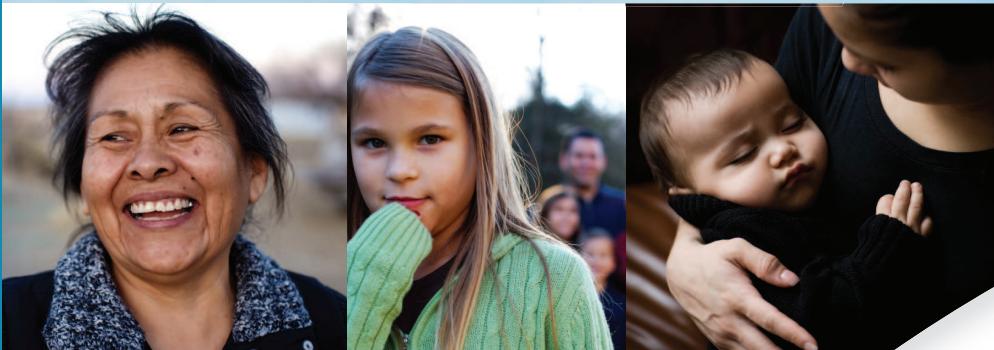


PRAIRIE WOMEN'S HEALTH

CENTRE OF EXCELLENCE

RESEARCH ■ POLICY ■ COMMUNITY

Improving  
*Women's  
Health*



**Breastfeeding:  
Understanding the Motivations  
and Supports for Women  
in Saskatoon and Winnipeg**

Y. Hanson  
R. Stout

Prairie Women's Health Centre of Excellence (PWHCE) is a Centre of Excellence for Women's Health, funded by the Women's Health Contribution Program of Health Canada. ACEWH and PWHCE support new knowledge and research on women's health issues; and provide policy advice, analysis and information to governments, health organizations and non-governmental organizations. Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of PWHCE, or Health Canada.

The Prairie Women's Health Centre of Excellence  
56 The Promenade  
Winnipeg, Manitoba R3B 3H9  
Telephone: (204) 982-6630  
Fax: (204) 982-6637  
Email: [pwhce@uwinnipeg.ca](mailto:pwhce@uwinnipeg.ca)

This is project # 258 of Prairie Women's Health Centre of Excellence

# Breastfeeding: Understanding the Motivations and Supports for Women in Saskatoon and Winnipeg

Y. HANSON & R. STOUT

JUNE, 2012

# PRAIRIE WOMEN'S HEALTH

---

## CENTRE OF EXCELLENCE

RESEARCH ■ POLICY ■ COMMUNITY

## **ACKNOWLEDGEMENTS**

Prairie Women's Health Centre of Excellence would like to extend a special thank you to all of the individuals, in particular Gail Wylie, Linda Romphf, Dawn Ridd, Linda Uhrich and Pat Kelly and organizations including Villa Rosa Inc., Healthy Start for Mom and Me, and Mount Carmel Clinic who all assisted with this research project. Thank you to Lorelei Pierce, Davorka Monti and Cindy Nykorak for taking the time to talk with us about the supports provided for breastfeeding mothers in Winnipeg. We would like to also thank Jill Aussant, Johanna Bergermann, Helen Irwin, Nancy Klebaum, and Donna Nelson with the Saskatoon Health Region for their ideas and insights as well as Ruma Huq, Open Door Society, for assistance in establishing a focus group in Saskatoon.

We would like to express our sincere appreciation to all of the women and accompanying babes and toddlers who took time out of their busy schedules to sit down with us to share their feelings and perspectives about breastfeeding supports and experiences. Without your stories, this research would not have been possible. More importantly, your stories may help to create the change needed to so that other mothers may have more positive breastfeeding experiences. Finally, we acknowledge Alexandria O'Toole for the assistance she provided on this project as a PWHCE student intern.

# TABLE OF CONTENTS

Executive Summary .....	1
Résumé .....	3
<b>Section One: Project Overview.....</b>	<b>5</b>
Context.....	6
Methods and Procedures .....	8
Study Participants .....	9
The Report .....	10
<b>Section Two: Motivations for Choosing to Breastfeed .....</b>	<b>11</b>
Information on Breastfeeding .....	11
Health Benefits to a Baby .....	13
Health Benefits to Mother .....	14
Bonding and Infant Attachment .....	15
Cost Savings .....	17
Time Savings and Convenience .....	17
<b>Section Three: Challenges to Breastfeeding .....</b>	<b>19</b>
Breastfeeding in Public .....	19
Multiple Burdens .....	23
Breast Soreness .....	24
Breast Appearance .....	24
Unsupportive Family .....	25
Hospital Routines for Newborns .....	25
Support Programs.....	27
<b>Section Four: Support Programs for Breastfeeding .....</b>	<b>29</b>
Family Members .....	29
Partners.....	30
Friends .....	31
Healthcare Professionals .....	33
Medication .....	34
Support Programs .....	35
Supports for Parents who are Students.....	36
Mothering the Mother .....	36
Cultural Perspectives .....	37
<b>Section Five: Summary and Suggestions .....</b>	<b>39</b>
<b>Appendix A .....</b>	<b>43</b>



# **EXECUTIVE SUMMARY**

Over the course of 2011-2012, eighteen mothers and five service providers from Winnipeg and Saskatoon were asked a series of questions to understand the motivations, challenges and supports for breastfeeding.

Framed within a healthy living perspective, which considers ways to improve long-term health and reduce non-communicable diseases through eating well and staying active, the following questions were the driving force behind these discussions:

1. What are mothers' understanding of the overall and long-term benefits of breastfeeding including preventing obesity, diabetes, and respiratory illnesses? How does this understanding affect their decisions to initiate and continue breastfeeding exclusively?
2. What knowledge and information about breastfeeding do mothers receive from their cultural communities and from family?
3. What are the role of programs and policies in women's decision to breastfeed? How can messages and strategies be improved to encourage exclusive breastfeeding?

The project led to uncovering some of the complexities experienced by breastfeeding mothers including their cultural knowledge and understandings, social environments, local program availability, health professional and family supports, or lack thereof, and suggestions for improving necessary supports.

The following suggestions were generated by the women and service providers on how to better support mothers who are breastfeeding.

## **Educational Opportunities**

Develop parental and breastfeeding curriculum for K-12 students  
Greater integration of breastfeeding education for health care providers  
Develop prenatal courses specific to fathers/partners and grandparents.

## **Communication Opportunities**

Provide consistent and positive messaging on breastfeeding

Utilize all means of communications, including print, web-based and social media to disseminate information and resources on breastfeeding

Counter guilt and judgement on women's choice in breastfeeding or bottle feeding

Offset the lopsided messaging of formula companies with positive messaging for breast milk

### **Health Provision Opportunities**

Break down the continued barriers to women's access to health professionals, services, programs and supports for breastfeeding

Keep the dialogue going for the development of standardized milk banks

Seek out ways to ensure the continuity of care for mothers pre and post-natally

Provide around the clock, personal lactation assistance to mothers

Encourage cultural competency and care amongst health care providers

## RÉSUMÉ

Au cours de l'année 2011-2012, on a posé une série de questions à vingt-sept mères de famille et fournisseurs de services de Winnipeg et de Saskatoon dans le but de comprendre les motifs, les défis et les soutiens liés à l'allaitement maternel.

Posées dans un cadre de stratégie de vie saine, les questions suivantes ont servi de force motrice aux discussions :

1. Quel est l'état actuel de la connaissance des mères sur les avantages généraux et à long terme de l'allaitement, y compris la prévention de l'obésité, du diabète et des maladies respiratoires? En quoi cette connaissance influe-t-elle sur leurs décisions en faveur de l'allaitement exclusif et du prolongement de la durée de l'allaitement?
2. Quelles sont les connaissances et l'information que les mères reçoivent sur l'allaitement maternel de leurs groupes culturels et de leur famille?
3. Quels sont les rôles que les programmes et les politiques jouent dans la décision en faveur de l'allaitement de la part des mères? Par quels moyens peut-on améliorer les messages et les stratégies de sorte à favoriser l'allaitement exclusif?

Le projet a permis de mettre en lumière certaines complexités éprouvées par les mères qui allaitent, y compris leurs connaissances et compréhension culturelles, leurs milieux sociaux, leur accès aux programmes de la localité, le soutien des professionnels de la santé et de la famille ou le manque d'un tel soutien, et leurs suggestions pour améliorer les soutiens nécessaires. Les suggestions qui figurent ci-dessous ont été formulées par les femmes et les fournisseurs de services, et elles portent sur les moyens de mieux appuyer les mères qui allaitent.

