

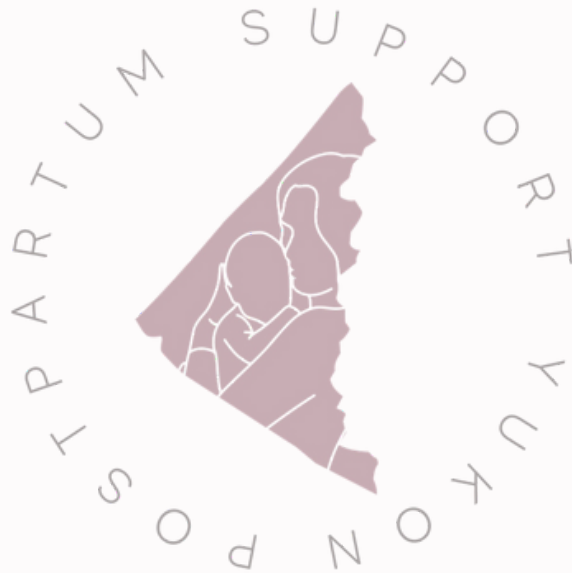


Breastfeeding Experiences in the Yukon



Postpartum Support Yukon

www.postpartumsupportyukon.com



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A note

Postpartum Support Yukon recognizes the diversity of infant feeding methods available and the unique situations that play a role in choosing a feeding method. These methods include feeding directly from the body, expressed human milk, donor milk, formula feeding, and various tools like bottles, cups, spoons, or supplemental nursing systems, or a combination of these methods. It is important to note that the goal of this survey is to gather information without casting judgment or imparting shame on the feeding choices made by families. We also realize that the pictures used in this report may depict nursing as a positive experience, but feeding your baby human milk can be challenging.

Additionally, while the term "breastfeeding" is employed in this context to maintain clarity and consistency with prevalent research terminology and relevant health authorities, it is acknowledged that alternative terms such as "direct feeding," "chestfeeding," "body feeding," "human milk feeding," "lactating," and "expressing" are equally valid and may reflect the experiences of different individuals more accurately.

I also want to acknowledge the wonderful providers who support families with infant feeding. I recognize the professional and systemic barriers you face in offering this support. The responses here are not meant discredit the work you do. However, I do think it's important to share these experiences. As professionals, it's important to hear our patients or clients, reflect, and adapt our practice.

Shanny Kaiser, MSc., CBS
Founder
Postpartum Support Yukon

Breastfeeding In The Yukon

Breastfeeding is recognized for its extensive health, economic, and environmental advantages. It not only enhances infant growth and cognitive development but also significantly reduces the incidence of various conditions such as illnesses, infections, diabetes, obesity, childhood cancers, and sudden infant death syndrome (SUID) . Moreover, it offers protective benefits to the mothers by decreasing the risk of breast and ovarian cancers, type 2 diabetes, and hypertension [1]. In light of these benefits, Health Canada, along with the Canadian Paediatric Society, Dietitians of Canada, and the Breastfeeding Committee for Canada, advocate for exclusive breastfeeding (EBF) for the initial six months of an infant's life. EBF entails the intake of only breast milk (including expressed breast milk) and excludes all other liquids or solids, barring essential nutritional supplements like vitamin D and prescribed medications [2]. This recommendation is in concordance with the World Health Organization's objective to attain a 50% global rate of EBF within the first six months postpartum, aiming to drastically diminish maternal and child mortality rates [3]. Despite Yukon's encouraging initiation rate of 99.4%, that decreases by 33 percent in the first six months. An informal, exploratory survey was conducted in order to better understand breastfeeding experiences in the Yukon. Understanding breastfeeding trends by region, and reasons for these differences, is critical for developing targeted and locally relevant breastfeeding support programs.

99.4% of Yukon infants start out breastfeeding.

66.2% are
exclusively
breastfed for 6
months.

Public Health Agency of Canada. (2022). Breastfeeding Report 2022.



Community Services

Breastfeeding education and support is readily available at various organizations in Whitehorse. Solstice Maternity physicians provide feeding support for the initial six weeks postpartum [4]. However, physicians generally receive limited breastfeeding education, and their ability to offer support is further constrained by the 15-30 minute appointment duration and the fact that patients are generally discharged from obstetric care at six weeks. This may not be sufficient to effectively address the breastfeeding dyad [5].

The Whitehorse Health Centre (WHC) is staffed by community health nurses who offer feeding support during regular clinic hours, both on an appointment or drop-in basis [6]. While feeding concerns can be addressed during scheduled well-child visits, it's important to note that, at the time of this survey, WHC did not employ certified lactation consultants, nor was lactation-specific education a prerequisite for employment based on available job postings.

