

**Breastfeeding in Newfoundland and Labrador:
Moving Towards the New Millennium: A Strategic Plan
(1999-2004)**

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Introduction

The Breastfeeding Coalition of Newfoundland and Labrador was established in 1992 with a goal of increasing the initiation and duration of breastfeeding in the province. Thirty- nine percent (39%) of new mothers initiated breastfeeding in 1992 with significant declines in numbers in the initial six weeks after birth. Since that time the Coalition has established itself as a group of individuals strongly committed to protecting, promoting and supporting breastfeeding within the province. The Coalition is an interdisciplinary committee with representation from all regions of the province. Members meet on a regular basis through the teleconference system. There is no established source of funding to support the work of the Coalition. Members provide in-kind support for their participation and contribution to the initiatives of the Coalition. The Provincial Perinatal Program has evolved as the lead agency supporting the ongoing work of the Coalition.

Highlights of the initiatives undertaken through the Coalition have included:

- **Spearheading World Breastfeeding Week activities**
- **Disseminating current and accurate information on breastfeeding issues**
- **Recommendations of breastfeeding resources for health professionals and the general public**
- **Communication of global and national breastfeeding initiatives eg WHO/UNICEF Baby Friendly-Initiative, Breastfeeding Committee for Canada, and INFACT- Canada**
- **Sharing of information and breastfeeding promotion strategies across regions**
- **Sponsoring agency for Health Canada's CPNP funded "Breastfeeding Support for the Healthy Baby Clubs" project including the development of the breastfeeding promotional campaign, *Breastfeeding: Go with the flow!* video, poster and brochure featuring Healthy Baby Club participants**
- **Development of a Position Statement on Infant Feeding**
- **Recipient of the Group Award for Breastfeeding Promotion by INFACT- Canada and Humber College (1997)**

While there has been significant work accomplished through the Coalition within the areas of protection, promotion and support of breastfeeding in the province, it is acknowledged by the members that there is a need for a long term, coordinated plan around breastfeeding in Newfoundland and Labrador.

Also, there are global and national initiatives such as the WHO/UNICEF Baby- Friendly Initiative that will require a concerted effort by groups and individuals within the community, hospital and government sectors to see this initiative developed and implemented in this province.

In the spring of 1998, the Provincial Perinatal Program initiated a project to assess the education and preparation of hospital and community health nurses for breastfeeding. Health professional education for breastfeeding is a key requirement for achieving Baby- Friendly status. The findings and recommendations of this project point to the need for enhanced collaboration with hospitals, community health programs, provincial department of health and community services and professional associations in an effort to ensure that our hospitals and community health programs are

meeting the global standards put forth by the WHO and UNICEF.

In January 1999, an Advisory Committee to the Breastfeeding Coalition was established with the primary goal of developing a breastfeeding plan for Newfoundland and Labrador which includes specific strategies to protect, promote and support breastfeeding. The objectives of this committee were as follows:

- To identify key issues influencing the protection, promotion and support for breastfeeding in Newfoundland and Labrador
- To review the recommendations of the report of the Breastfeeding Education Needs of Hospital and Community Health Nurses
- To identify key strategic areas for the direction of the activities around breastfeeding
- To develop specific goals, objectives, actions and time lines for addressing the key strategic areas.

Key Issues

Members of the Advisory Committee identified several issues relating to breastfeeding in the province:

Need for Monitoring of Initiation and Duration Rates of Breastfeeding

- While the prevalence of breastfeeding has increased significantly in the past decade from 33% in 1985 to 54% in 1998, there is no comprehensive data on the numbers of women meeting the WHO recommendations of exclusive breastfeeding for about six months. Unpublished results of a telephone survey conducted in the St. John's region of the province in 1998 indicated that while 6 % initiated breastfeeding, only 26% of this group were still breastfeeding at six months postpartum. Evidence from the literature suggests that many women discontinue breastfeeding prematurely and that only a minority of women in Canada are meeting the WHO/UNICEF recommendations for exclusive breastfeeding for the first six months of life and continued breastfeeding with complementary foods for up to two years of age and beyond. (Matthews, Banoub-Baddour, Laryea, Mckim and Webber, 1994; Nova Scotia Department of Health, 1998; Statistics Canada and Human Resources Development Canada, 1995, National Logitudinal Survey of Children and Youth (NLSCY), 1994/95; Tambay and Catlin, 1995, National Population Health Survey(NPHS), 1994). Initiation rates were reported to be 73% in both the NPHS and NLSCY surveys, with breastfeeding rates at six months of 31% in the NPHS and 23% of the NLSCY.
- There is a need to establish baseline data in the province on the current initiation rates of breastfeeding and the duration of exclusive breastfeeding at least until six months. Also required, is the identification of factors which support and/ or hinder the decision to breastfeed. Factors associated with early weaning from the breast and the problems leading

to the premature weaning need to be explored in greater depth.

Public Education and Promotion

- While many more women are choosing to breastfeed, a significant number of women still do not consider breastfeeding as an option for infant feeding. It is well documented in the literature that women who choose to breastfeed are older, better educated and have higher incomes. (Buxton; Cooper, Murray & Stein, 1993; Gielen, Faden, Brown, Paige & Chwalow, 1991; Giugliani, Caieffa, Vogelhut, Witter, Perman, 1994; Matthews et al, 1994; Storr, 1996) Public education resources should be directed at groups of women "at risk" for not breastfeeding. Public education campaigns are essential to promote breastfeeding and address the myths and misconceptions about breastfeeding. The education campaigns should reflect Newfoundland and Labrador culture and be sensitive to the needs of women most "at risk" for not breastfeeding. To be effective, the education campaigns should be collaborative and coordinated to include all sectors that are working to promote breastfeeding in the community.
- A number of researchers have identified the male partner as an important source of support throughout the breastfeeding experience (Isabella & Isabella, 1994; Libbus & Kolostov, 1994; Matthews et al, 1994; Nova Scotia Department of Health, 1998). Close female relatives such as mothers and grandmothers also play a significant role in support for breastfeeding (Ghaemi - Ahmadi, 1992). Many of these key individuals influencing and supporting breastfeeding mothers may not have breastfed their own babies and therefore may lack the knowledge, skills and confidence to support the breastfeeding mother. Since they are not familiar with "normal breastfeeding" they may inadvertently undermine a mother's confidence in breastfeeding by questioning a baby's feeding and behaviour patterns.
- Many women are embarrassed with breastfeeding and especially about the notion of public breastfeeding. Women worry about their own feelings of modesty and embarrassment and also about the concerns of others when breastfeeding in public. Modesty and embarrassment with breastfeeding was the main reason identified by women in a Newfoundland and Labrador study for deciding not to breastfeed (Matthews et al 1994). Preliminary findings of a recent survey conducted in Labrador also referred to embarrassment as the main reason for women choosing not to breastfeed (Local Public Health Infrastructure Development Survey Health Canada, 1998). While there is greater acceptance of public breastfeeding, there are still frequent reports of women who have been asked to leave a public area while breastfeeding, especially when breastfeeding an older baby. There is a need to address these negative attitudes towards breastfeeding with public education campaigns focussing on breastfeeding as a culturally appropriate behaviour.
- Breastfeeding promotion and education programs should also be directed at preschool and school age children. Positive attitudes towards breastfeeding should be fostered at an early age.

