

Ontario Early Adversity and Resilience Framework Topic Summaries

Connections Between Early Adversity, Resilience and INFANT FEEDING (0-6 MONTHS)

The [Ontario Early Adversity and Resilience Framework](#) is a call for collective action across sectors. It aims to inspire and mobilize communities to work together to develop innovative and meaningful solutions that prevent adversity, strengthen protective factors, build resilience, and support healing in families and communities. This document will provide a summary of how early adversity and resilience connect to infant feeding.

Reducing early adversity and increasing resilience is a powerful **prevention strategy**. By implementing evidence-based interventions that build protective factors and address risk factors linked to the social determinants of health and inequity, we can act upstream to lessen both the likelihood and impact of harm and improve health and well-being. Promoting and supporting optimal infant nutrition through *responsive feeding is one way to nurture resilience in both infants and caregivers and lays a strong foundation for health and connection that can carry forward across generations.

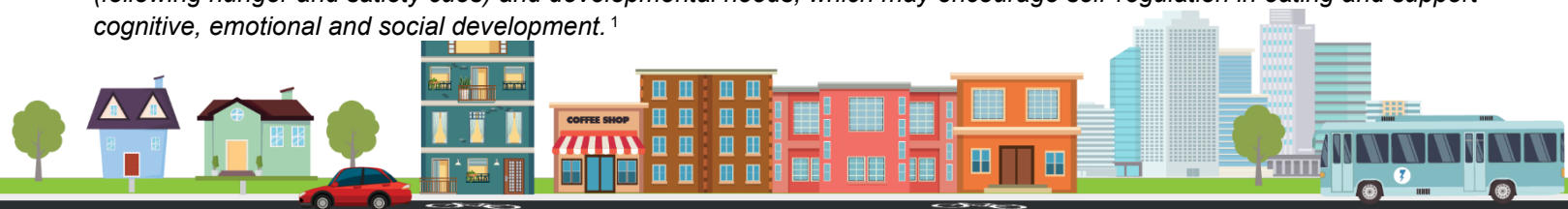
What is the connection between early adversity and infant feeding?

- 1. Responsive feeding supports resilience:** Feeding is one of the first opportunities to build a secure and nurturing bond with a child. Regardless of the feeding method (including breastfeeding, cup, or paced bottle feeding), consistent and attuned caregiving helps shape emotional security and attachment, protecting against the effects of early adversity.¹ Breast/chestfeeding offers added benefits through skin-to-skin contact and hormonal responses.²
- 2. Early adversity and feeding challenges:** Adversity such as caregiver stress, perinatal mood disorders, trauma, systemic inequities, poverty, and household food insecurity can disrupt both the initiation and duration of optimal infant feeding, including the ability to practice responsive, cue-based feeding.¹⁻⁵ Supporting caregivers with equitable access to timely, accurate information and community supports regarding infant feeding as well as mental health resources is essential to promote healthy feeding experiences and resilience.^{1,2,5,6}
- 3. Infant feeding affects child health and well-being:** The potential for infants to thrive is improved when they receive adequate, safe, and stable nutrition from an informed feeding choice that meets the family's goals.^{1,2,4} Human milk, especially when provided through breast/chestfeeding, provides optimal nutrition, supports immune function and healthy brain development, and lowers the risk of chronic disease, benefits that are particularly critical in the context of social or economic hardship.^{3,7-10}
- 4. Infant feeding affects parental health and well-being:** Breast/chestfeeding lowers the risk of breast and ovarian cancer, supports postpartum recovery, and strengthens long-term health in the breast/chestfeeding individual.^{2,7} However, difficulties such as pain, concerns about milk supply, external pressure, and the emotional impact of unmet feeding expectations, which are often rooted in gaps in support and systemic barriers, can negatively impact a parent's mental health and overall well-being.⁹⁻¹² These realities underscore the need to advocate for comprehensive, accessible, and culturally appropriate breastfeeding support and resources throughout the entire perinatal period. Recognizing, appropriately addressing, and validating parents' feeding experiences helps ensure they feel heard and supported, creating the conditions needed to strengthen caregiver confidence and well-being regardless of the feeding method.^{11,13-16}

What actions does the Ontario Early Adversity and Resilience Framework recommend?

