Breastfeeding in Nova Scotia: The effects of household food insecurity and implications for public health practice and policy

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Source: http://www.northernhealth.ca/YourHealth/Pregnancy-Maternity-Babies/Breastfeeding.aspx
Research Objectives

1. Explore the breastfeeding experiences of rural-dwelling mothers facing food insecurity through a critical health literacy lens.

2. Examine the role that public health nurses (PHNs) play in supporting mothers experiencing food insecurity to breastfeed.
Critical Health Literacy (CHL)

- Cognitive and skill development that allow an individual to participate effectively in individual, social and political action to improve health circumstances (Nutbeam)

- Chinn’s expanded model of health literacy (Chinn):
  1. Information appraisal
  2. Understanding social determinants of health
  3. Collective action
Interviews with Mothers
Recruitment and Screening

- Recruitment
- Guysborough, Antigonish or Cape Breton

- Screening
- Household Food Security Survey Module
- Any breastfeeding within the last 2 years

## Participating Mothers’ Characteristics

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Breastfeeding History</th>
<th>Level of success with most recent breastfeeding experience</th>
<th>Food Insecurity (HFSSM Adult Scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>20</td>
<td>Limited success with first child</td>
<td>Successful (9 months duration at time of interview)</td>
<td>6 (Severe)</td>
</tr>
<tr>
<td>Maria</td>
<td>21</td>
<td>None, first time mom</td>
<td>Limited success (switched to formula at 5 weeks)</td>
<td>6 (Severe)</td>
</tr>
<tr>
<td>Alise</td>
<td>36</td>
<td>Successful with two older children</td>
<td>Successful (6 weeks duration at time of interview)</td>
<td>5 (Moderate)</td>
</tr>
<tr>
<td>Margaret</td>
<td>Unk.</td>
<td>Did not breastfeed first child due to low milk supply</td>
<td>Limited success (switched to formula at 2 months)</td>
<td>5 (Moderate)</td>
</tr>
<tr>
<td>Rebecca</td>
<td>34</td>
<td>Did not breastfeed first child due to difficulty with latch</td>
<td>Successful (duration of 13 months)</td>
<td>5 (Moderate)</td>
</tr>
</tbody>
</table>

Unk, Unknown
Interviews with Mothers - Results

- Motivations for breastfeeding
  - Breast is best discourse
  - Breastfeeding as a financial necessity

- Food insecurity may influence perseverance through breastfeeding challenges (Frank)

“*I knew that as long as I could feed myself really good that my baby would eat really good too. And I can’t afford formula at all. So that [...] was never an option...*”

~Alise (age 36, breastfeeding)
Interviews with Mothers - Results (continued)

- Barriers to exercising autonomy in infant feeding decisions
- Cost of a nutritious diet to support lactation (Frank)
- Contradiction in infant feeding culture (Frank, Knaak)

“...it could be discouraging when you read pamphlets [that] say ‘you have to eat this way, you have to eat that way’ And you may not be able to but... [...] you can’t eat perfectly all the time.”

~Rebecca (age 34, breastfeeding)
Interviews with PHNs
Recruitment and Screening

- Recruitment through Nova Scotia Health Authority (NSHA) Eastern zone management
- Regular and direct interactions with mothers
- Interview guide was pilot tested

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Qualifications</th>
<th>Years of experience promoting/supporting breastfeeding</th>
<th>Description of breastfeeding support work</th>
<th>Personal experience with breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danielle</td>
<td>Registered Nurse</td>
<td>20 year</td>
<td>not working directly with moms in current practice</td>
<td>Yes</td>
</tr>
<tr>
<td>Marsh</td>
<td>Registered Nurse</td>
<td>5-6 years</td>
<td>prenatal support and post-partum screening</td>
<td>Yes</td>
</tr>
<tr>
<td>Paula</td>
<td>Registered Nurse</td>
<td>11 years</td>
<td>home visits, prenatal clinic</td>
<td>Yes</td>
</tr>
<tr>
<td>Gillian</td>
<td>Registered Nurse</td>
<td>12-13 years</td>
<td>home visits, BFI committee</td>
<td>Yes</td>
</tr>
<tr>
<td>Brianne</td>
<td>Registered Nurse</td>
<td>~1 year</td>
<td>home visits, BFI committee</td>
<td>No</td>
</tr>
</tbody>
</table>
PHN interviews - Results

- Main roles of PHNs
  - Enabling informed choice
  - Providing equal support to all mothers

- Food insecurity not perceived as a direct barrier to BF
  - Attributed to life circumstances of mothers

- BF support for mothers facing food insecurity
  - Emphasize cost benefits of breastfeeding
  - Refer to food banks and other community programs
  - Minimal mention of advocacy
Disempowering “breast is best” discourse

- Disconnection between knowing “breast is best” and the putting this knowledge into practice
- Many social and economic barriers to breastfeeding (Frank)
- PHNs placed more emphasis on “informed choice” than on these barriers
- Yet a lack of information on breastmilk substitutes and transition to formula feeding (Leurer & Misskey, Fox et al.)
Relative costs of breastfeeding and formula feeding

- Cost savings were an important motivator for initiation (Frank) and duration

- Breastfeeding was used as a coping strategy for food insecurity (Williams et al.)

- Cost of a nutritious diet was a barrier to breastfeeding
  - Stress around their own food choices (Frank)
  - Judgment around motivations for breastfeeding
  - Lack of understanding among PHNs of how food insecurity may limit mothers’ ability to exercise “informed choice”
Conclusions and Recommendations

- Mothers facing food insecurity experience unique constraints in their infant feeding decisions (Frank)
  - “Mother-centered” approach that respects autonomy and provides advice on breastfeeding alternatives when needed

- Lack of mandate for PHNs to address food insecurity within their practice
  - Promote public health strategies that address structural barriers to breastfeeding (Canadian Nursing Association)

- CHL lens may be used to review breastfeeding support practices and policy to reduce health inequities
Acknowledgements

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References


Questions?
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