- Education directed at childbearing women, their partners and their families is needed to ensure that women have the information to make an informed decision about infant feeding. Ideally this information should be a component of preconception education. There is considerable research indicating that the majority of woman make the decision to breastfeed prior to conception or during the first trimester of pregnancy (City of North York Public Health Department, 1994; Health Canada, 1995).
- The *Breastfeeding: Go with the flow!* promotional campaign projects launched in March 1997 has been used extensively in hospital, community health programs and Canada Prenatal Nutrition Program (CPNP) programs throughout the province. There is a need to expand this campaign in schools, community centres, women's centres, shopping malls, and physician offices.

Health Professional Education

- Health professionals have an important role to play in the protection, promotion and support of breastfeeding. Research indicates that many health professionals are not prepared with the knowledge and skills to support breastfeeding mothers. There is an immediate need to enhance the knowledge and skills of hospital and community health nurses, since they are frequently the first contact with breastfeeding support (Anderson & Geden, 1990; Ellis, 1992; Freed, Clark, Harris & Lowdermilk, 1996; Lazzaro, Anderson & Auld, 1995). Findings from a recent survey and series of focus group discussions with hospital and community health nurses in Newfoundland and Labrador suggests that there is minimal preparation of nurses for providing support to breastfeeding mothers. A lack of knowledge and skills to handle more complex breastfeeding situations was a predominant concern. There were several recommendations put forth for strategies to enhance the basic education on breastfeeding and to provide ongoing in-service education so that nurses stay current on breastfeeding issues (Murphy Goodridge, 1998).
- It is well recognized that negative attitudes towards breastfeeding by nurses, physicians and other health professionals continues to be a significant issue. Unfortunately, many health professionals provide only "lukewarm" support for breastfeeding and their negative attitudes frequently undermine a breastfeeding mother's confidence.
- Evidence from the literature suggests that physicians' knowledge, skills and attitudes are often not supportive of breastfeeding (Schanler, O'Connor and Lawrence, 1999). Strategies to be developed need for improved education around breastfeeding beginning in the basic medical undergraduate curriculum. While in recent years there has been more emphasis on breastfeeding there has not been a coordinated effort to ensure that the information is consistently presented in the medical curriculum. As well, there must be a collaboration to ensure that pediatric, family practice and obstetrical residents receive clinical experience in their residency programs.

Breastfeeding Resource Development

- While there is a plethora of resources on breastfeeding available, there is a need to develop a baseline of key resources for hospitals, community health programs, physician offices and community based initiatives offering breastfeeding support. The Breastfeeding Coalition currently receives on an ad hoc basis, an update of new resources. There has been no formal mechanism established to ensure that the resources are reviewed and evaluated prior to recommendation and distribution across the province.

Community Based Support Initiatives

- Peer -support models for breastfeeding have been demonstrated to be an effective means of providing education and support to "at risk" women (Grummer - Strawn, Rice, Dugas, Clark, Benton - Davis, 1997; Kistin, Abramson, Dublin, 1994; Morrow, Guerrero, Shultz, Calva, Lutter, Bravo, Ruiz-Palacios, Morrow, Butterfoss, 1999). Peer counsellors are women who have breastfed themselves and come from the local community. They receive training to prepare them to promote breastfeeding and support breastfeeding women in their communities. In communities where there is minimal support for breastfeeding either professionally or from family and close friends, women benefit from the support provided by experienced breastfeeding mothers in their capacity as peer counsellors.
- Breastfeeding support groups have been shown to be an effective approach for providing information and support to women throughout their breastfeeding experience. While there has been an increase in the number of breastfeeding support groups available in the province, as more women choose to breastfeed there will be opportunities for other groups to be established in areas where there has been limited access to this resource. The nature of the support groups vary across the province with the majority established through Health and Community Services and are professionally led by public health nurses. Mother- to- mother support groups led by breastfeeding mothers from the community may be a positive strategies for reaching women who are currently not accessing the community health/ hospital breastfeeding support groups. The value of postnatal breastfeeding support in sustaining breastfeeding beyond the early weeks cannot be understated. Given the rapid decline in breastfeeding in the early weeks after birth, especially for vulnerable groups it is critical to explore strategies such as mother-to-mother support and peer counselling to strengthen the continuation of breastfeeding.

WHO/ UNICEF Baby- Friendly Initiative

- In 1996, the Breastfeeding Committee for Canada(BCC) identified the Baby -Friendly Hospital Initiative(BFHI) as a primary strategy for the protection, promotion and support of

breastfeeding in Canada. The BFHI has been changed in Canada to the Baby- Friendly Initiative(BFI), to reflect the continuum of care for breastfeeding mothers and babies outside the hospital environment. The BCC is the National Authority for the BFI and will implement the BFI through provincial and territorial committees. The Provincial Perinatal Program through its leadership with the Breastfeeding Coalition has been designated the lead organization to implement BFI in the province.

- A partnership has also been established with the BCC and Health Canada's, Canada Prenatal Nutrition Program(CPNP) to share information and discuss the development of joint strategies to protect, promote and support breastfeeding in communities across Canada. The result of their initial joint meeting was the development of an Action Plan to facilitate the implementation of the BFI in CPNP projects. There are 10 CPNP funded projects in Newfoundland and Labrador. All of these projects have close links with the Breastfeeding Coalition and regional breastfeeding committees. Therefore, there will be opportunity to collaborate with these groups in implementing BFI in the communities they are serving. At the present time, the roles and responsibilities of the Provincial/Territorial BFI Implementation committees have not been established. Once this information is made available, there will be a clearer understanding of the expectations of the provincial committees in terms of the implementation of the BFI in hospitals, community health programs and community based projects such as the CPNP Healthy Baby Clubs.

