

# 2024 KCR BREASTFEEDING SURVEY REPORT

## Breastfeeding Systems Change Project – Breastfeeding Survey



**Have you had a baby in the last four months?**  
KCR Community Resources would like to hear about your experience with feeding your baby!



Help us improve care in the Interior for families like you!  
Take the survey through this QR code or by following the link:  
<https://www.surveymonkey.com/r/BreastfeedingSystemsChangeProject>



**Survey conducted by:** Jocelyn Haight, BN, IBCLC, on behalf of the Breastfeeding Systems Change Project (BFSCP)

**Thanks to:** Ellen Boelcke (past KCR Executive Director), Madison Candline, Community Services Administrator, and Karen Graham, Interior Health, BFSCP Coordinator

**Date of Report:** December 9, 2024

## Summary

**Survey Dates:** June 1-August 1, 2024

**Purpose of Survey:** This survey was developed to provide a **baseline** of the breastfeeding support received by mothers and parents in the BC interior geographical region. It also assessed what breastfeeding resources and support families are accessing, and whether there was any awareness of the Breastfeeding Systems Change Project (BFSCP).

### Summary of Survey Results:

- 30 completed surveys were received: two-thirds were from Kamloops.
- Only 30% of respondents received enough breastfeeding information from their health care provider during pregnancy. Information and support in hospital was higher than prenatally, but still 33% said they only got part support and 10% said they got no support. Support in the community after discharge was better with 80% saying they received full or part support from community nurses, but less so from their primary health care provider.
- In general, there was a lack of awareness of the new resources developed by the BFSCP, not surprising as many were newly released.
- Results support a need for lactation consultant support for new parents. They also indicate the importance of increasing promotion of available resources for families, and of increasing breastfeeding education and support prenatally.

**Recommendations:** The development of the [Physician Breastfeeding Guide](#) (to be released Spring 2025) is being developed in part to help with the identified need for more breastfeeding education and support from primary care provider, from postnatal to hospital to back home.

### Other Learnings from Survey for Future Surveys:

- We learned what were effective survey assessment ways to get responses, for example, social media and midwives during appointments. This will be helpful to improve reach for future surveys.
- Now that the survey template has been developed, it could be adapted to newer apps or tools, and repeated for ongoing information collection.

**Limitations of Survey:** We cannot draw broad conclusions given the smaller number of participants. Many rural and major health centres were not well represented. However, this small survey provided a helpful snapshot that should not be ignored.

**Future Survey:** As work is continuing to complete the BFSCP and across IH to improve services, we feel it would be beneficial to repeat this survey in 2 to 3 years.

## Recruitment and Responses

The survey was available in English and in digital format only, from June 3 to August 19, 2024. Recruitment was by sharing the survey on relevant social media groups and platforms, including a two-week sponsored advertisement through Meta platforms. In Kamloops, midwives at the local Thompson Region Family Obstetric group did direct recruitment at postpartum follow-up visits with clients and displayed posters advertising the survey in the clinic.

42 surveys were started and 12 were incomplete, resulting in 30 complete survey responses.

Responses were distributed as follows:

