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Healthy Children and Families / Early Years Health Promotion

Alberta Health Services Breastfeeding Strategy

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Land Acknowledgement

Our work takes place on historical and contemporary Indigenous lands, including the territories of Treaty 6, Treaty 7 & Treaty 8 and the homeland of the Métis Nation of Alberta and 8 Metis Settlements. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

Background

Breastfeeding provides nutritional, immunological and emotional benefits for the growth and development of infants, improves maternal health, provides economic benefits to the family and the health care system and, as a result, is strongly supported nationally and internationally.¹⁻⁷ Despite this strong support, breastfeeding rates in Canada and other industrialized countries remain below the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) recommendation to breastfeed exclusively for six months and, with appropriate introduction of complementary foods, up to two years and beyond.^{4,8} Improving breastfeeding rates is a key public health priority for governments and healthcare organizations at the provincial, national, and international levels.⁷ Improving breastfeeding rates has been identified as a priority in the Government of Alberta's *Maternal and Infant Health Action Plan* (2013), as well as the *Healthy Children and Families Strategic Action Plan*.^{9,10}

Breastfeeding initiation rates in Alberta are relatively high. Data from the Alberta Health Services (AHS) Meditech Clinical Information System and 2017-2018 Canadian Community Health Survey (CCHS) shows that breastfeeding initiation rates were 89 and 90%, respectively, and these were similar to breastfeeding initiation rates across the rest of the country (91%).^{11,12}



By 2025, the WHO/UNICEF global target for exclusive breastfeeding for the first 6 months is at least 50%.¹³ By 2030, this target increases to at least 70%.¹³ The Breastfeeding Committee for Canada's target for exclusive breastfeeding for the first 6 months is 70% by 2030.¹⁴ According to CCHS data, among Alberta parents who initiated breastfeeding, only 33% were exclusively breastfeeding at 6 months.¹² This data indicates that a significant proportion of families in Alberta are not reaping the full benefit of exclusive breastfeeding for the first 6 months of life.

Across the province, there was substantial variation in the 6-month exclusive breastfeeding rates, ranging from 20% in the Edmonton Zone to 44% in the South Zone.¹⁵ Where zone-specific data was available, the South Zone consistently reported the most favorable breastfeeding outcomes.¹⁵ Appendix A details breastfeeding initiation, duration and exclusivity rates in Alberta.

Research literature^{16,17} notes several reasons for why mothers discontinue breastfeeding early, including:

- Lack of confidence in breastfeeding
- Lack of support from their family, especially partner
- A culture within the healthcare system that undermines rather than builds on mother's confidence in breastfeeding; and

- Feeling isolated and excluded; primarily because they feel that people disapprove of breastfeeding in public.

To begin to understand how AHS can make an impact on parent experiences and breastfeeding rates, an environmental scan on breastfeeding services within AHS acute care and community facilities was conducted. The results from this scan demonstrate varied support and clinical and public health practices for breastfeeding within each zone.¹⁸

Some of the variations across the zones included:

- Availability and use of breastfeeding documents such as guidelines, evaluations, curricula
- Education, training and support for staff and volunteers
- Clinical practices
- Client/patient teaching and support
- Availability and accessibility of breastfeeding services and resources, e.g., prenatal classes

Overall, data indicates there is a need and support for a provincial policy, standardized education and training of healthcare staff, and consistent support for Albertan families.

Breastfeeding Strategy

The Breastfeeding Strategy is intended to guide decision-making and implementation of evidence-informed approaches related to breastfeeding promotion, protection and support across AHS. The Population Health Promotion Model^{5,19} provides a helpful framework to design this strategy, acknowledging the complexity of the interrelated factors that influence breastfeeding decisions and practices, including the role of the healthcare system, and addressing them through evidence-informed approaches. Successful population health interventions to improve breastfeeding address multiple determinants of health across multiple levels and sectors in relation to the circumstances of a mother's life, her immediate sociocultural context and her individual experience.^{16,19}



The Breastfeeding Strategy was developed after review of numerous background documents related to breastfeeding best practices, literature reviews, provincial, national and international model strategies (see Appendix B). Alignment with the WHO/UNICEF Baby-Friendly Hospital Initiative was also reviewed. The resulting Strategy includes a goal, objectives, strategic action areas supported by monitoring and evaluation activities, and set of guiding principles.

Goal

Breastfeeding is promoted, protected and supported in Alberta within a patient and family centered care approach.