Breastfeeding and Public Policy

- Many women who discontinue breastfeeding around 4 to 6 months do so as a result of their return to work outside the home (City of North York Public Health Department, 1994; Nova Scotia Department of Health, 1998; Storr, 1996). Often women are not aware that they can combine breastfeeding with other employment. Provincial legislation protecting and supporting the rights of breastfeeding mothers in the workplace must be established. In addition to government support through the development of policies which enable women to return to work and continue to breastfeed, there is a need to establish Baby- Friendly workplaces not solely for breastfeeding mothers employed by the organization but also for breastfeeding mothers frequenting these sites.
- If breastfeeding is to be accepted as the norm for infant feeding in this province, women must feel free to breastfeed wherever and whenever. Government policy must ensure that breastfeeding women are protected from harassment and discrimination when they choose to breastfeed in public.
- The WHO/ UNICEF *International Code of Marketing of Breastmilk Substitutes(1981)* was developed to protect breastfeeding by discouraging the unethical marketing of breastmilk substitutes and their products. Canada was a signatory to the Code in 1981, however; the Code is a voluntary Code in Canada, relying on the formula companies to monitor their own industry. The global marketing and promotion of breastmilk substitutes and their products

has expanded in recent years. While there is less promotion of these products in maternity hospitals and health care settings, the formula companies have focused their marketing strategies to direct marketing to parents in their own homes. Pregnant women and breastfeeding mothers receive free formula samples in the mail often unsolicited. Formula companies continue to sponsor "infant feeding seminars" usually co-sponsored with chain store pharmacies such as Shopper's Drug Mart and Lawtons. Formula companies also continue to target health professionals, especially physicians. There are many anecdotal reports of breastfeeding mothers receiving samples of formula products from their physicians. The marketing of these products to parents is a direct violation of the Code. Pregnant women use the information they receive about infant feeding to help them in making a decision about infant feeding. Frequently the information/literature presented by formula companies is inaccurate or has messages that may undermine a mother's breastfeeding experience.

Cost Effectiveness of Breastfeeding

- Breastfeeding is the unequalled way to ensure optimal infant and child nutrition. There is ample scientific evidence to support the many health, nutritional, immunological, and social developmental benefits to a child when they receive breastmilk. While the health and nutritional benefits of breastfeeding are well documented in the literature, in recent years there has been greater emphasis on the cost savings to families, communities and health care systems when babies are breastfed. (Riordan, J. 1997) Families save when babies are breastfed by not having to maintain the high cost of infant formula and complementary foods. The health care system saves with a significant reduction in health care expenditures as a result of fewer hospital admissions, physician visits and prescriptions for medications for childhood illness such as otitis media, respiratory illnesses, gastroenteritis and asthma. In addition, there are long term savings in the decrease in chronic diseases such as insulin-dependent diabetes and Crohn's disease. Breastfeeding is the ideal way to promote and maintain health. Breastfed children are healthier which will ultimately lend to a more productive workplace in the future. Within the national and provincial context of fiscal restraint health care professionals, health administrators and policy makers in their efforts to reduce health care costs should target resources for the protection, promotion and support for breastfeeding especially among groups less likely to choose breastfeeding. Parents need to be given the accurate facts of the hazards of not breastfeeding so that they are enabled to make an informed decision about such an important health issue.

Therefore, based on the issues outlined above the key strategic areas for the development of the provincial breastfeeding plan are:

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|---|---|
| ➤ | Public Education and Promotion |
| ➤ | Professional Education |
| ➤ | Implementation of Baby-Friendly Initiative |
| ➤ | Development of Public Policy |
| ➤ | Resource Development |
| ➤ | Research |

The key strategic areas arise from an analysis of the current breastfeeding situation in Newfoundland and Labrador. For each strategic area there are specific goals, objectives and actions to address the issues. Many of the actions are interrelated and complementary. While the focus of this strategic plan is the situation in Newfoundland and Labrador, there are significant global and national initiatives taking place that will impact on the activities in this province. The intent of the plan is to build on these initiatives through collaboration and consultation.

Public Education and Promotion

There is a need to focus on increasing awareness of the general public on the importance of and value of breastfeeding to our society. This area will encompass broad community breastfeeding promotion campaigns and include education initiatives aimed at pre-school, school age children, and pregnant and childbearing women and their families.

Goals:

- ***To increase public awareness of the importance and value of breastfeeding.***
- ***To promote breastfeeding as the cultural norm for infant feeding in Newfoundland and Labrador.***

Professional Education

The education of health professionals on breastfeeding is required to ensure that women are supported in hospital and community settings for their breastfeeding efforts. Unless health professionals have the knowledge and skills to give mothers effective guidance and counselling throughout their breastfeeding experience the result may be inaccurate or conflicting advice which ultimately undermines a mother's experience. There is also a need to explore professional attitudes towards breastfeeding as negative attitudes, are prevalent and impede the promotion of breastfeeding.

Goals:

- *To foster the development of positive attitudes towards breastfeeding among health professionals*
- *To increase the knowledge and skills of health professionals working with breastfeeding mothers.*

Implementation of Baby- Friendly Initiative

The Baby- Friendly Initiative(BFI) is a global program based on the Ten Steps to Successful Breastfeeding launched in 1992 by UNICEF and the WHO to encourage hospitals and health care facilities to protect, promote and support breastfeeding. The implementation of the BFI in Newfoundland and Labrador is an effective strategy for collectively working to ensure that breastfeeding is established as the cultural norm for the province.

Goals:

- *To promote the BFI as an effective means of ensuring the protection, promotion and support for breastfeeding in Newfoundland and Labrador communities.*
- *To facilitate the implementation of the BFI in hospitals, community health programs and community based initiatives such as the CPNP Healthy Baby Clubs.*

Development of Public Policy

The development of strong public policy for the promotion and protection of breastfeeding is required in all sectors of society. The prevalence of women returning to the workplace and expecting to continue breastfeeding and the number of women who discontinue breastfeeding prematurely as a result of returning to work, indicates that there is a need for workplace policies that support the breastfeeding mother in this endeavour. As well, there is a need for federal and provincial governments to examine the issue of the unethical marketing of formula products by industry to pregnant women and breastfeeding mothers.

Goals:

- *To advocate for the provincial government to develop a statement of support for and commitment to breastfeeding*
- *To support the development of integrated and evidence based workplace policies and programs that protect a woman's right to breastfeed or express milk in the workplace*

- *To support the establishment of federal and provincial legislation to protect breastfeeding*

Resource Development

There is an abundance of resources available on breastfeeding for lay and professional groups. Despite this, there may be potential gaps in the types of resources available for specific target groups. There is a need to establish a mechanism for a provincial review of current resources and the dissemination of this information to appropriate groups. Easy access to the current resources is required for health professionals and other groups outside the mainstream.

