

## Labour, Birth and Early Postpartum Considerations



In Simcoe Muskoka, over 90% of parents plan to breastfeed including over 85% of parents who plan to exclusively breastfeed.



Interventions during labour, birth and early postpartum can impact breastfeeding initiation, exclusivity and duration.



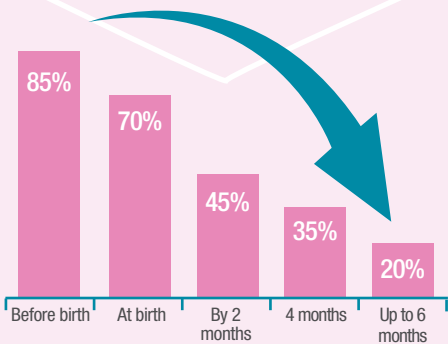
Health care providers and organizations have an important role supporting parents to begin breastfeeding exclusively.

**90%** of babies are breastfed at birth

..... INCLUDING .....

**70%** who are exclusively breastfed

Exclusive breastfeeding continues to drop off in the first weeks after birth.



\*The adjusted exclusive breastfeeding initiation rate in hospital is 75%

### SUPPLEMENTATION



ALMOST **1 in 3 babies** are fed infant formula in hospital

**25%** of babies receive infant formula for non-medical reasons

Medical supplementation rates have doubled in four years

### INTERVENTIONS

Interventions associated with lower rates of exclusive breastfeeding initiation

- Induction
- No labour
- Epidural
- C-section (also causally associated with lower exclusive breastfeeding rates up to six months)

### PRACTICES ASSOCIATED WITH EXCLUSIVE BREASTFEEDING INITIATION

**Skin-to-skin contact** - In Simcoe Muskoka, 55% of babies have uninterrupted skin-to-skin contact for at least one hour after birth.

### INTERVENTIONS ASSOCIATED WITH SHORTER BREASTFEEDING DURATION

**Supplementation** - Breastfeeding babies fed infant formula in the hospital are less likely to be breastfed up to six months.

### AWARENESS OF COMMUNITY SERVICES

90% of new parents are aware of community programs and services to help with feeding their babies.

### SOME PARENTS MAY NEED EXTRA SUPPORT

Some parents may need extra support to begin breastfeeding exclusively if they:

- Delivered their baby by c-section
- Gave birth preterm
- Are a first time parent
- Are 35 years of age or older
- Live with an annual family income less than \$60,000.

Factors that influence how parents begin to feed their babies often have underlying social and economic influences.



### THREE WAYS HEALTH CARE PROVIDERS CAN MAKE A DIFFERENCE

1

Assess parents for *barriers and risk factors* that may impact how they start feeding their babies.

2

Provide tailored education, counselling and support

- Support parents to feed their babies and make informed decisions
- Encourage early skin-to-skin contact and breastfeeding
- Teach hand expression to all parents.

3

Refer parents to Health Connection for breastfeeding supports, *postnatal classes/programs* and 211 for community social supports prior to discharge.



### TWO WAYS HEALTH CARE ORGANIZATIONS CAN MAKE A DIFFERENCE

1

Create an organizational environment supportive of breastfeeding

- Provide infant feeding education for all employees
- Implement policies that support breastfeeding
- Work towards Baby-Friendly Initiative designation.

2

Collaborate with community partners to:

- Ensure parents receive consistent information to make informed decisions
- Understand and address factors affecting breastfeeding rates
- Protect, promote and support breastfeeding.