Ki7ces ne Secwepemcúlecw (the Mothers in Shuswap territory/land)
- Participants were from either Adams Lake Indian Band, Little Shuswap Band, Neskonlith First Nation or were living in the Kamloops area.
- The primary facilitator was an Adams Lake Band member.

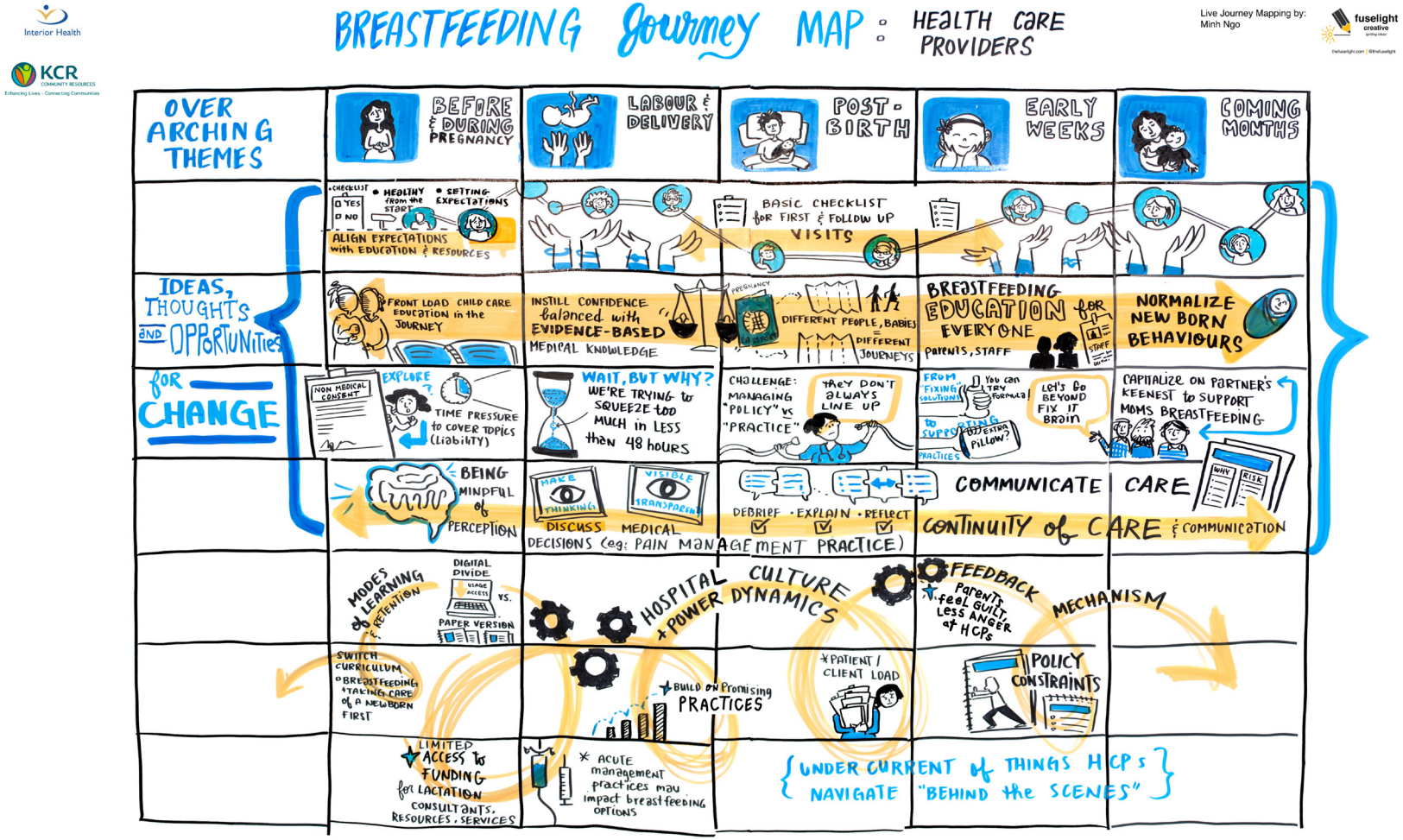
Map 3: Kelowna Mothers

- **Eight mothers and one companion**



Map 4: Okanagan Health Care Providers

- The 10 health care providers included a physician (GP); a pediatrician; an obstetrician; two nurses (labor and delivery and neonatal intensive care unit), two public health nurses who were also lactation consultants; a midwife; a childbirth educator and doula; and a community breastfeeding support group representative.
- Prior to the health care providers embarking on their journey, they spent 15 minutes viewing the three completed mothers' journey maps which were displayed around the room. This helped frame their discussion that followed.



Emergent Breastfeeding Themes and Recommendations

Before Birth

Mothers' Theme:
We get conflicting information.

Health Care Providers' Theme:
Prenatal education is essential.

Key Recommendation: Connect mothers with a skilled lactation support person.

In Hospital

Mothers' Theme:
We need to be empowered.

Health Care Providers' Theme:
We need more time to support mothers and more breastfeeding training.

Key Recommendation: Early and sustained skin-to-skin in the hospital is an important step to support breastfeeding.

Back Home

Mothers' Theme:
We feel alone.

Health Care Providers' Theme:
There are gaps in services.

Key Recommendation: Mothers need regular public health visits at home to support breastfeeding.

Before Birth

Mothers' Theme: We get conflicting information.

Women gather information from family, peers, the internet and prenatal classes. Some women were fortunate to have a doula, midwife or other birth and post-birth supports. Typically, women hear a wide variety of personal messages and experiences, which often provides conflicting breastfeeding information. They are influenced by marketing of human milk substitutes (formula) that reduces their confidence even before their baby is born. Women are left wondering, "What is factual?", "What is normal?" and "What will it be like for me?"

"Seeing my mom breastfeeding my sibling, it seemed like the most normal thing in the world. It's what my mom and grandma did, more natural and healthy. I weighed the pros and cons of breastfeeding and formula feeding. Knowing about attachment, I thought about it first during pregnancy. I thought about what I wanted for my little guy."
– Shuswap Mom

"During my pregnancy I saw my sister struggle really hard with breastfeeding. I tried to support her but I didn't know how to support her. It definitely was not an easy thing. I was not aware of resources that are in town." **– Kamloops Mom**

"I always thought I would breastfeed but I am a worrier so I did research on formula in case I needed it." **– Kamloops Mom**

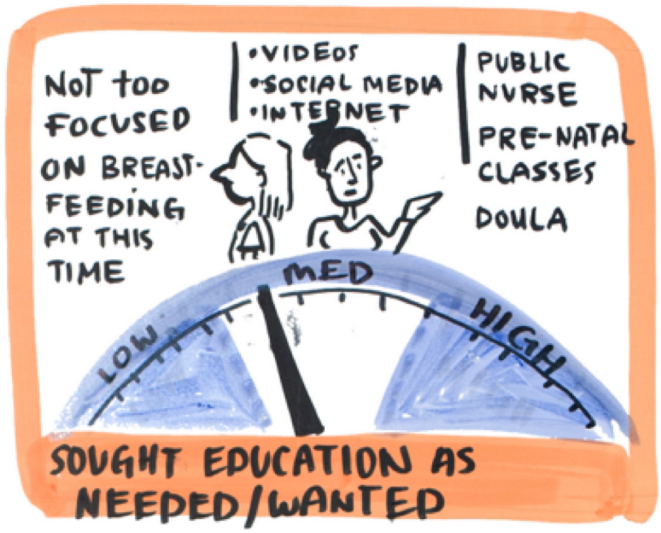
"I got conflicting information from my friends."
– Kelowna Mom

"My partner's grandmother told me the craziest things, like 'I gave my baby cow's milk at one week.' There should be a refresher course for grandmothers." **– Kelowna Mom**

"You know how you hear family stories. My mom was told her milk was very rich, like Gold Top (richest milk). So I always knew I'd breastfeed but I didn't think too hard about it. I was talking to my cousin and she said 'don't get a pump but do get some formula.' So I got the formula. That didn't bother me at the time, although my opinion of that changed."
– Kelowna Mom

"My mom breastfed three of us and so it was normalized at home...She was always passionate so I always wanted to breastfeed. Not an option to not do it or to stop. I had confidence in breastfeeding. I was lucky — both my mom and partner's mom were supportive."
– Kamloops Mom

"I didn't find the prenatal class useful or helpful — I didn't understand the mechanics of breastfeeding. You are trying to teach the baby to dance and you need to know the steps. No one ever told me until a few weeks in and I was pretty low then." **– Kamloops Mom**



Less than half of the pregnant women gathered information on breastfeeding.

