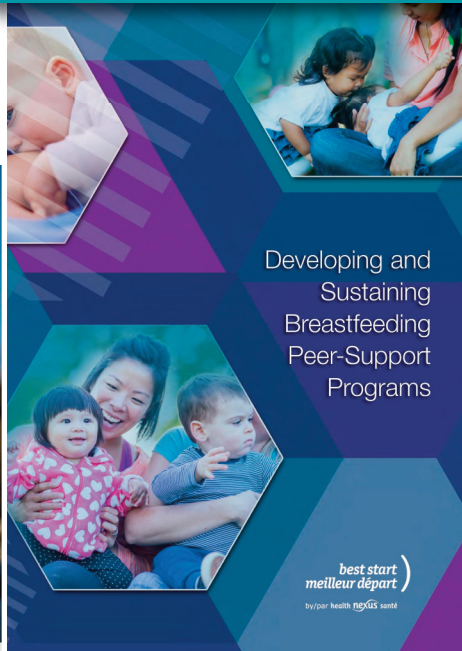
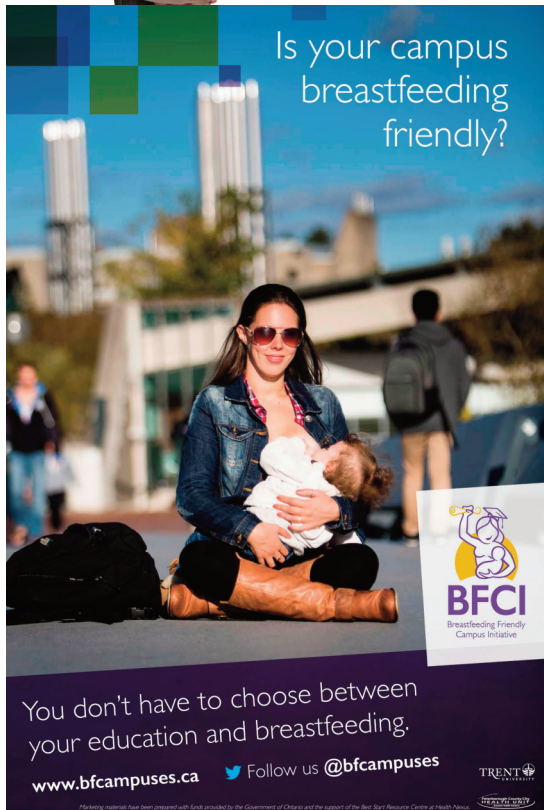


# Targeted Supports for Ontario Populations with Lower Rates of Breastfeeding

2013 – 2016



# Synopsis

As part of a comprehensive strategy to address childhood obesity in Ontario, Health Nexus, was funded by the Government of Ontario to offer targeted breastfeeding supports to populations with lower rates of breastfeeding and carried out by the Best Start Resource Centre, a key program of Health Nexus. This project was initiated in December 2013 and wrapped up in March 2016. This report summarizes the project strategies and results as well as recommendations to build on this investment and further support breastfeeding services in Ontario.

The project incorporated four main strategies:

- **Research:** To lay the groundwork for the project Best Start Resource Centre conducted research to verify priority populations and effective strategies to reach them.
- **Community Grants:** A key ingredient of the initiative was the provision of small start-up grants to support organizations in developing Community Projects that would result in increased breastfeeding services and supports for populations with lower rates of breastfeeding in Ontario. The first call for proposals resulted in 15 funded Community Projects and the second call for proposals resulted in an additional 46 Community Projects.
- **Supports for Community Projects:** Best Start Resource Centre also developed a number of strategies to support funded Community Projects and other service providers in Ontario working with populations with lower rates of breastfeeding, such as teleconferences, webinars, regional workshops, conference presentations, a showcase of funded Community Projects, a breastfeeding web watch, as well as online and print materials.
- **Directory of Ontario Breastfeeding Services:** In addition there was a key strategy to improve access to breastfeeding services by service providers and women through the development and maintenance of an online directory of breastfeeding services in Ontario.



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# 1 | Introduction

The Government of Ontario provided funding to Health Nexus to develop strategies related to Ontario populations with lower breastfeeding rates. Best Start Resource Centre started the work in December 2013 and the project concluded in March 2016.

The project was funded from December 2013 to March 2016.



The project addressed breastfeeding as a key strategy to reduce child obesity and responded to the No Time to Wait recommendation to start all kids on the path to good health by encouraging and supporting breastfeeding.

This report is a summary of the work completed during this project including results, successes, challenges and recommendations.

## Purpose and Objectives

The purpose of this project was to increase delivery of effective breastfeeding services to Ontario populations with lower rates of breastfeeding, primarily through small start-up community grants. These start-up grants were intended to help communities promote and support breastfeeding in Ontario populations with lower breastfeeding rates, including strategies such as breastfeeding support groups, awareness building, staff training, and more. The Best Start Resource Centre also supported the learning and resource needs of Community Projects through teleconferences, webinars, regional workshops, teleconferences, individual support, and development of specific resources. Another main project strategy was the development of an online, bilingual, searchable directory of Ontario breastfeeding services.

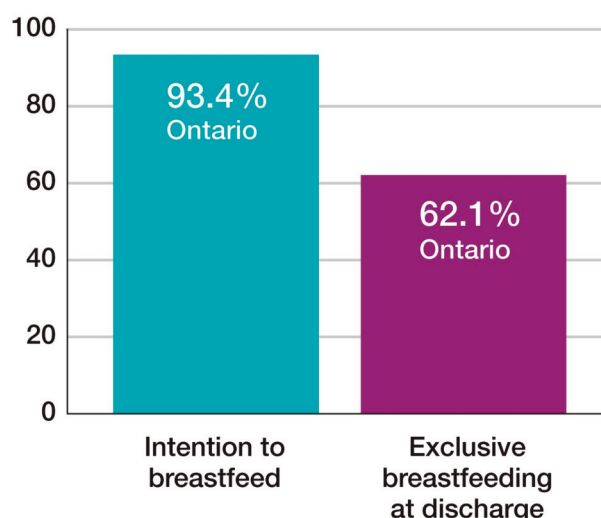


## Populations with Lower Breastfeeding Rates

Although most Ontario women planned to breastfeed (93.4%) and most initiated breastfeeding (91.8%), there was a considerable drop-off and exclusive breastfeeding (received breast milk only with no other foods or liquids) was 33.1% at six months in 2013/14.<sup>1</sup> The rates dropped dramatically in the first few days following birth with exclusive breastfeeding at discharge from the hospital or three days postpartum for home birth at 62.1% in 2013/14.<sup>2</sup> In addition, there were populations in Ontario with breastfeeding rates that were lower than the provincial average (see Section 3 for details). The Better Outcomes Registry and Network (BORN) Ontario provided data in relation to breastfeeding intention and exclusive breastfeeding at discharge or three days postpartum.

### *Intention to Breastfeed versus Exclusive Breastfeeding at Discharge (BORN data from 2013/14)*

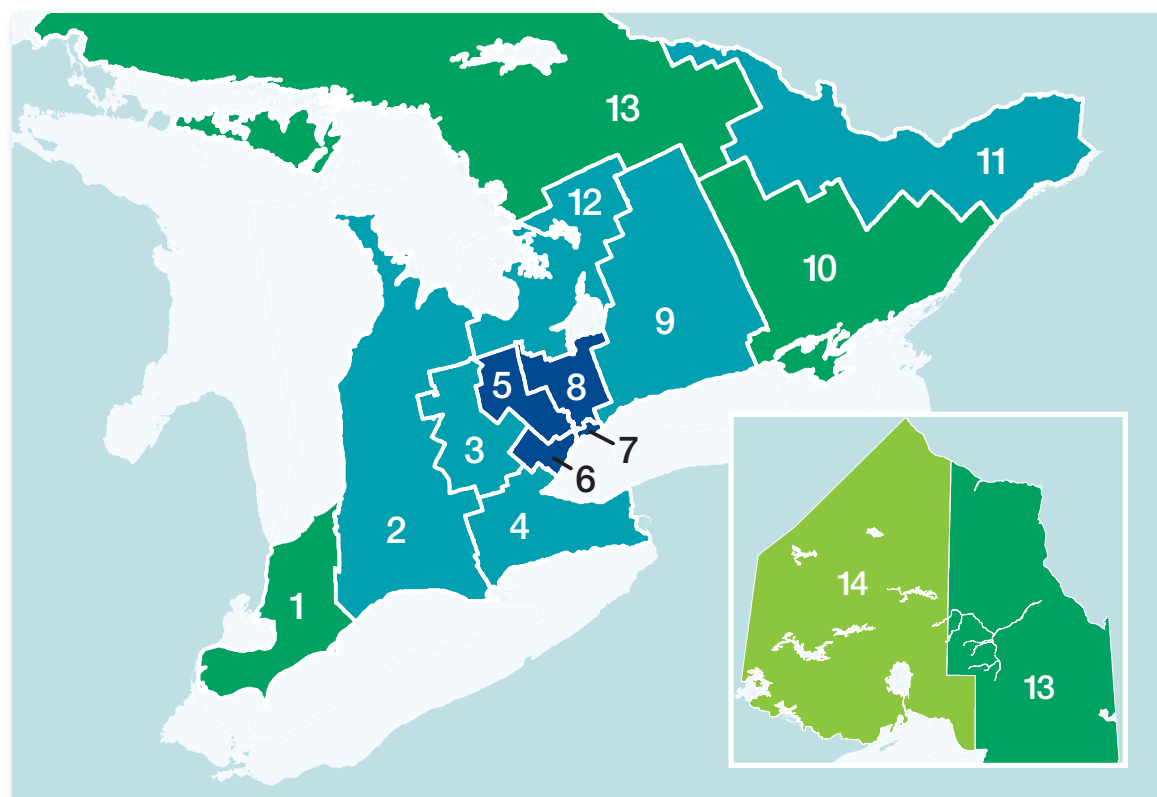
Intention to breastfeed is defined as women who indicated during a prenatal visit that they were planning to breastfeed, including women who planned to breastfeed and formula feed. Exclusive breastfeeding on discharge is defined as women who breastfed or gave breastmilk only (exclusively) without their baby receiving any other foods or liquids during their hospital stay or for the first three days following a home birth. The number for both data sets included all greater than 37 weeks gestation.



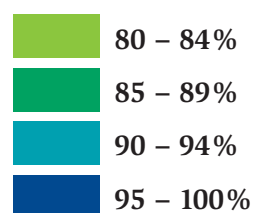
1. [www.beststart.org/resources/breastfeeding/B09-E\\_BF\\_Summary\\_EN\\_Aug2015.pdf](http://www.beststart.org/resources/breastfeeding/B09-E_BF_Summary_EN_Aug2015.pdf)
2. [www.beststart.org/resources/breastfeeding/B09-E\\_BF\\_Summary\\_EN\\_Aug2015.pdf](http://www.beststart.org/resources/breastfeeding/B09-E_BF_Summary_EN_Aug2015.pdf)

**Breastfeeding Intention by Local Health Integration Network (LHIN) (BORN data from 2013/14)**

Women who indicated during a prenatal visit that they were planning to breastfeed, including women who planned to breastfeed and formula feed.



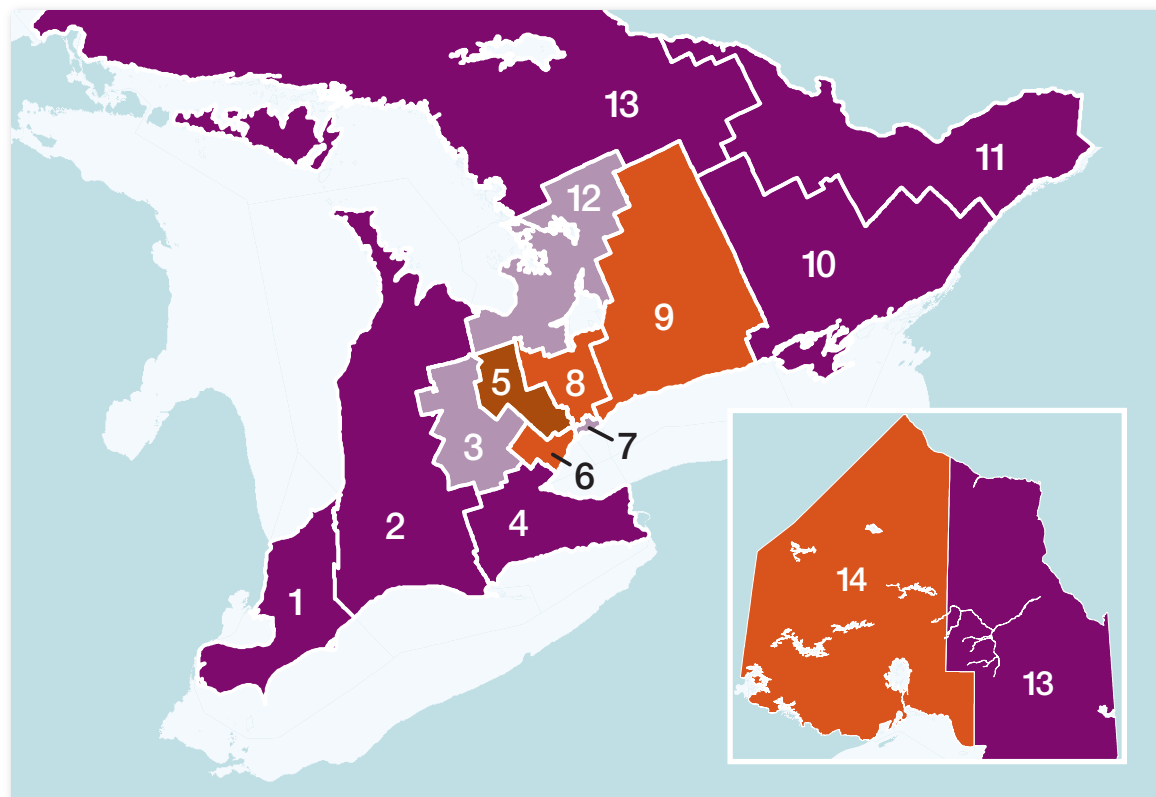
LHIN OF BIRTH	INTENTION TO BREASTFEED
(1) Erie St. Clair	89.4%
(2) South West	93.4%
(3) Waterloo Wellington	93.5%
(4) HNHB	90.5%
(5) Central West	95.1%
(6) Mississauga Halton	96.5%
(7) Toronto Central	97.4%
(8) Central	95.5%
(9) Central East	92.8%
(10) South East	87.5%
(11) Champlain	93.5%
(12) North Simcoe Muskoka	93.4%
(13) North East	86.6%
(14) North West	84.5%
<b>ONTARIO</b>	<b>93.4%</b>



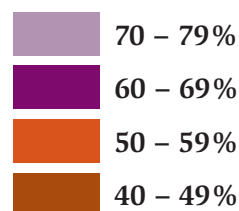


### *Exclusive Breastfeeding at Discharge by LHIN (BORN data from 2013/14)*

Women who breastfed or gave breastmilk only (exclusively) without their baby receiving any other foods or liquids during their hospital stay or for the first three days following a home birth. This number included all births greater than 37 weeks gestation.



LHIN OF BIRTH AT DISCHARGE	EXCLUSIVE BREASTFEEDING
(1) Erie St. Clair	61.4 %
(2) South West	68.0 %
(3) Waterloo Wellington	77.5 %
(4) HNHB	60.9 %
(5) Central West	43.8 %
(6) Mississauga Halton	58.1 %
(7) Toronto Central	72.2 %
(8) Central	57.2 %
(9) Central East	53.9 %
(10) South East	62.3 %
(11) Champlain	64.6 %
(12) North Simcoe Muskoka	74.4 %
(13) North East	61.7 %
(14) North West	59.7 %
<b>ONTARIO</b>	<b>62.1 %</b>



## 2 | Project Guidance

This project was guided by a multi-sectoral advisory committee including representation from key organizations as well as breastfeeding experts and advocates. MOHLTC direction was also critical to the project.