Infant feeding represents a critical entry point for health intervention, offering daily opportunities to build attachment, support relational health, and promote child development. Ensuring access to family centred, culturally safe and trauma-informed care is essential for optimal infant feeding outcomes.^{1,2,6} Although all of the activities in the framework contribute to an environment that will mitigate adversity and increase resilience, [the actions identified on the next page](#) are some examples of those with strong alignment to optimal infant feeding.

**Responsive feeding: feeding practices that encourage an infant to eat autonomously and in response to physiological (following hunger and satiety cues) and developmental needs, which may encourage self-regulation in eating and support cognitive, emotional and social development.*¹



	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Shift social norms	*Encourage parents and caregivers to practice responsive feeding approaches that respect infants' hunger and fullness cues ¹	*Improve availability and access to support, including peer-led breastfeeding support and parenting circles ^{13-15,17,18}	*Normalize responsive infant feeding through public awareness that highlight feeding as a relational practice, not just a nutritional task ¹⁹	*Advocate for baby-friendly policies in the workplace and public spaces that enable responsive or cue-based feeding and strengthen the infant-caregiver bond ^{1,9}
Integrate upstream strategies	*Support caregivers to use responsive feeding to strengthen secure attachment and help build early mental health by encouraging warm, reciprocal interactions during feeding ¹	*Embed responsive feeding practices in all health services (i.e., home visiting services, community or clinical settings) to help shape parental beliefs and practices ²⁰	*Support the provision of timely, personalized, and evidence-based government funded breastfeeding support for parents across the perinatal period ^{2,9,10}	*Develop and implement policies that protect, promote, and support breast/chestfeeding through application of the Ten Steps to Successful Breastfeeding ^{10,21}
Influence healthy public policy	*Advocate for policies that include responsive feeding as a core principle in all settings where infants are fed or where prenatal or parenting education is provided (i.e., childcare settings, parenting programs, health care settings) ¹	*Support the WHO International Code of Marketing of Breastmilk Substitutes to ensure that parents/caregivers are free from unethical marketing that may bias informed infant feeding decisions ^{10,22}	*Advocate for income-based policy solutions that ensure individuals and families can meet their basic needs, including access to adequate, affordable, and culturally appropriate food, thereby creating more supportive conditions for infant feeding ^{23,24}	*Advocate for access to breastmilk from breastmilk banks for families who are in need of supplementary feeds or are not able to provide breastmilk ^{9,10,25}
Intervene to lessen harm	*Support parents in meeting infant feeding goals and to make informed decisions to best meet their needs ^{16,26,27}	Promote and educate families on the benefits of home visiting programs and ensure they are accessible to all geographical areas across the province	Collaborate with community organizations and healthcare professionals to develop best practices and standards for trauma- and violence-informed perinatal care, including resources to support staff	*For infants receiving formula, advocate for universal access to clean, safe water which is required to safely prepare formula and prevent exposure to harmful contaminants ^{28,29}
Collect and use data	*Integrate ACEs and Infant Feeding Practices into Public Health Surveillance ^{10,30}		Collect sociodemographic data in maternal and child health programs and monitor infant feeding outcomes for priority populations, specifically focusing on reducing inequities	