"I went to a free prenatal breastfeeding class in my last six weeks. They talked about ways to hold the baby when breastfeeding; this class was helpful. I never considered not being able to breastfeed. Then afterwards I realized, 'Oh, it doesn't work for everyone.' " **– Kamloops Mom**

"My mom breastfed us kids but I had read and heard stories. I was really nervous that I would struggle. I had a doula and shared my fears with her and she helped relax me." **– Kamloops Mom**

"I also found that the prenatal class was like general information. That didn't help when you are afraid your baby is going to starve if you can't feed it." **– Kamloops Mom**

"I did a prenatal class before my first son, I was in Kelowna and there were breastfeeding classes. It was really beneficial and showed us benefits and costs. It showed how to do it too." **– Shuswap Mom**

"Doctors don't really talk about breastfeeding." **– Shuswap Mom**

"Before the birth, no doctor or nurse discussed labour and delivery. I had a tour of the hospital with my doula, and she discussed epidurals and morphine and that they can cause nausea. She told me about options of pain control. Doctors should discuss effects of epidural and morphine on breastfeeding." **– Kamloops Mom**

"My doula was amazing! She was really helpful and I could ask her stupid questions and she said they weren't stupid. It was good to have my questions answered."
– Kamloops Mom

Before Birth

Health Care Providers' Theme: Prenatal Education is essential.

Health care providers identified the need for more practical breastfeeding information that is easy to share with the families through early prenatal education. Since partners are more involved than ever before, resources and programs could be re-designed to include them; to help build confidence in both parents. There is a need to coordinate community resources with medical care.

The following are quotations from the health care providers:

"Pregnant mothers need to self-identify their need for breastfeeding education and support but they don't know what they don't know. They have lots of fears after hearing from family and friends about breastfeeding, and expectations are often not aligned."

"Prenatal education has to start early on in the pregnancy because mothers are too tired near the end of their pregnancy. And after birth there is often a very short period of time on the ward, and teaching is interrupted. Once mothers go home, if they don't know anything about breastfeeding and baby care, they may feel cut off from instincts, and can be paralyzed as to what to do once they go home."

"Teaching has to start early because after birth and after going home are the worst times to learn these things."

"La Leche League and breastfeeding café meetings are for pregnant mothers too. If moms can come three or four times before delivery, they are likely to have more breastfeeding success. We rarely see dads here; it would be good to see them included."

"There are so many online resources (Breastfeeding Buddy or Smart Moms through HealthLink BC) but it's conflicting and hard for patients to choose, and they don't dig into any certain one to get the whole information. Baby's Best Chance used to be the consistent "go-to" provincial resource for all families. But now most families don't get a print copy, and we aren't allowed to copy parts of it, and so they have to go online. We need paper copies of Baby's Best Chance again!"

"We would love to work with families prenatally to talk about breastfeeding. We have tried referrals but still there is a lack of referrals. Often moms don't know about it."

"It's good to teach dads at prenatal classes and at home visits. Normalize that baby may be up all night, that mom will need support and rest. A lot of moms are not getting this support. Empower dads to support mom and that they have an important role."

"Doctors and midwives fill out the antenatal form for pregnant mothers and ask them whether they intend to breastfeed. This should be a prompt to refer as many moms as possible to Healthy from the Start. We could improve breastfeeding discussions during 'diabetes in pregnancy' clinics and NST (Non-Stress Test) clinics. But there are often missed appointments and lack of funding. After they connect with Healthy from the Start they get an email with supports, and then we can bring back the conversation of breastfeeding again."

"There is no package from Interior Health that updates health care providers on services. Doctors and nurses don't know a lot about Healthy from the Start or digital resources like Smart Mom or Breastfeeding Buddy apps. Referrals and resources get lost in the shuffle."

"Families that have been in NICU a long time, they felt more prepared as a mom about new baby care. This shows how important the education is...we need to do more to facilitate confidence." [NICU; neonatal intensive care unit]

"Prevention and support early, saves problems and health care costs later."

Before Birth

Recommendations
Developed from the Participants' Journeys

1. Support doctors with breastfeeding resources

- Provide doctors with print copies of Baby's Best Chance to give to all new parents-to-be. This BC reference guide for parents covers pregnancy, birth, breastfeeding and parenting a baby up to six months of age.
- Create a practical resource for doctors to initiate positive discussions with their patients about breastfeeding.
- Provide doctors with an improved online or other referral to connect pregnant women to Healthy from the Start (Interior Health). This IH program provides a toll-free, confidential phone line hosted by a public health nurse; pregnant women can call to ask questions and get information about breastfeeding and prenatal services in their community.

2. Support Healthy from the Start — a phone helpline for pregnant women

- Develop a marketing tool to increase awareness of and referrals to Healthy from the Start. For example, posters displayed at doctors' offices or Child Health Clinics or Non-Stress Test (NST) clinics, and mothers' social media sites.

3. Support public health nurses to deliver patient-centre prenatal breastfeeding care

- Develop a proposal based on identified needs from the journey mapping:
  - For all prenatal classes have a comprehensive breastfeeding component, including practical demonstrations.
  - Schedule prenatal classes early in the pregnancy, 2nd trimester.
  - Offer additional times for classes, such as evenings and weekends.
  - Explore options for a prenatal class just for fathers/partners.
- Ask parents what form of learning is best for them, for example, individual, group, by phone or online.

4. Connect pregnant women with a breastfeeding support person

- The support person could be a doula, midwife, lactation consultant breastfeeding peer support person, or public health nurse.
- Provide these health care providers with consistent information, including print copies of Baby's Best Chance.

In Hospital

Mothers' Theme: We need to be empowered.

Mothers spoke of their emotional stress and frustration from the conflicting breastfeeding advice given by hospital staff. They identified a need to feel respected and empowered. They wanted the focus of the care to be on their well-being and healing as well as on their baby. The women identified a need for a trusting relationship with a designated knowledgeable hospital staff or support person to provide care and attention during and after birth.

"I wanted a home birth but I was too far along to get a midwife. I ended up having a C-section...I lost all my power...He came out wanting to nurse, but I was strapped to a table and wasn't able to hold him for 1 1/2 hours. I didn't get the skin-to-skin I wanted... The week I was in the hospital made me feel really powerless as a mom. Some nurses were great, but some were rude and I don't even understand why they are working there. It was not how I imagined the experience. I just wanted to get home and be with my baby. I told my doctor it was the worst experience I ever had, I felt so alone...This experience makes me want to help other women. I want to do my doula training."
– Kamloops Mom

"The help in the hospital was inconsistent. The most help was from nurses who had breastfed their own babies...Why isn't there a consistent person to help? Nurses are highly trained but not in this — breastfeeding is not valued... Most staff were so rushed so there was no chance to ask for help. If you have the same nurse, you feel more connection. Most the time, I didn't feel like I mattered."
– Kamloops Mom

"One was very grabby and didn't even ask my permission before she touched my boob. I felt a little violated. 'Why are you not teaching me what to do?' 'What the hell, is this normal?' My partner also felt uncomfortable, he said, 'I don't think I liked her.' I basically learned how to hand-express one ounce myself just so they'd let me leave the hospital. I didn't feel important. It wasn't nice." **– Kamloops Mom**

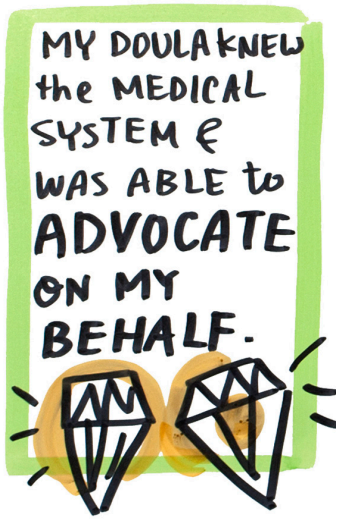
"I was sleeping and breastfeeding my baby in hospital and they took my baby away from me and said it had to go in a cot. I felt I was discriminated because of my younger age." **– Kelowna Mom**