Breastfeeding-related education is often not addressed comprehensively in the training of nurses, and it is frequently incorporated into other subjects [7]. Research indicates that pre-registered nurses possess a sound understanding of the anatomical and physiological aspects of breastfeeding, but may lack practical knowledge [8]. This implies that a nurse's breastfeeding knowledge is acquired through continuing education or on-the-job training.

From January to March 2024, Yukon Midwifery is set to provide infant feeding support once weekly, accessible via appointment or on a drop-in basis. Families may receive

support from a nurse or midwife. Typically, midwives undergo a college-level course in lactation and infant feeding, which, while less comprehensive than some lactation certifications, it exceeds the training received by many other healthcare professionals [5].

The Child Development Centre is available as a resource for families with feeding concerns, although it is not explicitly stated whether therapists at the centre have specialized lactation training. Alternatively, families may opt for private lactation support. This can be sourced from doulas or private lactation consultants, who offer a range of services, often virtually, and come with varying levels of education and experience. Private lactation support is an out of pocket expense.

Professional Barriers

There are various professional barriers and systemic challenges to breastfeeding support within the healthcare system that hinders effective lactation care. Key barriers include a lack of standardized education for healthcare providers, insufficient funding and resources, a lack of compensation, scope of practice limitations, and the absence of integrated support services [5].



I wasn't aware that [healthcare providers] weren't necessarily trained lactation consultants until later. I received inadequate advice that prematurely ended my breastfeeding journey. Yukoners deserve adequate feeding support from trained professionals.

-Survey respondent



Current Study

Postpartum Support Yukon conducted an informal, exploratory survey to determine breastfeeding experiences in Yukon, Canada. The goal of the survey is to determine where resources and support are needed. The survey recruited participants through Facebook and Instagram, with additional promotion via Facebook ads. The survey comprised 20 questions, and the study received 70 responses.

Results

Demographics

Based on the responses, 86 percent of participants reside in Whitehorse and 93 percent breastfed between the ages of 25-44 with the most common age bracket being 25-34 years old. Additionally, 96 percent of respondents are either married or living common-law, and 91 percent identify as non-Indigenous. In terms of education, 61 percent of participants graduated from a post-secondary institution, while 25 percent possess a graduate degree. Approximately, 34 percent of respondents were still breastfeeding at the time of data collection.

Breastfeeding Initiation

All participants expressed a desire to breastfeed their babies, citing various reasons such as health benefits for the baby, bonding and attachment, convenience and portability, health benefits for the parent, eco-friendly, and feeling like it was something they had to do. Financial concerns were the least cited reason among the participants.

Feeding Methods

The results showed that families utilized various methods in feeding their infants with human milk. Notably, 32 percent of participants reported extended breastfeeding, which is defined as direct feeding along with solid foods beyond 12 months. This is followed by combination or supplemental feeding (direct feeding in conjunction with infant formula), direct feeding combined with pumping, and 14 percent reported exclusive breastfeeding, in conjunction with solids, beyond six months, but less than 12 months. Whereas, seven percent report exclusively breastfeeding for at least six months. It should be noted that some infants required a variety of feeding methods depending on their unique situation. For instance, direct feeding, pumping, supplementing with formula, and then exclusively breastfeeding. Feeding methods also varied in subsequent children.

Breastfeeding Challenges

According to the survey, 57 respondents cited multiple breastfeeding challenges. The most common challenge encountered was painful nipples, followed by difficulties with latching, sore breasts (e.g., inflammation or mastitis), inadequate weight gain in the infant, physical or mental health issues in the feeding parent, and a lack of community supports. A small number of participants, 5, reported a lack of support from their partner, friends, or family, while 9 felt unsupported by their healthcare provider.

Breastfeeding Cessation

The most common reason for discontinuing breastfeeding was feeling done. About 29 respondents indicated that their baby self-weaned or weaned after a return to work, travel, or sleep training. Among other reasons cited were low milk supply,

sore breasts and nipples , and latch difficulties. Interestingly, the survey did not reveal unsupportive partners, family, friends, or healthcare providers as a significant factor contributing to breastfeeding cessation, with only 5 percent of respondents indicating this as the reason for stopping. Similarly, a lack of community support was cited by only 4 percent of parents as the reason for discontinuing breastfeeding.

Breastfeeding Satisfaction

According to the survey results, more than 70 percent of respondents were satisfied with their breastfeeding experience. Approximately 20 percent reported moderate levels of satisfaction, while 16 percent indicated low levels of satisfaction.