Legend:
Each colour corresponds to a focus area

SOCIALLY CONNECTED, EQUITABLE, AND INCLUSIVE COMMUNITIES

SOCIAL AND EMOTIONAL DEVELOPMENT AND RESILIENCE

REPRODUCTIVE HEALTH AND PARENTING/CAREGIVING READINESS

RESPONSIVE AND CULTURALLY SAFE PARENTING/CAREGIVING

*Interventions not included in the OEAR framework

REFERENCES

1. World Health Organization; United Nations Children's Fund. Nurturing young children through responsive feeding: thematic brief [Internet]. Geneva: World Health Organization; 2023 May 17 [cited 2025 Sep 9]. Available from: <https://www.who.int/publications/i/item/9789240070301>
2. Registered Nurses' Association of Ontario. Breastfeeding: promoting and supporting the initiation, exclusivity, and continuation of breastfeeding for newborns, infants, and young children. 3rd ed. [Internet]. Toronto (ON): Registered Nurses' Association of Ontario; 2018 [cited 2025 Mar 1]. Available from: https://rnao.ca/sites/rnao-ca/files/bpg/breast_feeding_BPG_WEB_updated_Oct_2_1.pdf
3. Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016;387(10017):491-504. doi:10.1016/S0140-6736(15)01044-2.
4. United Nations Children's Fund UK Baby Friendly Initiative. The benefits of breastfeeding [Internet]. London (UK): UNICEF UK; [date unknown] [cited 2025 Feb 28]. Available from: <https://www.unicef.org.uk/babyfriendly/about/benefits-of-breastfeeding/>
5. Ontario Dietitians in Public Health. Position statement and recommendations on responses to food insecurity 2020 [Internet]. Toronto (ON): Ontario Dietitians in Public Health; 2020 [cited 2025 Sep 15]. Available from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>
6. Tomlinson M, Lund C. Infant feeding and maternal mental health: policy implications. *Bull World Health Organ*. 2012;90(2):147-51. doi:10.2471/BLT.11.087379.
7. Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016;387(10017):475-90. doi:10.1016/S0140-6736(15)01024-7.
8. The Lancet. Unveiling the predatory tactics of the formula milk industry. *Lancet*. 2023;401(10375):409. doi:10.1016/S0140-6736(23)00118-6.
9. World Health Organization; United Nations Children's Fund. Global strategy for infant and young child feeding [Internet]. Geneva: World Health Organization; 2003 [cited 2026 May 7]. Available from: <https://iris.who.int/server/api/core/bitstreams/a70b1144-75b7-4b25-b3a9-bd5ee5098e95/content>
10. Onah NM, Hoy S, Slofstra K. The costs of suboptimal breastfeeding in Ontario, Canada, and potential healthcare resource impacts from improving rates: a pediatric health system costing analysis. *Int Breastfeed J*. 2025;20(1):9. doi:10.1186/s13006-025-00702-y.
11. Yuen M, Hall OJ, Masters GA, Nephew BC, Carr C, Leung K, et al. The effects of breastfeeding on maternal mental health: a systematic review. *J Womens Health (Larchmt)*. 2022;31(6):787-807. doi:10.1089/jwh.2021.0504.
12. Middleton C, Lee E, McFadden A. Negative emotional experiences of breastfeeding and the milk ejection reflex: a scoping review. *Int Breastfeed J*. 2025;20(1):13. doi:10.1186/s13006-024-00692-3.
13. McFadden A, Gavine A, Renfrew MJ, Wade A, Buchanan P, Taylor JL, et al. Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database Syst Rev*. 2017;2:CD001141. doi:10.1002/14651858.CD001141.pub5.
14. Dennis CL, Hodnett E, Gallop R, Chalmers B. The effect of peer support on breast-feeding duration among primiparous women: a randomized controlled trial. *CMAJ*. 2002;166(1):21-8.
15. LoCasale-Crouch J, Wallace MK, Heeren T, et al. The importance of community resources for breastfeeding. *Int Breastfeed J*. 2024;19:16. doi:10.1186/s13006-024-00623-2.
16. Infant Nutrition Council of America. 2023 infant feeding survey: key findings [Internet]. Washington (DC): Infant Nutrition Council of America; 2023 [cited 2025 Oct 22]. Available from: <https://infantnutrition.org/wp-content/uploads/2024/04/Key-Findings-2023-Infant-Feeding-Survey.pdf>