18 – Kamloops

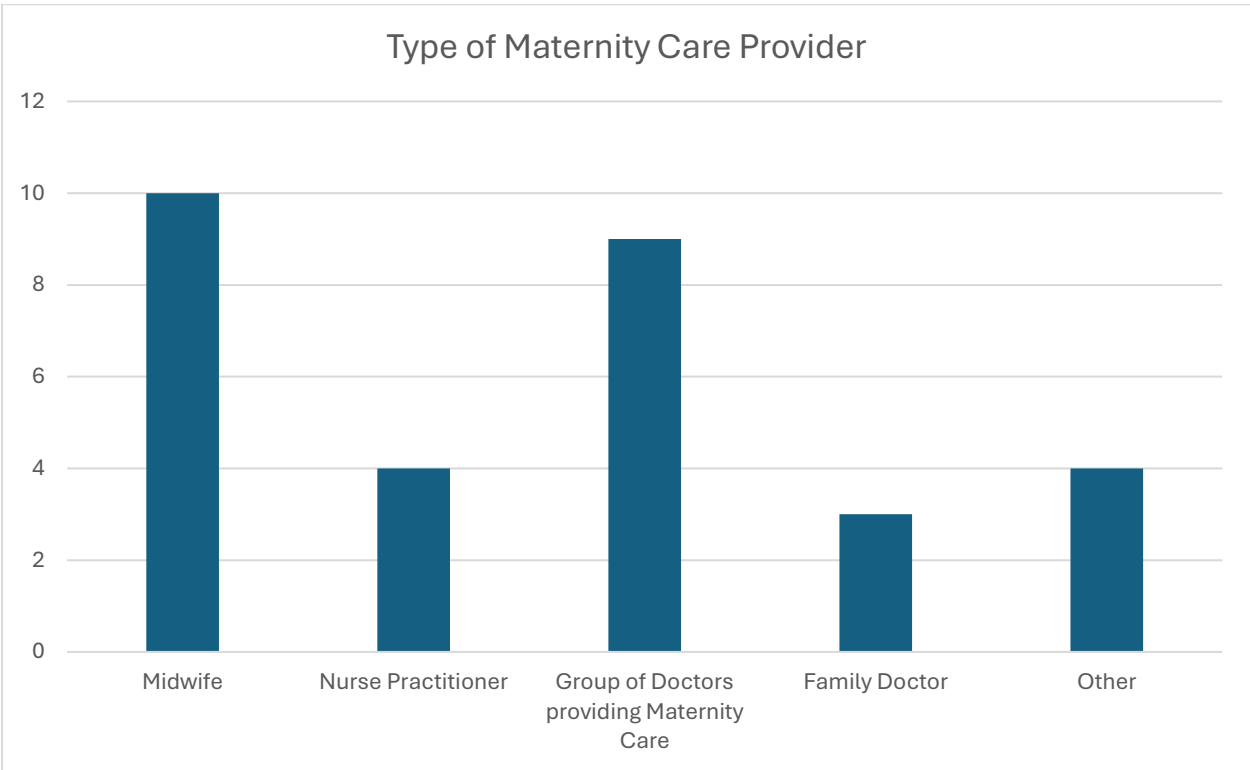
8 – Kelowna

3 – Vernon

1 – Penticton

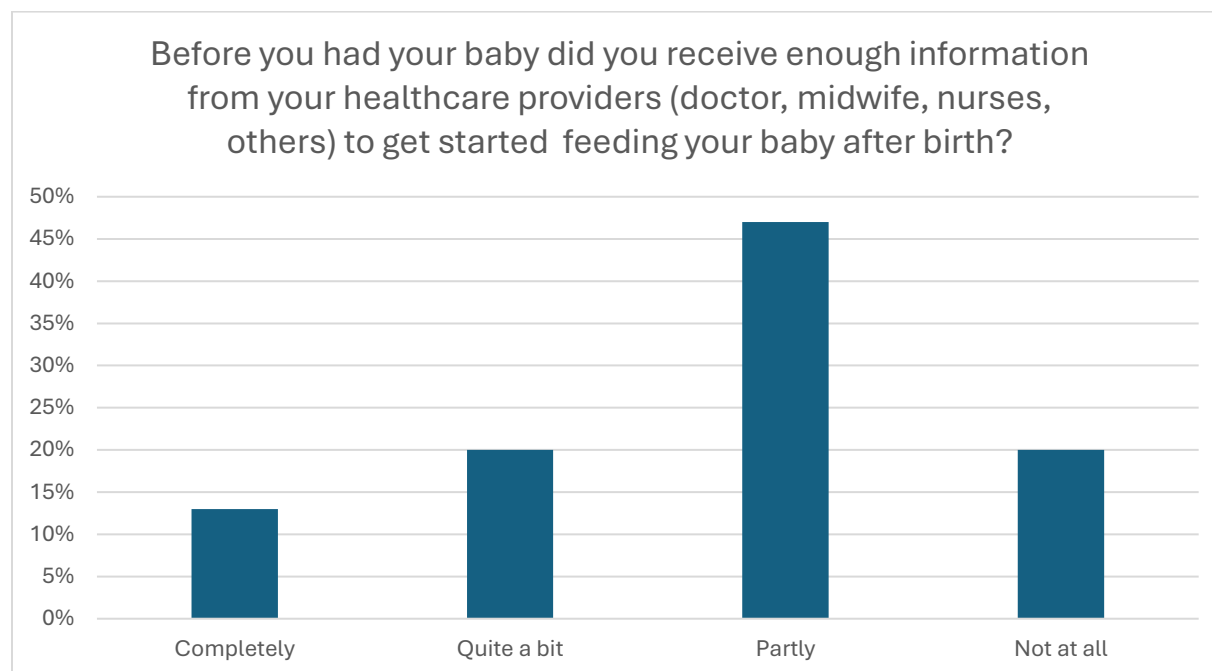
All but one respondent planned to breastfeed.