"The first or second night he was finally sleeping for five hours. Then they just grabbed him and didn't discuss it with me, and said, 'You have to feed him every two to four hours.' Then they would wake him and just grab him from his sleep. To me, it was like the system is checking boxes rather than rewiring it to be mother-centered care." **– Kamloops Mom**

"People say, 'All that matters is having a healthy baby.' But that's not enough. When I lost the birth I wanted, I felt traumatized. That's your baby that's been inside you for nine months and then you aren't even allowed to hold it. That's obstetric abuse. In hospital they tried to make me feel powerless and less of a mom. When we got home we had lots of skin-to-skin and baby massage too. Breastfeeding feels like taking my power back." **– Kamloops Mom**

"Our first was a C-section, not scheduled. The second went as expected, and was a scheduled C-section. I knew a lot would fall on me. There was some good support but not all nurses had much training. I wasn't happy with it. You do tend to focus on the negative and that is what I remember, the lack of support....Why is there not a lactation consultant on staff all the time? This was the biggest disappointment."
– Kamloops Dad

"If I wasn't adamant — they were trying to schedule the feeds....They make you feel like crap about the baby's weight loss when that is normal for all babies, every baby loses weight after birth." **– Kamloops Mom**



"I was lucky to have both a midwife and doula in the hospital, they advocated for me. I had immediate skin-to-skin even when they stitched me and were working on me and I still got to hold him. Because I was focused on the baby, it helped me deal with it. He latched right away and gained weight. Later I had nipple cracking and blood but my midwife showed me I was holding him incorrectly and recommended a lanolin cream for my nipples. The nurses in the hospital didn't have the knowledge or time to help." **– Kamloops Mom**

"Doctors were more cynical and technical. Doula's are more women-based. When you have the continuity with the child birth educator — all is there, a one-stop-shop." **– Shuswap Mom**

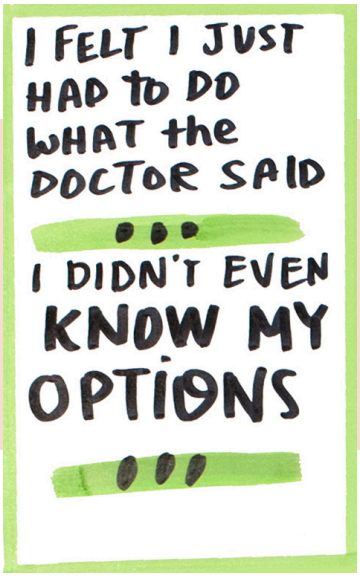
"On the hospital ward it says 'Breastfeeding is Best,' yet there is no support at first point of contact. Helping a mom breastfeed is not seen as the easiest route for staff. Feeding formula is more in their control."**– Kamloops Mom**

"Baby is going to feel the stress mom is under. Mom should be healthy and whole. You're super vulnerable when you've just given birth, and they use fear to control mom. Once bedridden, you lose total loss of control." **– Kamloops Mom**

"I had the best birth experience ever. She was born an hour after I got to the hospital, and I gave birth in my regular clothes. They gave me skin-go-skin right away and she breastfed right away with the umbilical cord attached. Then they cut her cord and took her away. The nurses treat you like you should know what you are doing. You don't know what you're doing." **– Kelowna Mom**

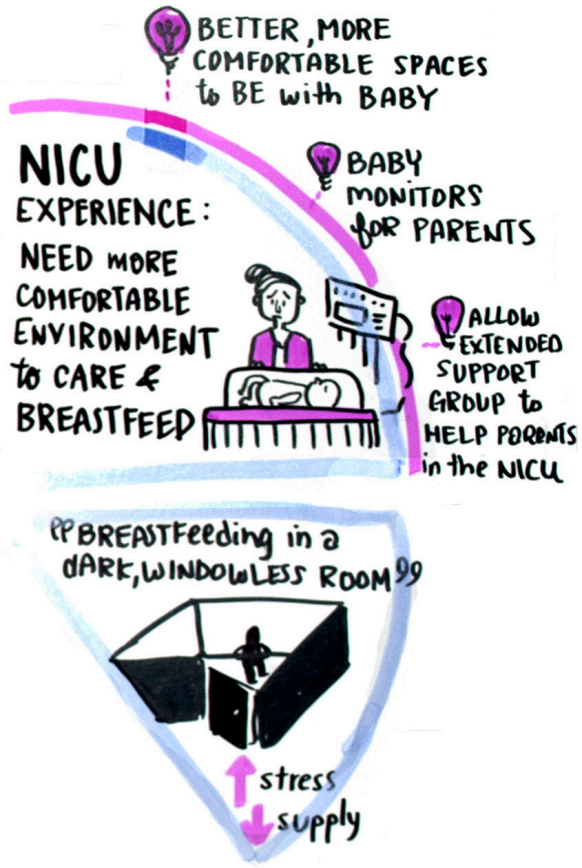
"I had a good milk supply with my first but not with my second. I asked to use a hospital pump but they asked if I needed formula...I had no pump offered. I had to fight to get the pump." **– Kamloops Mom**

"It matters to have someone who can advocate for what you want, rather than the medical team telling you what you have to do. I wish there was someone who said 'you have a choice.' I didn't know that I had a choice." **– Shuswap Mom**



"In the NICU, all the nurses would tell me different things. Like, how to breast-feed or how to pump. With my first I asked, 'Shouldn't I be breastfeeding now?' But I had no one else to ask. With my first, the doctor told me I should use formula, but I did advocate more with my second — but I didn't think I'd have to do this. You are in enough stress as is." **– Kelowna Mom**

"I was in a room with four other mothers and they all had their babies with them, and I wasn't even allowed to touch mine. I wish I would have been stronger the first time round. Also, the dark pumping room, was not friendly. The new set-up at the Kelowna NICU is more isolat-ing and difficult to connect with other moms." **– Kelowna Mom**



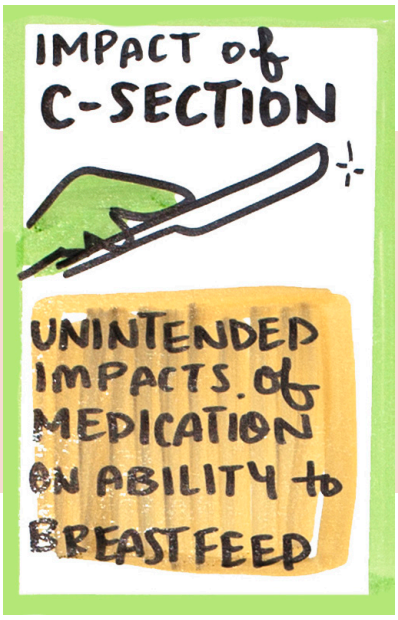
"There was one amazing nurse... she spent a lot of time with us even though she was busy...you can tell the difference with a nurse with some breastfeeding training or who is a lactation consultant."