- Mieux intégrer l'éducation sur l'allaitement destinée aux fournisseurs de santé
- Élaborer un programme d'études à l'intention des élèves de la M à la 12<sup>e</sup> année sur le rôle parental et sur l'allaitement
- Offrir des messages uniformes sur l'allaitement

- Utiliser tous les moyens de communication, y inclus la presse, Internet et les médias sociaux pour diffuser l'information et les ressources sur l'allaitement
- Contrer les messages de culpabilisation et de désapprobation sur le choix des femmes en faveur de l'allaitement ou de l'allaitement au biberon
- Appuyer la normalisation de l'allaitement maternel dans les endroits publics
- Continuer à offrir des espaces désignés aux femmes qui allaitent
- Mettre fin aux obstacles persistants à l'accès des femmes aux professionnels, aux services, aux programmes de la santé et aux soutiens qui favorisent l'allaitement maternel
- Poursuivre le dialogue sur la création de banques de lait qui respectent les normes
- Trouver des moyens pour assurer la continuité des soins dispensés aux mères avant et après la naissance
- Reconnaître les multiples fardeaux imposés aux mères et travailler dans le but de les contrer
- Fournir une aide en personne aux mères concernant l'allaitement 24 heures sur 24
- Élaborer des cours prénataux conçus spécialement pour les pères, les partenaires et les grands-parents
- Contrecarrer les messages fragmentaires des fabricants de préparation pour nourrissons à l'aide de messages positifs favorisant le lait maternel
- Encourager le savoir-faire et les soins culturels chez les fournisseurs de soins de santé

# **SECTION ONE**

## **Project Overview**

This project, *Breastfeeding: Understanding the Motivations and Supports for Women in Saskatoon and Winnipeg*, builds upon four years of inquiry into maternal and infant health done by Prairie Women's Health Centre of Excellence (PWHCE). In 2009 the centre delved into a national review of maternal and infant health programming for on-reserve families<sup>1</sup> as well as a summary of environmental concerns for pregnant First Nations and Inuit women and their babies<sup>2</sup>. At the same time, PWHCE conducted a community-based, qualitative project looking at young women's experiences with sexuality, pregnancy and motherhood<sup>3</sup>. Based on some of those findings, PWHCE then explored the labour and birth experiences of young Aboriginal mothers in 2011<sup>4</sup>.

Unlike previous work, this project was not Aboriginal-specific. Nonetheless, it adds to our growing literature on maternal and infant health and our understanding of how women experience one component of this, namely breastfeeding. Framed within a healthy living perspective, which considers ways to improve long-term health and reduce non-communicable diseases through eating well and staying active,<sup>5</sup> the following questions were the driving force behind our focus group and personal discussions with the participants:

What are mothers' understanding of the overall and long-term benefits of breastfeeding including preventing obesity, diabetes, and respiratory illnesses? How does this understanding affect their decisions to initiate and continue breastfeeding exclusively?

What knowledge and information about breastfeeding do mothers receive from their cultural communities and from family?

What are the role of programs and policies in women's decision to breastfeed? How can messages and strategies be improved to encourage exclusive breastfeeding?

---

<sup>1</sup> Harp, R. & Stout, R. (2009). Aboriginal Maternal And Infant Health In Canada: Review Of On-Reserve Programming, PWHCE.

<sup>2</sup> Dionne Stout, T., Harp, R. and Stout, R. (2009). Maternal and Infant Health and the Physical Environment of First Nations and Inuit Communities: A Summary Review, PWHCE.

<sup>3</sup> Murdock, L. (2009). Young Aboriginal Mothers in Winnipeg, PWHCE.

<sup>4</sup> Downey B. & Stout R. (2011). Young and Aboriginal: Teen Mother's Experiences with Labor and Birth in Winnipeg, PWHCE.

<sup>5</sup> See for example Pederson, A., Clow, B., Haworth-Brockman, M., Isfeld, H., Liwander, A., and Snyder, L. Women and Healthy Living in Canada. Vancouver: Centres of Excellence for Women's Health.

The research also explored the social, family and policy supports which lead to women's decisions to initiate and continue breastfeeding. Inter-provincial in scope, the project drew upon women's breastfeeding experiences in both Saskatoon and Winnipeg.

Though recognized as a small sampling, the project did lead to uncovering some of the complexities experienced by breastfeeding mothers including their cultural knowledge and understandings, social environments, local program availability, health professional and family supports, or lack thereof and suggestions for improving necessary supports. Underlying these larger themes, PWHCE set out to know if mothers' breastfeeding choices relate to their understanding of maintaining good health for them and their infants.

It is significant to state up front that this research did not set out to pass judgment on women's decisions to breastfeed or formula feed their infants. For many women, there is a lot of guilt associated with this choice, one way or the other, and in no way is this report intended to add to that burden. Perhaps this is best expressed by one of the service providers who qualified that the choice of a mother need not be judged or criticized. Indeed many knew of women who had given their all to breastfeeding and it simply did not work out for different or complex reasons.

*Once somebody has made the decision whether to breast feed or bottle feed, the decision is done and I don't think we should make mums feel guilty one way or the other about how they're feeding their baby...I've worked with women who tried and tried and worked so hard on breastfeeding and it just hasn't happened for them.*

## Context

In Canada, as elsewhere around the globe, obesity rates are increasing not only for the adult population but for children as well. According to findings from the Canadian Health Measures Survey (CHMS), rates of childhood obesity and overweight have risen since 1981 because of increased body fat.<sup>6</sup> Researchers, physicians and health care advocates and providers recognize the complexities inherent in obesogenic environments that foment increasing rates of overweight and obese children.

---

<sup>6</sup> Statistics Canada (2010) Canadian Health Measures Survey. <http://www.statcan.gc.ca/start-debut-eng.html> (accessed November 10, 2010)

One aspect of relative consensus among diverse health care professionals is that breastfeeding for infants has long-term health benefits. There continues to be strong evidence about the relationship between breastfeeding babies and healthier childhood body weights<sup>7</sup>, indicating that breastfeeding according to babies' needs for the first six months without supplementing breast milk or introducing solid foods can significantly reduce childhood obesity. Baby formula, for instance, has been linked with overfeeding, changes in infants' gastrointestinal systems, and long-term health risks.<sup>8</sup> Breastfeeding benefits both infants and mothers in maintaining healthy body weights, one of a long list of infant and maternal benefits (including protection for women against breast cancer, ovarian cancer and osteoporosis, among other benefits).<sup>9</sup> The benefits of breastfeeding for baby and mother have been well-documented in health journals and among professionals both nationally and internationally.<sup>10</sup>

Women who are overweight or obese in pregnancy are more likely to develop gestational diabetes, and babies born to diabetic mothers have an increased risk of hypoglycaemia.<sup>11</sup> Chertok et al found that infants who were breastfed immediately after birth had a significantly lower rate of borderline hypoglycaemia than those who were not breastfed in the early postpartum.<sup>12</sup> Breast milk is certainly the original infant food, with traditions in all cultures. For instance, in meetings with northern Aboriginal women, Manitoba Health heard about changes in breastfeeding traditions with the introduction of formula feeding over the past 40-50 years, and community interest in returning to traditional knowledge and sharing of the benefits of breastfeeding as a form of reclaiming culture. In other meetings, mothers who are newcomers to Canada said that while breastfeeding is traditional, they may move to formula feeding because it represents part of their adaptation to their new country.

In July 2002, a multi-level committee comprising of the Saskatchewan Ministry of Health, managers of provincial health regions and members of the Breastfeeding Committee of Saskatchewan, formed the Breastfeeding Initiatives Committee (BFI) of

---

<sup>7</sup> Bergmann KE, Bergmann RL, Von Kries R, Bohm, Richter R, Dudenhasusen JW, Wahn U. (Reb 2003). Early determinants of childhood overweight and adiposity in a birth cohort study: role breast-feeding. *Int J Obes Relat Metab Disord.* 27(2): 162-72; Grjibovski AM, Ehrenblad B, Yngve A. (2008 Sep 16). Infant feeding in Sweden: socio-demographic determinants and associations with adiposity in childhood and adolescence. *Int Breastfeed .* 3:23.

<sup>8</sup> Breast Feeding Committee of Canada. Breast Feeding Statement of the Breast Feeding Committee of Canada. <http://breastfeedingcanada.ca/Publications.aspx>

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Chertok, IRA, Raz I, Shoham I et al. 2009. Effects of early breastfeeding on neonatal glucose levels of term infants born to women with gestational diabetes. *J Hum Nutr Diet* 13:25

<sup>12</sup> Ibid.

Saskatchewan. The mandate of the BFI is to “make recommendations and develop a plan for moving breastfeeding initiatives forward in the province”.<sup>13</sup> There are no publicly available data on breastfeeding initiation and duration from the province.

Manitoba has a Baby-Friendly Strategy<sup>14</sup> and is the only provincial Breastfeeding Strategy that includes regional initiatives and targets to increase breastfeeding initiation, duration and exclusive breastfeeding. One of the features of the strategy is to “increase knowledge and skills to support breastfeeding and babies”.<sup>15</sup>

Despite the breastfeeding strategy in Manitoba and regional health initiatives to mainstream breastfeeding into all areas of Saskatchewan, not all mothers yet receive the knowledge and support they need to breastfeed their infants. Young mothers attending support groups, for instance, are more likely to breastfeed than a teen without support.<sup>16</sup> As mentioned above, other historical and cultural factors come into play, and these are not yet well understood nor have they been researched.

## **Methods and Procedures**

Our original intent was to track how mothers’ knowledge and decisions change over the first six months after the baby is born. We intended to conduct a short longitudinal study, meeting with women just prior to giving birth, two months following delivery and again at the six-month point. Given the time limitations and restrictions inherent in having to do community research within only a few months, we eventually chose to meet with women in one focus group session in each province followed by personal interviews when possible.