## Respondents' type of maternity care provider



The following tables display the responses to the breastfeeding support questions in percentages. All questions had open-ended comments available and some of these are included with the tables and in the discussion section on pages 7 and 8.

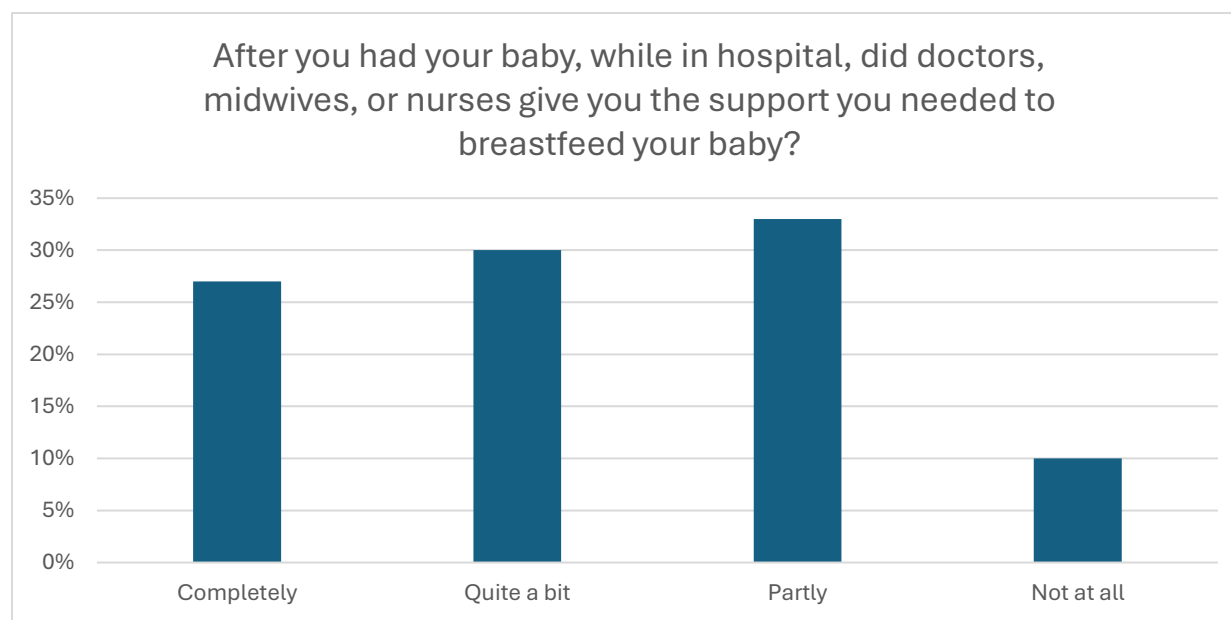
### Prenatal Breastfeeding Information



“I was given zero information from providers about breastfeeding”

“I think more was available but I didn’t reach out”

### Acute Care Breastfeeding Support



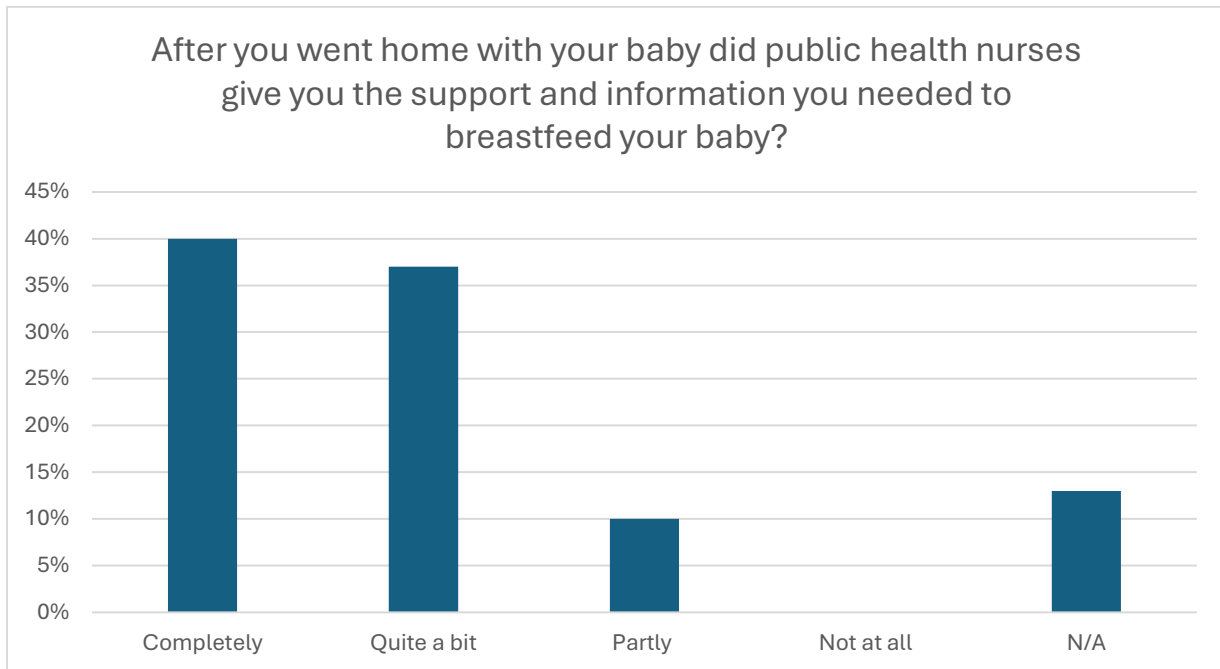
“NICU nurses were understaffed and stressed, I felt pressure”