"I got mixed advice from nurses. So in the NICU I picked one nurse, and went with her advice. I wish I'd known breastfeeding looks different for different people." **– Kelowna Mom**

"I went home the first day but had to return to the NICU. As soon as I got there they told me I had to pump! I am in a rock hard chair post-episiotomy and I felt like crying. Every morning they'd ask, 'Has your milk come in?' It was a really, really stressful time." **– Kelowna Mom**

"They need to have a more comfortable space for moms in NICU. It would have been nice to have a camera to see my baby. I didn't want my baby to be crying and have no one come. So I spent a lot of time sitting there and that slowed my recovery. The other thing with the NICU is that only two parents could get a wrist band and so my mom couldn't sit there with my baby, so I could rest." **– Kelowna Mom**

"I had immediate skin-to-skin but only five minutes before they took him away. Then they said, I couldn't touch him till day two — it was at least 24 hours. No one told me to pump. At day two the doctor said, 'You aren't pumping yet?' ...My baby was on an IV. Without early bonding it really affected him. I was in NICU for 24 days, I think." **– Kelowna Mom**



"He was an emergency C-section. I didn't see him, not at all, even though it was a partial and I was awake. When I got him, I just held him and he did latch. Then they left me alone. It was scary. Even though it was my 4th baby, it was my first C-section." **– Shuswap Mom**

"I had a C-section with my last guy and my midwife put him on to latch right away but then he was a big baby and was taken to NICU. I was really emotional that he was taken away. I said no formula in NICU. But my midwife brought him back to me to nurse even though she wasn't supposed to. I don't think formula is bad but if you give it and then can't breastfeed that's not good." **– Shuswap Mom**

"Kamloops Hospital NICU give a class of how to bathe the baby and breastfeed, and how to take care of baby at home. I got extra care and got to go to the class because I stayed in the hospital longer, 10 days, but not all moms would get the chance to go to a class." **– Shuswap Mom**

"First time, in the NICU, the nurses were extremely helpful. They helped me work through it with syringes. With my second I got mixed messages. He was having trouble sucking and latching, and they connected me with a lactation consultant at the hospital and she helped." **– Kelowna Mom**

"I had a 2 1/2 day labour. I got an epidural. Then I was told she was 'a lazy baby.' I didn't know epidurals carried a risk for breastfeeding. No one told me. It stripped me of my confidence. She was separated and put in NICU for being pale, even though she was fine. Everything was stripping me of my confidence." **– Kamloops Mom**

In Hospital

Health Care Providers' Theme: We need more time to support mothers and more breastfeeding training.

Unanimously, health care providers agreed there was insufficient time to provide the breastfeeding support for new mothers. They identified a need for more consistent breastfeeding education for maternal care nurses and other health care providers. Their number one request was for a lactation consultant on the maternity wards. They were concerned that policy changes lag behind new research on breastfeeding which creates internal conflict for staff and job dissatisfaction.

The following are quotations from the health care providers:

"My heart is to help mom, but the mother is usually only in the hospital one to two days so we can't do everything. The health care provider feels pressured to get it all done, to tick boxes, for liability reasons. These time constraints lead to very condensed teaching."

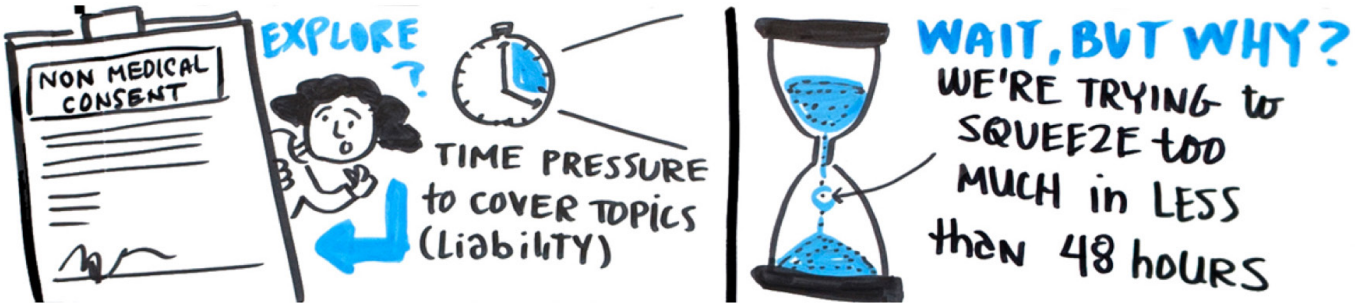
"There is a lack of time to help mothers with breastfeeding, we may only have 10 to 15 minutes."

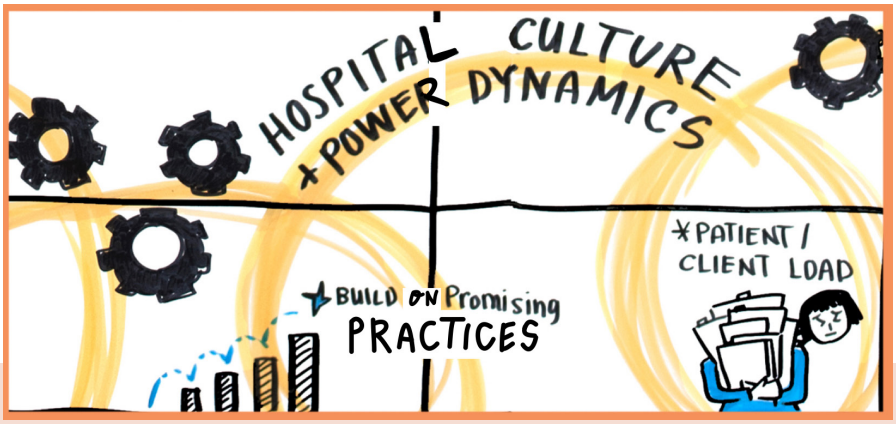
"We have a maternity nurse pathway and nurses have to check it all off — but maybe we need to think about if we really need to check all."

"We need breastfeeding education for everyone at KGH. This supports getting the same message out to moms." [KGH; Kelowna General Hospital]

"Having a skin-to-skin advocate in the operating room makes a big difference to parents and success in breastfeeding."

"One mother was told that she shouldn't use her breast as a pacifier. This is discouraging for mothers when they know best as a mother what to do and how to tap into that and trust that. We need to rethink how we are messaging to parents and nurture innate instinct."





"Administration and work overload is frustrating for the staff. Relationships in maternity care at the hospital are not good. Nurses don't feel supported and become burned out."

"Health care providers are sometimes constrained due to policy and management rules. For example to not allow co-sleeping, so moms are separated from their babies."

"We need to reframe our language. Don't say 'he's 'lazy,' instead say 'he's learning a new way.' Don't use guilt, instead empower mothers to make change."

"In the hospital, box checking is not a nurturing conversation and you're not assessing."

"Dads are far more engaged than they used to be. More dads know about skin-to-skin now. We need to help dads and teach them how they can help. Take advantage of their keenness and empower them too!"

"We would like to have better support from management. Why don't we have a lactation consultant at KGH?" [KGH; Kelowna General Hospital.]

"Mamma's Matter, a maternity patient survey at KGH, identified the number one request is for a lactation consultant at KGH."

"BFI will take us a step closer to getting consistency in teaching because nurses have to have at least 20 hours of online breastfeeding education plus mentorship. KGH needs a lactation consultant when a mom starts to run into difficulties." [For more information on BFI, see page 4, also see page 26.]

"When new research comes out, the needed policy change takes a lot longer. It takes champions to lead changes. Sometimes a change comes from a colleague speaking out at a department meeting or a personal experience. But buy-in can take time. Policy changes take a lot longer to catch up to research. And this lag has a big impact on the relationships at work and creates internal conflict and job dissatisfaction."

"Letters from patients are powerful. Such as from Patient Partners and Mamma's Matter. We rely or default to the patient's story. We have a room full of people who know what the problem is and what has to be done — but we can't get anything done. It may be unfair to put this on the patients to write letters. They are tired too. Administration is not terribly responsive to many pediatric issues even safety issues. Nurses feel they are the lowest part of the chain to drive change. Nurses feel siloed and powerless at work. We have to be politically careful because of fear of how it will affect our work situation."

"Acute management practices can improve or interfere with breastfeeding. There is still room to improve practices and bring more doctors on board. Changes that have come about were driven by collaboration, from patients, and from doctors seeing gaps, sometimes through their own personal experiences in having babies."

In Hospital

Recommendations
Developed from the Participants' Journeys

1. Develop hospital breastfeeding policies and practices that align with the Baby-Friendly Initiative

- For example:
  - early and sustained skin-to-skin contact between mother and baby
  - no use of human milk substitutes (formula) or soother to breastfeeding infants at any time during the hospital stay, unless medically indicated
  - acceptable and normal parameters regarding baby's weight loss

See Appendix 4 — The Ten Steps to Successful Breastfeeding Poster.

2. Support maternal care nursing staff with enhanced breastfeeding education

- Make opportunities available for maternal care nurses to complete breastfeeding education courses with evidence-based hands-on-training and empathy competence.

3. Have a lactation consultant for every maternity ward

- International Board Certified Lactation Consultants (IBCLCs) are accredited with relevant education and clinical experience. Hospital wards with a NICU have a particular high need for a lactation consultant.