17. Feldman PJ, Dunkel-Schetter C, Sandman CA, Wadhwa PD. Maternal social support predicts birth weight and fetal growth in human pregnancy. *Psychosom Med*. 2000;62(5):715-25. doi:10.1097/00006842-200009000-00016.
18. Collins NL, Dunkel-Schetter C, Lobel M, Scrimshaw SC. Social support in pregnancy: psychosocial correlates of birth outcomes and postpartum depression. *J Pers Soc Psychol*. 1993;65(6):1243-58. doi:10.1037/0022-3514.65.6.1243.
19. Alberta Health Services. Healthy infants and young children: healthy feeding relationship [Internet]. Edmonton (AB): Alberta Health Services; 2016 [cited 2025 Sep 23]. Available from: <https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-ng-healthy-infants-complementary-feeding-healthy-feeding-relationship.pdf>
20. Pérez-Escamilla R, Curry L, Minhas D, Taylor L, Bradley E. Scaling up of breastfeeding promotion programs in low- and middle-income countries: the breastfeeding gear model. *Adv Nutr*. 2012;3(6):790-800. doi:10.3945/an.112.002873.
21. World Health Organization. Ten steps to successful breastfeeding [Internet]. Geneva: World Health Organization; 2025 Apr 9 [cited 2026 May 7]. Available from: <https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding>
22. Topothai C, Cetthakrikul N, Howard N, Tangcharoensathien V, Chong MF-F, van der Eijk Y. Outcomes of implementing the International Code of Marketing of Breast-milk Substitutes as national laws: a systematic review. *Int Breastfeed J*. 2024;19:68. doi:10.1186/s13006-024-00676-3.
23. Idzerda L, Corrin T, Lazarescu C, Couture A, Vallières E, Khan S, et al. Public policy interventions to mitigate household food insecurity in Canada: a systematic review. *Public Health Nutr*. 2024;27(1):e83. doi:10.1017/S1368980024000120.
24. Orr SK, Dachner N, Frank L, Tarasuk V. Relation between household food insecurity and breastfeeding in Canada. *CMAJ*. 2018 Mar;190(11):E312–E319. doi:10.1503/cmaj.170880.
25. Israel-Ballard K, LaRose E, Mansen K. The global status of human milk banking. *Matern Child Nutr*. 2024;20(Suppl 4):e13592. doi:10.1111/mcn.13592.
26. Best Start Resource Centre. BFI implementation toolkit: the Baby-Friendly Initiative strategy for Ontario [Internet]. Toronto (ON): Breastfeeding Resources Ontario; 2014 [cited 2026 May 7]. Available from: https://breastfeedingresourcesontario.ca/sites/default/files/pdf/Res_Strategy_IDM_Toolkit_EN.pdf
27. World Health Organization; United Nations Children’s Fund. Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Initiative: implementation guidance [Internet]. Geneva: World Health Organization; 2018 [cited 2026 May 7]. Available from: <https://www.who.int/publications/i/item/9789241513807>
28. American Academy of Pediatrics. How to safely prepare baby formula with water [Internet]. Itasca (IL): American Academy of Pediatrics; 2026 Feb 25 [cited 2026 May 7]. Available from: <https://www.healthychildren.org/English/ages-stages/baby/formula-feeding/Pages/How-to-Safely-Prepare-Formula-with-Water.aspx>
29. Centers for Disease Control and Prevention. Infant formula preparation and storage [Internet]. Atlanta (GA): Centers for Disease Control and Prevention; 2026 May 4 [cited 2026 May 7]. Available from: <https://www.cdc.gov/infant-toddler-nutrition/formula-feeding/preparation-and-storage.html>
30. Garner A, Yogman M; Committee on Psychosocial Aspects of Child and Family Health; Section on Developmental and Behavioral Pediatrics; Council on Early Childhood. Preventing childhood toxic stress: partnering with families and communities to promote relational health. *Pediatrics*. 2021;148(2):e2021052582. doi:10.1542/peds.2021-052582.

The strategic actions in this document are drawn from the Ontario Early Adversity and Resilience Framework, which includes actions originally adapted from A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities published by Fraser Health Authority, as well as additional actions included specifically for the OEAR framework and referenced therein.

CONTRIBUTORS

This topic summary was produced by members of the Public Health Ontario ACEs and Resilience Community of Practice, with contributions from collaborators and subject matter experts, to support implementation of the Ontario Early Adversity and Resilience (OEAR) Framework.

Contributors: Becky Warzin, MSc, RN, IBCLC; Christin Collin, BScN, RN, IBCLC; Japnit Mander, RN, HBScN; Jennifer Abbass-Dick, RN, PhD, IBCLC; Karina Boateng, MPH, RN, BScN, BScKin; Kathy O’Grady, RN, IBCLC; Katie Wickham, BScN, RN, M.Ed., IBCLC; Laura Atkinson, BSc, RD; Paula Ross, MAN, RD; Teresa Smith, RN, BScN.