“NICU feeding support was affected by stressed staff and focus on bottle feeding first”

“The fact that there is no lactation consultant in the labour and delivery unit displays a clear lack of support to aid breastfeeding women”

“Some nurses offered better support than others”

## Postpartum Breastfeeding Support from Nurses in Community

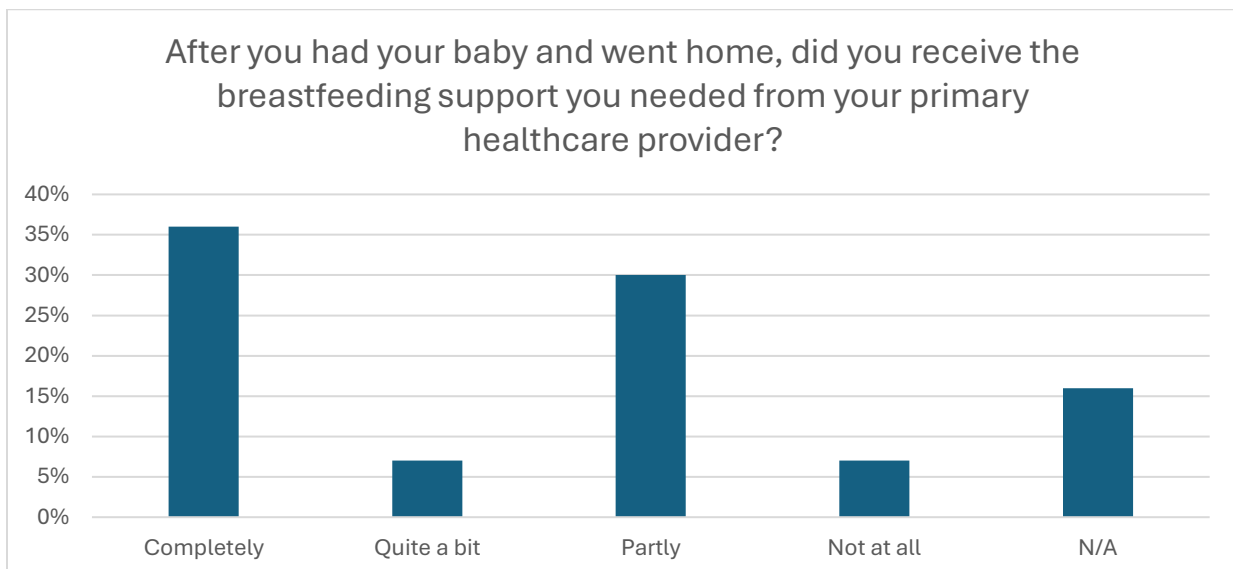


“Once out of the crazy busy hospitals, yes! I was completely supported”

“Mixed information from one day to the next”

“I was given information on breastfeeding but I was not properly shown how to breastfeed”

## Postpartum Breastfeeding Support from Primary Healthcare Providers



“I got help through LC and public health nurses”

“From home visit from midwife, public health and from the LC”

### Discussion of Quantitative Data Results

Nearly half of respondents had midwifery care for their pregnancy and the other half had care from a group of physicians providing maternity care. A small number of respondents had a nurse practitioner or no primary care provider in pregnancy.