A research proposal was submitted to an internal Ethics Committee of PWHCE and approved in the fall of 2011. Data collection took place over the winter of 2012 with one focus group taking place in Winnipeg and the other in Saskatoon. A total of eighteen breastfeeding women participated in the project. In Winnipeg, eleven women took part in the focus group and four agreed to meet with the researcher for a personal interview thereafter. In Saskatoon, the focus group comprised of seven

---

<sup>13</sup> Saskatoon Health Region. Breastfeeding Friendly Initiative (BFI) in Saskatchewan.  
[http://www.saskatoonhealthregion.ca/your\\_health/ps\\_bf\\_bfi\\_saskatchewan.htm](http://www.saskatoonhealthregion.ca/your_health/ps_bf_bfi_saskatchewan.htm)

<sup>14</sup> Manitoba Health. Breastfeeding in Manitoba: Provincial Strategy and Framework.  
[http://www.gov.mb.ca/healthyliving/nutrition/breastfeeding\\_strategy.html](http://www.gov.mb.ca/healthyliving/nutrition/breastfeeding_strategy.html)

<sup>15</sup> Ibid.

<sup>16</sup> Mossman, M. 2010. The influence of adolescent mothers’ breastfeeding confidence and attitudes on breastfeeding initiation and duration. Presented at the WRHA meetings, October 2010

women. Additionally, three interviews were set up with breastfeeding service providers in Winnipeg and two in Saskatoon.

Focus group discussions took place in locations that were familiar to the women. Over approximately an hour and a half, the women were guided through a series of open-ended questions to learn about their experiences, perspectives, challenges and supports available to breastfeeding mothers. Follow-up interviews enabled a more in-depth discussion about the particular woman's reasons for and supports in breastfeeding. As well, service providers were approached in order to gain insight into current programming, best practices and how breastfeeding could be better promoted within the context of each city. All of the discussions were audio-recorded and transcribed for accuracy.

Both researchers on this project are mothers and have breastfed their children. They were compassionate and understanding to the challenges and supports needed for breastfeeding mothers.

## **Study Participants**

Prior to starting the project, the researchers went out into their respective communities to meet with key breastfeeding advocates. In Winnipeg, the researcher met informally with Cindy Nykorak at Villa Rosa Inc. and Linda Uhrich at Mount Carmel Clinic. These meetings shaped how the participants were approached and recruited for the focus group discussions and personal interviews. Importantly, both Cindy and Linda recommended meeting with women of diverse ages and backgrounds who were actively seeking out support for breastfeeding. A Canadian Prenatal and Nutrition Program (CPNP) called "Healthy Start for Mom and Me" was highly recommended, with particular emphasis on the program being delivered in a Winnipeg's downtown core community centre. After contact was made with the program coordinators, the Winnipeg-based researcher attended one of the established meetings with breastfeeding mothers. She was afforded time during the meeting to describe the project and invite interested women to sign up for the focus group discussion. The focus group was held two weeks later at the same location. It was comprised of eleven women, their breastfeeding babies and a handful of toddlers. The Winnipeg and Saskatchewan researchers co-led the discussion. Over the following two weeks, four individual interviews were conducted with women who had attended the focus group and with three service providers.

While demographic information was not collected, the women ranged in ages, from their twenties through to their forties. They were also of diverse backgrounds and

included Canadians, newcomers and Aboriginal women. At the time of the focus group and interviews, all of the women were actively breastfeeding. Many had previous breastfeeding experience to draw upon.

In Saskatoon, initial meetings were held with key representatives in the breastfeeding support community and included employees from the Saskatoon Health Region, volunteer leaders with community organizations like La Leche League and staff of one of the Saskatoon CPNP programs. Due to scheduling conflicts or lack of currently breastfeeding mothers within those organizations, a focus group was not possible. Eventually, a focus group was scheduled with help from the Open Door Society in Saskatoon. Seven mothers participated in the focus group. Two interviews were held with key service providers of the Saskatoon Health Region who supported breastfeeding women through lactation advice, group support and information.

## **The Report**

This report is divided into five sections. Following this introduction, section two looks to understanding the factors that motivate women to choose to breastfeed. Section three discusses some of the challenges to breastfeeding identified by the women in this project. Section four turns to the supports needed for breastfeeding initiation and duration. The final section touches upon the women's suggestions that would help them and other mothers to continue breastfeeding.

## **SECTION TWO**

### **Motivations for Choosing Breastfeeding**

All of the women who participated in this research project were breastfeeding at the time of the discussions. Some of them were new to breastfeeding and others had breastfed a number of babies. Based on the information they received, there were a variety of reasons why they chose to breastfeed including the health benefits for the baby, health benefits to themselves, infant bonding and attachment, cost savings and factors related to time and convenience.

### **Information on Breastfeeding**

Participants had received breastfeeding information from various sources, be it family members, books, media, health professionals or friends. With the exception of some product advertising, the information they received was related to the overall health benefits of breast milk and breastfeeding. In other words, information was a partial motivator in their choice to breastfeed.

*It is good for the baby and anything that helps make the baby healthy is the most important to me.*

One of the major goals of this research was to see whether women had received information on and understood the overall and long-term benefits of breastfeeding for their babies, including the

prevention of obesity, diabetes, and respiratory illnesses. Only three mothers explicitly stated that they had received information on how breastfeeding could reduce childhood obesity. All others indicated that they had not been informed, nor were they aware, of the connection between breastfeeding and the prevention of child obesity.

In one case a woman talked about how one of her children, who was not breastfed, was overweight in toddlerhood. This prompted her to breastfeed her second child who ultimately she sees as a healthy infant.

*I learned from my daughter, like I didn't breastfeed her, I formula fed her and my doctor told me it was because of the formula she got overweight and stuff like that. So I tried not to do that with my son. I tried to breastfeed him and started breastfeeding him at the hospital. I find that it helps with his physical health, like overall he's healthy.*

Some of the women were encouraged to breastfeed by their health care professionals, who told them of the benefits of exclusive breastfeeding for the first six months. The benefits in this case were understood by one woman of easing her baby's digestion and warding off obesity.

*And the doctor said, 'you know what, that's the best, do it for 6 months before you introduce other things. It's just water, it digests quick but the formula stays in the stomach and you see some other child they get obesity while they're an infant already'. So that's what the doctor told me, for the obesity.*

At the same time that breastfeeding was promoted as "healthier and the baby won't be as big, like overweight" it was also seen as a proven method to getting one's own body to "go back to its normal state faster than not breastfeeding."

Mothers and other female relatives were front-line providers of information to support, encouraging and motivating women in their choice to breastfeed. They gave advice on the "good stuff" and health benefits to babies, such as helping to develop their immune system to assisting with their oral health. Combined with the nutrients provided through breast milk, female relatives also stressed the cost savings of breastfeeding. "My mom had a lot to do with me breastfeeding. She's like 'It'll save you money, do it, it's healthier for him, it's better for his teeth'. My mom was the one that really pushed me to breastfeed him."

In a number of cases, women spoke of how they felt pressure from their mothers to breastfeed. To look at this another way, grandmothers were imparting nutritional and health wisdom to their daughters so that their grandchildren would be ensured optimal health starting in infancy.

*My mother told me about it, like the best thing is breastfeeding. So that's for sure I learned from my mother. I know from my mother that definitely I have to breastfeed.*

\*\*\*

*My mother told me about the immune system, like the babies build their own immune system through breastfeeding so they can be strong. My mother was always like, 'You're the mother, you have to breastfeed. You know this.'*

From the time they are pregnant, women have access to a barrage of public information on the development of the foetus *in utero*, to labour and delivery and “what to expect when you are expecting”. Only one woman in our sample said she used the Internet, along with other media resources for information on breastfeeding.

*I remember one time I was listening to the news and there was research about if you breastfeed a child, they measured the percentage – chance of not getting cancer for the, maybe the baby...I googled the news and they say more about it, then I find information, it's good when you breastfeed, you get some percentage off of getting the cancer or something like that so I find that in the news too.*

Nurses, doctors and public health nurses were also identified as good sources of breastfeeding support and information. In one case, with the birth of premature twins, nurses drew the mother’s attention to the nutrients and health benefits of breast milk. Others were shown how to breastfeed in a variety of positions as well as overall breast care.

*The nurses helped when I was there and then when I got home. I just did my best to keep it [her breast] soft and supple and just did what [the doctor] had already said. She did give me some instructions on how to take care of my breasts.*

## **Health Benefits to Baby**

Clearly, the women in our research sample did not receive specific information on the benefits of breastfeeding in the prevention of childhood obesity, neither was this a motivating factor in their decision to breastfeed. That said, it became immediately evident that the women were first and foremost motivated to breastfeed for the health of their babies. They all believed breast milk to be the most nutritious and healthy option for their babies. In large part the women explained that they understood that breast milk would improve their babies’ immune systems. They also believed that breastfeeding would prevent infant and child-related illnesses and would translate to fewer visits to the doctor’s office.