Objectives

- To provide families with support to meet their breastfeeding goals
- To improve system level support for breastfeeding
- To improve health care provider knowledge, attitudes and practices
- To improve breastfeeding rates

Strategic Action Areas

Three broad strategic action areas include:

- Policy and Leadership
- Capacity Building
- Health Marketing

Each strategic action area and its respective actions are described in Table 1. Project charters and work plans are developed to achieve the actions described below. The evidence used for the development of the strategy and its components can be found in Appendix C.

Table 1: Strategic Actions

Strategic Action Area	Action
Policy and Leadership	Strategic Leadership <ul style="list-style-type: none"> • Ensure alignment with strategic actions identified by the Government of Alberta and AHS at multiple levels (provincial and zone). • Influence future strategic directions related to breastfeeding. • Ongoing communication and collaboration across AHS Leadership for the breastfeeding priority identified in the Healthy Children and Families Strategic Action Plan.
	Provincial Breastfeeding Policy <ul style="list-style-type: none"> • Create a corporate-level policy to establish an environment that protects, promotes and supports breastfeeding across AHS within a patient and family centered care approach. • Create clinical policies and/or guidelines to standardize breastfeeding practices and services across the continuum of care from preconception to postpartum. • Align and/or integrate with other related policies and guidelines within AHS (e.g., Breastmilk Safe Management, Nutrition Guidelines for Healthy Infants and Young Children, Pregnancy Pathways for Alberta).
Capacity Building	Staff Education <ul style="list-style-type: none"> • Standardize breastfeeding education and training for staff and volunteers across the province through the Continuing Medical Education-accredited AHS 20-Hour Breastfeeding Course. • Promote consistent and appropriate informed feeding and breastfeeding messages.
	Parent Education <ul style="list-style-type: none"> • Enhance and maintain consistent approaches to informed feeding decisions and breastfeeding education for parents and their families, including populations vulnerable to poor health outcomes (e.g., HPHC resources, Ready or Not Alberta website key messages for the informed feeding conversation).
	Peer Support <ul style="list-style-type: none"> • Create a provincial breastfeeding peer support model/tool kit for parents and their families that meets local zone needs.

Strategic Action Area	Action
Health Marketing	Health Communications <ul style="list-style-type: none"> • Develop and implement a communication plan/strategy to promote, protect and support breastfeeding. • Communicate the availability of existing resources for staff and public more widely, through a variety of means (e.g., print, social media, digital marketing). • Promote consistent and appropriate informed feeding and breastfeeding messages for parents and health care providers.
	Social Marketing <ul style="list-style-type: none"> • Establish a provincial social marketing campaign to create supportive social environments to promote breastfeeding. • Explore the development of targeted campaigns and/or activities for populations vulnerable to poor health outcomes (e.g., Indigenous populations, low SES groups, young parents, minority groups, rural settings) and supporters (e.g., fathers, grandparents).

Monitoring and Evaluation

Evaluation is essential to assess the implementation and the impact of the strategy. Once the goals, objectives, and activities of each specific strategic action area have been identified, evaluation planning will be completed. Evaluation planning for each strategic action area includes the identification of short- and long-term outputs and outcomes, data collection sources, timelines, ethical considerations, analysis, and reporting plans.

Existing data sources help support future evaluation activities. Some of the data sources that may be used to support the evaluation work include:

- The environmental scan completed in 2014 with the purpose of understanding current breastfeeding services within AHS acute care and community facilities.¹⁸
- Meditech and Connect Care data collected from key areas across the continuum of care.
- Surveillance data collected provincially and nationally.

Guiding Principles

The following guiding principles are intended to set the foundation for all actions undertaken as part of the strategy. These were chosen based on their relevance to the topic of breastfeeding and their alignment with other projects within Healthy Children and Families. A brief description of how they apply to the strategy is included and, where applicable, definitions are included as footnotes.

Patient and Family-Centered Care⁽¹⁾

Working in partnership with parents and their families by encouraging participation in all aspects of care.

Evidence-Informed Practice

Utilizing the best available evidence from research, organizational context and experience to inform and guide the development and implementation of the strategy.²⁰

Informed-Feeding Decision

Working with parents and their families to facilitate informed decision making about breastfeeding; where information and supports related to infant feeding are provided in a non-judgmental and supportive way.

Health Equity⁽²⁾

The strategy will consider and address the provision of supports as needed to provide optimum care to all breastfeeding parents and their families.