When asked if they received enough breastfeeding information prior to birth of their baby, 67% of respondents replied partly or not at all. This highlights a gap in prenatal breastfeeding counselling.

When asked if they received enough support in hospital, responses were split with nearly half of respondents stating they completely, or mostly received the support they needed and half reporting they partly or did not receive the support they needed.

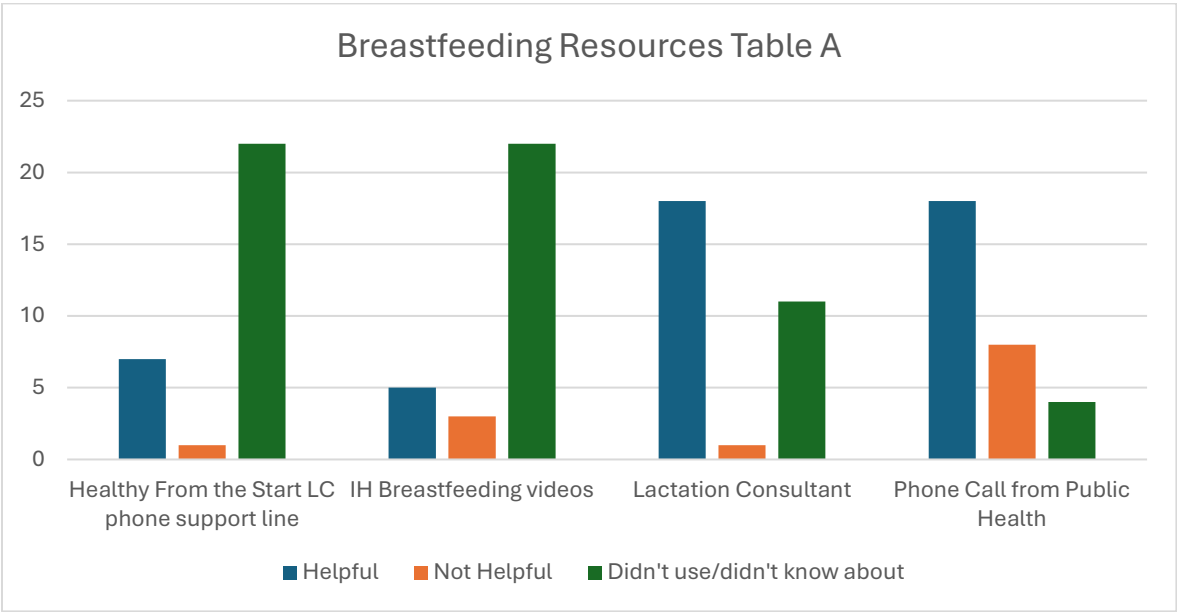
When asked about support from public health nearly half responded that they did receive complete or quite a bit of support. There were also several not applicable responses as midwifery clients are followed up by midwives instead of public health nurses.

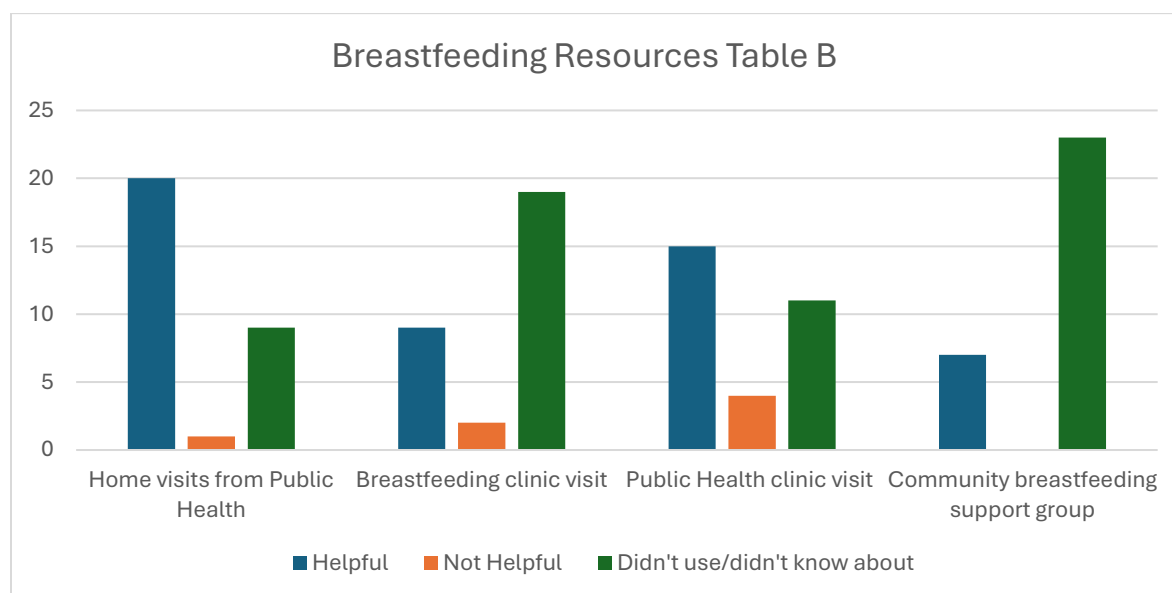
When asked about postpartum support from primary care providers nearly half of respondents had complete or quite a bit of support and 30% reported partly receiving the support they needed.