Sometimes a specific piece of timely expertise was required, and additional expertise was involved as needed. These additional experts took on roles such as screening and scoring funding proposals, providing presentations, writing resources, or serving as expert reviewers.

### Advisory Membership

Advisory members included:

- Jennifer Abbass-Dick  
Assistant Professor  
University of Ontario Institute of Technology
- Hoa Duong  
Registered Nurse EC, IBCLC  
Somerset West Community Health Centre, Ottawa
- Kathryn Forsyth  
Public Health Dietitian, Family Health Nutrition  
Advisory/BFI Working Group Representative  
Ontario Society of Nutrition Professionals in  
Public Health
- Kelly Graff  
Registered Midwife  
Northern Representative,  
Association of Ontario Midwives
- Dr. Lisa Graves, MD CCFP FCFP  
Associate Professor Northern Ontario  
School of Medicine  
Chair Maternity and Newborn Care committee  
College of Family Physicians of Canada
- Beverly Guttman, MSW RSW  
Senior Program Manager  
Provincial Council for Maternal and Child Health
- Dr. Susan Hayward, MD CCFP FCFP FABM  
Queen Square Family Health Team, Brampton  
Assistant Clinical Professor, McMaster University
- Stephanie George, IBCLC  
Oneida Nation, Six Nations of the  
Grand River Territory  
Aboriginal Midwife  
Six Nations Aboriginal Birthing Centre
- Janet Moorhead-Cassidy  
Director, Health Promotion Department  
Hastings & Prince Edward Counties Health Unit
- Dr. Patricia Mousmanis, MD CCFP FCFP  
Coordinator, Healthy Child Development Program  
Ontario College of Family Physicians
- Kristina Niedra  
BFI Strategy for Ontario, Project Manager  
Michael Garron Hospital (formerly Toronto East  
General Hospital)
- Teresa Pitman  
Writer and Author  
La Leche League Canada
- Debbie Silvester  
Manager of Healthy Families  
Windsor-Essex County Health Unit
- Anne Smith  
Public Health Nurse  
Past chair  
Baby-Friendly Initiative Ontario
- Gillian Szollos  
Health Promoter  
Carlington Community Health Centre, Ottawa
- Linda Young  
Director, Maternal Newborn and Child Health,  
Mental Health, Interprofessional Practice,  
and Organizational Learning  
BFI Strategy for Ontario, Lead  
Michael Garron Hospital  
(formerly Toronto East General Hospital)

## Role of the Advisory Committee

---

### Purpose and Objectives

The purpose of the advisory was to provide insights, input and advice on this project as it developed.

The main contributions from advisory members included input on the following:

- Overall focus and scope of project.
- Initial background research.
- Development of the directory of breastfeeding services.
- Processes for the calls for proposals and the dissemination of the calls for proposals.
- The needs assessments of breastfeeding Community Projects.
- Resource development to support breastfeeding Community Projects.
- Evaluation of the project.





## 3 | Initial Background Research

To guide the main project strategies, there was an initial focus on gathering relevant information and research.

### Initial Research Strategies

---

In Year 1 information was accessed from a range of sources regarding effective strategies, breastfeeding rates in Ontario, and needs of service providers.

The following are high level overviews of the main initial background research strategies.

#### Literature Review

In Year 1 peer-reviewed and grey literature was examined to learn about priority populations, barriers, and effective and promising strategies.

#### BORN Data

In Year 1, data from 2012/13 was requested from the Better Outcomes Registry and Network Ontario (BORN) to learn more about breastfeeding in Ontario including populations with lower breastfeeding rates.

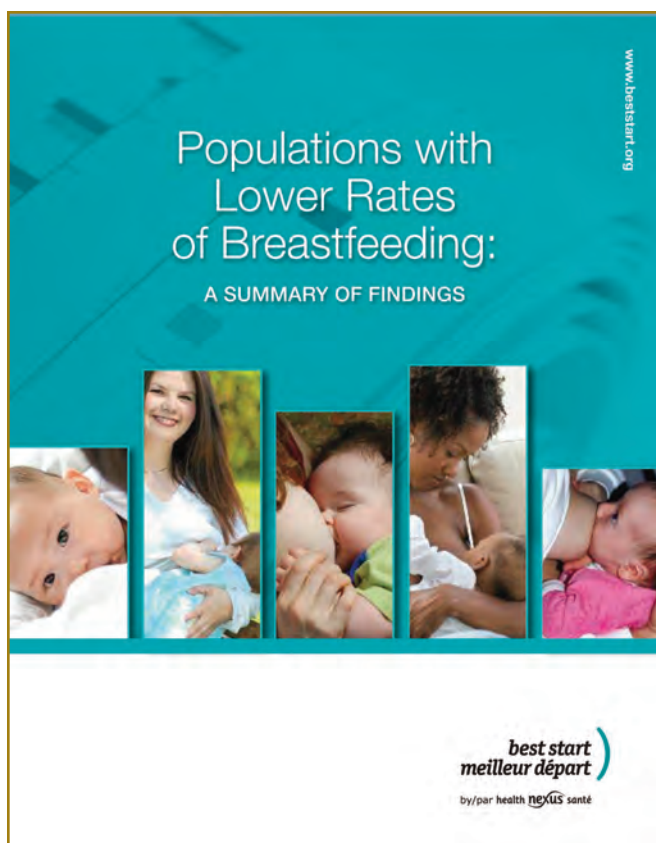
#### Service Provider Needs Assessment

An online needs assessment was completed in Year 1 to learn more about the supports required by service providers in Ontario. There were 349 respondents representing Ontario service providers who promoted or supported breastfeeding.

#### Key Informant Interviews

To inform this project, the Best Start Resource Centre completed 26 key informant interviews with topic experts and front line workers experienced in working with populations with lower rates of breastfeeding. Respondents included a variety of organizations and represented diverse roles across Ontario. Questions focused on priority populations, engaging these populations, provider needs, and ways to influence breastfeeding in Ontario.





## Summaries of Results

Results were summarized for each individual research strategy. A report (Populations with Lower Rates of Breastfeeding: A Summary of Findings)<sup>3</sup> and fact sheets highlighting specific results were released online in French and English.

## Implications of the Background Research

The research strategies yielded in-depth information that was directly relevant to specific aspects of this project. Implications have been summarized in the following themes.

### Online Directory of Breastfeeding Services in Ontario

The online directory of Ontario breastfeeding services was developed based on the identified need for improved awareness of and access

to existing breastfeeding services by service providers and breastfeeding women. The information in the directory can be summarized into lists of local services as required and provides key information about existing services and gaps in services.

### Populations with Lower Breastfeeding Rates

Based on the research summarized during this project, the following populations with lower rates of breastfeeding were priorities for Community Projects:

- Women living in the Erie St. Clair LHIN and the Central West LHIN.
- Younger women.
- Women with less education.
- Women with lower incomes.
- Aboriginal women.
- Newcomer women.
- Women who lacked social support.
- Women with low breastfeeding knowledge, confidence, or intentions.
- Women with poor physical or mental health during pregnancy.

3. <http://en.beststart.org/services/partnerships-and-projects/breastfeeding-community-project>

- Women who were overweight or obese.
- Women who used alcohol, tobacco, drugs/substances during pregnancy.
- Women who had medical issues during labour and birth.
- Mothers of infants with health concerns.
- Mothers who planned to return to work before six months.

## **Effective Breastfeeding Strategies**

The initial background research supported selecting Community Projects using the following strategies:

### ***Education***

- Prenatal breastfeeding education.
- Education of partners/fathers.
- Breastfeeding promotion campaigns.
- Culturally relevant materials in a range of languages.
- Breastfeeding training for health care providers.

### ***Resources***

- Client resources including breastfeeding videos, websites and apps.
- Service provider workshop materials, toolkits, how-to guides, websites, and resources.

### ***Services***

- Breastfeeding support programs (e.g., phone, in-person, peer-led, provider-led, and services based in Neonatal Intensive Care units).
- Strategies to increase breastfeeding self-efficacy.
- Use of non-judgemental approaches.
- Referrals to appropriate community resources.

### ***Policy***

- Policies supportive of breastfeeding.

## **Selecting Community Projects**

Overviews of identified populations with lower rates of breastfeeding and effective strategies were included in the Community Project grant application materials and in webinars about the calls for proposals. When selecting Community Projects, applications were screened and scored based on a range of factors including reaching identified populations with lower rates of breastfeeding and use of identified effective strategies.



## 4 | Breastfeeding Community Projects

In order to fund Community Projects to address populations with lower breastfeeding rates, the Best Start Resource Centre planned and implemented two calls for proposals, assessed the proposals, selected, funded, supported, and monitored Community Projects.

### Calls for Proposals

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#### Overview

The advisory committee provided input on implementing the calls for proposals and how to award small start-up grants to breastfeeding Community Projects in Ontario. The following initial decisions were made:

There were two rounds of Community Projects.

- Round 1 commenced March 1, 2014 and ended on February 28, 2015.
- Round 2 commenced on January 1, 2015 and ended on December 31, 2015.

Funding levels were:

- Organizations could apply for up to \$25,000 for a local project.
- Organizations could apply for up to \$50,000 if the project had a provincial application.

Criteria for funding eligibility clearly indicated that Community Projects must:

- Benefit populations with lower rates of breastfeeding.
- Use effective approaches.
- Encourage collaboration.
- Have clearly-defined objectives.
- Leverage or build on existing technologies and services.
- Share results and materials.
- Be sustainable.

#### First Call for Proposals

The first call for proposals was by invitation only, including:

- Ontario organizations that had a track record of producing effective breastfeeding programs.
- Ontario organizations that worked with specific priority populations.

Twenty-eight proposals were received and 15 were funded for 12 months including three Community Projects with provincial reach, for a total of \$425,000 in community grants.

## Second Call for Proposals

The second call for proposals was disseminated widely in Ontario through a number of networks and key organizations, including an invitation to build on work completed by Round 1 projects.

Fifty-three proposals were received and 46 were funded including seven Community Projects with provincial reach. This included 38 new projects funded for a year and 8 supplemental projects funded for 9 months for a total of \$720,200 in community grants.

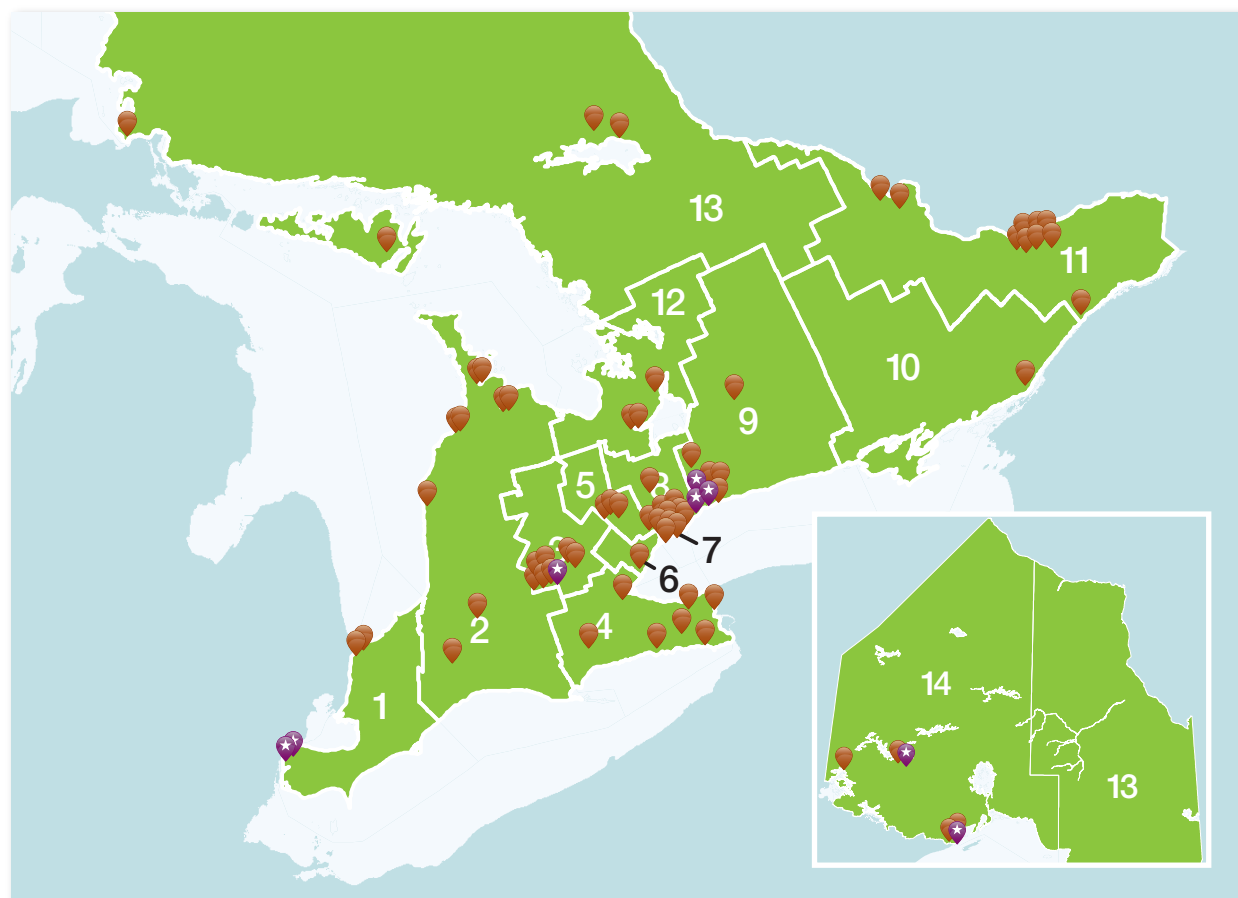
## Community Project Locations and Strategies

### Location of Community Projects

There was at least one Community Project in each Local Health Integration Network (LHIN).

#### *Geographic Locations of Community Projects*

Community Projects with provincial applications are indicated with a star. Some projects operated in multiple locations.



#### PROJECT LOCATION BY LHIN

(1) Erie St. Clair	(4) HNHB	(8) Central	(12) North Simcoe Muskoka
(2) South West	(5) Central West	(9) Central East	(13) North East
(3) Waterloo Wellington	(6) Mississauga Halton	(10) South East	(14) North West
	(7) Toronto Central	(11) Champlain	



## Strategies Used by Community Projects

Community Projects used five main strategies to achieve their objectives and many Community Projects used more than one strategy.

STRATEGY	EXPLANATION	NUMBER OF COMMUNITY PROJECTS
Breastfeeding education for women	Included offering prenatal and postpartum education by professional or peer facilitators.	25
Breastfeeding support for women	Included training of peers, provision of prenatal or postpartum peer support in person, by telephone or online. Peer support was sometimes combined or supplemented with professional support provided at clinics, groups, drop-ins, online or home visits.	32
Community capacity building for breastfeeding awareness and support	Included raising awareness in the community or with specific groups (i.e., grandmothers) as well as building community capacity to provide referrals to education programs and support for pregnant and breastfeeding women.	11
Breastfeeding education for service providers	Included providing education for health and social service providers.	12
Breastfeeding resource development	Included developing online or print resources for service providers, women, or family and community members.	15

## Round 1 Community Projects

FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES USED
<b>Adolescent's Family Support Services of Niagara</b>	<ul style="list-style-type: none"> <li>Niagara Region Public Health</li> <li>Niagara Region Breastfeeding Coalition</li> </ul>	Younger women	Trained young peer leaders and facilitated peer-support breastfeeding groups. Implemented a social media campaign to support breastfeeding in public and increase young mothers' confidence.
<b>Anishnawbe Mushkiki Aboriginal Health Access Centre</b>	<ul style="list-style-type: none"> <li>Thunder Bay District Health Unit</li> <li>Thunder Bay Community Midwives</li> <li>La Leche League</li> <li>Beendigen and Ontario Native Women's Association</li> <li>Union of Ontario Indians</li> </ul>	Aboriginal women	Provided breastfeeding education for service providers and community partners. Offered breastfeeding workshops where prenatal clients learned from and connected with breastfeeding women.
<b>Carlington Community Health Centre</b>	<ul style="list-style-type: none"> <li>Somerset West Community Health Centre</li> <li>Pinecrest-Queensway Community Health Centre</li> <li>Ottawa Breastfeeding Buddies</li> <li>Ottawa Public Health</li> </ul>	Women with lower breastfeeding support, women with high Body Mass Index and younger women	Developed and promoted a telephone referral line to help women access prenatal breastfeeding classes and postpartum breastfeeding support. Provided prenatal breastfeeding education.
<b>Guelph Community Health Centre</b>	<ul style="list-style-type: none"> <li>Ontario Early Years Centres</li> <li>Guelph Neighbourhood Coalition</li> <li>Community Breastfeeding Collaborative of Guelph</li> </ul>	Women of lower socioeconomic status	Recruited and trained breastfeeding peer-support volunteers. Developed breastfeeding cafés and breastfeeding supports within existing programs.
<b>Kitchener Downtown Community Health Centre</b>	<ul style="list-style-type: none"> <li>Region of Waterloo Public Health</li> <li>Ontario Early Years Centres</li> </ul>	Women of lower socioeconomic status and younger women	Recruited and trained breastfeeding peer-support volunteers. Matched peer women from the target populations with peer support. Developed breastfeeding cafés. Offered the peer-led prenatal workshop <i>Me Breastfeed?</i> in two additional locations.

