Quebec’s journey from bottle-feeding culture to Baby-Friendly leader: An historical case study

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Quebec as a “success story”

1) Dramatic increase in breastfeeding rates over the past 15 yrs

1 National Longitudinal Survey of Children and Youth (NLSCY); 2 Canadian Community Health Survey (CCHY); 3 Canadian Maternity Experiences Survey (MES)

<table>
<thead>
<tr>
<th>Regions</th>
<th>1994-95(^1)</th>
<th>2000-01(^2)</th>
<th>2003(^2)</th>
<th>2005(^2)</th>
<th>2006-07(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANADA</td>
<td>73%</td>
<td>82%</td>
<td>85%</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>BC</td>
<td>85</td>
<td></td>
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<td>93</td>
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<tr>
<td>Prairies</td>
<td>83</td>
<td></td>
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<td>90</td>
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<tr>
<td>Ontario</td>
<td>80</td>
<td></td>
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<td>88</td>
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<tr>
<td>Quebec</td>
<td>56</td>
<td>73</td>
<td>76</td>
<td>82</td>
<td>87%</td>
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<tr>
<td>Atlantic</td>
<td>60</td>
<td></td>
<td></td>
<td>72</td>
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Baby-Friendly Initiative (BFI)

2) Quebec had the first BFI-certified hospital (BMP, 1999) and community health center (Argenteuil, 2004) in Canada, and continues to lead Canada in the number of BFI – designated health care institutions.

<table>
<thead>
<tr>
<th></th>
<th>Quebec (N=25)</th>
<th>Ontario (N=10)</th>
<th>BC (N=2)</th>
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</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>6</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Birthing Centers</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Centers</td>
<td>16</td>
<td>7</td>
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(Breastfeeding Committee for Canada, www.breastfeedingcanada.ca)
Breastfeeding Policy

3) Quebec had Canada’s first provincial-level breast-feeding policy: *L'allaitement maternel au Québec: Lignes directrices* (MSSS, 2001).
How did Quebec become a Canadian leader in breastfeeding promotion and support??
Objectives

1) Briefly describe the evolution of Quebec’s breastfeeding policy: *L'allaitement maternel au Québec: Lignes directrices (LD)*

2) Identify key factors related to the successful implementation of the BFI across Quebec

3) Discuss future directions for the protection, promotion and support of breastfeeding in Quebec
FQRSC-funded research project
(Programme des Actions concertées)

Evaluation of the implementation of Quebec’s
*Lignes directrices en allaitement maternel*

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**Research coordinators:** Julie Lauzière, DtP, MSc; Ménaique Légaré, MSc
Study methods

• Historical case of the evolution and implementation of Quebec’s breastfeeding policy
  – in-depth interviews with key informants + document review

• Multiple case study of social processes influencing implementation of the BFI in different organizational contexts
  – interviews/focus group discussions with health care managers, clinicians and breastfeeding mothers
The 8-step Policy Cycle:

(Adapted by Judith Shamian and Office of Nursing Policy, from Tarlov, 1999)

Getting to Policy Agenda

- Values & Beliefs
- Problem or Issue Emerges
- Knowledge Development & Research
- Public Awareness
- Political Engagement
- Interest Group Activation
- Public Policy Deliberation & Adoption
- Regulation, Experience & Revision
- Moving into Action
Quebec context – Health & social policies

• History of innovative perinatal health initiatives
  – early 1990’s: legalization of midwifery
  – progressive daycare and parental-leave policies
  – 2010: first Canadian province to fund infertility treatments (IVF)

• Publication of key health policies
  – 1993: Quebec’s first Perinatal Policy, “Protéger la naissance, soutenir les parents : un engagement collectif”

    • identified low breastfeeding rates as a public health issue and sets target rates for 2002 (80%, 60% and 30% at birth, 3 and 4 months)

Emergence of the “problem” of breastfeeding
Quebec context – key actors

- 1970’s-80’s – breastfeeding promoted largely by community groups (eg, La Leche League)

- Dr. Suzanne Dionne – “catalyst” of Quebec’s breastfeeding movement
  1977 - began networking with WHO/UNICEF; long involvement with the BFI both locally and internationally
  1991 - starts letter-writing campaign about Quebec’s “breastfeeding problem” to successive ministers of Health
  1997 - appointed by the government to create a ministerial plan for protecting, promoting and supporting breastfeeding

(passion and expertise re. breastfeeding; power/legitimacy as an MD; networking skills helped pressure the gov’t for change)
Political engagement, interest group activation

Mobilization of health care professionals:

1994 - first ‘formal’ working group of professionals to advocate for breastfeeding (JGH, Montreal) (eg, applied political pressure on ministry to adopt International Code)

1997-99 - regional spread of professional breastfeeding advocacy groups and breastfeeding programs (e.g., Montérégie, Quebec City)

1998 - creation of the Quebec Breastfeeding Coalition following Canadian launch of the Baby-Friendly Initiative in Vancouver, BC (independent, multidisciplinary interest group to lobby the Ministry to advance the breastfeeding policy agenda)
1997 - Dr. Dionne convenes expert working group with multiple breastfeeding stakeholders to draft Quebec’s breastfeeding policy

- took 4 yrs to write (limited resources)
- took an additional 1 yr for be reviewed by the ministry
2001 – Public release of the *Lignes directrices*

- Comprehensive, multi-level health policy that clearly defines the shared responsibilities of all key stakeholders, from Ministry of Health down to local community groups

Four main strategies for protecting, promoting and supporting breastfeeding in Quebec:

1) *Implementation of the Baby-Friendly Initiative*
2) Organization of postnatal breastfeeding support
3) Surveillance and evaluation of breastfeeding outcomes
4) Influencing other government sectors (education, justice, social services and employment, business)
Objectives of the *Lignes directrices*

• **By 2007:**
  - breastfeeding rates will increase to 85% at hospital discharge, and 70%, 60%, 50%, 20% at age 2, 4, 6 and 12 months
  - EXCLUSIVE breastfeeding rates will increase to 75% at hospital discharge, and 40%, 30%, and 10% at age 2, 4, 6 months

• **Intermediary objectives related to the BFI:**
  – *by 2004, all maternity care centers/community centers will have begun the process of becoming “Baby-Friendly”*
  – *by 2007, at least 20 hospital and 40 community health centers will be Baby-Friendly certified*
Health policy adoption

Key implementations strategies:

• appointment of a ministerial rep for breastfeeding

• securing of dedicated, renewable ministry funding for breastfeeding ($900,000/yr, divided between ministry and regional health boards)

• establishment of ministry breastfeeding committees and working groups to guide implementation of the LD (eg, Table nationale des répondantes en allaitement maternel; Comité Québécois en allaitement)

• development of a breastfeeding education program and tools for health care professionals (based on the WHO 20-hr course), and training of “champions” to provide the course in each region
Key implementation strategies cont’d

Development of monitoring systems

- 2004 – annual stats re. BFI implementation from all hospitals and CLSCs
- 2006 - inclusion of breastfeeding indicators in provincial well-baby assessment forms
- 2005-2006: Provincial survey of breastfeeding rates (initiation, duration, exclusivity)
- 2007: Provincial survey of level of implementation of the BFI in Quebec hospitals, birthing centers and community health centers
Key implementation strategies cont’d

Integration of the BFI into Quebec’s public health system

- 2001: *Loi sur la santé publique* (MSSS, 2003) - obligates all levels of the health care system to support and monitor Quebec’s public health priorities

- 2003: Quebec’s “National Public Health Program, 2003-2012” includes the LD’s strategy #1 (*implementation of the BFI in Quebec hospitals and community health centers*) as a program activity to promote breastfeeding

- 2006: transfer of the breastfeeding dossier from the Department of Social Services to the Department of Public Health

- 2009: Quebec’s revised *Politique de Perinatalité 2008-1018* refers to the LD’s 4 strategies for improving breastfeeding rates
Implementation of the Baby-Friendly Initiative in Quebec is now supported by public health law:

— strong incentive for public health decision-makers to invest in improved breastfeeding services, in particular implementation of the BFI
Key implementation strategies cont’d

Creation of the BFI certification committee (CAIAB)

- 2003: recruitment of members with expertise in BFI evaluation to develop and manage the BFI assessment process in Quebec
- 2004: training of 16 BFI assessors (+ 3 local lead assessors)
- Adaptation (2003) and re-adaptation (2007) of the WHO/UNICEF and Breastfeeding Committee for Canada (BCC) BFI indicators to Quebec’s health care system (hospitals, CLSCs, birthing centers)
- 2007: establishment of provincial responsibility/autonomy for the BFI certification process
Achievement of the LD’s 2007 objectives:

- targets for breastfeeding initiation and total duration almost met; but rates of exclusive breastfeeding remain below target

- marked regional differences in breastfeeding rates, and level of implementation of the BFI

- # of BFI-designated institutions are highest in the country but still remain below target

- BFI-designated institutions are geographically clustered in a few regions: Montérégie (n=8), Laurentides (n=6), Montreal (n=5)
Montérégie as a regional role model

- 1998 – first regional health board to allocate funds to support implementation of the BFI
  - expert committee develops breastfeeding promotion plan
  - Creates 4 full-time positions dedicated to the breastfeeding dossier: MD consultant; program planning agent; 2 lactation consultants
  - funds a 0.5 day/week position for each of the region’s 9 hospitals to coordinate implementation of the BFI and development of breastfeeding committees and actions plans at the local level
  - 1998: develops 18-hour basic breastfeeding course, to be offered to all hospitals and CLSCs in the region
  - 1999: Baby-Friendly certification of Brome-Missisquoi-Perkins Hospital (after 10 yrs of preparation) stimulates local competition
  - develops indicators and measured compliance (2001, 2004) with BFI in all hospitals/CLSC in the region
  - 2003: regional funds (~200k/yr) supplemented with ministry funds (~100k/yr)
Factors influencing BFI implementation in Quebec

- identification of low breastfeeding rates as a “problem”
- early involvement of breastfeeding leaders in the BFI
- mobilization of professional and community-based breastfeeding advocacy groups across the province
- active role of the health ministry in supporting the development and implementation of a provincial breastfeeding policy
- provision of dedicated funding for 1) breastfeeding education of professionals; 2) local implementation of the BFI; 3) monitoring compliance with the BFI
- integration of the BFI in Quebec’s strong public health system
- training of provincial BFI assessors and development of user-friendly BFI assessment tools tailored to the Quebec context
Future directions

• not enough BFI assessor to meet the escalating demands for BFI pre-assessment/assessment across the province - need to develop services for the BFI certification process
• development of user-friendly indicators for monitoring of compliance / sustainability of the BFI
• the LD’s strategy #1 (implementation of the BFI) has become prioritized – need to focus more attention on other LD strategies (ie, social marketing, development of community resources) that may facilitate implementation of the BFI at the local level
• identification of barriers / facilitators of the BFI in Quebec, to address variations in breastfeeding rates and BFI implementation at the regional levels
Thank you
References


Haiek et al. Mesure du niveau d’implantation de l’IAB dans les établissements offrant des services du périnatalité au Québec (MNI). Rapport d’évaluation (under revision), MSSS.