From this survey the greatest need for increased support appears to be in the prenatal period. Support in the hospital also received mixed results and leaves room for improvement. Public health nursing and postpartum support from healthcare providers was reported as being provided in most cases.

### Accessing Breastfeeding Resources

The following two tables display the results from the survey that asked about breastfeeding resources and supports that are available in the BC interior geographic region, many being provided by Interior Health. Some of these were only available part way through the survey, such as the breastfeeding videos. Some of these resources, such as lactation consultants, vary in availability across the Interior Health region.





### Discussion of Breastfeeding Resource Access

Overall public health phone calls, home visits, and lactation consultants were rated most highly as being helpful for parents. Mostly, parents did not know about the Interior *Health Healthy from The Start* phone line, breastfeeding videos, community breastfeeding support groups, or breastfeeding clinic visits. Note: Some of these resources were newly launched during the survey period.

These results support a focus on public health and lactation consultant support for new parents. They also indicate the importance of increasing promotion of available resources for families.

When asked where they heard about resources responses were mixed. Most were either word of mouth or from friends. Remaining responses stated they heard about resources from public health or the hospital. There were only two responses that stated they heard about resources from their primary care providers. This highlights the need to focus on improved prenatal counselling and education.

### Discussion of Main Themes from Open-Ended Comments

Note: To ensure anonymity in this report, the detailed responders' comments are summarized only; the detailed responses will be kept for 8 years then deleted.

#### Themes and comments summarized from all of the questions:

- Primary Health Care providers did not generally provide prenatal breastfeeding information. Parents had to reach out themselves to find resources and weren't aware of what was available.
- Lactation consultants that were accessed through private means in most cases were helpful, and respondents requested their services be available in healthcare settings.
- Some nurses were more helpful than others.
- NICU feeding support was affected by stressed staff and focus on bottle feeding first.
- Not enough information on how to breastfeed and follow feeding plans once discharged from hospital.
- Public health support comments were mixed, with some positive and others describing negative experiences.
- Most reported getting good breastfeeding support from their care providers after discharge, with most being midwives that worked on their own or in multi-discipline provider groups.

**Main theme from the open-ended comment section at the end of the survey:**

- Healthcare providers trained extensively in breastfeeding management are required in acute care and public health settings to support parents manage more complex feeding concerns, such as nipple damage, inverted nipples, low milk supply, latching and bottle feeding challenges, and pumping support.
- “I have a friend who is a lactation consultant and talked to her instead”
- “I wish I had more support on breastfeeding after the first week”
- “Now that I’ve seen the resources listed in this survey, I’m going to seek out options in my community to help our breastfeeding journey continue”
- “Public health was amazing!”
- “I was told I wasn’t allowed to make an appointment at the breastfeeding clinic right away”
- “More information be provided at hospital prior to discharge”

**Recommendations**

Future surveys to continue evaluating breastfeeding support and resources within the BC interior geographical region would be beneficial to inform resource planning and new initiatives. Future surveys would need to ensure the spread across the regions, particularly in smaller towns. This survey primarily reviewed Kelowna and Kamloops families. Having methods of direct recruitment appear to be effective, as Kamloops had care providers assisting with recruitment and resulted in over half of the final survey responses. There was also a higher number of responses over the time of the sponsored social media campaign.

12 surveys were started but never completed. Editing the survey to be shorter may encourage more complete responses. Offering a hardcopy version may also encourage completion.

Future surveys could take into consideration the data required and collection methods for Interior Health’s *Baby-Friendly Initiative (BFI)* accreditation. This will help build a baseline for facilities that plan to move toward this accreditation and avoid duplication of work.

Limitations based on numbers. **However, this survey provided a helpful small snapshot pictures that should not be ignored.**