Read project story on page 57



FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES
<b>La Leche League</b>	<ul style="list-style-type: none"> <li>• Regent Park Community Health Centre</li> <li>• Middlesex-London Health Unit</li> </ul>	Women of lower socioeconomic status, younger women and newcomer women	Developed a La Leche League group in Toronto for newcomer women and women from lower socioeconomic backgrounds. Developed a La Leche League group in London for younger women. Both groups offered breastfeeding peer support and prenatal breastfeeding classes. Provided support to five women to begin their La Leche League Leader training. Offered a workshop to Leaders. The recorded workshop is available online in a toolkit for engaging mothers at: <a href="http://www.lllc.ca/ontario-best-start-videos">www.lllc.ca/ontario-best-start-videos</a> . Developed two breastfeeding information sheets, available at: <a href="http://www.lllc.ca/information-sheets">www.lllc.ca/information-sheets</a>
<b>M'Wikwedong Native Cultural Resource Centre</b>	<ul style="list-style-type: none"> <li>• Grey-Bruce Midwives</li> <li>• La Leche League Owen Sound</li> <li>• Saugeen and Cape Croker First Nations</li> <li>• Aboriginal Canada Prenatal Nutrition Program and Community Action Program for Children</li> <li>• Owen Sound Crisis Pregnancy Centre</li> </ul>	Aboriginal women	Developed peer-support breastfeeding circles and prenatal breastfeeding classes. Provided education to service providers and the community through a Breastfeeding Resource Fair.
<b>Noojmowin Teg Health Centre</b>	<ul style="list-style-type: none"> <li>• First Nations Communities</li> </ul>	Aboriginal women	Offered training to community workers to enable each community to develop their own breastfeeding support program. Implemented a Manitoulin Island breastfeeding awareness campaign.
<b>North Lambton Community Health Centre</b>	<ul style="list-style-type: none"> <li>• West Lambton Community Health Centre</li> <li>• Kettle and Stoney Point Health Services</li> <li>• Aamjiwnaang Health Services</li> <li>• Ontario Early Years Centre</li> <li>• Lambton Public Health</li> <li>• Bluewater Health Center</li> <li>• Lambton County</li> </ul>	Women of lower socioeconomic status and Aboriginal women	Developed a peer-support program by recruiting and training breastfeeding peer-support volunteers. Matched the peer-support volunteers with new mothers and they also assisted in facilitating prenatal breastfeeding education for Aboriginal and non-Aboriginal women. Provided culturally-relevant breastfeeding client education and resources throughout the catchment area.

FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF ACTIVITIES
<b>Simcoe Muskoka District Health Unit</b>	<ul style="list-style-type: none"> <li>Barrie Native Friendship Centre</li> </ul>	Aboriginal women	Worked with seven First Nations communities to develop prenatal and postpartum breastfeeding education, supports, and resources based on individual community needs.
<b>St. Michael's Hospital Foundation on behalf of St. Michael's Hospital Academic Family Health Team (SMHAFHT) and Bruyère Continuing Care Inc.</b>	<ul style="list-style-type: none"> <li>Ontario College of Family Physicians</li> </ul>	Service providers working with women from populations with lower breastfeeding rates	Provided breastfeeding education to staff at St. Michael's Hospital and Academic Family Health Team. Developed resources to support breastfeeding in populations with lower breastfeeding rates. Delivered seven workshops for family physicians across Ontario with the support of the Ontario College of Family Physicians.
<b>Trillium Health Partners Foundation</b>	<ul style="list-style-type: none"> <li>Peel Region Public Health</li> <li>Trillium Health Partners</li> </ul>	Women having a Caesarean birth	Developed a breastfeeding booklet, video, prenatal curriculum, and in-hospital protocols to educate staff and families about breastfeeding following a Caesarean birth. Made these resources available through online and in-person prenatal classes as well as in-services for health unit and hospital staff. Released the video and the online prenatal curriculum online at: <a href="http://www.parentinginpeel.ca">www.parentinginpeel.ca</a>
<b>University of Ontario Institute of Technology</b>	<ul style="list-style-type: none"> <li>Durham Region Health Department</li> </ul>	Women with lower breastfeeding support	Developed and evaluated an online course about breastfeeding for pregnant and postpartum women and their partners, available at: <a href="http://www.breastfeedinginfoforparents.ca">www.breastfeedinginfoforparents.ca</a>
<b>Wabano Centre for Aboriginal Health</b>	<ul style="list-style-type: none"> <li>Minwaashin Lodge</li> <li>Ottawa Public Health</li> </ul>	Aboriginal women	Developed a plan to provide breastfeeding peer support during pregnancy, hospital stay, and postpartum for Aboriginal women. Initiated recruitment, training, and matching of peers.
<b>University of Windsor</b>	<ul style="list-style-type: none"> <li>Windsor-Essex County Health Unit</li> <li>Windsor-Essex Baby-Friendly Initiative</li> </ul>	Women with lower socioeconomic status	Developed a breastfeeding app ( <i>WYNI (When You Need It: Breastfeeding Information)</i> ) to track breastfeeding, wet and dirty diapers, and growth and to answer frequently-asked breastfeeding questions.

## Round 2 Community Projects

FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES
<b>Alexandra Marine and General Hospital Foundation</b>	<ul style="list-style-type: none"> <li>Huron District Health Unit</li> <li>Other community partners</li> </ul>	Women of lower socioeconomic status and younger women	Developed an online resource to help prenatal and postpartum women find breastfeeding information and resources in the community ( <i>Breastfeeding Information Resource for the County of Huron (BIRCH)</i> ), available at: <a href="http://www.amgh.ca/resources">www.amgh.ca/resources</a>
<b>Anishnabie Naadmaagi Gamig Substance Abuse Treatment Centre</b>	<ul style="list-style-type: none"> <li>N'Mninoeyaa Aboriginal Health Access Centre</li> <li>Algoma Public Health</li> </ul>	Aboriginal women	Developed a culturally-appropriate resource, <i>Doodooshaaboo</i> , to support breastfeeding, provide access to breastfeeding programs and services, and provide education to the community. Released the resource along with an awareness campaign and public awareness resources including magnets and life-sized photos of breastfeeding women.
<b>Anishnawbe Mushkiki Aboriginal Health Access Centre</b>	<ul style="list-style-type: none"> <li>Confederation College</li> </ul>	Aboriginal women	Produced a video documentary on how to support breastfeeding Aboriginal women, available at: <a href="https://vimeo.com/151045444">https://vimeo.com/151045444</a>
<b>Anishnawbe Mushkiki Aboriginal Health Access Centre</b>	<ul style="list-style-type: none"> <li>Community agencies serving the target population</li> </ul>	Aboriginal women	Provided breastfeeding training for staff of community agencies and primary health care providers enabling consistent support for Aboriginal women.
<b>Black Creek Community Health Centre</b>	<ul style="list-style-type: none"> <li>La Leche League Canada</li> <li>Toronto Public Health</li> </ul>	Women of lower socioeconomic status and women with poor social support	Added a peer-support component to professional breastfeeding support. Increased awareness of the program through community education.
<b>Board of Health for the Peterborough County-City Health Unit</b>	<ul style="list-style-type: none"> <li>Trent University</li> <li>Peterborough Family Resource Centre</li> <li>Peterborough Breastfeeding Coalition</li> </ul>	Women of lower socioeconomic status	Developed communication materials to educate service providers and women of lower socioeconomic status. Educated community service providers working with women of lower socioeconomic status about supporting breastfeeding.

Read project story on page 58

FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES
<b>Board of Health of the Perth District Health Unit</b>	<ul style="list-style-type: none"> <li>• North Perth, STAR, Happy Valley, and Stratford Family Health Teams</li> <li>• Stratford Midwives</li> <li>• Countryside Midwifery Services</li> <li>• Southwestern Ontario Maternal, Newborn, Child and Youth Network</li> <li>• Kids First Huron and Perth</li> <li>• Huron Perth Healthcare Alliance</li> <li>• Listowel Wingham Hospitals Alliance</li> </ul>	Women of lower socioeconomic status, lower levels of education, younger women, and single women	Launched an awareness campaign with resources posted on Instagram. Started development of a peer mentor program. Increased collaboration between agencies through a breastfeeding referral pathway. Provided breastfeeding education for service providers working with the target population.
<b>Canadian Mothercraft of Ottawa-Carleton</b>	<ul style="list-style-type: none"> <li>• Ottawa Birth and Wellness Centre</li> </ul>	Women of lower socioeconomic status	Developed and delivered prenatal breastfeeding workshops and postnatal breastfeeding lounges in low-income, high-needs neighbourhoods.
<b>Carlington Community Health Centre</b>	<ul style="list-style-type: none"> <li>• Community health centres in high-risk neighbourhoods (south and east Ottawa)</li> <li>• The Ottawa Hospital</li> <li>• Ottawa Breastfeeding Buddies</li> </ul>	Women of lower socioeconomic status	Expanded referral to prenatal breastfeeding education to two new areas, offered prenatal breastfeeding classes, access to breastfeeding information and support.
<b>Community Counselling Centre of Nipissing</b>	<ul style="list-style-type: none"> <li>• Northern PPMD Strategy Steering Committees</li> <li>• Academic Researchers</li> </ul>	Women with mental health concerns	Developed a video supporting the message that women can breastfeed while experiencing symptoms of perinatal mood disorders, available at: <a href="http://www.youtube.com/watch?v=dD9EP15mLi8">www.youtube.com/watch?v=dD9EP15mLi8</a>
<b>Durham Farm and Rural Family Resources</b>	<ul style="list-style-type: none"> <li>• Uxbridge Community Midwives</li> <li>• Family and Community Action Plan</li> </ul>	Women in rural areas with limited access to breastfeeding services	Developed and hosted a breastfeeding peer support program with weekly cafés in two rural locations.
<b>Enaahitig Healing Lodge and Learning Centre</b>	<ul style="list-style-type: none"> <li>• Orillia Native Women's Group</li> <li>• Couchiching Family Health Team</li> </ul>	Aboriginal women	Developed and hosted culturally-appropriate prenatal breastfeeding classes.



FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES
<b>Flemington Health Centre</b>	<ul style="list-style-type: none"> <li>• Toronto Public Health</li> <li>• The Victoria Park Hub</li> <li>• Thorncliffe Neighbourhood Office</li> </ul>	Women of lower socioeconomic status	Developed a breastfeeding drop-in program in a low-income, high-needs neighbourhood. Provided breastfeeding education to community agency staff.
<b>Kingston Community Health Centres</b>	<ul style="list-style-type: none"> <li>• Community organizations</li> </ul>	Women of lower socioeconomic status	Established a breastfeeding peer support program in a low-service, low-income neighbourhood. Established a community-driven Facebook page to increase breastfeeding support.
<b>Kitchener Downtown Community Health Centre</b>	<ul style="list-style-type: none"> <li>• Wilfrid Laurier University, Manulife Centre for Community Health Research</li> <li>• Region of Waterloo</li> </ul>	Women of lower socioeconomic status and younger women	Completed a Breastfeeding Buddies program evaluation and used the data to develop a documentary and report which provides a blueprint for other breastfeeding peer support programs. Developed a graphic breastfeeding resource for the target population.
<b>La Leche League Canada</b>	<ul style="list-style-type: none"> <li>• Curve Lake First Nation Health Centre</li> <li>• Ontario Early Years Centres</li> <li>• Southlake Regional Healthcare Centre</li> <li>• Family Care Midwives</li> <li>• Uxbridge Midwives</li> <li>• Public Health Branch of York Region</li> <li>• Parents for Better Beginnings</li> <li>• Regent Park Community Health Centre</li> </ul>	Aboriginal women, women of lower socioeconomic status and younger women	Offered breastfeeding peer-support groups and prenatal breastfeeding education in three new locations. Provided service provider education on how to reach and support the target population via in person and online access to the <i>One Size Does Not Fit All: Customizing Care for Breastfeeding Families</i> conferences.
<b>M'Wikwedong Native Cultural Resource Centre</b>	<ul style="list-style-type: none"> <li>• Saugeen First Nation</li> <li>• Cape Croker First Nation</li> <li>• Southwest Ontario Aboriginal Health Access Centre</li> <li>• In the Beginning Lactation Services</li> </ul>	Aboriginal women	Extended an existing breastfeeding support program to offer a peer-matching component for mothers in the target population. Provided breastfeeding education to peers and community service providers.

FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES
<b>Niwasa Head Start Preschool</b>	<ul style="list-style-type: none"> <li>• City of Hamilton</li> <li>• Wesley Urban Ministries</li> <li>• Ontario Native Women's Association</li> </ul>	Aboriginal women	Increased breastfeeding support through access to peers, professionals, family, and culturally-relevant supports. Increased availability of resources by providing a nurturing place for families. Provided breastfeeding education for service providers.
<b>North Bay Parry Sound District Health Unit</b>	<ul style="list-style-type: none"> <li>• Community Action Program for Children administered by The Children's Aid Society of Nipissing and Parry Sound</li> </ul>	Younger women	Developed a breastfeeding peer support program using technologically-savvy resources and communication strategies.
<b>North Lambton Community Health Centre</b>	<ul style="list-style-type: none"> <li>• Aamjiwnaang First Nation Health Centre</li> <li>• Kettle &amp; Stony Point Health Services</li> <li>• Ontario Early Years Centres</li> <li>• Lambton Public Health</li> <li>• Bluewater Health</li> </ul>	Aboriginal women and women of lower socioeconomic status	Expanded a previously-established breastfeeding peer support program to offer breastfeeding cafés in low-income neighbourhoods and Aboriginal communities. Supported and trained current and new Breastfeeding Buddies.
<b>Oshawa Community Health Centre</b>	<ul style="list-style-type: none"> <li>• Community organizations</li> </ul>	Women of lower socioeconomic status and women with lower levels of education	Increased breastfeeding confidence and intention in the target population by providing prenatal and postpartum breastfeeding education. Provided support through group discussions to enable informed decision-making and breastfeeding goal-setting within the target population.
<b>Petawawa Centennial Family Health Centre</b>	<ul style="list-style-type: none"> <li>• Renfrew County and District Health Unit</li> <li>• Ontario Early Years Centres</li> <li>• Community Resource Centre, Killaloe</li> <li>• North Renfrew Family Health Team</li> </ul>	Women with low breastfeeding intentions	Provided monthly breastfeeding workshops for the target population. Provided breastfeeding workshops for service providers. Developed a breastfeeding website for the target population, see: <a href="http://www.renfrewcountybreastfeeds.ca">www.renfrewcountybreastfeeds.ca</a>
<b>Pinecrest-Queensway Community Health Centre</b>	<ul style="list-style-type: none"> <li>• Carlington, Somerset West, Centretown and South-East Ottawa Community Health Centres</li> <li>• St. Mary's Home</li> <li>• Vanier Community Resource Centre</li> </ul>	Women attending Canada Prenatal Nutrition Programs	Provided prenatal education on the effects of skin-to-skin holding in establishing breastfeeding. Provided postpartum breastfeeding support for the target population.

FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES
<b>Reach Out Centre for Kids (ROCK)</b>	<ul style="list-style-type: none"> <li>Ontario Early Years Centres</li> </ul>	Women with mental health concerns	Offered a breastfeeding drop-in clinic with access to professional breastfeeding support. Offered access to consultations with a child and family therapist to provide breastfeeding support that met the specific needs of the target population.
<b>Simcoe Muskoka District Health Unit</b>	<ul style="list-style-type: none"> <li>Collingwood General &amp; Marine Hospital</li> <li>Midwives Nottawasaga</li> <li>Chigamik Community Health Centre</li> <li>North Simcoe Family Health Team</li> </ul>	Women with poor social support	Developed a public awareness campaign to increase support for breastfeeding from the general public, community and corporate agencies. Provided breastfeeding education to female relatives (e.g., grandmothers) of the target population via resources in French and English and a website: <a href="http://www.simcoemuskokahealth.org/Libraries/TOPIC_Breastfeeding/BF_places_GUIDE.sflb.ashx">www.simcoemuskokahealth.org/Libraries/TOPIC_Breastfeeding/BF_places_GUIDE.sflb.ashx</a>
<b>Sioux Lookout Meno Ya Win Health Centre Foundation</b>	<ul style="list-style-type: none"> <li>Shibogama First Nations Health Authority</li> </ul>	Aboriginal women	Developed and distributed a whiteboard animation video about the benefits of breastfeeding <i>The Creator's Gift to Mothers</i> , available online at: <a href="http://www.youtube.com/watch?v=rkaxLGI5WBw">www.youtube.com/watch?v=rkaxLGI5WBw</a>
<b>St. Mary's Home</b>	<ul style="list-style-type: none"> <li>Buns in the Oven Canada Prenatal Nutrition Program</li> <li>Champlain Maternal Newborn Regional Program</li> <li>Ottawa Public Health</li> <li>University of Ottawa</li> </ul>	Younger women	Designed and implemented a comprehensive, multidisciplinary breastfeeding support program for the target population including prenatal classes as well as peer and professional support.
<b>Strive Niagara</b>	<ul style="list-style-type: none"> <li>Niagara Region Public Health</li> <li>Ontario Early Years Centres</li> <li>Port Cares</li> <li>Bridges Community Health Centre</li> <li>Hannah House</li> <li>Niagara Health System</li> <li>Niagara Native Centre</li> <li>Niagara Life</li> <li>Niagara Region Children Services</li> </ul>	Younger women	Expanded a breastfeeding peer-support program to two new areas, including a rural area. Developed breastfeeding resources to support the target population.

FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES
<b>Sunnybrook Health Sciences Centre Foundation (Diabetes)</b>	<ul style="list-style-type: none"> <li>Internal partners</li> </ul>	Women with diabetes	Offered prenatal breastfeeding education and postpartum breastfeeding support for women with diabetes. Developed an online course for service providers on how to support the target population with breastfeeding.
<b>Sunnybrook Health Sciences Centre Foundation (NICU)</b>	<ul style="list-style-type: none"> <li>Internal partners</li> </ul>	Women with preterm or sick babies	Developed a breastfeeding peer mentor program in the Neonatal Intensive Care Unit (NICU).
<b>Supportive Initiative for Residents in the County of Haliburton (SIRCH)</b>	<ul style="list-style-type: none"> <li>Haliburton, Kawartha, Pine Ridge District Health Unit</li> </ul>	Women of lower socioeconomic status and women attending Canada Prenatal Nutrition Programs	Developed a breastfeeding peer support program. Provided breastfeeding support by matching peer support volunteers with mothers from the target population.
<b>The Corporation of Norfolk County</b>	<ul style="list-style-type: none"> <li>REACH/Ontario Early Years Centres</li> <li>The Children's Aid Society of Haldimand-Norfolk</li> <li>Pregnancy Care Centres</li> <li>The Salvation Army, Dunnville</li> <li>The Salvation Army, Simcoe</li> </ul>	Younger women and women who lack transportation	Began development of a peer-to-peer breastfeeding support program. Trained peer support volunteers. Developed a community-wide, multi-agency breastfeeding network.
<b>The Corporation of the Leeds, Grenville and Lanark District</b>	<ul style="list-style-type: none"> <li>Community agencies</li> <li>Brockville General Hospital</li> </ul>	Women at risk of giving formula supplements	Provided breastfeeding education to service providers. Developed and launched a Skin2Skin campaign with resources for the target population.
<b>The Foundation of Guelph General Hospital</b>	<ul style="list-style-type: none"> <li>Guelph Community Health Centre</li> </ul>	Newcomer women	Provided education to service providers on the breastfeeding needs of the target population. Developed breastfeeding resources for women and service providers with input from the target population.



FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES
<b>The Hospital for Sick Children</b>	<ul style="list-style-type: none"> <li>Internal partners</li> </ul>	Women with preterm or sick babies	Developed an online course and video for nurses and other health care providers. The video was also used to educate mothers with sick or preterm babies. The online course shares information on how to support breastfeeding and breastmilk production within the target population. The video teaches how to hand express and pump breastmilk, available online at: <a href="http://www.youtube.com/watch?v=LgLunORv8dA">www.youtube.com/watch?v=LgLunORv8dA</a>
<b>The Salvation Army Warton Community Church</b>	<ul style="list-style-type: none"> <li>Grey Bruce Health Unit</li> </ul>	Women of lower socioeconomic status and younger women	Enhanced and expanded a parenting program for pregnant women and new mothers to include breastfeeding support and self-efficacy. Developed a breastfeeding-friendly business toolkit.
<b>The Stop Community Food Centre</b>	<ul style="list-style-type: none"> <li>Central Toronto Community Health Centres</li> </ul>	Women of lower socioeconomic status and newcomer women	Offered peer-led breastfeeding support groups to meet the needs of the target population.
<b>The University of Western Ontario</b>	<ul style="list-style-type: none"> <li>London Breastfeeding Coalition</li> </ul>	Women with preterm or sick babies	Developed a web-based program to provide peer and professional breastfeeding support to the target population, available at: <a href="https://mavins.lhsc.on.ca">https://mavins.lhsc.on.ca</a>
<b>Trent University</b>	<ul style="list-style-type: none"> <li>Peterborough County-City Health Unit</li> <li>La Leche League, Peterborough Chapter</li> </ul>	Women with limited or no maternity leave	Developed support structures, policies, and resources through professional and peer education to create breastfeeding supportive post-secondary schools, available at: <a href="http://www.breastfeedingfriendlycampuses.ca">www.breastfeedingfriendlycampuses.ca</a>
<b>Trillium Health Partners Foundation</b>	<ul style="list-style-type: none"> <li>Peel Region Public Health</li> </ul>	Health care providers working with women with lower breastfeeding rates	Developed an educational video on how health care providers can support breastfeeding women from various target populations.

	FUNDED ORGANIZATION	PARTNERS	TARGET POPULATION	BRIEF SUMMARY OF STRATEGIES
Read project story on page 61	University of Ontario Institute of Technology	<ul style="list-style-type: none"> <li>Durham Region Health Department</li> <li>Oneida Nation Aboriginal midwife</li> <li>INFACT Canada</li> <li>University of Toronto</li> </ul>	Aboriginal women and younger women	Created new versions of the online course <i>Breastfeeding Information for Parents</i> to meet the needs of both target populations, see: <a href="http://www.breastfeedinginformationforparents.ca">www.breastfeedinginformationforparents.ca</a>
	University of Windsor	<ul style="list-style-type: none"> <li>Windsor-Essex County Health Unit</li> </ul>	French-speaking newcomer women, and Francophone women of lower socioeconomic status	Developed a French version of the breastfeeding app. Tested and promoted the French version of the breastfeeding app, see: <a href="https://play.google.com/store/apps/details?id=org.wechu.wyni">https://play.google.com/store/apps/details?id=org.wechu.wyni</a>
	Vanier Community Service Centre	<ul style="list-style-type: none"> <li>Ottawa Public Health</li> <li>Rideau-Rockcliffe Community Resource Centre</li> </ul>	French-speaking newcomer women	Identified cultural and traditional elements that impeded breastfeeding in the target population. Developed and provided culturally, traditionally, and linguistically appropriate peer and professional support.
	Waasegiizhig Nanaan-dawe'iyewigamig	<ul style="list-style-type: none"> <li>9 First Nations</li> <li>Kenora Métis Council</li> <li>Ne-Chee Friendship Centre</li> <li>Kenora Chiefs Advisory</li> </ul>	Aboriginal women	Provided breastfeeding education to service providers. Developed a breastfeeding teaching kit for each community. Established a breastfeeding support drop-in program in two communities.
	Wabano Centre for Aboriginal Health	<ul style="list-style-type: none"> <li>Minwaashin Lodge</li> </ul>	Aboriginal women	Developed a standardized approach to providing prenatal breastfeeding education for the target population using culturally-specific resources.
Read project story on page 62	William Osler Health System Foundation	<ul style="list-style-type: none"> <li>Queen Square Family Health Team</li> </ul>	Younger women	Developed a prenatal breastfeeding education program for the target population. Developed a <i>Physician Breastfeeding Tool</i> to promote prenatal physician-initiated breastfeeding education. Provided breastfeeding education to service providers and support staff working at the Family Health Team. Modified patient documentation files to capture breastfeeding data more accurately.



## Progress of Community Projects

### Challenges

While most Community Projects completed their work as planned, some projects faced challenges in establishing their project and in developing, implementing, evaluating and sustaining planned strategies. Some projects adjusted their plans to the community and partner realities or to new opportunities.

#### *Time*

The most common challenge referenced by the Community Projects was time, for example:

*“Starting the project was often constrained by required approvals i.e., ethics approvals or approvals from Community Project partners.”*

*“Translation took longer than expected.”*

*“The scope of proposals was ambitious within the time frame.”*

*“It took more time than expected to coordinate and manage collaborations.”*

#### *Staff and Volunteers*

Staffing changes, either in initial hiring or due to changes in staff during the Community Project, also resulted in challenges for some of the Community Projects.

Another challenge experienced by many of the Community Projects was recruiting participants.

### ***Buy-In from Community Partners***

A number of the Community Projects noted that it was difficult to get buy-in from other community organizations and health professionals.

### ***Technical Difficulties***

Certain Community Projects had technical challenges in dealing with web, video, photography and app development. Data collection and analysis provided challenges for several Community Projects.

### **Successes**

Despite common challenges, the Community Projects used a wide variety of strategies and enthusiastically shared their success stories.

### ***Successes for Participants***

Although some Community Projects found it challenging to collect standardized data, they enthusiastically related anecdotal information about how they made a difference for program participants.

*“There was a great sense of community in the room, women breastfed comfortably while carrying on conversations and discussing breastfeeding amongst each other and the expectant mothers, giving a live demonstration of how natural and normal breastfeeding is. I couldn’t have asked for more.”*

*“The most beneficial part of the program has been seeing an impact in women’s confidence to breastfeed.”*

*“One mom who was matched with a peer buddy, had multiple complications, continued to breastfeed and is now interested in becoming a Peer Breastfeeding Buddy and would like to sign up or the next training session!”*





## Training Interest

In general training events were well received by the participants (service providers, pregnant women, mothers, potential peer support workers, etc.).



*“The staff... have reported that they are more confident in supporting a new mother through latch difficulties, in educating women about hand expression, and are more aware of the risks associated with early supplementation.”*

*“The volunteer training was key to the project’s success and provided the future breastfeeding mentors with the knowledge and tools they will need.”*

*“At our breastfeeding education session, many of the physicians who attended expressed excitement regarding the Physician Breastfeeding Tool and also requested hard copies of the breastfeeding basics education that was provided.”*

## Volunteer Contributions

Volunteers contributed to the success of Community Projects on many different levels.

*“The unexpected outcome was the creation of a community driven Facebook page by two young women, who attended the café, and wanted to increase support for breastfeeding mothers.”*

*“One mother, who spoke Punjabi, wanted to ensure the translation was perfect. [She] asked to read the translation to ensure its accuracy so that other moms could benefit as she and her daughter [have].”*



## Collaborations and Partnerships

Partners played various critical roles in initiating, implementing and sustaining strategies.

*“Reaching out to local agencies... resulted in internal discussions within those agencies about their current practices and had those agencies identifying areas where changes could be made.”*

*“So far the support from official and unofficial partners in the community in promoting the centralized referral line has been tremendous and has created a system where many more pregnant women and their partners are accessing prenatal breastfeeding information sessions.”*

*“One of the most successful components of this project has been the partnering of various community organizations that all have a stake in providing services to our target population. We have truly developed a breastfeeding network with a common vision, goals and objectives pertaining to breastfeeding success in our population.”*

## Sustainability

Although sustainability was viewed as a challenge by many Community projects, most resources, programs and services developed were sustained three months post project completion.

*“Our partners will continue to contribute to our prenatal breastfeeding education/ workshops, and promote our program at their own organizations. We have come up with creative, low to no-cost solutions for future programming.”*

## Tools

Many Community Projects developed new tools that helped them achieve their objectives.

*“This is a wonderfully accessible tool for discussing breastfeeding in a culturally appropriate way that is compelling to watch.”*

*“It allowed us to be creative about ways to reach the young adult and teen population we want to reach regarding breastfeeding. They are a difficult group to reach, but most have access to the internet and social media.”*

## Quotes from Program Participants

A variety of programs and resources were put in place for pregnant women, parents and others. Their voices reflect the successes of the Community Projects.

*“I love the program, great opportunity to share and socialise with other mums. Keep it up!”*

*“This made me more confident and I got tips on challenging topics.”*

*“This is one of the best resources online on breastfeeding I’ve come across.”*



*“The breastfeeding support group addressed many concerns and questions I had. Also learning from other moms’ challenges and successful experiences on breastfeeding inspires me to continue breastfeeding my baby for as long as she needs to.”*

*“Watching this is making me consider breastfeeding. I didn’t breastfeed any of my other children, but watching this makes me want to give it a try this time.”*

*“Babies’ needs and habits change over time and having this support helps me to continue breastfeeding for longer than I might be able to on my own.”*





## Reach of Community Projects

Some of the key indicators from Community Projects are listed in the following table.

INDICATOR MEASURED	TOTAL
Number of learning events for service providers	170
Number of participants in learning events for service providers	2,619
Number of learning events for women	574
Number of participants in learning events for women	3,723
Number of supporting events for women	829
Number of participants in supporting events for women	2,653
Number of peers trained	256
Number of peer matches initiated	781
Number of resources developed	253
Reach of resources (website hits, hard copies distributed)	35,425

## 5 | Supports for Community Projects

The Best Start Resource Centre offered supports to organizations planning and implementing a Community Project in a number of ways including meeting individual needs, providing networking opportunities, and meeting learning and resource needs. Many of these supports also benefited other breastfeeding services across Ontario.

### Funding

Community Project leads expressed their appreciation for the funding and opportunity to address breastfeeding needs.

*“Participating in this funded program enabled us to better foster a community where young moms feel supported in their efforts to reach their breastfeeding goals. The impact that a small amount of funds can make is incredible... we were able to identify what the need was that we wanted to explore and have the freedom to experiment with and develop a model – truly a developmental approach and we applaud Best Start for offering the funding in this manner.”*

*“Without this funding, the awareness campaign could not have taken place nor the resources created.”*

*“Without funding this population would not have been identified and prioritized.”*





## Individual Support

The most direct way Community Projects experienced support from Best Start Resource Centre was through one-to-one support via emails and phone calls. Community Projects were encouraged to connect with Best Start Resource Centre staff if they encountered difficulties or had questions. In addition, the Best Start Resource Centre connected with Community Projects if there were delays or challenges in their reports, etc.

*“The support from the Best Start/Health Nexus staff was also hugely beneficial. The staff provided a touchstone for questions, connections and linking with resources, other programs and help when needed.”*

## Online and Printed Resources

Community projects were made aware of online resources and sent printed resources.