Continuity of Care

The strategy will address and support provision of care that is coordinated between acute care, public health, primary care and community services, where feasible.

Cost/Resource Neutrality

There are no additional financial or human resources available to support the implementation of this strategy.

Population Health Approach⁽³⁾

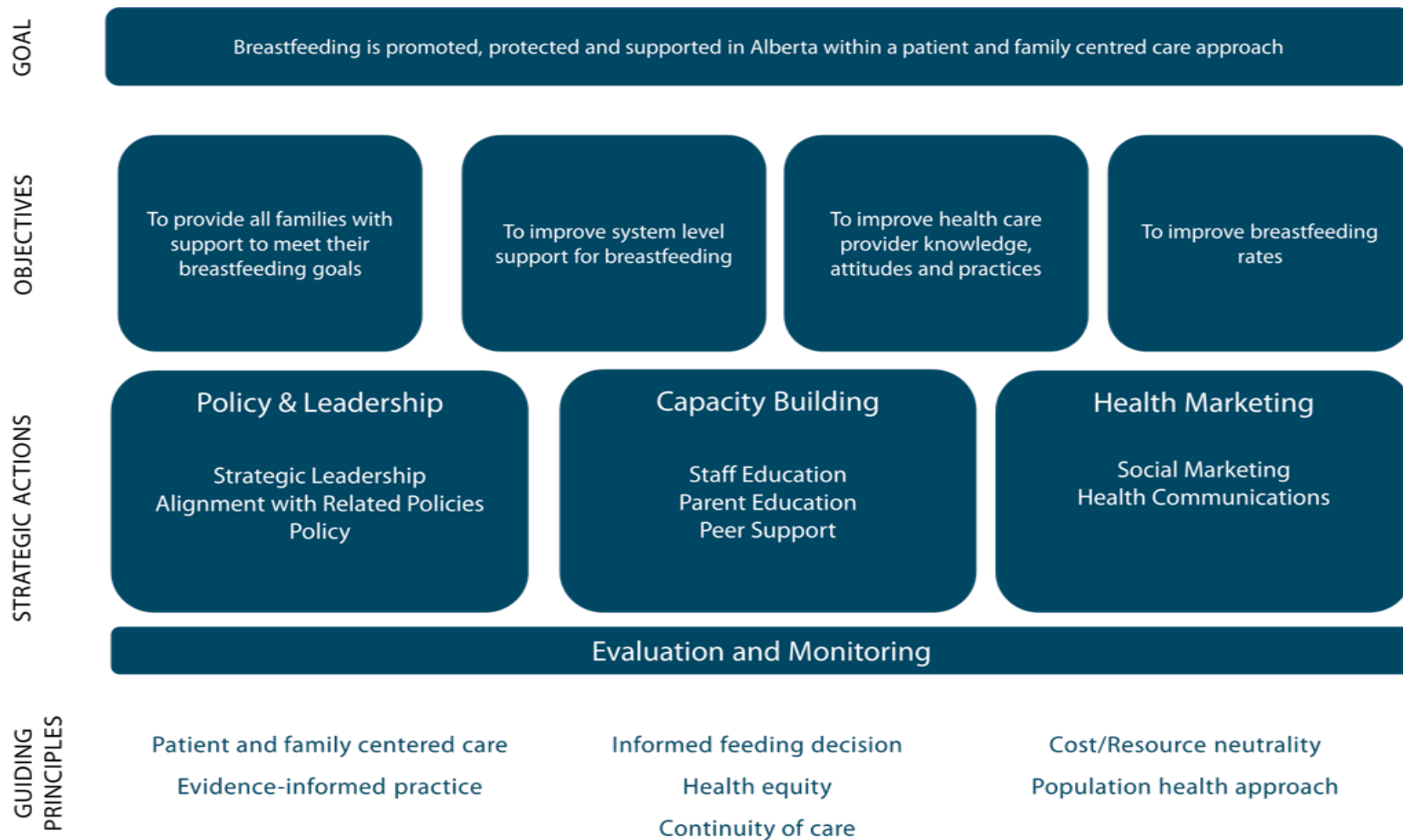
This approach is used to design the strategy and its actions. Essential to the Approach is its focus in addressing inequities in health status between population groups and the determinants of health that influence a parent's decision to initiate and continue breastfeeding.