*It's better for the baby. That was the big thing for me. I had read about the immunities and how it helps the baby. Outside of that I had just automatically thought it was the best thing.*

\*\*\*

*I had twin boys who were premature. For them to gain more weight I was told that breast milk was the most healthiest, most nutritious, and it would help them better than the formula the hospital gives you so it was benefit for them because they were so small. They're five years old now, because they were born so early they still have their struggles. I was told that the breast milk would help build their immune systems to make them stronger.*

Others understood that breast milk could contribute to their babies' brain development, "I heard too the benefit of breast feeding a child too is it helps with the brain, like that they're more advanced." They made linkages between their own emotional and mental enjoyment of breastfeeding alongside the intellectual benefits offered to the child.

*I think [breastfeeding] is great. I enjoy it so much. I don't think I'll ever feel any closer to my kids than as right from the start. I look at my little one and remember that he was that small and he's really super smart. He knows so much and it's great. I think it's all because of breast feeding. I'm not saying bottle fed babies are dumb or anything...*

## **Health Benefits to Mother**

Although less important to them, women were motivated to breastfeed because of the health benefits they saw for themselves. Many, for example, experienced immediate or progressive weight loss. Others believed that the long term benefit of breastfeeding would "help reduce breast cancer" among other cancers.

There were also mental wellness issues linked to breastfeeding. While this project did not aim to reject formula use or judge women for their decisions around infant feeding, we did hear that those who were able to breastfeed felt positive about themselves. Women reported feeling satisfaction, positivity and success because they were nursing. To quote, "I feel so good like a mum breastfeeding my baby" or "When I breastfeed my daughter or son, I feel very satisfied, very successful."

An extension of this is that some women believed that breastfeeding lessened postpartum depression.

*It's comforting for both of us because I find that for me it helped with the postpartum depression. I never really went through that sadness, there was one time when I went to have a shower and I was all happy because like I had a brand new baby and everything and then I came out just crying and I was like, 'Mum what's wrong with me. Like I'm so sad and I don't know why I am sad, I was happy a second ago' and yeah she supported me and helped me through that. That was the only time I remember getting sad.*

Challenges aside, the act of breastfeeding can be soothing for mother and baby. Ultimately it is a shared and nurturing union which can induce deep calmness and joy and, as the following illustrates, womanly sensuality. “I feel good. Sometimes I relax. I put my legs up. I will sleep while I’m breastfeeding. It’s very relaxing. To me [it’s] kind of sexy. I told my husband sometimes when I breastfeed I feel sexy.”

Through the eyes of a service provider working directly with breastfeeding mothers, there is a “positive feedback loop” by way of breastfeeding. To quote, “I do see these beautiful babies thriving on breast milk and I think breastfeeding does more than just feed a baby. It nourishes a mom too. It builds her self-esteem because what an amazing thing you can do is breastfeed”.

## Bonding and Infant Attachment

*What I love about breastfeeding is there's a bond with your child.*

Bonding and infant attachment were common responses to why women enjoyed breastfeeding. It was also a motivation for some of them to initiate and continue breastfeeding, particularly when challenges, such as breast and nipple soreness had been eased.

Breastfeeding was described as a form of mother to baby communication and an experience of reciprocity. Skin to skin contact soothed the baby, while this closeness also comforted the mother. As well, looking at one another during nursing was a means of emotional connection and communications. The breastfeeding embrace helped create early and ongoing attachment between mother and infant.

*What I love about breastfeeding is the bonding with baby. When he's looking at you and when you're nursing, even sometimes he'll smile a little bit when I move my breast a little bit. I don't know why but it's so cute just*

*to watch him, just looking at me. Or just nursing, he'll fall asleep. Just to sit there and cuddle. You feel so close rather than holding the bottle. I just rock him and he goes to sleep easily. I just like the comfort and the comforting.*

\*\*\*

*I think breastfeeding helps because you've got that attachment still. You're not totally separated from birth. I mean the baby comes out of you and you guys are apart from each other. It's a good feeling to still have that attachment and bond brings you really close.*

When, for whatever reason, breastfeeding ends or is disrupted, mothers explained how this affected the bond they felt with their babies. One said, "The bonding because I had problems with my first [child]. I only breastfed her for 3 months. I didn't breastfeed her that long and I don't feel that we bonded a lot. She likes her father better."

*When I am breastfeeding I feel the baby close to me and the first time when I tried to bottle feed in the beginning she didn't want it and then she accepted it. I felt a little bit different because I liked to feel the baby close to me. I feel like a mom when she is close to me when I am breastfeeding her.*

Interestingly another woman described how she had a set of twin boys. One of the boys breastfed while the other was fed breast milk by bottle. She described how the bonding and attachment was markedly distinct between the two, despite both receiving breast milk. Perhaps what this shows is that attachment is not solely passed through breast milk per se, but through the physical act of mother and baby being attached to one another through nursing.

*I breastfed the older one for about a week and then he refused after that. But with the younger twin I know we're more bonded. I love them equally but I know with me and [the younger one] there's something more there. It's just a different experience because even though I did pump for the older one it's just like as if he was bottle fed completely. But even with my younger son it's still the same bond, still the same attachment and everything but I feel like the oldest one there's it's not that same connection, you know we still have that connection but it's different so I don't know how to explain it but I can tell the difference between the two.*

## **Cost Savings**

For some of the women, cost savings was a major factor in their decision to breastfeed. They were candid in stating that breastfeeding is “economical” or “inexpensive”. According to one woman, “I like that it’s inexpensive. I don’t have to buy anything”. For those who had combined breastfeeding with formula feeding, or those who had exclusively formula fed a previous child, they said the costs were very high. Some women were simply “struggling with finances” which made formula prohibitively expensive and therefore breastfeeding was the most economical option.

## **Time Savings and Convenience**

In addition to the economic benefits, women also indicated that there were obvious ways that breastfeeding saved them time and was more convenient than formula and bottle feeding. Indeed, that there was no need to prepare, wash, sterilize and carry bottles for feeding meant that the breast trumped the bottle. As one woman noted, “Maybe that’s why I [breastfed] because I just really dreaded the thought of having to clean bottles constantly and all the germs that stick on the nipple and even soothers, pacifiers, I don’t care for those.”

The convenience and immediacy afforded by breastfeeding resulted in a quicker pacifying of a hungry, teething, ill or tired infant. They also spoke of the ease of night feeding or calming one’s baby through breastfeeding. In this way nursing translated into fewer disruptions throughout the night for the mother since it could happen right in bed.

*It's so convenient you know. It would just kind of be hard work when you have a crying baby, and you have to mix the bottle and you have to warm it up, you have to shake it and test it on your hand to see if it's hot enough, by that time he's really mad, you know.*

\*\*\*

*Well, certainly the savings cost wise and the bonding but I also like the fact that I don't have to wake up at 2 o'clock in the morning and make a bottle. I can just sit with him.*

\*\*\*

*In the middle of the night, oh my God, I was so tired, so the reason is I just put it like this she's feeding and I'm sleeping. But you know if you have a bottle you have to get up, go warm it and bring it for the baby. And you can't, I don't really feed my baby with bottle, lying like that.*

To summarize, mothers articulated multilayered motivations behind their decisions to breastfeed. They all clearly stated that not only was breast milk more nutrient-rich compared to formula, but that it could have numerous short, medium and long-term health benefits to their babies, from improved immunity to greater brain development. There were also direct benefits to the mothers, such as weight loss and potentially lowered cancer risk. The physical connection between the women and their babies also improved the emotional and mental well-being of the mother. Thus there were many good reasons for breastfeeding but as the next section will show, not all of their experiences were without challenges.

## **SECTION THREE**

### **Challenges to Breastfeeding**

While all of the women agreed that breastfeeding was better for baby and many of them were enjoying their experience, there were a number of challenges which had made the choice to breastfeed a difficult one. A number of the women identified discomfort in public breastfeeding, even when covered up. Others touched on the many tasks and responsibilities that weighed upon them as mothers, wives, single parents, homemakers, employees, and caregivers. Choosing to and continuing to breastfeed was challenged by the fears and realities of changing breast appearance, breast and nipple soreness and difficulties around proper latching. Unsupportive family, health care professionals and the lack of breastfeeding resources and information were also noted as disincentives in breastfeeding initiation and duration.

### **Breastfeeding in Public**

According to the Human Rights Code of the Manitoba Human Rights Commission, “nursing mothers have the right to breastfeed their child in a public place, such as at a swimming pool, restaurant, park, bus or shopping mall.”<sup>17</sup> Similarly women in Saskatchewan cannot be discriminated against based on pregnancy, including during the pre and post-natal periods. The Saskatchewan Human Rights Commissions states that “this includes accommodating women who are breastfeeding.”<sup>18</sup>

Even though women’s right to breastfeed in any public space is enshrined in human rights law, women continue to feel the pressure to find private places or to cover up while nursing their infants. Certainly this was the experience among many of the women who participated in this study. Some told about how they felt shame, discomfort and/or anxiety around breastfeeding in public and for these reasons either chose to nurse in the privacy of their homes, in bathrooms or in any other place which removed them from public view.

*The idea of breastfeeding in public makes me feel uncomfortable but I have never tried in public so I just stay at home to breastfeed.*

\*\*\*

---

<sup>17</sup> See [http://www.manitobahumanrights.ca/factsheet\\_breast\\_feeding.html](http://www.manitobahumanrights.ca/factsheet_breast_feeding.html), last accessed July 11, 2012.