*“These resources were the beginning of our resource library. The library is accessible to the peers and other staff to use as needed. We hope to continue to add to it in the future.”*



## Teleconferences

Support was also provided through regular teleconferences that all Community Project leads were invited to attend.

*“The teleconferences provide a great deal of information, resources and an opportunity to connect and learn more about other projects. Support offered by the coordinator was outstanding – she was accessible, responsive and we always felt she was “in our court” and wanted the project to succeed. She knew our program intimately; we never had to remind her about what the program was about.”*

There were nine teleconferences for Round 1 Community Projects. In Round 2, eight teleconferences were offered.

In general, agendas for teleconferences included:

- Updates from the Best Start Resource Centre about upcoming reports, webinars, workshops, resources and other topics of interest.
- Updates from Community Projects, in particular challenges encountered and successes. Since there were fewer Community Projects in Round 1, there was more time for networking and sharing.

In response to needs expressed by Community Projects, other topics were also discussed during teleconferences, for example:

- Reporting templates and schedules.
- Evaluation strategies, questions, and forms.
- Sustainability plans.
- Partner support and partner challenges.
- Program recruitment challenges.

## Webinars

Throughout the project the Best Start Resource Centre offered a total of 18 webinars to support Community Projects. Most webinars were also open to participants who were not part of the Community Projects, for example other breastfeeding services in Ontario. Webinar topics were selected to meet identified needs of Community Projects based on a needs assessment of Ontario service providers, a needs assessment completed with Round 1 and Round 2 Community Projects, and lessons learned from the Round 1 Community Projects. Webinar topics included:

- Breastfeeding Peer Support
- Breastfeeding Trends in Ontario
- Populations with Lower Breastfeeding Rates
- Logic Models and Evaluation
- Supporting Aboriginal Populations with Breastfeeding
- Sustaining Breastfeeding Programs
- Evaluation of Breastfeeding Programs
- Breastfeeding Support by Telehealth Ontario
- Training Peer Support Workers
- Supporting Exclusive Breastfeeding
- Breastfeeding and Younger Women

Community Project staff found the webinars helpful in their work.

*“The webinars were most effective because other similar funded projects shared their experiences with evaluation and offered examples of their processes.”*

## Regional Workshops

To support the roll-out of the Breastfeeding Peer Support Training Toolkit, five regional train-the-trainer workshops were offered at the end of Year 3. Participation was limited to allow for focused learning and skill building.

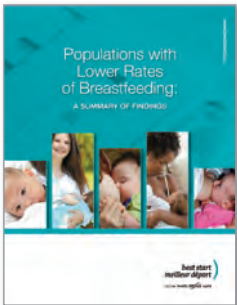



Locations included London, Vaughan, Kingston, Bowmanville, and Sudbury. Following the workshops participants indicated they felt prepared to deliver peer training.






*“Greatly appreciated! Wonderful support as we move forward with our peer support program.”*



## New Resources

During this project the Best Start Resource Centre developed a number of resources to support the work of Community Projects, responding to identified gaps and needs. All resources can be found at [www.beststart.org/resources/breastfeeding](http://www.beststart.org/resources/breastfeeding).

THUMBNAIL	RESOURCE TITLE	BRIEF DESCRIPTION
	<b>Populations with Lower Rates of Breastfeeding: A Summary of Findings</b>	This report highlights information about populations with lower rates of breastfeeding in Ontario including trends, barriers, effective and promising strategies, and recommendations.
	<b>Fact Sheet # 1 – Breastfeeding in Ontario: Trends within the Province</b>	This fact sheet explores breastfeeding trends in Ontario in relationship to demographic, individual, health and childbirth factors.
	<b>Fact Sheet #2 – Breastfeeding in Ontario: Breastfeeding and Socioeconomic Status</b>	This fact sheet explores the relationship between breastfeeding and socioeconomic status and discusses promising strategies to address lower breastfeeding rates in this population.
	<b>Fact Sheet #3 – Breastfeeding in Ontario: Breastfeeding among Young Single Mothers</b>	This fact sheet explores the relationship between breastfeeding and young, single mothers and discusses promising strategies to address lower breastfeeding rates in this population.

THUMBNAIL	RESOURCE TITLE	BRIEF DESCRIPTION
	<b>Fact Sheet #4 – Breastfeeding in Ontario: Breastfeeding Peer Support</b>	This fact sheet highlights the benefits of peer support as a promising strategy to address breastfeeding barriers for women with lower rates of breastfeeding.
	<b>Fact Sheet #5 – Breastfeeding in Ontario: Evaluating Breastfeeding Programs and Initiatives</b>	This fact sheet highlights how service providers can develop and implement an evaluation plan to determine their program's effectiveness.
	<b>Collection of Evaluation Forms and Templates</b>	This is a collection of evaluation forms and templates used by various breastfeeding programs and initiatives across Ontario.
	<b>Developing and Sustaining Breastfeeding Peer Support Programs</b>	This manual provides information about different types of breastfeeding peer support programs. It includes information about developing and sustaining breastfeeding peer support programs.
	<b>Breastfeeding Peer Support Training Toolkit</b>	This toolkit provides assists peer support coordinators and facilitators prepare peers-in-training for their role, by providing education through information, PowerPoint slides, videos, numerous skill-building strategies, and handouts to create a peer resource binder for each future breastfeeding peer support volunteer/worker.

THUMBNAIL	RESOURCE TITLE	BRIEF DESCRIPTION
	<b>Learning from Stories: Breastfeeding and Younger Women</b>	This booklet explores the topic of breastfeeding and younger women through program examples.
	<b>Learning from Stories: Breastfeeding Education for Health Care Providers</b>	This booklet explores the topic of breastfeeding education for health care providers through program examples.
	<b>Learning from Stories: Prenatal Breastfeeding Education</b>	This booklet explores the topic of prenatal breastfeeding education for women through program examples.
	<b>Learning from Stories: Breastfeeding Promotion to Increase Public Awareness</b>	This booklet explores the topic of breastfeeding promotion and public education through program examples.
	<b>Learning from Stories: Supporting Exclusive Breastfeeding</b>	This booklet explores the topic of supporting exclusive breastfeeding through program examples.



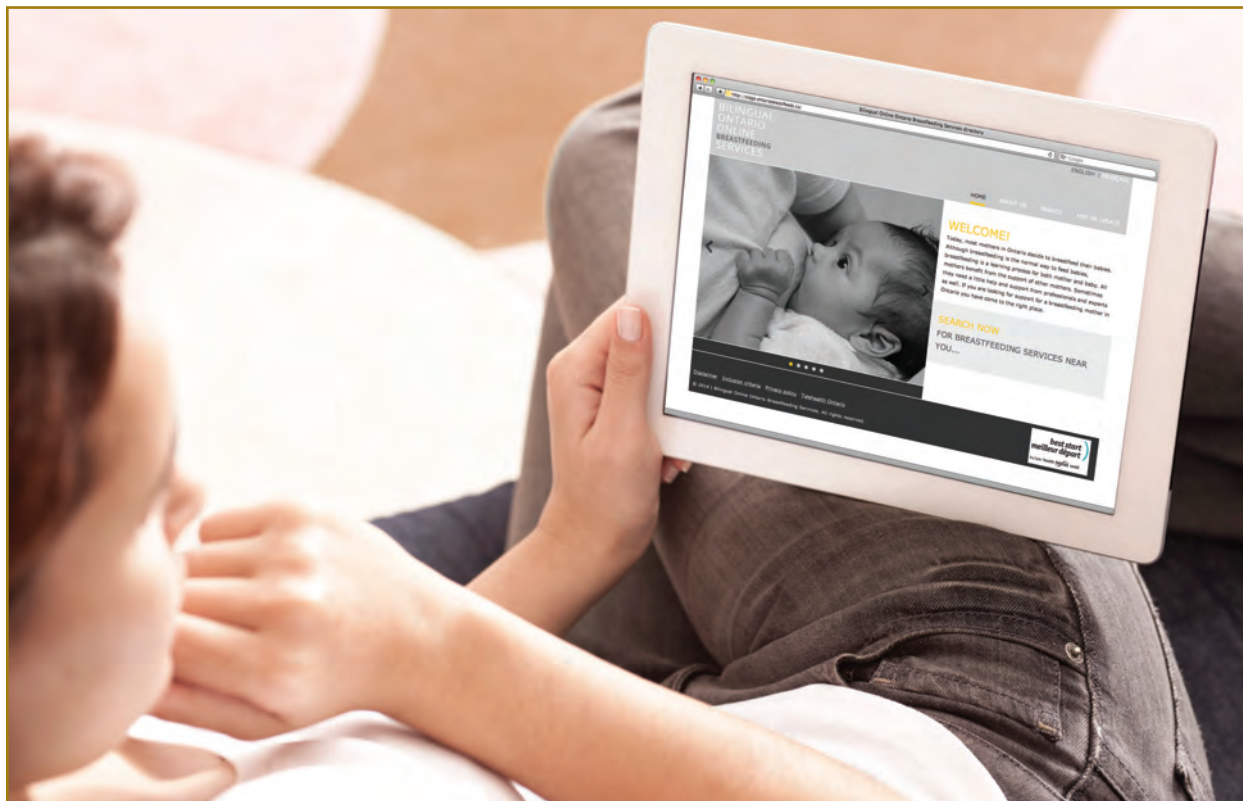
## Breastfeeding Web Watch

A breastfeeding web watch was developed in Year 2. It brings together current breastfeeding information from media, journals, social media, etc. to an online English site ([www.netvibes.com/bsrcprenatal#General](http://www.netvibes.com/bsrcprenatal#General)). It offers easy access to new information, but does not assess the credibility of the information shared.

The screenshot shows the 'Breastfeeding' web watch interface on a NetVibes dashboard. The browser address bar shows [www.netvibes.com/beststartbreastfeeding#General](http://www.netvibes.com/beststartbreastfeeding#General). The page features a header with the 'best start meilleur départ' logo and the text 'Breastfeeding L'allaitement'. Below the header, there are several content modules:

- About the Web Watch:** A text box explaining that the web watch brings together current information from media, journals, social media, etc., and is not designed to assess the credibility of the information provided.
- VIDE0: How to Use the BSRC Web Watch**
- RETURN TO BEST START RESOURCE CENTRE**
- Websites & Blogs:** A section featuring a 'News' widget with a 'World Breastfeeding Week Canada 2016' event and a row of five 'News' thumbnails.
- Breastfeeding Resources Ontario**
- The Rogers Hixon Ontario Human Milk Bank**
- Global Health Media Videos**
- PubMed:** A section displaying a list of articles, including 'Mimicking the Impact of Infant Tongue Peristalsis on Behavior of Solid Oral Dosage Forms Administered During Breastfeeding' and 'Management of Ankyloglossia and Breastfeeding Difficulties in the Newborn: Breastfeeding Sessions, Myofunctional Therapy, and Frenotomy'.
- Cochrane Review Summaries:** A section displaying a list of summaries, including 'Naloxone for opiate-exposed newborn infants' and 'Group versus conventional antenatal care for pregnant women'.
- Twitter Feed:** A section displaying a tweet about the 'LLLI 60th Anniversary Pioneer event' with a link to purchase tickets.
- Journals:** A section displaying a list of journal articles, including 'A Tale of Two Baby-Friendly Hospitals: Comparison of a Military and a Civilian Experience' and 'The Challenge of the Eighth Summit'.

## 6 | Directory of Ontario Breastfeeding Services



### Breastfeeding Directory

One of the needs identified right from the beginning of the project, was access to breastfeeding services. Many women and their health care providers were not aware of the breastfeeding services in their communities and in addition, some areas in Ontario had limited breastfeeding services. This prompted the development of the Bilingual Online Ontario Breastfeeding Services directory. The directory is an online searchable database in English and French of breastfeeding services across Ontario ([www.ontariobreastfeeds.ca](http://www.ontariobreastfeeds.ca)).

### Directory listings

In March 2016, 869 services were listed in the directory. Some services/programs offered more than one service type (e.g., drop-in and group, or class and after-hours service) and the site included 1,205 specific breastfeeding service types. The directory can be searched by postal code and breastfeeding service type, e.g., clinic, drop-in, in person – peer support.

The following table provides an overview of the number of services listed in the online directory of breastfeeding services, by LHIN and by service type. Some areas of Ontario have few listed services.

Postcards and flyers were developed to promote the directory, see [www.beststart.org/resources/breastfeeding](http://www.beststart.org/resources/breastfeeding).

LHIN	BY TELEPHONE – PEER SUPPORT	BY TELEPHONE – PROFESSIONAL	CLASS	CLINIC	DROP-IN	GROUP	HOME VISITING PROGRAM	IN PERSON – PEER SUPPORT	IN PERSON – PROFESSIONAL SUPPORT	ONLINE (TWITTER, FACEBOOK)	AFTER HOURS	SERVICES IN FRENCH	TOTAL SERVICES PER LHIN
1: Erie St. Clair	2	18	19	2	30	3	15	2	10	2	6	1	110
2: South West	2	18	6	11	24	2	2	7	30	3	26	1	132
3: Waterloo Wellington	4	7	1	5	6	5	1	15	8	2	5	1	60
4: Hamilton Niagara Haldimand Brant	3	11	8	7	20	3	1	5	23	2	15	2	100
5: Central West	3	1	8	6	5	3	0	0	7	4	6	1	44
6: Mississauga Halton	1	7	6	7	17	4	1	3	10	2	15	4	77
7: Toronto Central	5	3	3	12	3	12	1	4	15	3	12	4	77
8: Central	0	3	1	6	1	1	2	5	6	3	2	1	31
9: Central East	2	11	10	6	30	4	6	8	10	5	18	1	111
10: South East	1	8	6	3	20	16	4	7	11	1	9	3	89
11: Champlain	0	6	2	3	43	3	1	7	7	1	6	14	93
12: North Simcoe Muskoka	0	6	1	6	3	9	0	2	36	2	9	2	76
13: North East	7	42	10	5	3	3	2	5	23	1	6	36	143
14: North West	0	3	1	1	12	0	0	3	20	1	6	1	48
Provincial Services	1	3	0	0	0	0	0	0	0	4	4	2	14
TOTALS	31	147	82	80	217	68	36	73	216	36	145	74	1205

## Use of the Directory

The directory has seen a steady increase since it went live in April 2014. As of March 31, 2016 most users (91%) come from Canada and 91% of Canadian users are from Ontario.

BREASTFEEDING SERVICES DIRECTORY DATA	TOTAL
Users	73,674
New Visitors	93.9%
Page Views	124,972
Average Time on Site	124 seconds

## 7 | Evaluation Strategies

This project was evaluated on many levels throughout the funding period. In this report, evaluation highlights are shared in the respective sections (for example, data on use of the directory of breastfeeding services is in the previous section). This section of the report provides an overview of evaluation strategies used in this project and outcomes, not detailed evaluation results.

### Overview of Evaluation Strategies

The following table is a high level overview of some of the evaluation strategies used during this project.

