



# Infant feeding in Halton

## 2019 summary report

Halton Region Public Health has collected infant feeding surveillance data since 2000/01. The 2019/20 Infant Feeding Study collected information related to breastfeeding initiation, duration and exclusivity, supplementation, breastfeeding in public, breastfeeding during the COVID-19 pandemic, and breastfeeding successes and challenges. This information will be used to inform planning of Halton's prenatal and preconception health, Healthy Babies Healthy Children, and breastfeeding programs, and fulfil the *Ontario Public Health Standards* population health assessment requirements.

### Timeline

Parents were recruited for participation in the study from February 18, 2019 to May 27, 2019. Data were collected for all parents who consented to an online or phone survey when their baby turned six months old.

Parents who were still breastfeeding and consented to be contacted again were going to be contacted when their baby turned 12 months, however data collection was paused due to the COVID-19 pandemic. Parents were instead contacted after their baby turned 18 months.

- **Study recruitment**  
February 18-May 27, 2019
- **6 month survey data collection**  
August 26 – December 20, 2019
- **12 month survey data collection paused**  
March 2020
- **18 month survey data collection**  
November 4-December 16, 2020

### Study completion information

**Table 1:** Completion information for the six and eighteen month Infant Feeding Study, 2019

Description	6 month survey	18 month survey
Total number of parents eligible to participate (babies born Feb-May 2019)	1324	365
Number of parents who consented to participate	893	323
Number of surveys administered	864	322
Number of surveys excluded (e.g. do not live in Halton, partial survey completion)	29	1
Number of surveys completed	547	227
<b>Response rate (completions/eligible surveys)</b>	<b>63%</b>	<b>70%</b>

# Breastfeeding

## Initiation, duration & exclusivity



The Public Health Agency of Canada, Health Canada and the World Health Organization recommend: breastmilk only for feeding your baby from birth to 6 months, and continuing to breastfeed for up to 2 years or more after introducing solid foods.<sup>1</sup>

### Initiation & duration

- 97% of Halton parents initiated breastfeeding in 2019. Breastfeeding initiation has increased in Halton since the first Infant Feeding Study in 2000/01.
- 74% of parents were breastfeeding at 6 months in the 2019 study, which was higher than 2000/01 and 2007/08, and similar to 2014 and 2017
- 44% of parents were breastfeeding at 12 months, which was higher than 2007/08 and similar to 2017
- 24% of parents were breastfeeding at 18 months, which was similar to 2017.

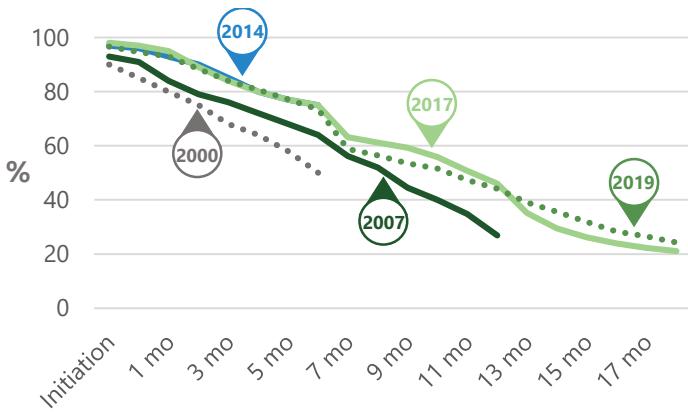


Figure 1: Percentage of Halton parents breastfeeding up to age eighteen months, 2000/01, 2007/08, 2014, 2017, 2019

### Exclusivity

- Breastfeeding exclusivity in Halton has decreased since 2014, after steadily increasing between 2000/01 and 2014. Possible reasons for this trend include an increase in supplementation in hospital, and earlier introduction of solid foods related to recommendations regarding the early introduction of allergens by the Canadian Paediatric Society in 2019.<sup>2,3</sup>
- At one week, 46% of Halton parents were exclusively breastfeeding (i.e. their baby had only ever been fed breastmilk) in 2019. This was the lowest proportion after 2000/01 when the survey began, however these differences were not statistically significant.
- In 2019, 10% of Halton parents breastfed exclusively to 6 months, which was lower than 2014 and 2017, and similar to 2007/08.