<sup>18</sup> See [http://www.plea.org/legal\\_resources/?a=562&searchTxt=&cat=5](http://www.plea.org/legal_resources/?a=562&searchTxt=&cat=5), last accessed July 12, 2012

*I feel very, very uncomfortable. One time I was shopping in Superstore and my baby was crying and needed to be fed right now and I went to the washroom and there was nowhere to sit so I sat on the top of the toilet.*

Breastfeeding remains far from normalized within our societies, so much so that one mother confided about her own discomfort around public nursing and her awkwardness being around other uncovered breastfeeding mothers.

*The only time I have any problem is when they show themselves. I feel sort of out of place because I really don't want to see that and I think there's a classier way to do it. I don't know, I still have a little bit of the old-fashioned side to me that it [breasts] should be covered up.*

The breast, unlike the bottle, is not always viewed as an acceptable female body part to see in public and for breastfeeding mothers, "that's the hard thing". Deeply held social views continue to see breastfeeding as a sexual act and not a natural nutritional activity and therefore should be confined to private and separate spaces. Indeed some of the women experienced discrimination, or "being looked at funny" as a result of breastfeeding. This openly posed a direct challenge for feeding their babies on demand when in public milieus. Even covered, nursing mothers have experienced public resistance, from family, community and strangers alike.

*I was over at [a restaurant] having coffee with a friend and this guy was sitting at the table next to us. I covered up and he looked at me and walked away. I'm like, 'What? I'm covered. The baby is covered, you know I'm not showing anything at all.' I just sort of sat there and shook my head. This is 2011 and people are still having problems with people nursing. I mean I could see him walking out if I'd just pulled my chest out and did it right there but I covered up. And then I was at another restaurant and some weird lady came up to me and said 'I'm so impressed you covered up when you nursed your baby. I'm so glad you breastfeed your baby and I'm so glad you covered up while you do it'. You get a lot of weird people talking to me about every so often about these things every so often.*

\*\*\*

*I feel comfortable breastfeeding in public but I feel that a lot of people don't feel comfortable with me breastfeeding in public that's what I see. The way they look at me it's like they don't like it and they don't feel comfortable – even in church.*

There was some discussion, primarily amongst the newcomer women, that in their home countries this societal resistance to public breastfeeding, even in front of men, was unheard of. Nursing was seen as normal and natural. This stands in stark contrast to their experiences in Canada where they are made to feel that by breastfeeding they are doing something “wrong”.

*In [African country] we are used to breastfeeding in public. And even in Germany when I had my son I breastfed like this but it is just over here that people have told me to cover up when breastfeeding so if he's not comfortable then I'm not comfortable either.*

One mother said that in Canada, unlike her home country, there is very little support for mothers and that “you have to cover up like you are doing something wrong”. In fact when she was visiting her doctor in Saskatoon she was told “Either you have to go to the toilet or go home” to breastfeed her baby. This experience made her feel “really bad” and ultimately let down by her health care provider.

These experiences, which at times can even come from family members, do not always deter women from breastfeeding in public when and where needed. Some stated that they simply chose to place the needs of their babies over the needs of those who tell them to cover up or leave the room to breastfeed.

*It was hard for me to breastfeed too especially when my baby was hungry. I just wanted to get to a private place to feed him. One time we were coming home from school and he was just crying so much and I wanted to feed him so bad. I was trying to rush home and he was so hungry and mad. So I didn't care, I just dropped my book bag and I sat on the side of the boulevard and I fed my baby. Now I'll just sit down and breast feed him and that is all I focus on. I don't notice anything else around me*

\*\*\*

*The little disadvantage [to breastfeeding] is that maybe I'm out somewhere, I have to stop, do it in the car, do it anywhere. My husband probably doesn't like it sometimes. Like we're outside and I'm like 'She's crying, we have to do it'. One day we were at the gas station and he told me, 'Are you guys going to breastfeed here again?' and I said, 'Yeah, she's crying'. And he said, 'You guys don't have no shame, cover up.'*

Support programs and peer groups also assist women to counter the private/public debate on breastfeeding.

*You know [support groups] make it a little easier to do it. When I first went there I made sure I fed him before I went so I wouldn't have to do it there but once I got used to the people and got used to being around it made it easier to nurse there and it made it easier to nurse in public. I found as I was sitting there it was less intrusive, I didn't feel as bad if I suddenly had to feed the baby I'd just grab a blanket, cover up and feed the baby. When I first went there though I wasn't sure so I made sure I stuffed him full and had him sleeping and then just played with him and then once a couple of about 3 or 4 weeks after I started going it was a little bit easier to. [Now] I'm even willing to sit out at a bus stop and breast feed the baby because he's crying so hard and he wanted food so badly. I just sat there and said 'Forget it, who cares who sees me, I'm just sitting here'. And I pulled my blanket over top him and fed him and just went on my way. Which is something I never would have done for the first three. I would have gone into the bathroom. Now you will not catch me going into the bathroom. I was so embarrassed for the first three to do it in public that I'd go in the bathroom and find a stall and sit in the bathroom and do it and now it's nothing to just sit there if he's hungry I feed him and that's that. Doesn't matter who's around.*

Even though the providers we spoke to echoed the need to make breastfeeding in public a normative practice, they also were aware that more private spaces need to be designated for nursing mothers.

*Let mothers be public about their nursing but that doesn't address women who come from different cultures where that is just not going to work. It is not in their frame of reference at all so the more spaces we have so women can choose to nurse and know there are comfortable places for them.*

Ultimately women have the right to breastfeed in any place, private or public, covered or uncovered, though the general society needs to be educated on this right. As more women claim greater public spheres for breastfeeding, the closer society may move towards seeing that this is a normal and natural process of providing human nourishment to infants and children.

## Multiple Burdens

Mothers talked about the many demands on their time and energy while breastfeeding. They face the strains and stresses of motherhood, single parenting, care giving, homemaking, bread winning, learning new languages and cultures, poverty and food insecurity. Alongside these multiple burdens, be it as a first time mother or a mother of a new baby with other children, they also experience a sharp learning curve of becoming a mother (for this new child) and learning how to breastfeed. Some expressed how they are up against these many challenges, perhaps with little support, fatigued and for some all the while caring for other children and dependants.

*It was like when I first started breast feeding I enjoyed it but it felt like I couldn't do really much for myself. Then with my other one I felt like I couldn't do much, like get water when he needed it especially when the baby is right brand new and they're in their first few months and they have to have like 45 minute feeds. And you don't want to pull them off and plop them down to get up and do something. It's pretty hard and then you don't want your other one feeling left out like you can't do it for him.*

\*\*\*

*You need to encourage a woman to breastfeed because it is really hard for women because you have to wake up in the night so it is really tough. We're really tired. Yes the milk is free but we also need to free the woman. It is really tough and sometimes you are really tired and sleepy and you have to wake up to feed the baby.*

Every health care provider that was interviewed also emphasized the many burdens faced by mothers they work with. According to one, the framework of support needs to shift, "I think what is wrong with it is that we are trying to think of how to support breastfeeding, not the women themselves in their workload issues". Supporting women by absorbing some of her other normal responsibilities was noted to be a significant contribution to women's choice to continue breastfeeding. One healthcare provider noted that the period up to six weeks post-birth was crucial for breastfeeding routines to establish and women to feel confident that other aspects of their lives were "under control" so that she could comfortably breastfeed.

## Breast Soreness

While women recognized the benefits of breastfeeding, they also acknowledged that it was not pain or stress free. From the start, they and their babies needed to learn how to breastfeed. They spoke of stress and breast tenderness in the post-delivery period due to engorgement, nipple cracking and bleeding, and painful latches. For some, there were many points in the initial days, weeks and months when it would have been easier to switch over to bottle feeding.

*In my case, my baby doesn't like to suck so it's frustrating.*

*After I get the baby the breast swells, you know, but to get it out, to get the baby to latch on it, it was a lot of stress., I even almost give up, like you know what? This breastfeeding thing? I don't want to do it.*

For women, breast and nipple soreness come and go, depending on the day and the development of their babies. For instance, "If I haven't nursed, I get too engorged and it hurts and I leak and I don't like that." Once babies begin to teethe, mothers also expressed that biting "hurts a lot" and is a "disadvantage" to breastfeeding.

In spite of the physical pain some associated with breastfeeding, they continued to breastfeed. For some the commitment to nurse outweighed the pain. "My breasts were very sore, very, very sore but I think about the benefits and keep doing it and now it's fine." They could also understand why some women chose to abandon breastfeeding altogether.

*To be honest with you if you don't have that kind of mentality like, 'oh, it's good for my child, it's cheaper and it is easy,' all those benefits you will forget breastfeeding the first time. It's stressful. I mean, when I say stressful like if it's not coming in, then your breasts will swell up, first, because there's milk there but it needs to come out. So, probably people think of going through all that and just don't want to breastfeed.*

## Breast Appearance

Sadly, the sexualization of breasts has meant that some women may opt out of breastfeeding for fear that their breasts will not look the same afterwards. A few participants said that they had been encouraged to bottle feed so that their breasts would not become "ugly".