IBCLCs support families with:
- immediate skin-to-skin after birth
- first latch
- answers for all breastfeeding questions

IBCLCs support nurses and medical staff with:
- reinforcement of breastfeeding education and practical training

4. Offer a family/peer support person

- Develop a Family Presence Policy in the NICU that recognizes both parents (or support person's) right to be at their infant's bedside 24/7.
- Doula or breastfeeding support person offered to all pregnant women at no charge. This one person stays with the mother throughout her birth and hospital stay.

5. Create a “We Promise To” poster

- A code of ethics for hospital staff towards new mothers, for example:
  - Ask permission to touch you when helping a baby latch or teaching how to hand express or use a pump.
  - Ask permission to wake up your sleeping baby to feed.
  - Provide you with as much information as possible, especially if your baby needs to be moved away from you.

6. Hospital Resources

- Supply free breastfeeding pumps for use in hospital.
- Create well-lit, non-isolating spaces for mothers to breastfeed in NICU.
- Provide comfortable chairs for mothers on both the ward and in NICU.
- Purchase cameras so families can watch their baby when they are separated.
- Equipment to support mother and baby togetherness, such as safe co-sleeping hospital beds.

7. Evaluate if hospital discharge process supports successful breastfeeding

- Re-examine the required box checking of infant health teaching during the short hospital stay. Evaluate care that could be done during post-natal visits by public health nurses.
- Improve continuity of care between hospital and public health nurses. Especially for reserve nurses, once mothers go home to First Nation communities. This might include improved access to mothers' hospital breastfeeding histories.

8. Improved collaboration

- Consider ways to allow for improved collaboration, communication, listening, and positive action around breastfeeding between management, healthcare providers and parents. For example, create action-orientated roundtables to discuss patient letters and concerns.

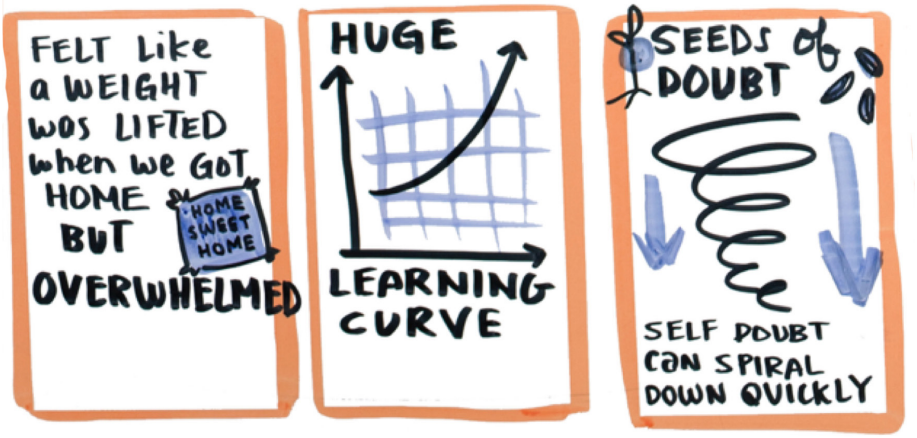
Back Home

Mothers' Theme: We feel alone.

Time in the hospital did not prepare the mothers to return home with enough information to navigate the world of unknowns with their new baby. Once home, many mothers experienced breastfeeding pain due to poor latch. Some mothers spent months pumping and bottle feeding their breastmilk, while others turned to human milk substitutes (formula feeding). There were not enough follow-up home visits from professional helpers during the first several months to answer all the questions or provide reassurance they were doing a great job. Moms often turned to alternate sources of information, some positive and some not.

Mothers felt they were frowned upon when feeding their baby outside of the home, and so looked for places of isolation to breastfeed. They struggled with barriers to breastfeed when it was time to go back to work. Mothers kept it a secret if they were breastfeeding up to two years or later. The joys of motherhood seemed lost in their worries, confusion and stress and their feelings of being alone.

"In the immediate post-partum period it is crucial to have someone there." **– Kamloops Mom**



"When I got home, a weight was lifted off me. Having a home visit from the nurse was so encouraging. At three days, she told me his latch was good. Someone told me breastfeeding is like a dance, up and down, some days he just breastfed for hours. It's been pretty good ever since. Over time it wasn't like an all-day affair. He learned new positions."
– Kamloops Mom

"I had a public health nurse come at about one week, she was super encouraging, it was so nice to have this." **– Kamloops Mom**

"My midwife was at the hospital to help latch and did three to four home visits." **– Shuswap Mom**

"I took the Nobody Perfect class, the counselor reached out and she made the effort to do a home visit and support me. I feel it should be offered more often." **– Kamloops Mom**

"Being a single parent if you have to drive anywhere with a new baby is really hard. It's still a big struggle." **– Shuswap Mom**

"Going to the breastfeeding clinic and talking to a lactation consultant was more beneficial than nurses on the ward." **– Kamloops Dad**

"BMIK in Kamloops was amazing" **– Kamloops Mom** [BMIK, Breastfeeding Matters in Kamloops, is a breastfeeding support group.]

"We had three visits from the public health nurse and I went to the breastfeeding clinic twice a month to their drop-ins. I really appreciated the visits from the nurse at home but then I had to drive to clinic and that was hard. Breastfeeding clinics were amazing though, you had the empathy, they aren't trying to push anything on you. It was the sunshine for me." **– Kamloops Mom**

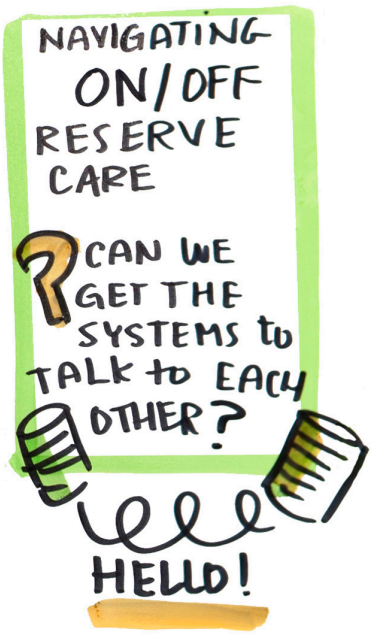
"Other than my mom, I didn't have anyone else to talk to. They didn't refer me anywhere. I was very surprised when I had pain. I can see why mothers would quit." **– Kamloops Mom**

"I tried for two months and I couldn't make enough milk and fast enough. If I had had more guidance I would have got past the two months. … I had anxiety and I was struggling with baby blues…When you are overwhelmed, you need support to keep breastfeeding." **– Shuswap Mom**

"It was hard as a single mom. Just me and my baby. I was living on another reserve. So I didn't have a vehicle. I had no support from the Band as I wasn't from there. The Friendship Centre helped but no workers came out. Transportation would have been awesome." **– Shuswap Mom**

"I had to wait one week due to the meds I was taking. My breasts were so full, and I had not been shown how to hand express."
– Shuswap Mom

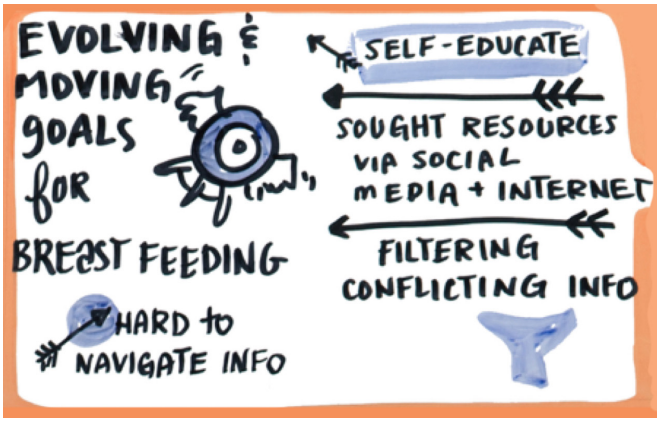
"The doctor said, 'I don't think you should breast-feed, you should use formula.' I was in tears. I was devastated. I said, 'No this can't be right. This isn't making sense. The doctor should not be telling me this.' It was very stressful."
– Kelowna Mom



"Once a mom is discharged from the hospital, it is limited in terms of what First Nation band nurses can access from Interior Health files. Co-ordinating the transition of files from province to band for home visits is not seamless — both ways there are confidentiality issues, unless moms specifically ask to access their own information." **– Shuswap, Co-facilitator**