Goals:

- *To develop a central database of breastfeeding resources for hospitals, community health programs and community based initiatives that are consistent with global and national standards*
- *To support the ongoing development of breastfeeding resources that reflect the diverse cultures of Newfoundland and Labrador*

Research

Recognition of the value and importance of research in breastfeeding issues is required to ensure that programs, policies and practices are based on current best evidence. A mechanism for reviewing the current literature and disseminating information to health professionals working with breastfeeding mothers is needed. There is also a need to allocate research resources to the development of a comprehensive database on breastfeeding and other infant feeding practices in the province. Collaborative, multi-disciplinary research projects involving a variety of sectors is required to ensure that available expertise and financial resources are maximized.

Goals:

- *To promote the ongoing collection of infant/child feeding practices and related data for the province*
- *To increase awareness of the need for research in breastfeeding issues*

GOALS, OBJECTIVES, ACTIONS

Public Education and Promotion

Goal 1

To increase public awareness of the importance and value of breastfeeding

Objective 1.1

To expand on current *Breastfeeding: Go with the flow!* breastfeeding promotion campaign.

Actions

- Develop and implement evaluation strategy of *Breastfeeding: Go with the flow!* resources
- Consider using the *Breastfeeding: Go with the flow!* resources as a starting point for a provincial breastfeeding promotion campaign
- Identify gaps in current *Breastfeeding: Go with the flow!* resources.
- Produce additional resources to complement *Breastfeeding: Go with the flow!* resources eg. logo, buttons, book marks, T-shirts, caps.
- Establish appropriate timeline for launch of promotional campaign across the province, for example during World Breastfeeding Week
- Develop information package on campaign.
- Distribute resources to all regions.
- Launch provincial campaign.
- Conduct a series of focus group discussions to assess impact promotion of campaign with key target groups (younger women, lower socioeconomic status)

Responsibility: *Breastfeeding Coalition, Regional Breastfeeding Committees, Health and Community Services, CPNP Healthy Baby Clubs*

Timeline: *January 2001*

Cost Implications: *\$10,000 will vary depending on need for new resources and evaluation costs .*

Objective 1.2

To develop and implement a provincial breastfeeding promotion campaign with specific strategies targeting the general public over a five year period.

Actions

- Collaborate with partners in other sectors with expertise in the area of social marketing and health promotion to seek their assistance with the development of the breastfeeding promotion initiative.
- Identify successful breastfeeding promotional strategies previously undertaken in the province (or nationally) especially those occurring during World Breastfeeding Week.
- Explore key aspect of breastfeeding to focus on for the promotion of breastfeeding to specific target groups, for example health benefits, cost savings for different sectors, overcoming the barriers, role of male partner and family members.
- Recommend key promotional activities that could be undertaken to promote breastfeeding in the province on a yearly basis.
- Establish a time frame for the implementation of each strategy.
- Establish mechanism to ensure that promotional activities are taking place and evaluation completed.

Responsibility: *Breastfeeding Coalition, Health and Community Services, provincial Perinatal Program, Regional Health and Community Services and Regional Breastfeeding Committees*

Timeline: *September 2004*

Cost Implications: *\$30,000- funding dependent on type of promotional strategy developed for example, TV advertising, radio or community public service announcements*

Goal 2

To promote breastfeeding as the cultural norm for infant feeding in Newfoundland and Labrador.

Objective 2.1

By the year 2004 the breastfeeding initiation rates will be 80% with a six month breastfeeding rate of 50%

Actions

- Develop innovative strategies to enable all childbearing women, their male partners and close family members to have access to information on breastfeeding prior to conception or early in their pregnancy to coincide with the timing of when most make the decision to breastfeed.
- Support the provision of information to all pregnant women on support and resources for breastfeeding in the community.
- Determine key areas to focus on in relation to information and education on breastfeeding for example, . presenting realistic information, anticipatory guidance on common concerns with initiation.
- Identify existing community barriers to access to information and support for breastfeeding mothers and their families.
- Develop and implement specific strategies to enable all breastfeeding mothers to have broader and more consistent access to support at the community level in the early postpartum(support from health professionals, peer support, telephone support and/or mother-to-mother group support).

Responsibility: ***Government of Newfoundland and Labrador Department of Health and Community Services, Regional Health and Community Services, Provincial Perinatal Program, Breastfeeding Coalition, Regional Breastfeeding Committees***

Timeline: ***September 2004***

Cost Implications: ***\$5,000 (training of peer counsellors)***

Objective 2.2

To increase public knowledge and develop positive attitudes towards breastfeeding

Actions

- Review national breastfeeding strategies aimed at increasing knowledge and fostering positive attitudes for areas of collaboration.
- Investigate the appropriateness of promotional strategies to enhance the acceptance of breastfeeding in public.
- Identify key breastfeeding individuals within the province who may enhance the public image / acceptance of breastfeeding through their involvement in a promotion activity, (sports celebrity, entertainer).
- Define the role of spokesperson(s).
- Determine how spokesperson could be best utilized to promote breastfeeding with specific target groups such as teens, low income groups, fathers.
- Implement provincial/ regional activities using spokesperson.
- Establish mechanism for evaluation.

Responsibility: *Provincial Perinatal Program, Breastfeeding Coalition, Government of Newfoundland and Labrador, Department of Health and Community Services, Regional Health and Community Services*

Timeline: *February 2001*

Cost Implications: *\$2,000, will vary depending on cost of spokesperson.*

Objective 2.3

To increase the incidence of positive breastfeeding messages in the media.

Actions

- Compile a current list of all provincial media outlets, (note those that have been supportive of breastfeeding issues).
- Appoint a representative(s) of the Breastfeeding Coalition to be the liaison person with the media.
- Establish the roles and responsibilities of the media liaison person.
- Establish set of guidelines for determining types of breastfeeding/infant feeding issues/stories appropriate for coverage.
- Encourage the Regional Breastfeeding Committees to submit ideas/ stories to provincial liaison person for further development.
- Establish a mechanism for compiling breastfeeding coverage in the media for archival purposes.

Responsibility: *Breastfeeding Coalition and Regional Breastfeeding Committees*

Timeline: *June 2000*

Cost Implications: *\$100.00*

Objective 2.4

To develop and enhance existing partnerships with schools and other groups working with children and youth for the purpose of breastfeeding education and promotion.