*My friend, she didn't breastfeed. She said: 'Everyday you go out the baby wants breast milk'. I said, well, 'guess what, I don't have no shame no more right now. Whoever gonna marry me, I already have kids. If my husband says he's going, fine. I'll marry somebody else that will love me with my breasts the way it is.' If you want to marry me with my breasts like this, I don't care. She said, 'You know, the more you breastfeed, the more your breasts come down too?' Me, my breasts come down anyway because I'm big. So I don't care, I was not thinking about that.*

One mother said "When I told my auntie I was breastfeeding my daughter she said, 'Most young women don't want to breastfeed right now because it will make you look ugly later'. Perhaps what was more revealing about her story was that she went on to explain how advertisements for formula in her home country of China have tapped into this messaging stating that the only way to keep one's breasts looking good is to use their product.

## **Unsupportive Family**

While there were a few exceptions in our discussions, it was mostly uncommon to hear of family members discouraging mothers from breastfeeding. One woman had a family member, her mother, actively discourage her from breastfeeding, "My mom actually tried to talk me out of it. My mom thought it would be better just to give her formula but I said no." She also had received some grief from a former partner who wanted to create his own bond with the baby and encouraged bottle feeding over breastfeeding.

## **Hospital Routines for Newborn Feeding and Care**

Many of the women had positive things to say about the health professionals who supported them through breastfeeding (see *Health Professionals under Supports for Breastfeeding*). However there were a few instances where they felt support could have been improved, more flexible or culturally relevant. For example, one woman drew attention to the nurses' routine practice of waking mothers and babies to feed. She left the hospital as soon as she could to establish a routine patterned on her and her baby's own rhythms.

*They had it set in their ways that you had to wake the baby up. I kept telling them 'He's going to wake up in a few minutes, he's going to wake up in a few minutes, I know he's going to' [and they said], 'No you have to wake him up'. So I'd wake him up and he'd be up for the rest of the night.*

As well, finding a balance between hospital-based and cultural-based practices around post-natal maternal care gave rise to tensions between new mothers, their mothers and health care practitioners. Newcomer mothers expressed anxiety in adhering to requests from nursing staff hospital practices alongside the desire to conform to their cultural traditions post-delivery.

*When I was in the hospital we had a misunderstanding with the nurse because she didn't understand - why you don't move, why you don't touch or anything and I eat my own food I don't eat hospital food. This thing is a culture thing but I'm not sure if it old style, if it is wrong or not.*

\*\*\*

*Some things are not good. For example in China [you don't take a] bath [after delivery]. 'Why did you take a bath after giving birth?' my mother said 'Don't do that' and the nurse told us do it the other way. After 40 days you can have a bath but not right away. Mom said, 'Don't stand, don't walk' and the nurse said 'You need to stand, you need to walk'. There was some communications problem with the nurse. After the second day I did [had a bath]. I had to hide it from my mom.*

\*\*\*

*My mom said, 'Don't move' but I moved. [My family] saw pictures and I was standing in them and they said 'Did you stand already?' The nurse told me to stand and the nurse told me why I should stand and it was right. Another is related to breastfeeding. My mother said I need to lay down to breastfeed because if you don't you will have back problems. But here the nurse does not encourage you to lay down to breastfeed.*

Pressures from formula companies are another ongoing concern. Advertisements are pervasive in hospitals and clinics. Posters, ads in parenting magazines and on-line resources, fueled by free samples given out by usually well-intentioned health professionals jeopardize the initiation, exclusivity and duration of breastfeeding.

*In the past, maybe ten years ago, breastfeeding was more popular but right now in China they have a terrible problem where the infant producer and they have a connection with the hospital and they want to have formula feeding right in the hospital. My mother told me that my brother just had a baby and after the baby was born they all go to a meeting room*

*in the hospital and they have a producer who said, 'Formula is so good'  
They were advertising that their formula is so good.*

## Support Programs

All of the women were participating in support programs for new mothers or breastfeeding at the time of the study. That said, one woman expressed frustration in not participating in all of the available services that were there to support her. She was a newcomer to Canada and therefore had not gone outside of her cultural community for support.

*I heard about the breastfeeding class at the (name) clinic and I haven't attended that one and I regret it because I should have attended it would help me get more knowledge of breastfeeding and that is my frustration. I had a lack of iron after my delivery and I had bleeding they said that it decreased my milk supply. But maybe if I had friends over here that would encourage me then I would breastfeed because when my breast milk stopped that is when I [needed] encourage[ment] that would help because when my milk stopped I told them, "You are supposed to give me the advice beforehand and I could still be doing it now." And with every first-time mom the pain you experience, with your body and with the pain in your breast and there is a lot going on your life oh my goodness! But maybe with my next daughter or son maybe I will love it.*

It may also be the case that women simply do not know about or have access to services and programs in the community.

In sum, there are numerous challenges to women who wish to initiate and continue to breastfeed. Disincentives stem from the norms and expectations that are placed on women by their families, communities, and by society at large. They are also based on experiences of breast pain as well as perceptions about changes in appearance. Ubiquitous messaging from formula manufacturers that their products are equal, if not superior to breast milk, while affording mother's with more time to do other things send confusing and inaccurate information to women. It also contravenes the Baby-Friendly Initiatives which endeavour to create an environment where infant formula is not promoted. Women's roles as mothers are complex. Breastfeeding initiation and continuation for greater numbers of women will depend on flexible and constant supports for breastfeeding and to assist mothers with the other demands on their time and attention.



## **SECTION FOUR**

### **Support Programs for Breastfeeding**

All of the mothers in this project were attending community-based, post-natal support programs. As well, all of the Winnipeg-based focus group participants stated that they had needed support at some point during breastfeeding. Supports that were most helpful to them included family members, partners, friends, health professionals, community health programs, cultural practices and mother-care. Many times women related that they drew upon not just one support but on several, at different times.

### **Family Members**

As was seen in a prior section, women depended on their own mothers for advice and information on how to breastfeed. Similarly, they also received encouragement and support from them. Breastfeeding moms drew upon their mothers' lived experiences, as former breast feeders themselves, but also, at times, by way of their professional expertise.

*My mom works for [a health agency] so she knows quite a bit. She's just a great support. She knew what she was talking about, what she was doing and she helped me out quite a bit.*

Women were asked how their own family upbringings affected their choice to breastfeed. As already said, some were themselves breastfed as babies while others were formula fed. Some grew up in households where breastfeeding was normalized and others where it was viewed as something to do in private.

*I think when I was growing up most often people hid or went to another room. I can honestly say I don't know anybody who did nurse when I was growing up. I never really saw people even have babies.*

While an Aboriginal woman remembered "seeing a lot of babies being bottle fed" her cultural teachings around breastfeeding supported her choice to do so.

*I like hearing stories about our Aboriginal people that has to do with breast feeding. It seemed so natural and I think that's another reason I took that way is because our teachings are all like about natural. That helped me out a lot too and then I'd see all these posters too that has to do*

*with Aboriginal traditions and it was an Aboriginal person breastfeeding their baby. I guess just our Elders, it's just like it's what's been taught. I knew it's natural and it's what our people did before bottles ever existed.*

All of the women in the Saskatoon focus group had grown up seeing breastfeeding in their homes and communities. For many, breastfeeding was normal, if not expected, in their countries and cultures. One woman said "You are expected to breastfeed your baby." Others related how their mothers had breastfed and so it was a natural decision for them to make.

*My mom breastfed all 12 of her kids, and she breastfed them till they were like past a year old, and she's like, 'Do it as long as you can, when your body tells you to stop that's when you'll stop'. My baby's already 9 months. I think I'll stop like when he's 2 or something cause I just have that bond with him already...I know it's hard and I go crazy sometimes and it hurts, cause he has teeth and stuff but I don't know, when he's not there I'm like – you know – where's my baby?*

It was common to hear amongst the discussants that in their home countries women breastfed and supplemented or chose formula only when they had problems breastfeeding. In this way, breastfeeding is considered the norm, the default position. "All of Ethiopian people breastfeed. If you have problems breastfeeding then you feed them formula."

*They encourage breastfeeding also but because mothers want to work then they want to have the supplement with formula. When I gave birth my family asked if I was breastfeeding. That's a natural question they are going to ask if you are breastfeeding. And sometimes I would say for just a few weeks and they would say, "Why aren't you breastfeeding?" and they would be frustrated so breastfeeding is encouraged there.*

## Partners

Partners were another strong focal point of support. This support was demonstrated through simple words or actions of encouragement, to assisting with the tiring and continuous work experienced by mothers. One woman said, "The baby's dad was quite helpful because when I would breastfeed him, he would take him and burp him and change him. It's pretty tiring in the first few months."

In some of the conversations with women, breastfeeding did not come across as solely their decision. In fact, some of the women expressed that had it not been for the on-going support and promotion of breastfeeding by their partners, they may have opted for the bottle instead. Like women, men also realize the cost savings opportunity for parents. For this reason alone, partners were said to encourage breastfeeding.

*[My partner] knows that it's expensive for formula and he encourages me to either pump for my baby or breast feed. He's never been negative about it, like he doesn't discourage me from doing it. He usually does say 'Well you've got to feed him you know you've got to pump for him'. If he were to be negative about it I wouldn't want to breast feed because he's there all the time, you know.*

One discussion revealed the extent to which some partners supported breastfeeding. Perhaps unconventionally, one father helped to bring in the mother's milk by sucking on her breast.

