Infant Feeding Surveillance Pilot Study

Final Results from the LDCP Breastfeeding Project

Project Summary

STUDY MOTIVATION

Breastfeeding is an important determinant of health. Currently, Ontario public health units collect infant feeding surveillance data on an individual basis, with little consistency in the data collection questions and methods across the province. This makes it very difficult to compare and identify provincial breastfeeding trends or compare trends between health units.

OBJECTIVE

To identify the features of a feasible standardized questionnaire and data collection method to carry out population-based infant feeding surveillance that would enable public health units in Ontario to have accurate, standardized and comparable infant feeding surveillance data.

STUDY OVERVIEW

The project was a multi-phasic feasibility study including:

Phase 1 Situational Assessment	Phase 2 Development of Pilot	Phase 3 Pilot Testing	Phase 4 Pilot Evaluation	Phase 5 Summary. Recommendations and Dissemination
Complete a situational assessment of current infant feeding surveillance tools and methods in Ontario Public Health Units and elsewhere	Develop a standardized method and a data collection process for infant feeding surveillance in Ontario Public Health Units	Pilot test the developed tool and data collection method in 7 Ontario Public Health Units	Analyze and evaluate the implementation and performance of the pilot surveillance system	Develop and disseminate recommendations on a common infant feeding tool and data collection method

The final report infant feeding surveillance toolkit includes:

- Final report
- Recommended questionnaires in French and English
- Recommended time points for data collection
- Recommended process for data analysis
- Recommended variables and reports to use in BORN for breastfeeding rates at entry to service

Collaborative Project Team:

Lead Organization
Oxford County Public Health

Co-applicants
Durham Region Health Department
Kingston, Frontenac and Lennox & Addington Health Unit
Region of Waterloo Public Health
Simcoe Muskoka District Health Unit
Sudbury and District Health Unit
Windsor-Essex County Health Unit
York Region Community and Health Services

Collaborators
Brant County Health Unit
Chatham-Kent Public Health
Elgin St. Thomas Public Health
Haldimand-Norfolk Public Health
Haliburton, Kawartha, Pine Ridge District Health Unit
Halton Region Public Health
Hamilton Public Health
Lambton County Health Unit
Leeds, Grenville and Lanark District Health Unit
Middlesex-London Health Unit
Niagara Region Public Health
Peel Public Health
Perth Public Health
Porcupine Health Unit
Renfrew County and District Health Unit
Toronto Public Health
Wellington-Dufferin-Guelph Public Health

This project has been funded by Public Health Ontario. Views expressed in this summary are the views of the LDCP Breastfeeding Team members and do not necessarily reflect those of Public Health Ontario

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Project Recommendations

1) **Time points:** public health units report on infant feeding trends at the following time points: i) discharge from hospital to represent entry to community service using the BORN Ontario database, ii) two months postpartum, and iii) six months postpartum. Collection of data can be done at the aforementioned time points or retrospectively at six months. PHUs should also consider continued surveillance beyond six months to collect breastfeeding duration and need for resources up to two years and beyond.
2) **Sampling:** public health units use a census sample (all consenting mothers are attempted to be contacted) or a systematic random sampling approach based on an appropriate sample size. Mothers should be excluded from infant feeding surveillance if at the time of the questionnaire: the child(ren) is (are) in hospital, child(ren) is (are) no longer in mother's custody, or family no longer resides in the health unit jurisdiction.
3) **Consent:** public health units obtain consent to contact mothers for infant feeding surveillance purposes at the time that the Healthy Babies Healthy Children (HBHC) Screening Tool is administered during the postpartum period in hospital. To ensure this is a seamless process no matter where a mother gives birth, it would be beneficial for the Ministry of Child and Youth Services and the Ministry of Health and Long-Term Care to work together to modify the current HBHC Screening Tool to include a standardized consent which includes contact for infant feeding surveillance.
4) **Contact method:** public health units contact mothers through email and/or telephone based on their individual health unit resources and software capabilities.
5) **Contact window:** public health units contact mothers at the specified time point (e.g., 2 months and 6 months and 6 months for retrospective collection) and allow a four week contact window for each questionnaire contact time point.
6) **Contact attempts:** public health units use their own discretion with respect to number of call attempts that are made to clients for a telephone and/or online questionnaire. Suggestions from pilot sites to help increase response rates have been have included. It is recommended that all clients be contacted at each time point up to 6 months regardless of feeding status or questionnaire completion status at a previous time point.
7) **Questionnaire:** public health units use the questionnaire(s) developed from this pilot study for all infant feeding surveillance. Questionnaires have been developed in both English and French.
8) **Intervention:** public health units not use the infant feeding surveillance contact with clients as an opportunity for providing support and interventions to mothers. If a question arises as a result of a survey contact, the client would be referred to appropriate resources to address their concerns.
9) **Analysis:** the Association of Public Health Epidemiologists in Ontario Core Indicators Project develops a standardized analysis plan for the proposed infant feeding surveillance tool.

Final report available at: http://www.publichealthontario.ca/

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