"Traditionally, the first baby would be called 'tek̓ekstn' (pronounced cane), and this grandchild would have been raised by the grandparents; then that child would later have a responsibility to support the grandparents as they got older. I moved home with my first baby. Grandma would help burp the baby and helped look after me too, and and it was so helpful. With my second, I didn't have the opportunity to go home and my husband was away, and it was harder. With third, we had a doula and my husband was home." **– Shuswap Mom**

"In the coming months there are conflicting messages overall, it's hard to be a parent and to know what the right way is. For example, there are conflicting messages about sleep. After a few weeks, public health don't offer any more home visits." **– Kamloops Mom**



"All the hospital gave me was pamphlets, and the only helpful thing was the contact for Pregnancy Care Centre. It would be nice to have a list of who is available for breastfeeding services." **– Shuswap Mom**

"Young moms would rather be shown rather than finding information online. Moms appreciate some appointments and talking to others when we are scared. If we have no one to go to, this fear can affect your milk coming in."
– Shuswap Mom

"They asked, 'Do you have any questions?' but I didn't know what to ask." **– Shuswap Mom**

"Sympathy is not problem solving."
– Shuswap Mom

"I wish they'd teach partners what to do. We need more support for dads. As a brand new parent, even mom doesn't know what she wants and needs. Sometimes dads make things worse. It would be a huge step to have more places for dads to get support in early weeks."
– Kamloops Mom

"The naturopath encouraged me to not tandem breastfeed. There weren't a lot of people familiar with it. I wanted more info about tandem nursing and was not given reasons why I should wean." **– Kelowna Mom**

"I do a lot of research on my own — Kelly Mom had an online forum and I used that a lot."
– Kelowna Mom

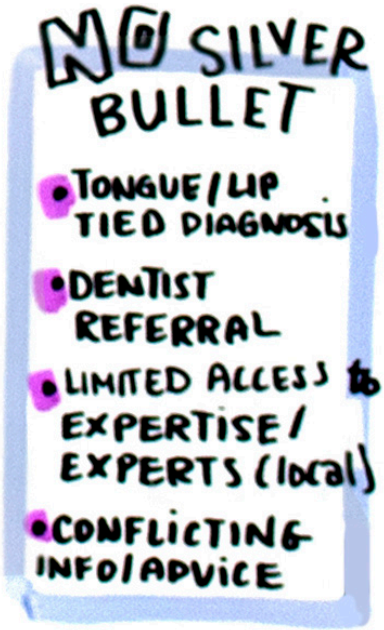
"Once home, I joined First Time Moms online and I could ask questions. I found out on my own." **– Kamloops Mom**

"When we first went home, my nipples were so sore and I was dreading the next feed. There was lots of blood and I was tired. I searched out help on the internet, and found advice from Dr. Jack Newman. By six weeks I felt better with breastfeeding." **– Kamloops Mom**
[Dr. Jack Newman is the founder of the International Breastfeeding Centre in Toronto.]

"We have all this access to information, and it's hard to know what's credible, and still it's not the same as one-on-one."
– Shuswap Mom

"The amount of stuff online and on Facebook groups is overwhelming. Especially if you look at the comments. For first-time mothers it helps to connect with breastfeeding moms and to get the more personal and intimate care from the community health care nurse….It would be good to have more community health care visits."
– Shuswap Mom

"At home, tracking is hard when you are already sleep deprived and worrying. There is such a focus on birth weight. My sister and my boyfriend were my best supports….My boyfriend didn't let the dark moments make me turn to formula." **– Kelowna Mom**



"The only negative thing for me, was she had stage 4 lip-tie which is why I was experiencing pain. There is misinformation about lip-tie and I wasn't referred until two months. They should know there are other reasons that can cause pain beyond latch. The doctor said, 'The liptie will stretch out.' It didn't. This could have been prevented." **– Kamloops Mom**

"My second had tongue tie and I had gone to the breastfeeding clinic several times and they said, 'Oh no, he doesn't have it.' Then I was in tears and had someone from La Leche League come out and she said, 'Oh yes.' "
– Kelowna Mom

"I'm a single mom and some days I had lots of support and other days people would say, 'Just give a bottle.' If I hadn't be as adamant about breastfeeding, I would have just given him a bottle." **– Kamloops Mom**

"With my first, everyone forced the bottle on me. I went in the kitchen and made her a bottle. That was that. With my last baby they taught me about the latch and it worked out really nice. I have lots of support now and breastfeeding went well second child around." **– Shuswap Mom**

"Once home, she was in pain. She had some scabs forming that would open then scab over. We were both exhausted and she needed pain meds. I actually went and bought formula for one feed. The public health nurse called the next day on a Sunday. Then they were thinking post-partum depression, which it wasn't. But when the nurse came to the house, it always felt more comfortable to have someone there. When they left it would go back to challenging. Then it was back to pumping." **– Kamloops Dad**

"I had to do it all by myself and never had time to just stop and enjoy my babies. And that's why I breastfed my last one for so long, I'd be doing dishes, then I'd sit down and feed him and enjoy him." **– Shuswap Mom**

"That's where you need grannies for their wisdom and to say it how it is. Everyone else is so technical but grannies know what needs to be done. And, they know it's okay to not be okay. We need that people from the community come and help do the dishes, or just be okay to have a conversation in your messy house. Or people can come hold my baby so we can clean house — or let me hold my baby and you clean the dishes." **– Shuswap Mom**

"The longer I breastfeed the more judgement I get from people. Many people are supportive of you to quit. I don't nurse my two-year old in public. Even my mom said, 'Oh you're pregnant, now you should stop breastfeeding.' As parents, no matter what you do, you feel like you're doing something wrong." **– Kelowna Mom**

"People said, 'Now that you're ready for work, now you'll have to stop breastfeeding.' It would be good to have something to give to an employer, a pamphlet would be excellent." **– Kelowna Mom**

"When you are a new mom you're insecure to breastfeed in public. I would breastfeed in the car, even in the middle of winter. It made me stay home and I was more socially isolated. I got post-partum depression, it was a vicious cycle. I was more confident with my second one and I breastfed more in public but I'd get funny looks, and that is uncomfortable."
– Kelowna Mom

"The bad experience never stopped me breast-feeding. It doesn't kill them to give a bottle, they need to teach that too. Now I have older kids and a partner to help me. If I hadn't had that support it would be a different story." **– Shuswap Mom**

"We need a maternal home visiting team. 30 years ago that is what was here and I had an amazing experience having my daughter. We didn't have internet, but the sense of community was huge. La Leche League came regularly, a 12-week course was available. It is astounding that it is not happening anymore. I never felt alone, or that I could not ask a question."
–Shuswap Grandmother

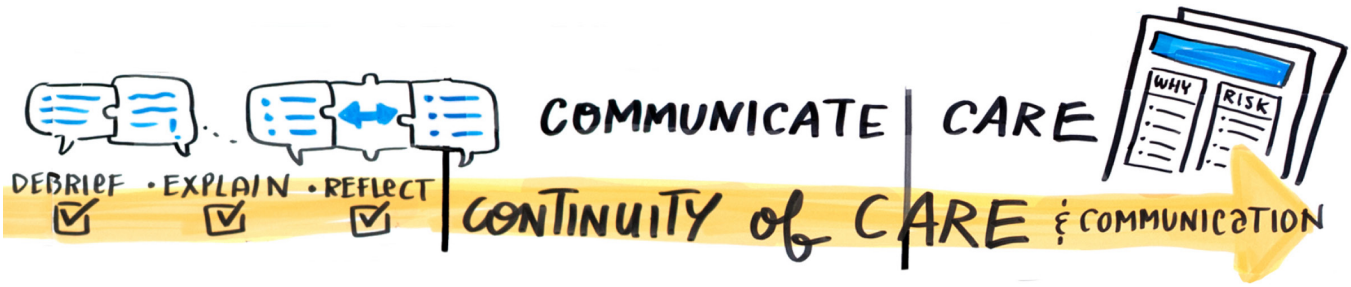
Back Home

Health Care Providers' Theme: There are gaps in services.