*When I was in the hospital they kept teaching me how to [breastfeed]. The nurse came to my home and she teach me. I didn't get the whole thing. I didn't know how to hold the baby. So at the end of the day, my husband help me. [He] bring the breast, he start using the mouth to bring it out, and you know, the baby can keep doing like this, I will quickly give it to the baby.*

On the other hand, when a partner does not support breastfeeding, this can cause stress for the mother who wishes to do so. One woman remarked on the tension between her choice to breastfeed and the father's desire to bond with his baby. In this way, he encouraged bottle-feeding over breastfeeding with her first children. She also told how liberating it was with her last child since, as a single parent, her decision to breastfeed was hers alone.

*[My husband] took parental leave and I went back to work so I only nursed her part-time. He automatically got to feed her the bottle. So when [the next baby] came along I refused to let him give the bottle so he was not as supportive. He said, 'You're stealing my bond with my daughter'. We did have some odds there because he was not happy with the fact I was not introducing the bottle as fast. I did eventually give in, but it did cause a lot of problems. [With the last baby] I never let anybody tell me what I was or was not going to do. He was going to be nursed. I've had the closest bond*

*with him because of that. I was so busy arguing about who should get to feed the baby for the two middle ones it just became a constant hassle and I swore with this one it didn't matter.*

Providers also witnessed situations such as this and stressed the need that while fathers have invaluable roles in the care of babies, this can be done through other ways than feeding. Skin to skin contact, for example, was offered up as an alternative to a father's wish to bottle feed, eliminating some of the fatigue experienced by the mother and encouraging the continuance of breastfeeding.

## Friends

A good portion of the women who participated in the study were new to Canada. They had left behind their countries of origin, their families and support networks. As will be reviewed later in this section, in their home countries and communities, a great deal of support would have been found through immediate family members and the community at large. Newcomers who are also new mothers contend with finding and integrating into new communities, dealing with different climates and languages. So it is not surprising that when they have another woman close by, or a peer support group on hand, they tap into this. This has led some of them to traverse unsafe neighbourhoods in the middle of the night, to seek out help as the following story illustrates. Had it not been for the presence and guidance of a neighbourly friend, this woman could well have stopped breastfeeding.

*My friend, she has four kids. I went to her house at 3 in the night when the baby just cry and cry, and cry, and the baby can't stop, then I start crying. I was like, I'm going to give up on this breast thing, call any pharmacy that [is] open, or 24 hour store, [and] go buy formula. Then I called my friend, I kept crying, and she was like, 'You know what? Bring the baby to me, you come'. I said, 'This baby's hungry. I don't even know how to do the breast, I don't even know how to!' So she said, 'Okay, just sit down, wipe your tears.' Then she said 'Did you eat yet?' I said, 'I eat, not me, her!' So she helped me do the position, this and that, so the baby sucked for like 15 minutes while we were there. She was fed and slept. She said in the morning 'I will come see you.' She was a good help to have. She was very, very supportive.*

## Healthcare Professionals

Frontline health care professionals were another source of great support for the women, primarily within the first hours and weeks of breastfeeding. Women recalled being helped by nurses in the hours and days following delivery. According to some, “they were very good teachers”.

*When she was first born, like within the hour after she was born a nurse came to help me. She wouldn't latch on and so like I always press the button to call the nurse in every hour to help me with it. It took like four days and then the last day the lactation specialist came and gave me a nipple shield and I used that for a couple days until I went home and the nurse told me that I can't always use it. I stopped using it and then she just started latching on to me.*

Follow-up visits by public health nurses assisted mothers with specific breastfeeding techniques. When public health nurses provided extra care, follow-up and information sharing, it did not go unnoticed by the mothers.

*My second public health nurse really helped me out when I had my second child and she's still with me. She just taught me certain techniques like how to hold my breast, how to prop my breast because I'm quite big and she helped me fold up a receiving blanket or a towel to just tuck it under to give you support, instead of having to hold it with your hand, how the baby should be latched on and everything. She was great.*

\*\*\*

*My public health nurse and like she really helped me out there. Like with my first one the public health nurse only came to visit me once or twice and figured I was doing good and never really bothered with me. This one sends me things in the mail all the time even though he's 8 months. I don't see her much. I'm still getting stuff in the mail or she leaves me messages about programs and where to call to register for things and just an idea like to help me out, see if I'm interested in taking a certain program or something.*

The immediacy of getting answers and support for health concerns, particularly through phone-in services such as Manitoba’s Health Links was another invaluable

tool for mothers. Health Links is a 24-hour telephone information service which is staffed by registered nurses. The nurses determine how to guide the individual with immediate options and direction for medical attention or advice.

*Health Links helped a lot too because they have their own breast feeding line too and it's great to talk to a nurse and you know they're right there on the computer looking it up and they give you all kinds of definitions and techniques of what to do for yourself and the baby.*

While providers agreed that this phone-in service is of great use to the women, they also cautioned that it does not and should not replace the need for one-on-one and face-to-face health care provision.

There is a patchwork of health care providers and front line workers who assist mothers with breastfeeding. At some level both mothers and the professionals need to be proactive in the dialogue of care. While mothers need to be aware of the resources available to them and be able to reach out to them, health care professionals and front line workers need to be responsive and available to assist them. Yet many women are not aware of all the available resources, or may not be able to access services for economic reasons, such as transportation needs among others.

*The public health nurse and the nurses at the hospital helped me breast feed. The public health nurse, Family First home visitors and Healthy Baby groups gave me a lot of information and stuff and it helped me out lots and it helped me understand better too because with my first one I didn't know very much I just did what I had to do with him and I guess we just kind of learned together.*

## **Medication**

Women used medical interventions when needed. One woman told how she was provided with medication to support her to continue breastfeeding. In her words, "My problem with them was that I wasn't pumping enough, because it was both of them [twins]. They wanted more. So eventually what I had to do was mix formula and breast milk so that they would be full, and I had to take little pills to produce more milk, I forget what they're called."

## Support Programs

In both Winnipeg and Saskatoon pre-natal and post-natal programs have been established, some of which are specific to breastfeeding and others which include a range of health topics, from babies' oral hygiene to making baby food. Some programs are held daily and others weekly. They take place in different locations through each city. Importantly, these groups give women the opportunity to meet and talk to other mothers, share their experiences and expertise around motherhood generally, and provide a plethora of maternal and infant health issues specifically, including breastfeeding support. Some also provide nutritious snacks, interpretation for mothers of diverse linguistic backgrounds, coupons for food, on-site childcare and bus tickets.

*When I was pregnant I had nothing to do so I don't know I saw the little poster in the doctor's office and I grabbed the little number and they told me they give you free coupons for milk and stuff and I thought 'why not, I'm not doing anything' and I needed milk and they give you a healthy snack and stuff. And with my second pregnancy I just went automatically because I had a good experience when I was pregnant with them.*

\*\*\*

*That one is one I go to now because it's very close to my house. Every time I'm pregnant, I always have questions. So my doctor told me, 'There's a group you're supposed to be going to'. She said, 'They will answer a lot of your questions.' God, I love it. I love the group, every Wednesday! They do it 5 o'clock every Wednesday.*

\*\*\*

I really enjoyed Healthy Start. Just the way they run things it's really great like they have discussion and then they have a dietitian and public health nurse and then outreach workers. I don't know, it's just a great program it was really enjoyable and you learn all kinds of things and then you get to talk to them one-on-one after group and sit around and enjoy a snack. I learned a lot. It helps too because then I hear other peoples ideas and opinions and stuff [on breastfeeding].

## **Supports for Parents who are Students**

In addition to these community-based support programs, women also tapped into education-based support programs for students with children. Flexible school programs that took mothering into account made a big difference to them. On-site daycare allowed them to remain close to their babies and able to breastfeed them while furthering their education. In this way education did not exclude but included mothers and babies. At the same that they enable women to take charge of their future through educational opportunities, they also allow them to be in control of the care of their babies.

*There's all kinds of schools like the Adolescent Parent Centre. The program is flexible. You kind of work at your own pace. You've got to work with the class but you get called out if your baby needs to be breastfeed or they also call you out to do your own diaper changes like the care givers don't change your baby and so that's kind of nice too that you're the one doing the job and not really anybody else.*

\*\*\*

*Another program I took [was] a pre-employment program. They let me sit in class with my baby when he was 4 months, until I was ready to do my practicum. But everything worked out. I still managed to continue breast feeding him too.*

## **Mothering the Mother**

There is another level of support which needs to take place within the family, the home and the workplace. This includes everyday supports to ease the multiple burdens breastfeeding mothers are up against. Mothers may be pulled in many different directions on a every day. They may be single mothers or caregivers of other children, dependents and of elderly parents. They often take on a large portion of domestic work, like cooking, laundry, cleaning and household management. Some may at the same time be working outside of the home or be in school. In other cases, some may be learning a new language and culture or be faced with poverty and food insecurity. In other words, many mothers juggle breastfeeding with many other personal, familial, professional and household responsibilities. Getting proper rest, nutrition and self-care fall to the bottom of the list even though many understand the importance of these basic needs, "But you just have to take care of yourself. Drink lots of water and make sure you have a proper diet, eat properly."

Families, communities and most importantly fathers have a great role to play in this support. Perhaps looking at the cultural perspectives shared primarily by newcomer women, offers up a glimpse into how breastfeeding mothers can be better supported in the post-natal period within the Canadian context.