STRATEGY EVALUATED	EVALUATION STRATEGIES
Background Research	<b>Access to Relevant Data</b> <ul style="list-style-type: none"> <li>Tracked number of downloads of the fact sheets and report summarizing background research.</li> <li>Surveyed providers who had accessed the fact sheets and report summarizing background research to determine impacts on their work.</li> </ul>
Breastfeeding Community Projects	<b>Call for Proposals</b> <ul style="list-style-type: none"> <li>Tracked the number of proposals received.</li> <li>Tracked number of proposals funded including region, target population and Community Project strategies.</li> </ul> <b>Community Projects</b> <ul style="list-style-type: none"> <li>Rolled up results from Community Project strategies.</li> <li>Arranged for external evaluation of Community Projects at start-up and wrap-up.</li> <li>Evaluated Community Projects 3 months after the end of their funding period.</li> </ul> <b>Sustainability Plans</b> <ul style="list-style-type: none"> <li>Assessed sustainability of Community Project strategies.</li> </ul>
Strategies to Support Community Projects	<b>Individual Support</b> <ul style="list-style-type: none"> <li>Tracked the number and type of individual supports provided.</li> </ul> <b>Resources for Community Projects</b> <ul style="list-style-type: none"> <li>Monitored number of downloads of resources and number of resources distributed at events.</li> </ul> <b>Networking and Learning Events</b> <ul style="list-style-type: none"> <li>Tracked the number of events (teleconferences, webinars, conference presentations, regional workshops, webcasts, etc.) and number of participants.</li> <li>Measured the proportion of participants in learning events who rated the session as good/excellent and any changes in knowledge, skills and confidence.</li> </ul> <b>Breastfeeding Web Watch</b> <ul style="list-style-type: none"> <li>Tracked users, new visitors, page views, time on site.</li> </ul>
Online Directory of Breastfeeding Services	<b>Use of Directory</b> <ul style="list-style-type: none"> <li>Tracked number, type and location of services listed in directory.</li> <li>Tracked users, new visitors, page views, time on site.</li> </ul>



## Outcomes

The project increased the number and variety of services for populations with lower rates of breastfeeding and most Community Project strategies were completed and sustained as planned. Community projects reached women through awareness-building campaigns, educational events, creation of new or enhancements of established peer support programs and other services to provide support and information. Health care providers and existing peer support services were reached through learning events and the development of new resources. The online directory of breastfeeding services grew in listed services and use. The resources, networking and learning events (including the showcase event) provided by the Best Start Resource Centre were well used and appreciated.

It was a challenge to measure the broad impact of this project on breastfeeding initiation and duration rates in priority populations. This was measured to a very limited extent through the results of the Community Projects and will be re-assessed at broader level once BORN data is available for 2016/17.

Other outcomes were measured and reported by some of the Community Projects:

*“The outcomes from these sessions clearly showed an increase in confidence to breastfeed, knowledge of the benefits of breastfeeding for both mother and baby, and the intention to access community breastfeeding resources postpartum.”*

*“Based on completed evaluations 100% of respondents from mother-to-mother group meetings indicated the meetings were very or extremely helpful at providing them connections to other mothers that supported their breastfeeding efforts. 90% indicated the mother-to-mother meetings provided them with breastfeeding information they did not know before attending and 100% agreed that the meetings provided a safe place for them to ask questions.”*

*“The online course was found to increase infant feeding attitude towards breastfeeding and breastfeeding self-confidence in both mothers and fathers.*

*“Substantial decreases in formula supplementation in hospital have been noted with only 27% supplementing of those who attended vs 47% of those who did not attend.”*

*“A total of 85 local businesses, organizations and municipalities hosted the local photographic life sized cut-outs of women breastfeeding and more requests and interest continue.”*





## 8 | Disseminating Results

Results of the project were shared online and through a variety of learning events.

### Community Project Summaries

Summaries of the funded Community Projects were shared through the Best Start Resource Centre website when Community Projects were selected for funding. As Community Projects wrapped up, the online information was updated.



### Conference Presentations

During the project timeframe, information about the Community Projects and their preliminary results were presented through eight presentations at conferences and four networking events.

### Dissemination Teleconferences

A series of webinars was planned so that Round 2 Community Projects could learn from Round 1 Community Projects. During the overlap between Round 1 and Round 2 Community Projects five teleconferences were offered to allow lessons learned by Round 1 Community Project leads to be shared with Round 2 Community Project leads. The topics of these webinars included:

- Breastfeeding peer support.
- Prenatal breastfeeding education.
- Breastfeeding education for service providers.
- Breastfeeding resource development.
- Useful evaluation strategies.

In total, 98 participants attended the sharing teleconferences.



## Community Project Showcase Event

The Community Projects Showcase event, Providing Targeted Breastfeeding Support: Results and Lessons Learned from Breastfeeding Community Projects took place as a pre-conference day at the Best Start Resource Centre Conference on February 17, 2016. Thirty-one Community Projects presented about their work during the showcase event.

Sessions included breastfeeding education for healthcare providers, breastfeeding and women from lower socioeconomic backgrounds and breastfeeding and Aboriginal women, among other topic areas. The showcase event also included displays of some of the materials produced by the Community Projects.

There were many comments about how the showcase event gave people new ideas that they could take back to their community or program. Comments about the showcase event were very positive, for example:

*“What a lovely day it was...beyond wonderful to hear about all the great work being done through the various projects... they’ve blossomed into real-life projects that are having such a huge impact. All I can say is WOW!!!!”*

*“It was wonderful to see the potential of ideas that can be developed and utilized in different ways in different areas still being successful in presenting the same theme. The wealth of ideas that can be adapted or enhanced and put to a different use in health care.”*

## 9 | Sustainability

Sustainability was an important outcome of Best Start Resource Centre strategies as well as the Community Project strategies.

### Sustainability of Best Start Resource Centre Strategies

Certain activities planned by Best Start Resource Centre were designed with sustainability in mind, such as the online directory of breastfeeding services, web watch, webcasts of webinars and online materials produced through this project. These will be maintained on an ongoing basis.

### Sustainability of Community Project Strategies

In the criteria for Community Project funding and in the grant application forms, sustainability was clearly identified as a required aspect of Community Project strategies.



Three months after completion of each Round of Community Projects, Community Project leads were asked to complete a survey about the sustainability of their Community Project strategies and an indicator report to show ongoing reach and measurable impact.

Most Community Projects (95%) were successful in sustaining at least some of their strategies and identified factors that supported their sustainability efforts. See the following table for a summary of survey results.

CATEGORY	OVERALL
<b>Implementation of Sustainability Plans</b>	
Implemented their sustainability plans	95 %
• Fully	69 %
• With changes	26 %
<b>Key Factors Contributing to Sustainability</b>	
Community partnerships	79 %
Individual guidance from the Best Start Resource Centre	56 %
Support from the Best Start Resource Centre (see Section 5)	56 %
<b>Key Enablers for Sustainability</b>	
Ongoing partner support	69 %
Organizational support for program	54 %
Feedback from participants	43 %



Most Community Projects were able to track their indicators at least for three months following wrap-up, but some found their capacity to collect data on an ongoing basis was reduced. Results are presented in the table below for those that provided data for the 3 months following the end of their funding period.

INDICATOR MEASURED	TOTAL
Number of learning events for service providers	72
Number of participants in learning events for service providers	2,629
Number of learning events for women	153
Number of participants in learning events for women	1,179
Number of supporting events for women	348
Number of participants in supporting events for women	1,253
Number of peers trained	35
Number of peer matches initiated	57
Number of resources developed	54
Reach of resources (website hits, hard copies distributed)	18,448



## 10 | Needs Met Through This Project

At the end of the project, the needs identified through various sources such as government priorities, needs assessments, advisory, etc., were compared to the needs met through this project.

### Meeting the Healthy Kids Panel Recommendations

This targeted breastfeeding project had a specific focus and complemented the other Healthy Kids strategies also designed to influence healthy weights in children. This project supported the development of effective services focused on populations with lower rates of breastfeeding in Ontario through community grants and initiatives to guide and support the funded Community Projects. The following table summarizes the recommendations in the *No Time to Wait* Healthy Kids Panel report related to preconception, prenatal and infant health, in comparison to the needs met/not met through this project.

HEALTHY KIDS PANEL 1. START ALL KIDS ON THE PATH TO HEALTH	
Healthy Kids Panel Recommendation	Needs Met through this Project
1.1 Educate women of child-bearing age about the impact of their health and weight on their own well-being and on the health and well-being of their children.	<ul style="list-style-type: none"> <li>• Some Community Projects focused on breastfeeding awareness campaigns.</li> <li>• One Community Project focused on post-secondary students.</li> </ul>
1.2 Enhance primary and obstetrical care to include a standard pre-pregnancy health check and wellness visit for women planning a pregnancy and their partners.	<ul style="list-style-type: none"> <li>• Many Community Projects provided breastfeeding training for health care providers.</li> </ul>
1.3 Adopt a standardized prenatal education curriculum and ensure courses are accessible and affordable for all women.	<ul style="list-style-type: none"> <li>• Some Community Projects focused on prenatal breastfeeding education including development and provision of content.</li> <li>• Some Community Projects addressed service needs of women living in poverty.</li> <li>• The online directory of services improved access to breastfeeding services and provided information about service costs.</li> </ul>
1.4 Support and encourage breastfeeding for at least the first six months of life.	<ul style="list-style-type: none"> <li>• Community Projects used a range of strategies to support and encourage breastfeeding in populations with lower rates of breastfeeding.</li> <li>• The Best Start Resource Centre implemented provincial strategies responding to needs including teleconferences, webinars, webcasts, web watch, regional workshops and development of resources.</li> <li>• The online directory of breastfeeding services assists women in accessing needed breastfeeding support and guides referrals.</li> </ul>
1.5 Leverage well-baby and childhood immunization visits to promote healthy weights and enhance surveillance and early intervention.	<ul style="list-style-type: none"> <li>• Many Community Projects provided breastfeeding training for health care providers.</li> </ul>



## Identified Needs and Needs Met through this Project

The preliminary research for the targeted breastfeeding project (key informant interviews, needs assessment of providers offering breastfeeding services), the needs assessments of Community Projects, and discussions with the advisory during this project identified interest in specific strategies.

The following table identifies the needs identified during this project, and those that were addressed during the project. Certain needs indicated in the following table were not addressed through this project because they were part of another area of the Healthy Kids Strategy. Examples include the provision of phone breastfeeding support through Telehealth Ontario and guidance from the Baby-Friendly Initiative (BFI) Strategy for Ontario, facilitated by Micheal Garron Hospital, in achieving the principles of the Baby-Friendly Initiative.

NEEDS/INTERESTS IDENTIFIED THROUGH THIS PROJECT	NEEDS MET THROUGH THIS PROJECT
<b>Awareness:</b> <ul style="list-style-type: none"> <li>• Implement breastfeeding promotion campaigns.</li> <li>• Offer prenatal breastfeeding education.</li> <li>• Educate partners/fathers.</li> <li>• Improve access to breastfeeding services.</li> </ul>	<ul style="list-style-type: none"> <li>• Some Community Projects developed breastfeeding awareness strategies.</li> <li>• Some Community Projects developed prenatal breastfeeding education.</li> <li>• Some Community Projects educated partners/fathers.</li> <li>• The online directory of breastfeeding services improved access to prenatal breastfeeding services.</li> </ul>
<b>Resources for clients:</b> <ul style="list-style-type: none"> <li>• Develop breastfeeding videos.</li> <li>• Develop breastfeeding websites or apps.</li> <li>• Provide culturally relevant materials in a range of languages.</li> </ul>	<ul style="list-style-type: none"> <li>• Community Projects developed a range of client materials including videos, websites and apps.</li> <li>• Community Projects developed culturally relevant materials, including some in languages other than English.</li> </ul>
<b>Resources for service providers and peer support workers:</b> <ul style="list-style-type: none"> <li>• Develop client workshop materials.</li> <li>• Develop toolkits or how-to guides.</li> <li>• Design websites or online resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Many Community Projects developed resources for service providers and peer support workers.</li> <li>• Best Start Resource Centre developed a range of service providers materials on priority topics including materials on the background research, peer support, evaluation, program examples, sustainability, etc. (see Section 5 for details).</li> <li>• Resources developed included toolkits and templated that can be used or adapted by other organizations.</li> </ul>
<b>Education for service providers and peer support workers:</b> <ul style="list-style-type: none"> <li>• Offer workshops, webinars and online courses.</li> <li>• Provide an annual provincial learning event.</li> </ul>	<ul style="list-style-type: none"> <li>• Community Projects offered a range of learning opportunities for service providers and peer support workers including workshops, seminars, in-services, and online courses.</li> <li>• Best Start Resource Centre offered webinars and webcasts on priority topics including breastfeeding in Ontario, peer support, evaluation, sustainability and effective practices (for details see Section 5).</li> <li>• Best Start Resource Centre offered regional workshops about breastfeeding peer support training.</li> <li>• Best Start Resource Centre offered a provincial showcase event about the results of the Community Projects.</li> </ul>

NEEDS/INTERESTS IDENTIFIED THROUGH THIS PROJECT	NEEDS MET THROUGH THIS PROJECT
<p><b>Breastfeeding services:</b></p> <ul style="list-style-type: none"> <li>• Increase the number of breastfeeding services in areas of need.</li> <li>• Address barriers to breastfeeding and to accessing breastfeeding services.</li> <li>• Provide breastfeeding classes.</li> <li>• Implement breastfeeding peer support programs.</li> <li>• Provide phone support.</li> <li>• Implement strategies that increase breastfeeding self-efficacy.</li> <li>• Improve referrals to breastfeeding services.</li> <li>• Provide seamless breastfeeding information and care from breastfeeding intention to initiation and duration.</li> </ul>	<ul style="list-style-type: none"> <li>• Community Projects supported the development of a range of needed breastfeeding services and most strategies were sustained.</li> <li>• Best Start Resource Centre developed and maintained an online directory of breastfeeding services to improve access to services and referrals to services.</li> <li>• Best Start Resource Centre services (webinars, webcasts, regional workshops, showcase event, teleconferences, etc.) supported the development and enhancement of services.</li> <li>• Several Community Projects developed community-specific breastfeeding referral pathways.</li> </ul>
<p><b>Research:</b></p> <ul style="list-style-type: none"> <li>• Access to information about populations with lower rates of breastfeeding in Ontario.</li> <li>• Access to evidence on effective practices in addressing specific populations with lower rates of breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Best Start Resource Centre background research: <ul style="list-style-type: none"> <li>– Identified populations with lower breastfeeding rates.</li> <li>– Identified effective approaches to populations with lower rates of breastfeeding and unmet needs.</li> <li>– Was released online and through webinars.</li> </ul> </li> <li>• The Best Start Resource Centre online directory of breastfeeding services can be used to identify areas lacking services.</li> <li>• The Best Start Resource Centre breastfeeding Web Watch provided quick access to new information and research.</li> </ul>
<p><b>Funding:</b></p> <ul style="list-style-type: none"> <li>• Access to community grants to support the start up or enhance breastfeeding services for populations with lower rates of breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Through this project 61 Community Projects were funded to address a population with a lower breastfeeding rate and most strategies were implemented as planned and sustained.</li> </ul>
<p><b>Policy:</b></p> <ul style="list-style-type: none"> <li>• Policies supportive of breastfeeding.</li> <li>• Provincial breastfeeding strategy.</li> <li>• Provincial breastfeeding standards.</li> </ul>	<ul style="list-style-type: none"> <li>• Some Community Projects included work on internal workplace or community-wide policies on breastfeeding in the workplace.</li> <li>• One Community Project worked on policies to support breastfeeding in post-secondary institutions.</li> <li>• Some policies specific to Community Project strategies were also developed and implemented (e.g., safe baby-wearing).</li> </ul>

## Service Gaps

There are remaining gaps in Ontario breastfeeding services that can be met through future initiatives. See the following table for LHINs/service types with fewer services in the specific breastfeeding service categories (X indicates limited or no services in the directory). The breastfeeding services most commonly lacking in Ontario, according to the online directory of breastfeeding services, included online, group, home visiting, phone peer support, and in person peer support. LHIN 8 and LHIN 14 are the areas with the highest number of service categories with low or no services (LHIN 8 also has a low rate of exclusive breastfeeding at discharge and LHIN 14 also has a low breastfeeding intention rate and low rate of exclusive breastfeeding at discharge).

LHIN	BY TELEPHONE – PEER SUPPORT	BY TELEPHONE – PROFESSIONAL	CLASS	CLINIC	DROP-IN	GROUP	HOME VISITING PROGRAM	IN PERSON – PEER SUPPORT	IN PERSON – PROFESSIONAL SUPPORT	ONLINE (TWITTER, FACEBOOK)	AFTER HOURS	SERVICES IN FRENCH
1: Erie St. Clair	X			X		X		X		X		X
2: South West	X					X	X			X		X
3: Waterloo Wellington	X		X			X	X			X		X
4: Hamilton Niagara Haldimand Brant	X						X	X		X		X
5: Central West	X	X				X	X	X		X		X
6: Mississauga Halton	X		X		X		X	X		X		X
7: Toronto Central	X					X	X	X		X		X
8: Central	X	X	X		X	X	X	X	X	X	X	X
9: Central East	X			X		X	X			X		X
10: South East	X		X		X	X	X	X		X		X
11: Champlain	X		X	X		X	X			X	X	
12: North Simcoe Muskoka	X						X	X		X		X
13: North East							X	X		X		
14: North West	X	X	X	X		X	X	X		X		X
TOTALS	13	3	6	4	3	10	13	10	1	14	2	12

## 11 | Recommendations

Despite the concerns over breastfeeding rates in certain populations and the gaps in Ontario services, there remains optimism about the progress that has been made in the normalization of breastfeeding, as well as the potential to make even bigger differences through comprehensive long-term breastfeeding strategies.