It was identified that hospital staff need to complete a more practical discharge breastfeeding plan, which can then be shared with community health providers. The health care providers recognized that even with the current home support, mothers often felt isolated and were vulnerable to stop breastfeeding. Mothers can quickly lose confidence in long-term successful breastfeeding. They identified a need for more breastfeeding education to better support health care providers, and more staff time to run breastfeeding clinics.

The following are quotations from the health care providers:

"Nine out of ten times, early postpartum visits can be a lifeline. Even with two or three babies. The postpartum care is not equitable across the population or across the region. Some moms get lots of calls or two to three visits, others not at all. Often it is just a phone follow-up. There are barriers to get an appointment at the breastfeeding clinic because you need to schedule an appointment, but a breastfeeding problem often can't wait. And there is just a sprinkling of lactation consultants, although public health nurse knowledge is increasing."



"There is a knowledge gap for nurses on the ward who don't know what breastfeeding services are available in communities."

"During the birthing, mothers actually seem to have a lot of supports — it's when they go home, that's when they are really lost."

"Post-partum problems if picked up early, can be addressed by a public health nurse or lactation consultant."

"Does the hospital copy the teaching sheet and send it to the family doctor or public health? There is a need for more collaboration between hospital and community practitioners. Public health nurses say they don't like box-ticking either."

"We need more collaboration that helps us see moms across time, like a pregnancy passport — why not a breastfeeding passport?"

"We need to give more support to community breastfeeding support groups."

"On Kelowna Mom's Facebook group, moms say there is fear-based promotion of bottle-feeding from doctors, family and friends. These play on moms' fears. Health care providers need to be careful what their message is."

Back Home

Recommendations
Developed from the Participants' Journeys

1. Enhance supports for mothers once they are home

- Develop a practical hospital discharge breastfeeding plan.
- Develop a system to track how breastfeeding supports and resources for each mother are offered and services completed.
- Allow more visits in the first few weeks after discharge, with the flexibility for an extension of visits.
- Enhance collaboration between First Nation band nurses and Interior Health.
- Have breastfeeding clinics that are drop-in; no appointments needed.
- Provide public health nurses with more breastfeeding training and time to better support mothers.
- Make advanced breastfeeding support from lactation consultants (IBCLCs) available to mothers, in a timely manner.
- Provide services in the home, or consider supportive alternatives like providing transportation and child care.

2. Develop and distribute plain language print resources

- Assess availability of existing IH and provincial print resources such as Baby's Best Chance.
- Assess availability of resources for specific cultural groups including Indigenous families.
- Provide region-specific lists of IH services, recommended online resources and community breastfeeding support groups.
- Create a pamphlet on laws and rights for breastfeeding mothers returning to work.
- Regularly update all resources.

3. Take steps to normalize and support breastfeeding in public and in work places

- Some considerations for employers include: private and comfortable spaces, and access to a power source and refrigerator (for mothers who use a breast pump).

- Engage with community businesses to support breastfeeding mothers.

Appendices

Appendix 1: Steering Committee

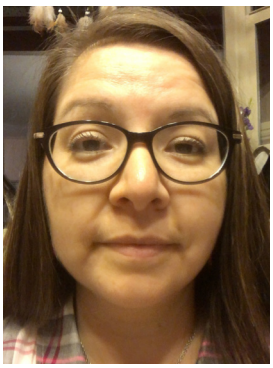
- **Co-Chair:** Ellen Boelcke, Executive Director, KCR Community Resources
- **Co-Chair:** Karen Graham, Interior Health Public Health Dietitian
- **Secretary:** Linda Kersche, Lactation Consultant and IH Maternity Care Public Health Nurse
- Jason Brescacin, Kelowna General Hospital NICU (neonatal intensive care unit) Registered Nurse, and Resource Ability nurse working with children that have acute care needs at home
- Rhonda Camille, Assistant Director of Health and Wellness, Sexqeltqin Health Centre, Adams Lake Indian Band
- Robert Finch, Interior Health Network Director, Maternal & Child Health (2020 member)
- Lisa Ford, Family Services KCR (2019) and co-lead of Kelowna Breastfeeding Café
- Dr. Jeanne Mace, Obstetrical General Practitioner at Strathcona Medical Clinic and a founding member of the Central Okanagan Division of Family Practice
- Dr. Marie Tarrant, Director & Professor University of British Columbia-Okanagan School of Nursing

Ellen Boelcke


Karen Graham


Linda Kersche


Jason Brescacin


Rhonda Camille


Robert Finch


Lisa Ford


Dr. Jeanne Mace


Dr. Marie Tarrant

Appendix 2: Early Consultations

Interior Health Population Health managers

- Janice Talarico, Healthy Communities Manager (2019)
- Trish Hill and Mike Adams, Public Health Dietitians Team Manager – Term (2020)
- Heather Deegan, Director of Healthy Communities

Other Interior Health staff

- Brad Anderson, Corporate Director, Aboriginal Health
- Michelle Delany, Regional Perinatal & Neonatal Education Coordinator
- Nancy Delgado, Lead, Rhonda Tomaszewski, Laurie Pinda and Amanda Welsh from Healthy from the Start
- Dr. Gillian Frosst, Manager of Epidemiology
- Ron Gorospe, Practice Support Program Coordinator/Analyst
- Jenny Green, Community Health Facilitator
- Nial Helgason, Manager of Quality Improvement & Patient Safety
- Brenda Marsman, Regional Knowledge Coordinator, Maternal, Child & Youth Health
- Dr. Sue Pollock, Medical Health Officer
- Meggie Ross, Public Health Maternity Care Program & Breastfeeding Service
- Andrea Saari, Clinical Information Specialist
- Cheryl Sidenberg, Tobacco Reduction Coordinator

Other contacts

- A variety of health care professionals and organizations assisted in recruiting mothers to participate in the journey mapping; their names are being kept confidential to maintain confidentiality for the participants
- Dietitians in Indigenous Health & Knowledge Keepers 2020 Gathering participants
- Lea Geiger, Coordinator, BC Provincial Baby-Friendly Initiative
- Stephanie George, Lactation Consultant, Aboriginal midwife, and instructor at McMaster University
- Barb Webster, Manager, Clinical Nurse Specialist, Maternal and Child Health, First Nations Health Authority
- Mona Gray, Clinical Nurse Specialist Okanagan, First Nations Health Authority
- Penticton Indian Band Baby-Friendly Initiative Team including Roxy Jack and Carlene George
- Swati Scott, Lactation Consultant, Victoria

Two reports inspired our work

- The 2012 Divisions of Family Practice (Practice Support Program) Kamloops Patient Journey Mapping Report Child and Youth Mental Health.
- The 2019 BC Patient Safety & Quality Council Journey Mapping in Cancer Care Report.

Appendix 3: Breastfeeding Benefits

Breastfeeding has immediate and lifetime health, social and environmental benefits (References 1-15). Breastfeeding has been identified as one of the most important cost-effective way to improve the health of the British Columbia population and reduce chronic diseases such as obesity and type 2 diabetes (Reference 10). Breastfeeding provides important immune protection during times of pandemics such as Covid-19 (Reference 14). Breastfeding is a tremendous cost saving to the health system as mother and child are healthier and require less re-hospitalization and doctor visits (Reference 15).

- **For the baby:** Breastfeeding boosts brain development, reduces ear and gut infections, protects against allergies and reduces the risk of type 2 diabetes.
- **For the mother:** It reduces risks of developing type 2 diabetes and heart disease. It protects her from breast cancer and ovarian cancer. It can provide birth control during the exclusive breastfeeding period.
- **For the health care system:** Reduced use of health care systems by the overall population from birth to death.
- **For the environment:** Reduced industrial production of formula, menstrual products and packaging = reduced pollution and waste.
- **During pandemics and disasters:** During these times infant formula may not be available, water may be contaminated or severely limited, and electricity or gas supplies can be disrupted that prevents the safe preparation of infant formula. Whereas, breastmilk is always sanitary and available and continues to provide fluid, nutrition and immunity protection.

International Endorsement for Breastfeeding

Breastfeeding is the normal and unequaled method for feeding infants and young children.

The World Health Organization states that infants be exclusively breastfed for the first six months, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond (Reference 9).

British Columbia Endorsement for Breastfeeding

The BC Lifetime Prevention Schedule has identified breastfeeding as their fourth priority to improve the health of the population and reduce chronic diseases (Reference 10).