Support and Resources

Nearly all participants relied on the internet and social media for breastfeeding support. The majority of respondents received support from more than three places. This predominantly included support from nurses on the maternity ward, community health nurses, as well as, another individual or organization (e.g., physician or midwife, doula, private lactation consultant, the CDC, or family and friends). Approximately, 21 percent received support from the nurses on the maternity ward and community health nurses. Whereas, 7 percent report that they did not seek support. Of those who responded, 53 percent did not feel like the Yukon had adequate breastfeeding support.

“There was so much pressure to just give up.”

-Survey respondent

Two open-ended questions were asked: (1) What changes, if any, would you suggest to improve the breastfeeding support system for new mothers in the Yukon? (2) Is there anything else you would like to share about your breastfeeding experience? A thematic analysis was conducted to identify prominent themes. With respect to improving the breastfeeding support system in the Yukon. Three themes were identified: increased support, information and resources, and accessibility. Other notable mentions include access to certified lactation consultants who are able to assist in complex feeding situations, judgement free care, increased awareness in oral ties and how they impact feeding, and support with bottle feeding.

Identifying a common theme among the responses to the question, "Is there anything else you would like to share about your breastfeeding experience?" was more challenging, given the diversity of responses. A total of twenty-nine individuals responded, each with varying experiences to share. Some respondents expressed the difficulties they encountered, while others noted that their experience improved with subsequent children. Alternatively, some respondents reported positive experiences, while others called for improved breastfeeding policies and the desexualization of breastfeeding.

Limitations

Surveys are a valuable tool for gathering data. However, they come with certain limitations and potential biases that can impact the validity and generalizability of their findings. One possible limitation encountered in this study is response bias, which occurs when participants fail to respond in a truthful manner. This may be due

to misunderstanding, social desirability, or other factors. Additionally, the study may be influenced by sampling bias, which occurs when the selected sample does not accurately reflect the broader population, subsequently skewing the results. For instance, the majority of participants were between 25-34, non-indigenous, and well-educated. Therefore, we are still missing key insights as it pertains to race, ethnicity, socioeconomic status, age, education, and gender-diverse populations. In addition, misinterpretation of survey questions by respondents can also lead to inaccuracies in the data collected, further compromising the integrity of the study's outcomes. Moreover, the anonymous nature of the survey precludes any possibility of follow-up or clarification of responses, which could potentially address misunderstandings or provide deeper insights into the participants' experiences.

Despite these possible limitations, it's believed that this survey offers preliminary insights into the breastfeeding experiences of Yukoners and identifies avenues where research can be expanded and support systems can be enhanced.

Conclusion

Based on these results, it would appear that Yukon families are highly motivated to feed their babies with human milk and are largely satisfied with their breastfeeding experience. However, families still encountered various challenges and didn't always receive adequate support. By providing this support, we can help more families to have a positive breastfeeding experience and ensure that babies receive the benefits of human milk.

Summary

- 86% of respondents live in Whitehorse
- between the ages of 25-34
- 96% are married or living common-law
- 91% non-Indigenous
- 61% graduated post-secondary and 25% have a graduate degree
- High initiation rates and a strong desire to breastfeed
- Breastfeeding was important due to the health benefits for the baby, bonding attachment, convenience and portability, health benefits for the parent, and eco-friendly.
- Various feeding methods were used
- 34% are currently breastfeeding
- 32% engaged in extended breastfeeding beyond 12 months
- 14% exclusively breastfed between 6 and 12 months
- 7% exclusively breastfed for at least 6 months
- 57% cited multiple breastfeeding challenges. However, those challenges didn't necessarily contribute to the cessation of breastfeeding.
- The most common breastfeeding challenges were:
 - painful nipples,
 - latching difficulties
 - sore breasts (e.g., inflammation or mastitis)
 - poor infant weight gain
 - physical or mental health issues in the feeding parent
 - a lack of community supports.

- The most common reason for ending the breastfeeding relationship was feeling done, followed by baby self-weaning or weaning due a return to work, parent travel, or sleeping training
- Most participants were satisfied with their breastfeeding experience
- All participants relied on the internet or social media for support
- The majority of respondents received support from 3 or more professionals or organizations
- The maternity nurses at Whitehorse General Hospital and the community health nurses play a large role in breastfeeding support
- 53% do not feel that the Yukon has adequate breastfeeding support
- Respondents want to see an increase in support, information and resources, and accessibility to feeding support

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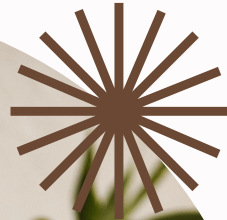
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