There is an ongoing need to support breastfeeding in all women, with a special focus on populations with lower rates of breastfeeding. The following initiatives build on the momentum and interest developed by this project.

### Awareness

#### Increase Awareness of the Importance of Breastfeeding

Information provided prenatally can impact breastfeeding intention and self-efficacy. Women need information about the importance of breastfeeding, local breastfeeding services, and about the current recommendation to breastfeed exclusively for six months with continued breastfeeding for two years or longer. It is important to provide women with consistent messaging about breastfeeding across the continuum of care. Regular advertising and periodic awareness campaigns can provide women with this needed information and can help to create norms around breastfeeding. Breastfeeding education can also be systematically incorporated into high school curricula. Breastfeeding can be further normalized in workplaces and educational settings.





## Offer Prenatal Breastfeeding Education

Standard prenatal breastfeeding curriculum materials for Ontario would assist providers in offering key early information about breastfeeding, using consistent evidence-based messaging and approaches. This can include information on how fathers and partners can support breastfeeding.

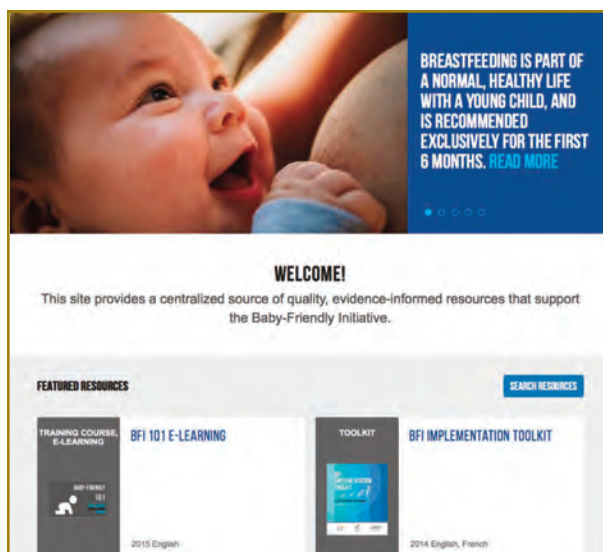
## Maintain the Online Directory of Breastfeeding Services

Best Start Resource Centre initiated an online directory of breastfeeding services in 2014. It will be important to keep the directory current and to continue to meet the needs of providers and breastfeeding women, strengthening referrals and access to existing services, as well as identifying service gaps.

## Resources

### Develop Needed Resources and Tools

There was interest in development of specific client resources such as videos, apps, online information, printed materials, resources in multiple languages, and culturally relevant materials. There were also recommended service provider materials such as ready to use breastfeeding workshops to use with clients, toolkits, how-to resources, and websites. Continued support for central provincial development of breastfeeding materials for providers and clients results in cost efficiencies, consistent messaging and high quality evidence-based materials.



A searchable directory of breastfeeding resources was developed through the BFI Strategy for Ontario. This website will provide ongoing central access to a range of high-quality breastfeeding resources that align with the criteria of the Baby-Friendly Initiative.

## Training

### Offer Service Provider Training

Ongoing efforts are needed to continue to guide/support service providers who work with populations that have lower breastfeeding rates and to move towards consistent evidence-based messaging and effective services.

When educating service providers about how to support populations with lower rates of breastfeeding, priority strategies should include breastfeeding workshops, webinars, and online courses. Given the effectiveness of breastfeeding peer support, training on this topic should be considered a priority.

Training is needed for health care providers, other service providers, as well as peer support workers. Consistent undergraduate level health care provider training on breastfeeding is also recommended.

## Breastfeeding Services

### Address Barriers

There is an ongoing need to address barriers to breastfeeding as well as barriers to breastfeeding services. By reviewing the evidence on populations with lower rates of breastfeeding and barriers to breastfeeding, providers can consider strategies to engage those most in need of services.



## Address Breastfeeding Service Gaps and Strengthen Services

Ongoing efforts are needed to educate and support populations with lower rates of breastfeeding, including strategies tailored to meet needs of specific priority populations. The research data identified critical services for populations with lower rates of breastfeeding and also identified gaps in services across Ontario. It is important to provide effective and integrated breastfeeding services across Ontario related to intention, initiation, as well as exclusivity and duration. There should be consistent high standards across services, including seamless supports and effective referrals. This accessible system of services should be proactive in reaching high risk clients as well as all breastfeeding women and should acknowledge/address factors such as poverty, isolation, culture, etc. Existing services can be strengthened to ensure they are meeting the needs of priority populations.

An effective system of breastfeeding services must address gaps in services. Gaps may include geographic gaps (i.e. areas of Ontario with limited services) and service gaps (i.e. areas in Ontario lacking specific services). Service providers can review the services listed in the online directory to learn more about gaps. Organizations can consider the range of breastfeeding services offered in their area and work together to meet gaps in services, ideally working towards seamless breastfeeding information and care from prenatal intention to initiation to duration.

### Focus on Peer Support

Given the effectiveness of breastfeeding peer support, strategies to enhance or increase breastfeeding peer support services are a priority. Local organizations can consider how to add breastfeeding peer support services and how to enhance existing services. In addition, service provider materials and training on breastfeeding peer support are an ongoing need.



### Maintain 24-Hour Phone Support

In order to provide timely advice regarding breastfeeding concerns, it will be important to continue to support 24 hour phone access to knowledgeable breastfeeding support through Telehealth Ontario. Training for those who respond to phone calls, monitoring, and strengthening of services should be included.

### Need for Partnerships and Collaboration

For an integrated system of breastfeeding services to be functional, collaboration is imperative. Collaborative strategies will be important in developing consistent, current messaging and services across the continuum of care, strong support networks for breastfeeding women, effective referrals, etc.

Collaborative forums such as networking opportunities, communities of practice, etc. can be considered to encourage and support partnerships and service coordination.



## Support Implementation of the Baby-Friendly Initiative

Multi-faceted approaches such as the Baby-Friendly Initiative positively impact breastfeeding in all women. It is recommended that continued support be provided to the BFI Strategy for Ontario, especially focusing on training, consultation, resource development, and monitoring.

## Research

### Monitor Provincial Data

An ongoing systematic approach is needed to monitor and share provincial and local trends related to breastfeeding. While BORN tracks breastfeeding at hospital discharge, other aspects of breastfeeding such as duration are not consistently tracked. The monitoring approach should continue to identify populations with lower rates of breastfeeding. A monitoring strategy should also routinely gather information about the needs of women and the needs of service providers.



### Provide Information on Effectiveness

There was interest in additional research, especially about strategies that were effective with various populations with lower rates of breastfeeding. In addition, a research strategy could be developed to gather information about impact and reach of Ontario breastfeeding initiatives.

## Funding

### Offer Community Breastfeeding Grants

Continued access to community grants to support the start up or enhancement of breastfeeding services for populations with lower rates of breastfeeding will have important impacts on meeting the needs of priority populations. Evaluation results from this project showed that most Community Projects succeeded in implementing and sustaining their planned strategies and the grants resulted in new services that met identified needs.

## Policy

### Implement a Provincial Strategy

A commitment is needed to a long-term provincial breastfeeding strategy that is appropriately resourced. This entails a comprehensive strategy of integrated strategies across Ministries, incorporating a range of effective approaches aimed at impacting intention, initiation, duration and exclusivity. The provincial strategy can continue promising initiatives started through this project, address gaps in services, and align and strengthen other key initiatives. It should include universal approaches for all women as well as targeted approaches for populations with lower rates of breastfeeding. Approaches should include prenatal education about breastfeeding, as well as supports for initiation and continuation of breastfeeding. Service providers working with breastfeeding women should receive adequate support including training to ensure consistent effective approaches, as well as centrally developed guidance documents, client materials, etc.



## Summary of Priority Recommendations:

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### *Front-Line Service Providers:*

- Engage women prenatally.
- Provide women with consistent information and messages about breastfeeding.
- Refer women to available resources and services.
- Address barriers to breastfeeding and to services.
- Listen to women and support them in a non-judgemental manner.
- Incorporate culturally relevant content and approaches.
- Adhere to the principles of the Baby-Friendly Initiative.

### *Program Planners and Decision Makers:*

- Make it a priority to identify and support populations with lower rates of breastfeeding.
- Identify and address gaps in services and ways to strengthen services.
- Provide prenatal breastfeeding education.
- Provide support groups or one-on-one support programs.
- Consider hiring of additional staff (including lactation consultants or staff to administer or develop peer support programs).
- Provide education and training for front-line staff about how to support populations with lower rates of breastfeeding.
- Create or obtain resources in languages spoken by the populations served by the agency.

### *At a Provincial Level:*

- Develop provincial awareness strategies.
- Maintain the online directory of breastfeeding services.
- Maintain the 24 hour phone access to breastfeeding services.
- Develop educational resources for clients and service providers.
- Develop resources in languages used by priority populations.
- Provide learning events about how to support populations with lower rates of breastfeeding.
- Provide community grants to develop or enhance services that benefit populations with lower breastfeeding rates.
- Provide ongoing access to information about breastfeeding in Ontario as well as effective approaches to reach populations with lower rates of breastfeeding.
- Develop a provincial breastfeeding strategy including provincial standards and funding for priority services.

## Appendix A | Community Project Stories

The following are program examples of specific strategies from a few Community Projects.

### Normalizing Breastfeeding – Anishnawbe Mushkiki Aboriginal Health Access Centre

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**Target Population:** Aboriginal women

**Strategies Used:** Prenatal breastfeeding classes and postpartum breastfeeding support

Sheila Marcinyshyn supports Aboriginal families as a family outreach worker at the Anishnawbe Mushkiki Health Access Centre. Sheila knew that people often learn by sharing activities together. She also heard that peer support has a strong influence in normalizing breastfeeding. Aboriginal mothers are less likely to breastfeed than other women in Canada. Sheila and her colleagues wanted to create a peer support program for pregnant women. “We knew that women could learn from more experienced mothers who had already breastfed,” she says. They felt that formal classes would not likely draw women.

They arranged for training so that outreach workers and Nurse Practitioners could work together to support women. “We invited many health care providers in the district. That way we could give mothers consistent information,” Sheila says.

A program was started to combine sewing and breastfeeding peer support. It brought both pregnant and experienced mothers together. “The women needed something to focus on instead of just sitting around talking about breastfeeding,” explains Margo Ayoub. “For example, last week, we made cloth breast pads. We talked about why pads would be needed.” They discuss how milk increases and how and why breasts sometimes leak milk. Mothers talk about their own experiences too. “Pregnant women listen to the breastfeeding mothers.”

“I love helping the women with breastfeeding questions,” says Margo. “It’s really rewarding to see a woman who has doubts at first, and then they end up trying it and doing well.” Some of the activities are small like the breast pads and herbal tea sachets. Some are larger and require more planning and materials like a breastfeeding pillow or baby wrap carrier.

“We want the prenatal classes to continue. We are talking to the local hospital staff so they’ll refer more



mothers to the program. There are more mothers now who want to share their knowledge about breastfeeding, and so they are making a video to share with other communities!” says Sheila.

Sheila and Margo know that it is creating something beyond the classes. “Mothers have made items that are part of normal family life in the community,” says Sheila. “It’s normalizing breastfeeding, and that was our hope.”

## Gaining Confidence – St. Michaels Hospital Foundation, Bruyere Continuing Care Inc. and Ontario College of Family Physicians



**Target Population:** Health care providers working with populations who have lower rates of breastfeeding

**Strategies Used:** Health care provider education

For the past fifteen years, the Ontario College of Family Physicians supported exclusive breastfeeding for the first six months of life, and lectures about infant health have included this message. Through a Breastfeeding Community Project Grant, the College recently held a series of breastfeeding seminars across Ontario. The workshops included topics like perceived

low milk supply, concerns about weight gain, tongue-tie, and jaundice. The goal was to give physicians basic knowledge about the breastfeeding challenges they would see most frequently. Research shows that many physicians are confident in giving breastfeeding advice, but may give advice that is not based on the most accurate, evidence-informed information. Once health care providers become more interested in and knowledgeable about breastfeeding, they will be able to help not hinder with their advice.

## Doodooshaboo – Anishnabie Naadmaagi Gamig Substance Abuse Treatment Centre and N’Mninoeyaa Aboriginal Health Access Centre

**Target Population:** Aboriginal women

**Strategies Used:** Community education via a public awareness campaign and resource development

Doodooshaaboo, or milk in the Ojibway language, was a partnership between the Maamwesying North Shore Community Health Services Inc. and Algoma Public Health, to increase breastfeeding duration in the region. Breastfeeding rates in Algoma were lower than the provincial rates, and the rates within the First Nations community were even lower. Their Community Project developed a breastfeeding public awareness campaign and a resource directory guide.





The directory included a letter to encourage community partners to take part in the referral process and quotes from Elders about the importance, the tradition, and the significance of breastfeeding in First Nations culture. Contacts in the community such as the Healthy Babies Healthy Children workers and staff at The Indian Friendship Centre in Sault Ste. Marie helped to recruit local mothers to model for life-sized cut-out photographic images of breastfeeding women.

One mother, Dee-Anna was so excited about the breastfeeding public awareness campaign that she agreed to be the community contact for breastfeeding support. “I want to be the mom that other moms can call,” she says. “I have four kids, and I have breastfed all of them. I encourage my friends and family to do it. If I can encourage even one other First Nations woman to breastfeed by doing this Community Project, I would be thrilled. My family has been so supportive! My husband was more shy about me breastfeeding in public, but the campaign is helping him understand the importance of it.”

## **Durham Rural Baby Cafés – Durham Farm and Rural Family Resources**

**Target Population:** Rural Women with Poor Access to Breastfeeding Services

**Strategies Used:** Breastfeeding support – professionally facilitated breastfeeding peer support

Durham Farm and Rural Family Resources along with Uxbridge Community Midwives and the Family and Community Action Plan developed a breastfeeding peer support program with weekly cafés (drop-in, non-targeted, no fee) in two rural locations. The cafés were facilitated by a peer support volunteer and a service provider. “These cafés have proved to be a more effective way to deliver service in small, rural communities than registered programs and better address the unique needs of rural parents,” states Erin O’Dacre, director of the resource centre.





Six peer mentors (breastfeeding mothers) were trained. Initially theme-based workshops were planned, but feedback clearly indicated that parents preferred an informal networking and discussion format.

While weekly coverage for the programs at two sites was sometimes a challenge, the program broadened available supports and resources within their community.

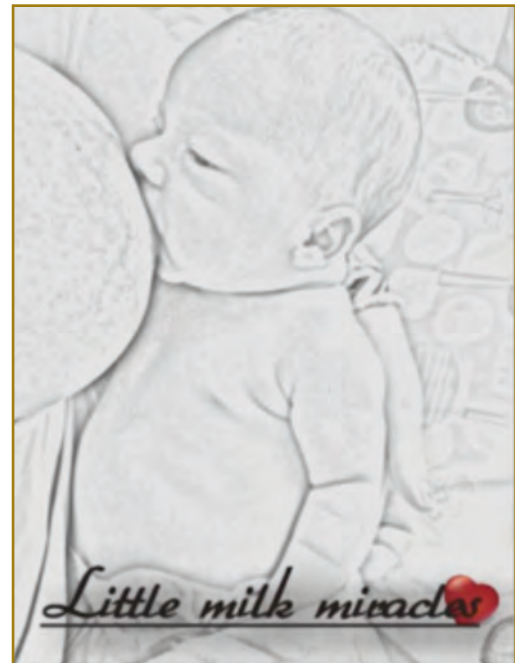
## Little Milk Miracles – St. Mary’s Home, Ottawa

**Target Population:** Younger Women

**Strategies Used:** Breastfeeding peer support and prenatal breastfeeding education

Buns in the Oven, a Canada Prenatal Nutrition Program, witnessed the positive impact of peer support on breastfeeding. With the assistance of a grant from Best Start Resource Centre, their Breastfeeding Community Project was initiated. The purpose of this youth-informed breastfeeding program was to further develop the peer-support model and to foster agency-wide support. The goals were to create a supportive breastfeeding environment and to increase intention and duration of breastfeeding.