Actions

- Identify key individuals and groups working with children and youth for example schools, preschools, YMCA babysitting courses.
- Select the most appropriate groups to work in partnership with on the breastfeeding issue

- Establish a working group with members of the Breastfeeding Coalition and the identified partners to initiate a plan for integrating breastfeeding into their programs.
- Assess current programs and determine areas in which breastfeeding could be incorporated into school curriculum or programs.
- Develop and implement a breastfeeding promotional strategy in schools and other youth programs.
- Evaluate effectiveness of intervention in relation to attitudes towards breastfeeding and acceptance of breastfeeding as the norm for infant feeding.

Responsibility: ***Breastfeeding Coalition, Government of Newfoundland and Labrador, Department of Education, Early Childhood Programs, Community programs for youth***

Timeline : ***June 2003***

Budget: ***\$1,000.00 and would require additional funding depending on resources developed***

Professional Education

Goal 3

To foster the development of positive attitudes towards breastfeeding among health professionals

Objective 3.1

To develop educational strategies focussing on the influence of professional attitudes towards breastfeeding

Actions

- Establish an ad hoc committee of the Breastfeeding Coalition to examine the issue of professional education.
- Review and disseminate current research on attitudes towards breastfeeding of health professionals.
- Work to ensure that all educational sessions with health professionals on breastfeeding include an attitudinal component.
- Develop and implement strategies for integrating the attitudinal component into educational sessions.
- Collaborate with schools of nursing, medicine, pharmacy and other health professional programs to identify points in the curriculum that professional attitudes

- towards breastfeeding may be addressed.
- Encourage members of the various professional groups to write articles on attitudes towards breastfeeding for professional newsletters and journals.
 - Establish guidelines for physicians and other health professionals for ensuring that their practice settings reflect a positive and supportive attitude towards breastfeeding (for example, posters and educational materials consistent with WHO Code guidelines, no gifts or free formula samples given out, private area for mothers to breastfeed comfortably and supportive workplace policies on breastfeeding)
 - Establish a mechanism for ensuring that physicians and other health professional practice settings receive current and appropriate educational/promotional materials on breastfeeding from Regional Health and Community Services.
 - Encourage individual health professionals to ensure that a positive attitude towards breastfeeding is evident in the care given to pregnant women and breastfeeding mothers.
 - Seek funding resources to initiate a research project on attitudes of health professionals towards infant feeding.

Responsibility: *Breastfeeding Coalition, Health Professional School Representatives*

Timeline: *March 2004*

Cost Implications: *\$2,000.00, and in kind support form schools, student funded summer projects for research initiatives*

Goal 4

To increase the knowledge and skills of health professionals working with breastfeeding mothers

Objective 4.1

To establish guidelines and specific criteria for the integration of breastfeeding into professional school curricula

Actions

- Identify key professional disciplines influencing breastfeeding.
- Establish a multi-disciplinary committee representing all key health professional groups.
- Encourage professional associations to endorse the Breastfeeding Coalition's Position Statement on Infant Feeding (1999).
- Review current recommendations from WHO/ UNICEF regarding standards for professional education on breastfeeding.
- Encourage professional associations to recommend the inclusion of breastfeeding

- knowledge and skills criteria in professional schools.
- Review key findings from survey and focus groups examining educational needs for breastfeeding of hospital and community health nurses.
- Identify areas of curricula where breastfeeding is currently included and determine how best to integrate appropriate content on breastfeeding.

Responsibility: *Breastfeeding Coalition, Professional Associations and Schools*
Timeline: *September 2001*
Cost Implications: *In kind support*

Objective 4.2

To support the development of orientation programs on breastfeeding for health professionals entering workplaces where they will interact with pregnant women, breastfeeding mothers and their families.

Actions

- Identify and outline minimum requirements for orientation on breastfeeding for all professional staff working in hospital and community health settings.
- Identify and outline available education programs for health professionals that meet the WHO/ UNICEF G.F.H.I. requirements.
- Disseminate information to Regional Hospitals and Regional Health and Community Services.
- Provide support and expert assistance to Regional Hospitals and Regional Health and Community Services as requested.

Responsibility: *Provincial Perinatal Program, Breastfeeding Coalition, Hospitals and Regional Health and Community Services*
Timeline: *September 2001*
Cost Implications: *In kind support*

Objective 4.3

To encourage and support the continuing breastfeeding education needs of health professionals

Actions

- Develop and maintain a web site for the Breastfeeding Coalition with links to

- relevant breastfeeding sites.
- Establish a mechanism for disseminating information regarding available educational opportunities such as conferences and teleconferences to the regions
 - Provide regular up dates on current breastfeeding issues through the teleconferencing system and through Breastfeeding Coalition web site
 - Provide written updates/fact sheets on new trends or issues relating to breastfeeding.
 - Establish a means of disseminating information on breastfeeding to nurses, physicians, dieticians, nutritionists and pharmacists through displays, newsletters, teleconferences, and information sessions at annual meetings and conferences.
 - Establish a link with Continuing Medical Education, ARNN, Provincial Perinatal Program to ensure that continuing education for health professionals is included in the above educational sessions.

Responsibility: *Provincial Perinatal Program, Breastfeeding Coalition, and Health Professional Associations*

Timeline: *June 2002*

Cost Implications: *In kind support*

Implementation of Baby- Friendly Initiative

Goal 5

To promote the BFI as an effective means of ensuring the protection, promotion and support for breastfeeding in Newfoundland and Labrador communities.

Objective 5.1

To collaborate with the Breastfeeding Committee for Canada in developing creative approaches to familiarize health professionals, policy makers and consumers with the BFI.

Actions

- Advocate for continued representation of province on the BCC
- In collaboration with the BCC, develop information package on the BFI for distribution to hospitals, community health agencies, community groups and other key stakeholders within Department of Health and Community Services and hospital boards (this information package will be available from the BCC as the national authority).
- Distribute packages to all hospitals offering maternity and /or newborn services and regional health and community services.
- Request that organizations respond to the information package with their

organization's interest in pursuing the designation process to achieve Baby-Friendly Status.

- Follow-up with on-site visits by member(s) of provincial BFI implementation committee with organizations that have expressed an interest in BFI implementation process.
- Determine process for soliciting consumer advice and input into the BFI implementation process.

