EVIDENCE REVIEW

Comprehensive Community Support

Research had demonstrated that the following have a impact on breastfeeding outcomes:

- Social and cultural norms
- Attitudes, expectations and support of significant others
- Information and support by health care and community

WOMEN WITHOUT A PARTNER OR WITH LOW SOCIAL SUPPORT.
EVIDENCE TO PROPOSAL DEVELOPMENT

- Social and cultural norms
  - Breastfeeding in Public Campaign
- Attitudes, expectations and support of significant others
  - Grandmothers Education
- Information and support by health care and community service providers
  - Health Care Provider Education

APPLICATIONS FOR PRACTICE

Reflection Check

- Do you know your local context? What is the current perceptions of public breastfeeding in your area?
- How can you find that out?

BREASTFEEDING IN PUBLIC CAMPAIGN

Based on Social Learning Theory

- Reciprocal determinism
- Observational learning
- Expectations
- Self-Efficacy

We wanted to influence social and cultural norms related to breastfeeding. Local data demonstrates 1 out of 4 people are conditionally or not supportive of public breastfeeding.
COMMUNICATION PLAN

RECIPROCAL DETERMINISM
- To create awareness of the barriers to public breastfeeding. (addressing the current social norms surrounding public breastfeeding)
- To establish supportive community networks. (modifying the social norm)
- To educate organizations/business and staff about how they can support public breastfeeding.

OBSERVATIONAL LEARNING (learn through observation of others, more likely to follow people we admire (role models))
- To increase the visibility of public breastfeeding.
- To create awareness of the importance of breastfeeding, create exposure to public breastfeeding and address the stigmatization of public breastfeeding for priority areas and audiences identified through RRFSS.

COMMUNICATION PLAN (CONT’D)

EXPECTATIONS (values an individual places on outcomes resulting from a different behavior)
- To share breastfeeding women’s stories and visuals from their life experiences breastfeeding.

SELF-EFFICACY (an individual’s belief and level of confidence in their ability to successfully make a change)
- To create awareness of and promote public breastfeeding allies in the community.
- To empower breastfeeding women to feel comfortable breastfeeding in public.

AUDIENCES

- General Public
- Businesses
- Organizations
- Municipalities
- Community Partners
- SMDHU
**WHAT WE DID**

- Life Size Photographic Cutouts of Local Women Breastfeeding
- Breastfeeding Friendly Places: Step by Step Guide (outreach)
- Board of Health letter to all Municipalities
- Media (radio, digital adds, billboards)
- Social media

In the first week of social media activity we tracked 5500 likes, 700 shares and international attention, and we have noticed ongoing traction beyond first week (most of this was not led by us but by local women, community stakeholders and businesses).

**LESSONS LEARNED**

**Outreach Expectations**

- Who gets a decal?
- Internal vs. External?

**Local Women**

- Having local women in the project was very important.
  They drove the success of the social media campaign.
- We were not able to attract women (without a partner or low social support) to volunteer as model.
In collaboration with local health care providers, identify, develop and support implementation of health care professional breastfeeding educational opportunities and materials, based on locally identified needs.

Women will also benefit from the collaborative planning and implementation of breastfeeding education for health care providers through:

- receiving information and support that is evidence-based and consistent across health care providers
- enhanced health care provider practices supportive of breastfeeding in the hospital and community setting
- through enhanced relationships and collaborations between health care providers and health care organizations

**LOCAL EVENTS**

- **Events**: 17
- **Attended**: 340
- **Completed Survey 219**: 175/168 Knowledge/Att.

**CONSIDER PLANNING FOR HEALTH CARE PROVIDER EDUCATION IN YOUR AREA?**

Consider the following points

- What is the state of your current relationships with health care providers?
- How will you assess knowledge/skill needs?
- Assess the mode and timing of delivery?

**Tip**

- Let your health care provider partners own the planning, providing as much or as little support as needed.
WHAT WAS OUR GOALS FOR GRANDMOTHERS EDUCATION?

- Increased knowledge and awareness of current breastfeeding recommendations and practices
- Information that alters misconceptions grandmothers may have from their own experiences
- Information on healthy skills for supporting a breastfeeding family
- Resources and support services

GRANDMOTHER’S WANT TO KNOW

Surveyed women (grandmothers) at recreation centres (n=28)

- 64% indicated they would like to have up-to-date information on breastfeeding

Top choices for topics:

- How to know baby is getting enough
- Signs of hunger
- Sleeping patterns
- Feeding patterns
- Starting breastfeeding

PREFERRED SOURCES OF INFORMATION FOR GRANDMOTHERS

- Online reading 29%
- Booklet 21.8%
- Pamphlet 20%
**SUSTAINABILITY?**

**Breastfeeding in Public Campaign**
- On-going outreach
- Determine if cultural shift occurred (RFFSS)

**Health Care Provider Education**
- Increased knowledge and skills
- Distribution of Breastfeeding Protocols (1st & 2nd quarter of 2016)
- Enhanced Relationships – ongoing educational supports

**Grandmothers**
- Launch promotion 1st quarter 2016
- Website
- Resources

**FINAL THOUGHTS**
- This project was supported by over 25 health unit staff
- Supported by over 29 community partners
- Timelines were extended during planning phase
- Brought community partners to the table
- Making a difference in the support women are receiving