The Breastfeeding Community Project held focus groups involving 17 young pregnant and parenting women to inform their Community Project. A contest was held to find a suitable name and logo for their peer support program. The winning name was Little Milk Miracles. Two friends collaborated on this submission stating that their babies are little miracles and the fact that they are continuing to breastfeed despite the odds is also a miracle!



The specific elements of their Breastfeeding Community Project were:

- The revision of prenatal class content with input from young mothers.
- Staff training on basic breastfeeding knowledge to foster a culture of breastfeeding support.
- A weekly in-person peer support group, Little Milk Miracles. These sessions were facilitated by peer-mom leaders with support from staff.

“Staff and youth were both very excited about the new initiatives,” states CPNP/CAPC project manager, Cathryn Fortier. “Although it is a work in progress, everyone was pleased with the success of the Community Project.”

## Online Course and Video to Support Expressing Breast Milk for a Hospitalized Infant – The Hospital for Sick Children



**Target Population:** Health care providers working with hospitalized infants

**Strategies Used:** Health care provider education and resource development

The Hospital for Sick Children developed an online course for staff and a video for parents to support breastfeeding for parents with children in the NICU. The online course for staff provides an educational refresher on how mothers can establish and maintain a breast milk supply for their hospitalized children.

The video provides information on how to use a breast pump and hand express

breast milk. The video and online course are now part of the orientation for all nursing staff. The video is available on YouTube for staff and parents alike. Information about the video and an evaluation form are now routinely used when new parents receive orientation to the NICU.

## The WYNI APP – When You Need It: Breastfeeding Information – Windsor University and Windsor-Essex County Health Unit

**Target Population:** Women from lower socio-economic background

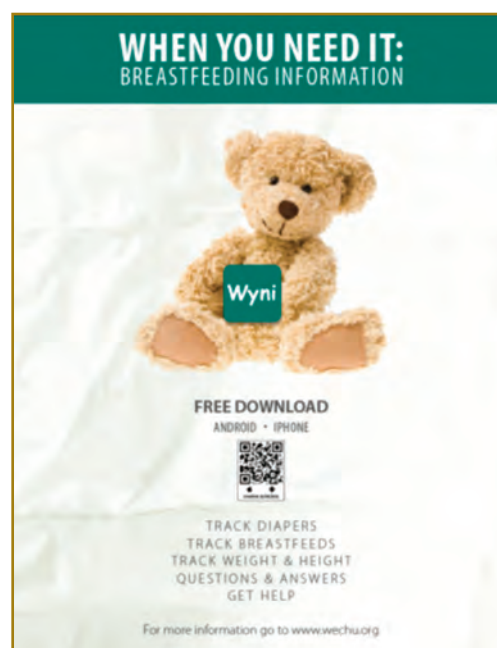
**Strategies Used:** Resource development

The University of Windsor, Windsor-Essex County Health Unit and the Windsor-Essex County Baby-Friendly Initiative developed an app to help women track the number of breast feeds, output and growth as well as provide answers to common breastfeeding questions.

These partners brought together a working group to develop the WYNI (when you need it: breastfeeding information) app.

The app was developed for both Android and IOS devices. It is not web-based to ensure that the app was still useable for those without a data plan.

In the second phase of the project, a French version of the app was developed, including French videos and links. Both the English and French versions were very well received. Comments included how helpful it was to have a ready source of consistent information, particularly as support at night.



## Physician Breastfeeding Tool – William Osler Health System and Queens Square Family Health Team



**Target Population:** Health care providers working with populations who have lower rates of breastfeeding

**Strategies Used:** Healthcare provider education and resource development

Queen Square Family Health Team developed a tool to promote physician initiated prenatal breastfeeding education. The Physician Breastfeeding Tool was created in different formats including twelve laminated cards on a ring (one per visit for 12 prenatal visits) Physicians can opt to use the same information on a single double-sided laminated sheet. These cards (and the laminated sheet) contain relevant questions/discussion

points/facts to help physicians ensure that patients have information on breastfeeding at each prenatal visit. Patient posters were also developed to hang in the physician's room with breastfeeding talking points to help patients initiate conversations. Materials to support the discussion were also developed and purchased.

Breastfeeding education presentations were conducted with physicians and support staff to ensure that all staff members could support the initiative.

# Appendix B | Resources Developed by 2014 and 2015 Breastfeeding Community Projects

The 2014 and 2015 Breastfeeding Community Projects developed a variety of resources to respond to local breastfeeding needs including materials to raise community awareness, resources to guide breastfeeding women, and tools to educate service providers. Resources included print, online, and interactive materials.

These resources were developed by the organizations listed with funds provided by the Government of Ontario and the support of the Best Start Resource Centre. The resources reflect the views of the authors and are not officially endorsed by the Government of Ontario or the Best Start Resource Centre. To adapt these resources, please contact the authors.

## Academic Posters

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### **Carlington Community Health Centre**

- [Prenatal Breastfeeding Information Sessions](#) (academic poster)

### **Sunnybrook Health Sciences Centre Foundation (Diabetes)**

- [Breastfeeding Support for Women with Diabetes](#) (academic poster)

## Handouts for Parents

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### **La Leche League Canada**

- [Amazing Milk: Made Exclusively for Babies – Info Sheet 410](#) (available in several languages)
- [Why Does My Baby Cry? – Info Sheet 420](#) (available in several languages)

### **Pinecrest-Queensway Community Health Centre**

- [Correct Versus Incorrect Baby Wearing](#) (information sheet available in English and French)
- [TICKS: Rule for Safe Baby Wearing](#) (information sheet available in English and French)

### **Strive Niagara**

- [Breastmilk: Safe Storage and Preparation](#) (magnet)

### **Sunnybrook Health Sciences Centre Foundation (Diabetes)**

- [Breastfeeding Support for Women with Diabetes](#) (brochure)

### **The Corporation of the Leeds, Grenville and Lanark District**

- [Skin2Skin](#) (infographic)

### **Trillium Health Partners Foundation (Peel Public Health)**

- [Breastfeeding after Caesarean Birth](#) (booklet)

### **Waasegiizhig Nanaandawe'iyewigamig**

- [Nutrition for Healthy Term Infants](#) (fact sheet)

### **William Osler Health System Foundation (Queen Square Family Health Team)**

- [Breastfeeding Action Plan](#)
- [Risks of Not Breastfeeding](#) (activity cards)
- [Supportive versus Non-Supportive Language](#) (activity cards)



## Health Care Provider Education

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### **Bruyère Continuing Care Inc. (Ontario College of Family Physicians)**

- [Healthy Child Development: Encouraging Breastfeeding: A Practical Approach for the Busy Clinician](#) (PowerPoint presentation)

### **Carlington Community Health Centre**

- [Breastfeeding support](#) (Rx pad)

### **La Leche League Canada**

- [Toolkit for Engaging More Mothers](#)

### **St. Mary's Home**

- [Staff training](#) (PowerPoint presentation)

### **St. Michael's Hospital Foundation (St. Michael's Hospital Academic Family Health Team)**

- [Breastfeeding presentation for clerical staff](#) (PowerPoint presentation)
- [Infant and Toddler Nutrition: A Mental Health Perspective](#) (PowerPoint presentation)

### **Sunnybrook Health Sciences Centre Foundation (Diabetes)**

- [Breastfeeding Support for Women with Diabetes: Best Practices](#) (e-learning module)

### **The Corporation of the Leeds, Grenville and Lanark District**

- [Breastfeeding Workshop for Community Partners](#) (PowerPoint presentation)

### **The Hospital for Sick Children**

- [Supporting Mothers to Establish and Maintain a Breast Milk Supply](#) (e-learning course)

### **Trillium Health Partners Foundation (Peel Public Health)**

- [Breastfeeding after Caesarean Birth](#) (staff protocols)

### **William Osler Health System Foundation (Queen Square Family Health Team)**

- [Breastfeeding education](#) (PowerPoint presentation for physicians)
- [Breastfeeding education](#) (PowerPoint presentation for staff)
- Physician Breastfeeding Tool
  - [Benefits of breastfeeding for printing and sharing](#)
  - [Cover for breastfeeding tool](#) (cards)
  - [Literature review](#)
  - [Logic model framework](#)
  - [Prenatal questions](#) (cards)
  - [Prenatal questions](#) (single-sheet format)
  - [Promotional poster for office](#)

## Information Directories

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### **Anishnabie Naadmaagi Gamig Substance Abuse Treatment Centre (Mamaweswen North Shore Tribal Council)**

- [Doodooshaaboo](#) (available on request)

### **Noojmowin Teg Health Centre**

- [Breastfeeding Information and Support Services](#) (card)

### **St. Mary's Home**

- [Appendix 10: Breastfeeding Resources & Weblinks](#) (handout)

### **Wabano Centre for Aboriginal Health**

- [Ottawa Postnatal and Breastfeeding Support: Contact Listing](#)

## Learning Events for Parents – Curricula and Presentations

### Trillium Health Partners Foundation (Peel Public Health)

- [Breastfeeding after a Caesarean](#) (e-learning)
- [Breastfeeding after a Caesarean](#) (prenatal class curriculum)

### Waasegiizhig Nanaandawe'iyewigamig

- [Breastfeeding for the Health and Future of our Nation](#) (PowerPoint presentation)

### Wabano Centre for Aboriginal Health

- [Aboriginal-Specific Resource Kit](#) (use for prenatal breastfeeding workshop)
- [Weaving a Web of Women's Wisdom](#) (prenatal breastfeeding workshop facilitator's guide)

### William Osler Health System Foundation (Queen Square Family Health Team)

- [Prenatal Breastfeeding Curriculum](#) (literature review)
- [Prenatal Breastfeeding Curriculum](#) (logic model)
- [Prenatal Breastfeeding Curriculum](#) (presentation)
- [Prenatal Breastfeeding Curriculum](#) (script)
- [Prenatal Breastfeeding Curriculum](#) (waiting room PowerPoint presentation)
- [Prenatal Breastfeeding Curriculum](#) (workshop outline)

## Learning Events for Peers – Curricula and Presentations

### Kingston Community Health Centres

- [Better Beginnings for Kingston Children \(BBKC\): Peer Counsellor Breastfeeding Curriculum](#)

### St. Mary's Home

- [Little Milk Miracles: Breastfeeding Support Session Topics and Outlines](#)

### Supportive Initiative for Residents in the County of Haliburton (SIRCH)

- [SIRCH Mother-to-Mother Breastfeeding Support](#) (curriculum)

## Life-sized Photographs of Breastfeeding Women

### Adolescent's Family Support Services of Niagara

- [Breastfeeding cut-outs](#) (photos [7])

### Anishnabie Naadmaagi Gamig Substance Abuse Treatment Centre (Mamaweswen North Shore Tribal Council)

- [Breastfeeding cut-outs](#) (photos of mothers with cut-outs [5])

### Simcoe Muskoka District Health Unit

- [Breastfeeding Share the Word](#) (card)
- [Breastfeeding cut-outs](#) [6]

## Promotional Giveaways

### Board of Health of the Perth District Health Unit

- [I-breastfeed](#) (button)
- [I-breastfeed](#) (pen imprint)

### Simcoe Muskoka District Health Unit

- [Breastfeeding Nurtures Life](#) (lunch bag)

### The Corporation of the Leeds, Grenville and Lanark District

- [Baby hat](#)

## Public Posters, Billboards, and Bus Ads

### Anishnawbe Mushkiki Aboriginal Health Access Centre

- [Breastfeeding the Way of the Past and the Future](#) (poster #1)
- [Breastfeeding the Way of the Past and the Future](#) (poster #2)

### Board of Health for the Peterborough County-City Health Unit

- [When You See Me Breastfeeding](#) (bus ads [4])
- [When You See Me Breastfeeding](#) (posters [5])

### Board of Health of the Perth District Health Unit

- [Breastfeed #anytimeanywhere](#) (bus ad back, Aleesha)
- [Breastfeed #anytimeanywhere](#) (bus ad back, Jocelyn)
- [Breastfeed #anytimeanywhere](#) (bus ad side, Laura, Brittany, Jessica)

### Noojmowin Teg Health Centre

- [First Nation First Food](#) (posters [2])

### Simcoe Muskoka District Health Unit

- [Breastfeeding is Welcome](#) (billboard ad)
- [Breastfeeding is Welcome](#) (digital ad)

### The Foundation of Guelph General Hospital

- Breastfeeding: Help Your Baby Grow (ethnically diverse physician and breastfeeding infographic available in nine languages [9])  
[Amharic](#), [Arabic](#), [Chinese](#), [English](#), [Punjabi](#), [Spanish](#), [Urdu](#), [Tigrinya](#), and [Vietnamese](#)
- Newcomer family and breastfeeding (poster [12]) available in ten languages with English:  
[Amharic](#), [Arabic](#), [Chinese 1](#), [Chinese 2](#), [Punjabi 1](#), [Punjabi 2](#), [Spanish](#), [Tigrinya](#), [Urdu](#), [Vietnamese](#), and [Wale-Tigrinya](#)

### Trent University

- [Breastfeeding Friendly Campus Initiative](#) (posters [5])

## Toolkits

### Simcoe Muskoka District Health Unit

- [Becoming a Breastfeeding Friendly Place: A step by step guide](#) (available in English and French)

### The Salvation Army Warton Community Church (Grey Bruce Health Unit)

- [Breastfeeding Friendly Business: A Toolkit](#)

## Videos

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### **Anishnawbe Mushkiki Aboriginal Health Access Centre**

- [The Way of the Past is the Way of the Future](#)

### **Community Counselling Centre of Nipissing**

- [Breastfeeding & PPMD](#)

### **Kitchener Downtown Community Health Centre**

- [Weaving Our Common Threads](#) (Breastfeeding Buddies evaluation documentary)

### **Sioux Lookout Meno Ya Win Health Centre Foundation**

- [The Creators Gift to Mothers](#)

### **The Hospital for Sick Children**

- [How to Establish and Maintain a Breast Milk Supply for Your Hospitalized Baby](#)

### **Trillium Health Partners Foundation (Peel Public Health)**

- [Breastfeeding after Caesarean Birth](#)
- Breastfeeding Education for Health Care Providers (available on request)

## Websites and Applications

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### **Alexandra Marine and General Hospital Foundation**

- [BIRCH](#) (website)

### **Petawawa Centennial Family Health Centre**

- [Renfrew County Breastfeeds](#) (website)

### **Simcoe Muskoka District Health Unit**

- [For Grandmothers](#) (website)
- [Grandmother keepsake](#)
- [Grandmother poster](#)
- [Grandmother poster with tear-tabs](#)
- [Grandmother tear pads](#)

### **The University of Western Ontario**

- [Maternal Virtual Infant Nutrition Support](#) (MAVINS) (available on request)

### **University of Ontario Institute of Technology**

- [Breastfeeding Information](#) (online breastfeeding course for women)
- [Breastfeeding Information for Parents](#) (online breastfeeding course for couples)
- [Breastfeeding Information for Indigenous Families](#) (online breastfeeding course for indigenous families)

### **University of Windsor (Windsor-Essex County Health Unit)**

- WYNI – When You Need It: Breastfeeding Information (application available in English and French)  
Downloads available here  
<https://itunes.apple.com/ca/app/wyni-breastfeeding-information/id955007811?mt=8>  
<https://play.google.com/store/apps/details?id=org.wechu.wyni&hl=en>





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