⁽¹⁾**Patient and family centred care** means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient-and family-centred care applies to patients of all ages and to all areas of health care.⁶⁶

⁽²⁾**Health equity** means that all people (individuals, groups and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions.⁶⁷

⁽³⁾**Population health** refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments; personal health practices; individual capacity and coping skills; human biology; early childhood development; and health services. It focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their pattern of occurrence and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations.¹⁹

Breastfeeding Strategy Visual



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Appendix A: Breastfeeding Data

Table 2: Canadian Community Health Survey 2017-2018²¹

Indicator	Alberta	Canada
Initiated breastfeeding	90.2%	91.1%
Exclusive breastfeeding for at least 6 months	32.9%	34.5%
Any breastfeeding for at least 6 months	62.4%	62.2%

Table 3: Canadian Community Health Survey 2014¹⁵

Indicator	North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone
Tried breastfeeding at least once with most recent infant					
	86.7%	87.9%	91.9%	93.4%	96.8%
Total duration of breastfeeding (categorical)					
<i>Up to 2 months</i>	39.1%	39.4%	29.2%	25.9%	19.4%
<i>2-4 months</i>	9.7%	15.9%	14.1%	12.8%	20.0%
<i>4-6 months</i>	7.6%	9.4%	23.9%	10.0%	3.7%
<i>6-12 months</i>	34.6%	22.5%	23.8%	27.3%	29.9%
<i>>1 year</i>	9.1%	11.2%	7.8%	24.0%	27.0%
Total duration of breastfeeding (cumulative)					
<i>Up to 2 months</i>	100.0%	98.4%	98.8%	100.0%	100.0%
<i>Up to 4 months</i>	61.0%	59.0%	69.6%	74.1%	80.6%
<i>Up to 6 months</i>	51.3%	43.1%	55.5%	61.3%	60.6%
<i>Up to 12 months</i>	43.7%	33.7%	31.6%	51.3%	56.9%
<i>>1 year</i>	9.1%	11.2%	7.8%	24.0%	27.0%

Appendix B: Background Documents

In 2012, Healthy Children and Families commissioned a review of the literature to inform the development of initiatives to improve breastfeeding rates in Alberta. The review focused on population health strategies to maintain and increase breastfeeding rates.²² A qualitative literature review was also commissioned to explore breastfeeding perceptions, attitudes, and experiences of mothers and their partners.¹⁶ An environmental scan was also completed to understand current breastfeeding services within AHS acute care and community services. These, as well as each of the following documents, were utilized and considered in the development of the strategy and actions and adapted for the Alberta context.

Building on the achievements of previous breastfeeding efforts, this strategy draws on the following sources.

At an international level:

1. The Ottawa Charter for Health Promotion²³
2. The Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding²⁴
3. The WHO/UNICEF Global Strategy for Infant and Young Child Feeding⁷
4. Protection, Promotion and Support of Breastfeeding in Europe: A Blueprint for Action²⁵
5. The International Code of Marketing Breast Milk Substitutes²⁶
6. Interventions that promote increased breastfeeding rates and breastfeeding duration among women²⁷

At a national level:

1. Baby-Friendly Implementation Guideline, Breastfeeding Committee for Canada²⁸
2. Protecting, Promoting and Supporting Breastfeeding, a practical community workbook for community-based programs⁵
3. Implementation of the Nova Scotia Breastfeeding Policy: Evaluation Report²⁹

At a provincial level:

1. Healthy Mothers, Healthy Babies: Alberta's Maternal-Infant Health Strategy and Action Plan⁹
2. Healthy Children and Families Strategic Action Plan 2015-2018¹⁰
3. Breastfeeding Guidelines, Practices and Services in AHS: An Environmental Scan¹⁸
4. Population health strategies to maintain or increase breastfeeding rates: a review of systematic reviews²²
5. The Challenges of Breastfeeding in a Complex World¹⁶

Model Strategy Documents

1. Australian National Breastfeeding Strategy: 2019 and Beyond³⁰

2. Breastfeeding in a Healthy Ireland – Health Service Action Plan 2016-2021³¹
3. CDC Guide to Strategies to Support Breastfeeding Mothers and Babies³²
4. Baby-Friendly Initiative Implementation Toolkit. The Baby-Friendly Initiative Strategy for Ontario 2014³³
5. Manitoba Provincial Breastfeeding Strategy³⁴
6. Breastfeeding Strategic Plan II Nfld and Labrador 2008-2011;³⁵ Supporting All Families through the Baby-Friendly Initiative. The Baby-Friendly Council of Newfoundland and Labrador. 2020-2025 A Directional Document³⁶
7. Food for Life 2010-2015 Leeds Breastfeeding Strategy;³⁷ Leeds Breastfeeding Plan 2016-2021. Report of Director of Public Health and Director of Children and Families³⁸