## Cultural Perspectives

The majority of the newcomer women highlighted the support that mothers received in their home countries and how different their experience has been in Canada. IN keeping with the old adage, “it takes a village to raise a child”, motherhood was explained as a shared family and community venture and experience. Mothers, mothers-in-law and neighbours aided in the care of babies just as they would care for the new mother by reducing her other burdens. The individualism and isolation of motherhood in Canada stands in stark opposition to this. “Back home in most of our cultures there is extended family so you can give the baby to your mother or mother-in-law and they take care of the baby.”

*My mother would come help. All this I'm going through [with breastfeeding]. Back in Africa, to have kids you can't be 24/7 with your child. Like here, you have your own apartment. If I want to go to Safeway, I have to take the two [children] to grab a gallon of milk so. But in Africa, you have kids? You don't know you have kids, they took the kids away from you, and they just bring them for you to breastfeed. They shower you in the morning, they do press with hot water for us, they do all that, your mother-in-law, your mother, even say your mother-in-law or mother is not there, neighbourhood people will do it for you.*

For an extended period following the birth of a baby in home countries, non-Canadian mothers spoke of not being given any additional responsibilities other than breastfeeding and regaining their health and energy.

*The first month after having a baby is very important for the woman to do nothing but feed the baby. The husband or husband's mom does everything for the woman. I feel like a queen.*

\*\*\*

*We, in China after we give birth and then we stay at home for 40 days. You sleep on a bed with warm blankets and do nothing but sleep and have everything done for you. Here you have nothing!*

Energy is gained through sleep and nutrition. Specific foods were also prepared and given to new mothers to help them with milk supply. One participant from an Asian country described being encouraged to eat “pig's feet soup with peanuts.” One African participant stated that, “there are many recipes that encourage milk” and also include soup and coffee. Another mother recalled how in her home country, mothers would be fed good “culture food” to help her with breast milk production.

*What they do in the community there with women they'll start giving you good food, good food, our own culture good food, they'll say 'eat, eat'. My mother will say, 'no, no, no, she has to eat' and I will say 'why?' And she would say 'Because she has to produce good milk for the baby'.*

Without question, family members, partners, programs, health workers and cultural practices individually and collectively enable breastfeeding. Yet there is always room for improvement to which this paper will now conclude with.

## **SECTION 5**

### **Summary and Suggestions**

This project aimed to understand the driving forces behind and against breastfeeding amongst women in Winnipeg and Saskatoon. Framed within a healthy living perspective, the research looked at mothers' understandings of the overall and long-term benefits of breastfeeding including preventing obesity, diabetes, and respiratory illnesses; how does their understanding of these benefits affect their decisions to initiate and continue breastfeeding exclusively?; what knowledge and information about breastfeeding do mothers receive from their cultural communities and families?; and what are the role of programs and policies in women's decision to breastfeed and how can messages and strategies be improved to encourage exclusive breastfeeding?

Based on our discussions with breastfeeding mothers and service providers we know that there are complex and numerous reasons why women chose to breastfeed and continue to breastfeed. Firstly, they chose to nurse their babies for the health benefits afforded through breast milk. After this reason, women consider the health benefits to themselves, maternal and infant bonding and attachment, cost and time savings and convenience. Knowledge on how breastfeeding can reduce childhood obesity was almost unknown amongst the women interviewed. It was therefore not a strong motivator for choosing to breastfeed.

There continues to be pushback to mothers who chose to breastfeed. Disincentives stem from the norms and expectations that are placed on women by their families, communities, and by society at large. They are also founded on perceived and experienced breast pain and appearance. Not to mention the ubiquitous messaging from formula manufacturers that their product is equal, if not superior to breast milk, while affording mothers with more time to do other things. Women's roles as mothers are complex and without multiple and constant supports, breastfeeding initiation and duration will not be maintained or increased to include greater numbers of women.

The challenge is to approach supports for breastfeeding from different angles. Here is where family members, partners, programs, health workers and cultural practices each can play a role.

The following suggestions came from the women and service providers on how to better support mothers who are breastfeeding:

## **Parental Opportunities**

- Recognize the multiple burdens faced by mothers and work to counter these
- Support the normalization of breastfeeding in public spaces
- Continue to provide women with designated spaces for breastfeeding
- Assist fathers to know the significant role they can have in infant bonding and rearing

## **Educational Opportunities**

- Develop parental and breastfeeding curriculum for K-12 students
- Greater integration of breastfeeding education for health care providers
- Develop prenatal courses specific to fathers/partners and grandparents.

## **Communication Opportunities**

- Provide consistent and positive messaging on breastfeeding
- Utilize all means of communications, including print, web-based and social media to disseminate information and resources on breastfeeding
- Counter guilt and judgement on women's choice in breastfeeding or bottle feeding
- Offset the lopsided messaging of formula companies with positive messaging for breastmilk

## **Health Provision Opportunities**

- Break down the continued barriers to women's access to health professionals, services, programs and supports for breastfeeding
- Keep the dialogue going for the development of standardized milk banks

- Seek out ways to ensure the continuity of care for mothers pre and post-natally
- Provide around the clock face-to-face lactation assistance to mothers
- Encourage cultural competency and care amongst health care providers



# **Appendix A**

## **Interview Guide**

### **Demographic Information**

1. How old are you?
2. What is your ethnic background?
3. How long have you been breastfeeding?
4. How long do you think you will breastfeed?
5. Have you breastfed before?
6. What is your living situation (i.e. live with partner/spouse, parents, other children, etc)?

### **Breastfeeding Information & Knowledge**

7. Where did you get your information on breastfeeding before you gave birth? (prompt: prenatal classes, health professional, female relative etc.)
8. Can you tell me about any health information you received on breastfeeding? (prompt: were you ever given information on the relationship between breastfeeding and lower chances of childhood obesity?)
9. Was this information the reason you chose to breastfeed?
10. Were there other reasons why you chose to breastfeed? What were they?
11. Were you aware of any health benefits to you by breastfeeding? What were these?
12. Were you aware of any health benefits to your infant by breastfeeding? What were these?

### **Breastfeeding Experience & Support**

13. What was your initial experience with breastfeeding? Has it changed over time?
14. Did you need help from anyone when you started to breastfeed your newborn? Why?
15. Who did you turn to for support with breastfeeding? Was there a “trigger” or moment that was crucial to you in asking for support? Did this person/s help you?

16. Where you aware of community resources, health professionals and programs available to you as a new breastfeeding mother? How did you feel in accessing these programs?
17. Have you gone to a breastfeeding support program, public nurse and/or lactation consultant? Were these helpful?
18. Who, or what program, has been the best support for you with breastfeeding? Why?
19. Would you recommend any further supports? What would these look like?

### **Personal Background Questions**

20. Did you grow up in a household/family/community where your mother or other women breastfed?
21. How was breastfeeding regarded in your family? Community? Among peers?
22. Do you recall any cultural teachings around breastfeeding?
23. What do you enjoy most/least about breastfeeding?

## **FOCUS GROUP GUIDE**

**Icebreaker:** Ask each participant to say what they most/least enjoy about breastfeeding?

### **Breastfeeding Information & Knowledge**

1. What breastfeeding information was provided to you pre-natally? Was anything explained about the health benefits to you or the baby?
2. What were some of the reasons you chose to breastfeed?

### **Breastfeeding Experience & Support**

3. What was your initial experience with breastfeeding? Has it changed over time?
4. Did any of you need help when you started to breastfeed? Why?
5. For those who did need help, who did you turn to for support? Was there a “trigger” or moment that was crucial to you in asking for support? Did this person/s help you?
6. Were you aware of this program and other community resources, health professionals and programs to help you with breastfeeding? How did you feel in accessing these programs?
7. Who, or what program, has been the best support for you with breastfeeding? Why?
8. Would you recommend any further supports for breastfeeding mothers? What would these look like?

### **Personal Background Questions**

9. How many of you grew up in households/families/communities where your mother or other women breastfed? Did you see breastfeeding growing up?
10. How was breastfeeding regarded in your family? Community? Among peers? (now and in the past)
11. Do you recall any cultural teachings around breastfeeding?

## **SERVICE PROVIDER GUIDE**

### **Breastfeeding: Information & Knowledge Sharing**

1. Can you provide an overview of any pre-and post-natal breastfeeding programs and services offered through your organization?
2. What health information is shared with women pre-natally about the potential health benefits of breastfeeding to them and their babies? (prompt: do you discuss or share any long term health benefits, such as lessening childhood obesity, as a result of breastfeeding?)
3. What are the main reasons that women chose to breastfeed?
  - a. Cultural?
  - b. Monetary?
  - c. Bonding?
  - d. Health? Etc.

### **Challenges and Supports**

4. In your opinion, what are some of the challenges to women who wish to or are breastfeeding?
5. Alternatively, what are the supports that best enable breastfeeding initiation and continuance?
6. What are the main reasons that you've been approached to support a breastfeeding mom?
7. Do you think that women are aware of the supports and programs available to them in the community?
8. How could these supports/programs be made more visible?
9. Do you think that women seek multiple supports from programs, community resources and health professionals?
10. Would you recommend any further supports for breastfeeding mothers? What would these look like?