Responsibility: *Provincial BFI implementation Committee, in partnership with the Breastfeeding Committee for Canada Provincial Perinatal Program, hospitals and Regional Health and Community Services*

Timeline: **June 2000**

Cost Implications: **In kind and undermined additional costs if travel required**

Objective 5.2

To collaborate with the Canada Prenatal Nutrition Program(CPNP) funded Healthy Baby Clubs to develop strategies for promoting the BFI within the projects.

Actions

- In consultation with Prenatal Nutrition Advisory Committee select a CPNP representative for Provincial BFI Implementation Committee
- Designate member of Provincial BFI Implementation Committee to participate in meetings of the Prenatal Nutrition Advisory Committee.
- In consultation with the provincial Healthy Baby Clubs, determine current breastfeeding issues and concerns within the projects (strengths and challenges).
- In consultation with national CPNP breastfeeding group, develop appropriate strategies for promoting the BFI within CPNP projects (for example peer support model for breastfeeding).
- Review the *“Breastfeeding Support for the Healthy Baby Clubs: A Guide for Resource Mothers”* and integrate suggested strategies for promoting and supporting breastfeeding within Healthy Baby Clubs.
- Develop information package on BFI for Healthy Baby Club projects in the province.
- Disseminate information to key stakeholders within CPNP in the province

Responsibility: *Breastfeeding Committee for Canada, Canada Prenatal Nutrition Program, CPNP Projects, Provincial BFI Implementation Committee*

Timeline: **December 2000**

Cost Implications: *In kind support*

Goal 6

To facilitate the implementation of the BFI in hospitals, community health programs and community based initiatives such as the CPNP Healthy Baby Clubs.

Objective 6.1

To establish a Provincial BFI Implementation Committee for the province

Actions

- Seek and secure provincial funding for the establishment of the Provincial BFI Implementation Committee.
- Establish terms of reference for the BFI Implementation Committee.
- Solicit membership from key stakeholders for BFI Implementation Committee.
- Establish roles and responsibilities for BFI Co-ordinator position.
- Appoint Provincial Co-ordinator for BFI Implementation.
- In consultation with other Provincial /Territorial Committees and the Breastfeeding Committee for Canada, develop goals and objectives for committee and work plan to implement BFI across the province.

Responsibility: *Provincial Perinatal Program, Provincial BFI Implementation Committee, Government of Newfoundland and Labrador, Department of Health and Community Services, Breastfeeding Committee for Canada*

Timeline: *June 2000*

Cost Implications: *\$25,000*

Objective 6.2

To review guidelines and materials developed by the Breastfeeding Committee of Canada for the Provincial/Territorial BFI Implementation Committees

Actions

- Seek appropriate guidelines and criteria for Provincial Implementation of BFI from BCC.
- Adapt documents as required to meet the needs of the province.
- Develop information packages on BFI Implementation process for key stakeholders

- in the province.
- Disseminate information.

Responsibility: *Provincial Perinatal Program, Provincial BFI Implementation Committee, Breastfeeding Committee for Canada*

Timeline: *September 2000*

Cost Implications: *\$2,000.00*

Objective 6.3

To monitor the BFI implementation process in hospitals and community health programs across the province

Actions

- Follow established guidelines pertaining to the designation of Baby- Friendly Hospitals in Canada as put forth by the BCC.
- Evaluate the current situation in the province with respect to hospitals and maternity care centres progress towards Baby- Friendly status.
- Establish in consultation with BCC a database of approved BFI assessors for Newfoundland and Labrador.
- Compile a list of hospitals in this province demonstrating an intent to achieve Baby-Friendly status.
- Network with hospitals and community health programs intending to become Baby-Friendly
- Monitor progress of hospitals and community health programs in the province in their effort to achieve Baby-Friendly status.
- Provide ongoing consultation and expert assistance to hospitals and community health programs in their efforts to achieve Baby- Friendly status (identifying barriers to implementation of BFHI, delineating educational needs, supporting breastfeeding research and advocating for breastfeeding).
- Maintain a current resource base on BFHI for access by hospitals and community health programs.

Responsibility: *Provincial Perinatal Program, BFI Implementation Committee, BCC*

Timeline: *September 2004 and on-going*

Cost Implications: *Cost of BFI Coordinators's time and Provincial BFI Implementation Committee members*

Objective 6.4

To collaborate with the CPNP to implement the BFI in the Healthy Baby Clubs project.

Actions

- Establish a partnership approach with CPNP and the Provincial BFI Implementation Committee to implement the National Action Plan for the BFI at CPNP sites.
- Monitor implementation of activities based upon previously established criteria

Responsibility: *CPNP projects, Prenatal Nutrition Advisory Committee, BFI Implementation Committee*

Timeline : *January 2004*

Cost Implications: *\$2,000.00*

Development of Public Policy

Goal 7

To advocate for the provincial government to develop a statement of support for and commitment to breastfeeding

Objective 7.1

To prepare and release a statement of support for breastfeeding for the Government of Newfoundland and Labrador

Actions

- Identify the key government sectors(health and community services, education, labour, women's policy, finance, human resources and employment) needed to contribute to the process.
- Identify lead department to undertake initiative Health and Community Services.
- Review and critique statements from other provincial or federal jurisdictions and highlight areas of mutual interest for Newfoundland and Labrador statement.
- Review World Health Organization (WHO) and World Alliance for Breastfeeding Action(WABA) statements regarding government policy and breastfeeding.
- Develop draft statement which clearly articulates government's commitment and support for breastfeeding, as an important source of nurture and nutrition that must be encouraged in the interest of the health and well being of mothers, children, families and communities. The statement should articulate the importance of government and private enterprise instituting policies and practices that support women who choose to breastfeed whether at home, in the community and or

- workplace.
- Determine how provincial government could best integrate the breastfeeding policy statement into their overall health, education, nutrition and social development policies.
 - Solicit response to Breastfeeding Statement from select group representing various government sectors and community members.
 - Finalize statement.
 - Obtain endorsement of statement by provincial government.
 - Distribute statement to all government departments.
 - Work with media committee to establish mechanism for ensuring coverage in media.
 - Use this opportunity to support a breastfeeding promotion/awareness campaign within government sectors.

Responsibility: *Government of Newfoundland and Labrador, Department of Health and Community Services(lead department), Breastfeeding Coalition*

Timeline: *March 2001*

Cost Implications: *\$1,000.00*

Goal 8

To support the development of integrated and evidenced based workplace policies and programs that protect a woman's right to breastfeed or express milk in the workplace.

Objective 8.1

To establish a model workplace policy to be implemented in a variety of employment settings (government and private sectors).