Appendix C: Evidence for Strategic Priority Areas

The population health promotion approach provides a helpful model to guide efforts for promoting, protecting and supporting breastfeeding.^{5,19} There are a number of factors that influence breastfeeding decisions and behaviours, which can be best understood and supported in relation to the circumstances of a mother's life, her immediate sociocultural context and her individual experience.¹⁶ When deciding on which actions to take, identifying these interrelated factors and conditions that increase the risk of early breastfeeding cessation was important. Factors and examples include:

- Individual factors: intention, knowledge, education
- Interpersonal: support, recommendations from others including family
- System: policies, resources, workplace
- Sociocultural: societal values and norms

Literature on breastfeeding suggests that multi-faceted interventions are more effective than single interventions and have greater positive impact on breastfeeding outcomes.^{22,27} Although some findings from this synthesis of evidence indicate smaller effects of interventions on breastfeeding initiation due to the ceiling effect, and already high initiation rates in developed countries,³⁹ findings from a Cochrane review (2016) suggest some improvements in the number of mothers beginning to breastfeed after education by healthcare professionals and peer support interventions.⁴⁰

Interventions to improve duration and exclusivity of breastfeeding have been shown to be more promising. US Preventive Services Task Force (USPTF) findings suggest that population-level interventions can be categorized as professional support, peer support, and formal education, although none of these categories are mutually exclusive, and interventions may be combined within and between categories.⁴¹ The evidence also indicates that facility- and community-based interventions that include marketing communication campaigns along with other health education programs, health professional training and/or changes in government and hospital policies are most promising for promoting breastfeeding initiation, duration and exclusivity.^{22,27,42}

Table 4: Evidence for Strategic Actions

Strategic Action Area	Evidence from Literature
Policy and Leadership	<ul style="list-style-type: none"> • Policy is crucial to ensuring that practices and procedures in maternity care/services in clinical and community settings support breastfeeding. Policy development is the first item in the Breastfeeding Committee for Canada’s Baby-Friendly Initiative (BFI) <i>Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services</i>, which outlines the international standards for the WHO/UNICEF Global Criteria within the Canadian context.²⁸ • It is recommended to establish a written breastfeeding friendly office policy, know your local and national breastfeeding laws, and ensure that all staff are trained in the skills necessary to implement the policy.⁴³⁻⁴⁵ • Supportive breastfeeding policies have the potential to positively impact the breastfeeding environments in which parents interact with their children, and the breastfeeding behaviours that occur in those environments.²² • A review by the USPTF on system-level interventions has shown that it’s the implementation of the individual steps within the WHO/UNICEF Baby-Friendly Hospital Initiative that positively influence rates of breastfeeding, rather than Baby-Friendly Hospital Initiative accreditation itself.³⁹ However, The Breastfeeding Committee for Canada and their provincial chapters endorse the Baby-Friendly Initiative and provide guidance to undertake efforts to support breastfeeding in acute care and community settings. • A provincial policy emphasizes breastfeeding in a tangible and visible way, and in doing so, stimulates, complements and reinforces other health promotion strategies that may be implemented.⁴⁶
Staff Education	<ul style="list-style-type: none"> • A meta-analysis by the USPTF of 43 trials found that individual-level interventions including breastfeeding support and education were associated with a higher rate and duration of breastfeeding compared with usual care.⁴¹ This synthesis of evidence indicated that following breastfeeding education, healthcare providers can better support mothers before and after childbirth by providing interventions directly, or by referral to help them make an informed choice about how to feed their infants and to be successful in their choice.