Appendix 4: The Ten Steps to Successful Breastfeeding Poster

Source: https://www.who.int/nutrition/bfhi/infographics/en/

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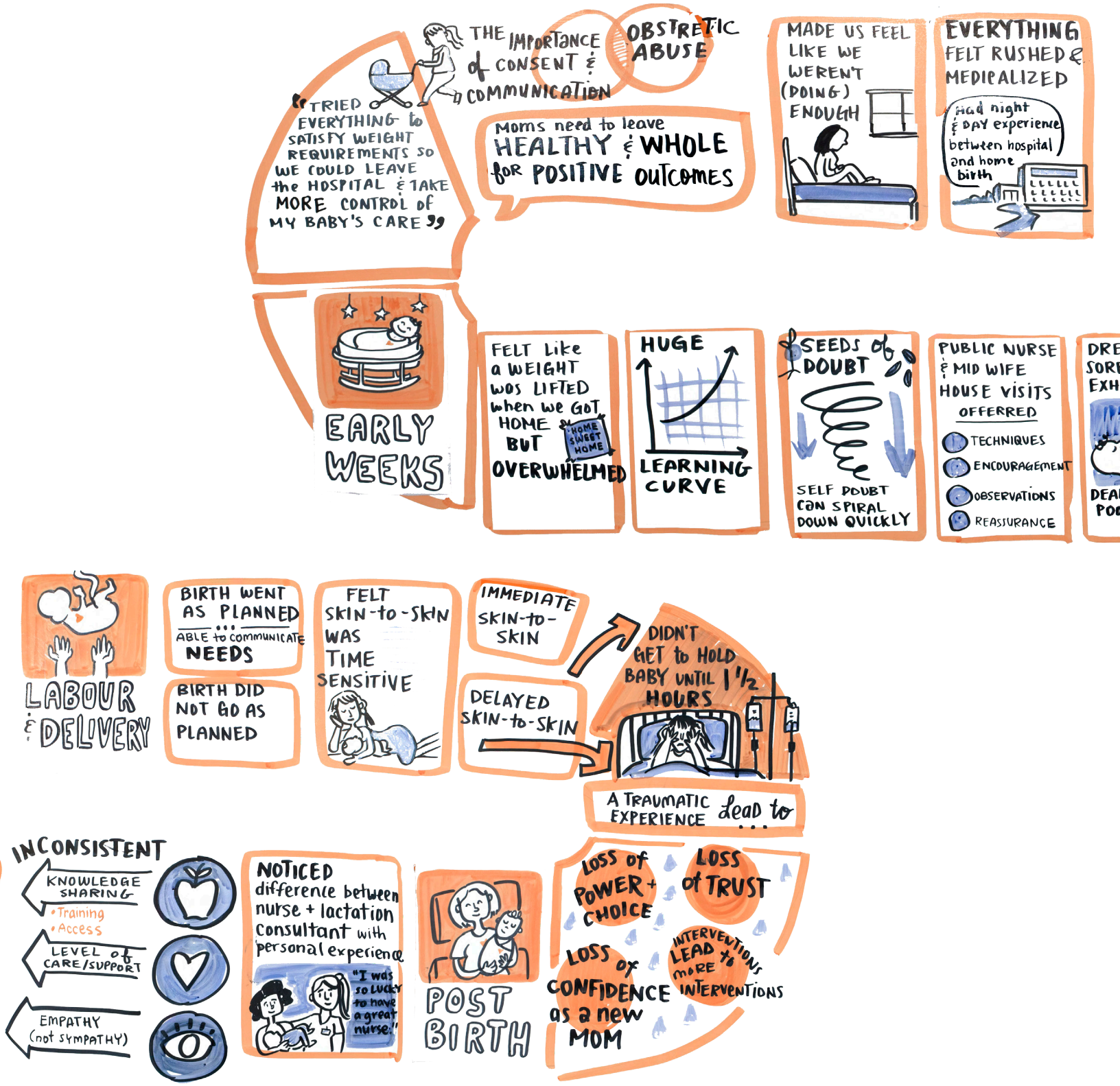
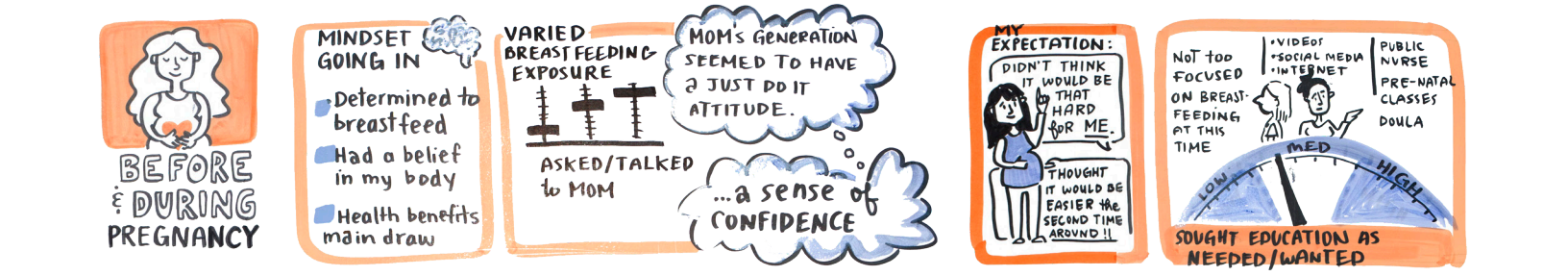

THE IMPORTANCE of CONSENT & COMMUNICATION
OBSTRETIC ABUSE
"TRIED EVERYTHING to SATISFY WEIGHT REQUIREMENTS SO WE COULD LEAVE the HOSPITAL & TAKE MORE CONTROL of MY BABY'S CARE"
Moms need to leave HEALTHY & WHOLE for POSITIVE OUTCOMES
MADE US FEEL LIKE WE WEREN'T (DOING) ENOUGH
EVERYTHING FELT RUSHED & MEDICALIZED
Had night & DAY experience between hospital and home birth
EARLY WEEKS
FELT Like a WEIGHT WOS LIFTED when we GOT HOME & BUT OVERWHELMED
HOME SWEET HOME
HUGE
LEARNING CURVE
SEEDS of DOUBT
SELF DOUBT CAN SPIRAL DOWN QUICKLY
PUBLIC NURSE & MID WIFE HOUSE VISITS OFFERRED
TECHNIQUES
ENCOURAGEMENT
OBSERVATIONS
REASSURANCE
LABOUR & DELIVERY
BIRTH WENT AS PLANNED
ABLE to COMMUNICATE NEEDS
BIRTH DID NOT GO AS PLANNED
FELT SKIN-to-SKIN WAS TIME SENSITIVE
IMMEDIATE SKIN-to-SKIN
DELAYED SKIN-to-SKIN
DIDN'T GET to HOLD BABY UNTIL 1 1/2 HOURS
A TRAUMATIC EXPERIENCE Lead to ...
INCONSISTENT
KNOWLEDGE SHARING
• Training
• Access
LEVEL of CARE/SUPPORT
EMPATHY (not SYMPATHY)
NOTICED difference between nurse + lactation Consultant with personal experience
"I was so LUCKY to have a great nurse!"
POST BIRTH
LOSS of POWER + CHOICE
LOSS of TRUST
LOSS of CONFIDENCE as a new MOM
INTERVENTIONS LEAD to MORE INTERVENTIONS


BEFORE & DURING PREGNANCY
MINDSET GOING IN
Determined to breastfeed
Had a belief in my body
Health benefits main draw
VARIED BREASTFEEDING EXPOSURE
ASKED/TALKED to MOM
MOM's GENERATION SEEMED TO HAVE a JUST DO IT ATTITUDE.
...a sense of CONFIDENCE
MY EXPECTATION:
DIDN'T THINK IT WOULD BE THAT HARD for ME.
THOUGHT IT WOULD BE EASIER the SECOND TIME AROUND !!
NOT too FOCUSED ON BREAST-FEEDING AT THIS TIME
•VIDEOS
•SOCIAL MEDIA
•INTERNET
PUBLIC NURSE
PRE-NATAL CLASSES
DOULA
LOW
MED
HIGH
SOUGHT EDUCATION AS NEEDED/WANTED