Actions

- Identify appropriate representatives of key government and private sectors to initiate process.
- Review sample workplace policies available, especially OPHA "*Creating a Breastfeeding Friendly Workplace*" and WABA documents on "*Women Work and Breastfeeding: Everybody Benefits.*"
- Develop a breastfeeding policy for employees that addresses the importance of breastfeeding, a mother's right to breastfeed anytime and anywhere and practices in the workplace that enhance a mother's efforts to continue to breastfeed or express milk for her child in the workplace.
- Select pilot site for implementation of workplace policy.
- Present rationale and benefits of enacting a policy on breastfeeding to the

- administration of selected workplace (Fact sheets).
- Ensure that all employees are aware of details regarding the workplace policy.
- Work with media representative of Breastfeeding Coalition to publicize the establishment of a breastfeeding friendly workplace.
- Assess and evaluate implementation of breastfeeding policy.
- Share workplace policy with private sectors..

Responsibility: *Breastfeeding Coalition, Government of Newfoundland and Labrador, Private sector and Community partners*

Timeline: *September 2002*

Cost Implications: *\$2,000.00*

Objective 8.2

To lobby for the modification of workplace legislation to better protect the rights of the breastfeeding mother and her child.

Actions

- Review and critique current provincial legislation and /or collective agreements on pregnancy, parental leave and maternity leave policy as it relates to breastfeeding.
- Review and critique current provincial legislation and /or collective agreements on flexibility of workplace policies to facilitate the continuance of breastfeeding and the protection of breastfeeding mothers when returning to employment outside the home.
- Review and critique current child care legislation and access to child care in workplace settings for young infants to ensure the child's right to optimal nutrition (breastmilk), nurturance and care.
- Suggest appropriate modifications to existing legislation to enhance support to breastfeeding mothers in the workplace.
- Explore potential financial incentives for breastfeeding mothers in the province to initiate and continue breastfeeding and make recommendations to (refer to financial support in Quebec).
- Lobby government to draft, enact and enforce legislation protecting the rights of breastfeeding women in the workplace.
- Monitor and evaluate process.

Responsibility: *Breastfeeding Coalition, Government of Newfoundland and Labrador and private sector*

Timeline: *March 2003*

Cost Implications: *Undetermined*

Goal 9

To support the establishment of federal and provincial legislation to protect breastfeeding

Objective 9.1

To explore the possibility of establishing a task force for the purpose of educating health professionals and the general public about the WHO Code and monitoring of violations of the WHO Code in Newfoundland and Labrador

Actions

- Establish group of individuals representing hospitals and community health programs and consumers, physicians, government sectors to direct the work relating to the Code.
- Establish terms of reference for group (education about the Code and monitoring and reporting of violations).
- Identify specific strategies for educating the general public and health professionals about the WHO Code and the implications of violations in terms of the protection of breastfeeding.
- Collaborate with hospitals, community health programs and health professionals in private practice to ensure that these groups are in full compliance with the WHO Code.
(no free/subsidized formula supplies or free formula gift samples, no advertising of formula products, no education or research funds, no gifts with industry logos/advertising).
- Monitor enforcement of the WHO Code in the province by reviewing industry marketing of their products to consumers and health professionals.
- Establish formal guidelines and criteria for reporting Code violations from around the province and specific action to handle follow-up.
- Recommend that federal and provincial governments continue to take responsibility for providing objective and consistent information on infant and young child feeding recommendations and for monitoring information provided by other non-government groups.

Responsibility: *Breastfeeding Coalition, Government of Newfoundland and Labrador Department of Health and Community Services, Private Sector, Health Professionals,*

Timeline: *December 2002*

Cost Implications: *Undetermined, explore possible research grant*

Objective 9.2

To collaborate with national groups such as the Breastfeeding Committee for Canada (BCC) and INFACT Canada to work towards the legislation of the WHO/UNICEF Code in federal law.

Actions

- Maintain ongoing contact with national breastfeeding groups through the Breastfeeding Coalition and share strategies for encouraging the federal government to legislate the Code.
- Support campaigns by groups such as INFACT Canada in their efforts to educate politicians and other government representatives about the importance of industry adherence to the WHO/UNICEF Code.

Responsibility: *Breastfeeding Coalition, Provincial BFI Implementation Committee*

Timeline: *September 1999 and ongoing*

Cost implications: *In kind*

Resource Development**Goal 10**

To develop a central database of breastfeeding resources for hospitals, community health programs and community based initiatives that are consistent with global and national standards.

Objective 10.1

To establish a committee of the Breastfeeding Coalition to initiate the process of resource review and dissemination

Actions

- Identify members from various regions of province interested in participating on committee; include representation from hospital, community health programs and community based initiatives.
- Establish terms of reference for committee.

- Develop goals and objectives and plan of action to address key issues

Responsibility: *Breastfeeding Coalition, regional breastfeeding committees*

Timeline: *January 2000*

Cost Implications: *In kind*

Objective 10.2

To determine guidelines and criteria for evaluating breastfeeding resources for use with specific target groups.

Actions

- Develop and or adapt specific guidelines and criteria for evaluating breastfeeding resources.
- Disseminate information to regional breastfeeding committees and hospital and community health programs.

Responsibility: *Breastfeeding Coalition*

Timeline: *December 2000*

Cost Implications: *In kind*

Objective 10.3

To develop a provincial inventory of breastfeeding resources

Actions

- Conduct a survey of existing breastfeeding resources(written and audiovisual) used in various settings around the province.
- Identify resources currently recommended by national groups such as Health Canada, Breastfeeding Committee for Canada, INFACT Canada and Canadian Institute for Child Health (CICH).
- Review resources used in other countries and assess their suitability to Newfoundland and Labrador.
- Develop central data base for the collection and input of new breastfeeding resources.
- Ensure that resources are categorized for health professional use, lactation consultant, general public, breastfeeding mothers, or specific target groups such as ESL, First Nations groups, CPNP project.
- Disseminate information about access to recommended resources to individuals and

- organizations.
- Establish guidelines for ongoing input and review of new resources by provincial committee.

Responsibility: *Breastfeeding Coalition, Provincial BFI Implementation Committee, Regional Breastfeeding Committees*

Timeline: *March 2001*

Cost Implications: *Undetermined, explore use of summer student grant*

Goal 11

To support the ongoing development of breastfeeding resources that reflect the diverse cultures of Newfoundland and Labrador.

Objective 11.1

To identify gaps in current provincial breastfeeding resources

Actions

- Determine in consultation with breastfeeding groups around the province(and knowledge of core breastfeeding resources required for BFI implementation) where gaps exist in resources.
- Recommend key areas for the development of additional resources.
- Prioritize recommendations into three key resource projects for example video, manual, pamphlet with key target groups.
- Develop proposals for seeking funding for specific projects.