Strategic Action Area	Evidence from Literature
	<ul style="list-style-type: none"> • The importance of a standardized education program to ensure consistency in breastfeeding messaging amongst health care providers has been well documented and is articulated in many provincial and national documents.^{16,22,47} Based on several AHS and Alberta Health documents as well as stakeholder feedback, there is a strong recommendation to standardize a 20-hour breastfeeding course for staff and volunteer education and training. • The second step of the WHO/UNICEF <i>10 Steps to Successful Breastfeeding</i> is to provide health care staff with adequate training to support breastfeeding practices.²⁴ • An association between staff training and improved knowledge and attitude toward breastfeeding among maternity staff was demonstrated in a study by Balogun et al.⁴⁸ • Education for all staff who interact with breastfeeding parents on breastfeeding support skills is important, as well as training for how to implement these skills with patients.^{43,44}
Parent Education	<ul style="list-style-type: none"> • It is important that education for patients is given when providing prenatal care, immediate postpartum care, and when bridging postpartum care to the outpatient setting.⁴³ • An important strategy to ensure breastfeeding success is to use more than one platform for intervention delivery as well as incorporating support persons into breastfeeding education.⁴⁹ • Interventions with combined education and social support are equally effective to those with just education alone.⁴⁹ • A systematic review by Tang et al.⁵⁰ found that information and communication technology such as web supports or text messages can be effective at providing breastfeeding education and promoting breastfeeding.
Peer Support	<ul style="list-style-type: none"> • The Breastfeeding Committee for Canada recommends connecting parents to breastfeeding peer support programs to improve breastfeeding outcomes such as initiation, duration and exclusivity.²⁸ Counselling by peers or health care providers, Baby Friendly Hospital support, and community mobilization have been shown to be key in improving breastfeeding rates.⁴⁵ • A literature review completed by AHS in 2013 provided an analysis and summary of population health strategies aimed at maintaining and increasing breastfeeding initiation, duration, and exclusivity in Canada and countries similar to Canada.²²

Strategic Action Area	Evidence from Literature
	<p>Recommendations from this report were that breastfeeding peer support should be provided frequently, in collaboration with professional support, provided from pregnancy into the postpartum period, as well as include well-planned educational materials. Findings of a review of systematic reviews that was conducted in 2016 found that multiple methods of delivering peer support programs are effective, including in person, individually or as a group.</p> <ul style="list-style-type: none"> • In 2024, an evidence review reaffirmed the findings of the 2016 review. It also found that remote support was effective.
Social Marketing	<ul style="list-style-type: none"> • Social marketing seeks to bring about behaviour change through comprehensive, multifaceted approaches that provide coordinated interventions to specific audiences.⁵¹ It has emerged as a popular framework in health promotion based on evidence that carefully managed social marketing programs can be very effective in creating behaviour change for complex social issues, such as breastfeeding.^{22,27,32,42,52–56} • It is important not to rely solely on the “label” of social marketing, as the concepts and processes of social marketing that are often associated with successful campaigns, are often misrepresented, not consistently applied, and perceived as limited to advertising or promotional activities.^{56–58} • Listening to the needs and desires of the target audience (mothers, families, healthcare providers, etc.) should be utilized as a successful technique for social marketing.^{54,59} • Campaigns should be collaborative and coordinated to include all sectors that are working to promote breastfeeding in the community and interventions should be developed strategically with the targeted population in mind in order to be effective.^{22,32,54} • Social marketing may promote and normalise breastfeeding to parents and families. Social marketing campaigns that depict positive images of breastfeeding and diverse populations that mirror the diversity of the population in that country may improve breastfeeding rates in the community.⁴³
Health Communication	<ul style="list-style-type: none"> • Targeted client communication, including text message reminders and/or patient-specific healthcare information and support, may increase exclusive breastfeeding in settings where rates of exclusive breastfeeding are low.⁶⁰

Strategic Action Area	Evidence from Literature
	<ul style="list-style-type: none">• Straightforward communication systems such as web technology, or text messages can be used to support breastfeeding through parent and healthcare provider education, breastfeeding promotion and practical support.⁵⁰

Appendix D: Glossary

Health Marketing

An umbrella term that incorporates social marketing and health communications. It involves creating, communicating, and delivering health information and interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations.⁶¹ Health Marketing uses marketing and health promotion research to find innovative ways to educate, motivate and inform the public on health messages. It can provide guidance for designing health interventions, campaigns, communications, and research projects. Finally, it can employ a broad range of strategies and techniques to create communication messages and promote various health behaviors.⁵¹

Social Marketing

Seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good.⁶² It draws on research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programs that are effective, efficient, equitable and sustainable with a focus on understanding the consumer.^{32,58,62–64}

Health Communications

“Is a multidisciplinary field that applies communication evidence, strategy, theory, and creativity to promote behaviours, policies and practices that advance the health and well-being of people and populations.”⁶⁵