Responsibility: *Breastfeeding Coalition, Provincial BFI Implementation Committee, CPNP projects,*

Timeline: *September 2001 initiate process*

Cost Implications: *Undetermined depending on resources developed*

Research

Goal 12

To promote the ongoing collection of infant/child feeding practices and related data for the province

Objective 12.1

To develop a comprehensive data base on breastfeeding and infant feeding

related practices in the province

Actions

- Explore partnership for research initiatives with MUN School of Nursing, Faculty of Medicine and Health and Community Service.
- Review the provincial infant feeding survey completed in 1994 and other provincial infant feeding surveys (eg NS, North York).
- Seek and secure funding for developing and implementing provincial infant feeding practices survey.
- Implement provincial survey.
- Analyse data and disseminate findings.
- Establish ongoing mechanism for monitoring data on infant feeding practices in the province, specifically breastfeeding initiation and duration rates and reasons for discontinuing breastfeeding.
- Define necessary criteria for data base with relevant indicators affecting breastfeeding and other infant feeding practices.

Responsibility: *Breastfeeding Coalition, Provincial Perinatal Program, MUN School of Nursing, Faculty of Medicine(Community Health)*

Timeline: *January 2002*

Cost Implications: *\$20,000.00 unless survey funded through external research grant*

Goal 13

To increase awareness of the need for research in breastfeeding issues

Objective 13.1

To conduct literature review on breastfeeding issues on a regular basis

Actions

- Establish web site for Breastfeeding Coalition.
- Conduct medline search every six months.
- Develop mechanisms to integrate and disseminate relevant data to breastfeeding community in the province to enable evidence-based program and policy decisions..
- Provide information and advice to university, hospital and community health libraries in their efforts to establish comprehensive journal and textbooks on breastfeeding and related topics.

Responsibility: *Provincial Perinatal Program, Breastfeeding Coalition*

Timeline: *March 2001*

Cost Implications: *In kind*

Objective 13.1

To encourage health professionals to collaborate in research relating to breastfeeding.

Actions

- Establish research priorities based on needs of province and thorough review of literature.
- Provide support and information to health professionals, students and breastfeeding advocates in the community on proposals relating to breastfeeding research..
- Encourage health professionals to attend conferences and present research projects relating to breastfeeding at national and international conferences.
- Establish a research fund through the Breastfeeding Coalition to support the research initiatives of members of the Coalition.

Responsibility: *Breastfeeding Coalition, Provincial Perinatal Program*

Timeline: *September 2000*

Cost Implications: *In kind*

OVERVIEW OF OUTCOME INDICATORS

Public Education and Promotion

Goal 1

To increase public awareness of importance and value of breastfeeding.

Outcome Indicators

- *Breastfeeding: Go with the flow!* campaign resources visible and accessible in all regions of the province.
- Provincial breastfeeding promotion campaign developed and implemented over a five year period in Newfoundland and Labrador.
- Evaluation strategy developed and implemented

Goal 2

To promote breastfeeding as the cultural norm for infant feeding in Newfoundland and Labrador.

Outcome Indicators

- By the year 2005 80% of new mothers initiate breastfeeding and 50% continue to breastfeed at six months.
- Evaluation of promotional strategies indicate increased awareness of benefits of breastfeeding and positive attitudes with target groups.
- Positive media coverage of WBW activities throughout the province.
- Breastfeeding promotional strategy implemented in schools and selected youth programs

Professional Education

Goal 3

To foster the development of positive attitudes towards breastfeeding among health professionals.

Outcome Indicators

- Curricula of health professional schools include attitudinal component in breastfeeding education sessions.
- Health professional practice settings reflect a positive and supportive attitude towards breastfeeding based on WHO guidelines/criteria.

Goal 4

To increase the knowledge and skills of health professionals working with breastfeeding mothers

Outcome Indicators

- Curricula of professional schools have established guidelines and criteria for integration of breastfeeding into curricula by 2001.
- Hospitals and community health programs have established breastfeeding orientation programs for staff by 2002.
- Health professionals in Newfoundland and Labrador have access to current and accurate information on breastfeeding through the link with the Breastfeeding Coalition by 2002.

Implementation of Baby-Friendly Initiative (BFI)

Goal 5

To promote the BFI as an effective means of ensuring the protection, promotion and support for breastfeeding in Newfoundland and Labrador communities.

Outcome Indicators

- Hospitals, community health programs and community based initiatives such as CPNP have access to information and resources on the BFI.

Goal 6

To facilitate the implementation of the BFI in hospitals, community health programs and community based initiatives such as the CPNP Health Baby Clubs

Outcome Indicators

- Provincial BFI Implementation Committee established in province by September 1999
- BFI implementation plan determined for process of implementing BFI in Newfoundland and Labrador

Development of Public Policy

Goal 7

To develop a provincial government policy statement indicating support for and a commitment to breastfeeding

Outcome Indicators

- Breastfeeding statement is articulated for the province.

Goal 8

To support the development of integrated evidence based workplace policies and programs that protect a woman's right to breastfeed or express milk in the workplace.

Outcome Indicators

- Model workplace policy is developed in implemented in a pilot site.
- Workplace policies are enacted that provide support for breastfeeding mothers returning to work outside the home.

Goal 9

To support the establishment of federal and provincial legislation to protect breastfeeding.

Outcome Indicators

- WHO Code violations decrease in province as evidenced by monitoring and surveillance of hospitals, community health programs and health professional private practice settings.

Resource Development

Goal 10

To develop a central database of breastfeeding resources for hospitals, community health programs and community based initiatives that are consistent with global and national standards.

Outcome Indicators

- Central database on provincial breastfeeding resources established and accessible to all regions of the province.

Goal 11

To support the ongoing development of breastfeeding resources that reflect the diverse cultures of Newfoundland and Labrador.

Outcome Indicators

- Specific breastfeeding resources are developed to meet the current needs/ gaps in provincial resources.

Research

Goal 12

To promote the ongoing collection of infant /child feeding practices and related data for the province.

Outcome Indicators

- A comprehensive data base on breastfeeding and infant/ child feeding practices and related data is developed for the province.

Goal 13

To increase awareness of the need for research in breastfeeding issues.

Outcome Indicators

- Breastfeeding community have access to current literature on breastfeeding through an established mechanism
- Increase in research project initiatives in breastfeeding at hospital and community level.