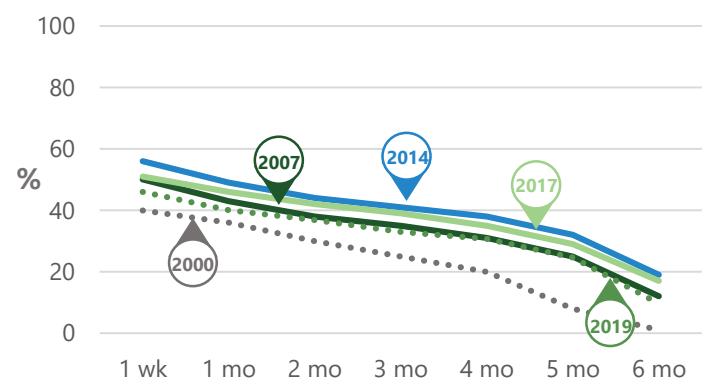


Figure 2: Percentage of Halton parents exclusively breastfeeding up to age six months, 2000/01, 2007/08, 2014, 2017, 2019

### Supplementation in hospital



45% of parents indicated that their baby was given liquids other than breastmilk while in hospital in 2019. Of those, 91% were given formula and 31% were given sugar water.

The proportion of parents who indicated that their baby was given liquids other than breastmilk in hospital increased to 45% in 2019 from a low of 36% in 2014. This difference was not statistically significant, however the trend is consistent with data from BORN\*.<sup>3</sup>

\*the BORN Information System is a database established to collect, manage, protect and share critical data about every pregnancy, birth and child in Ontario.



# Breastfeeding

## In public and during the COVID-19 pandemic

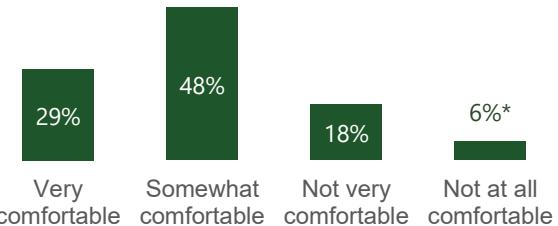
### Breastfeeding in public

Parents who responded to the 18 month survey were asked about their experiences breastfeeding in public.

**Nearly all respondents (94%) had breastfed their baby in public.** The most common places where parents had breastfed their baby in public included:

-  Outdoor space (85%)
-  Shopping mall (75%)
-  Restaurant (70%)
-  Recreation centre (42%)

Most respondents reported being comfortable breastfeeding in public.



**Figure 3:** Percentage of Halton parents who were comfortable breastfeeding in public, 2019

Parents discussed their successes and challenges related to breastfeeding in public. Successes included finding designated breastfeeding rooms, a lack of negative interactions, support from others, wearing nursing friendly clothing and convenience. Challenges included difficulty finding a clean, quiet location to breastfeed, difficulty getting into a comfortable position, perceived judgement from those around them, an easily distracted baby and general nervousness or discomfort.

### Breastfeeding during the COVID-19 pandemic

The majority of participants in the 2019 Infant Feeding Study stopped breastfeeding before the beginning of the COVID-19 pandemic. Among those still breastfeeding, many indicated the pandemic did not have any impact on their breastfeeding experience. However, some parents noted being home due to lockdowns and related restrictions made it easier to breastfeed or allowed them to breastfeed longer. Several parents noted they chose to continue breastfeeding to support their baby's immune system. A small number of respondents mentioned being too sick from COVID-19 to continue breastfeeding, breastfeeding for longer because of the formula shortage, difficulty pumping at work due to COVID-19 protocols, and lack of access to breastfeeding supports due to the pandemic.

# Supplementation

## Formula feeding and the introduction of solid foods

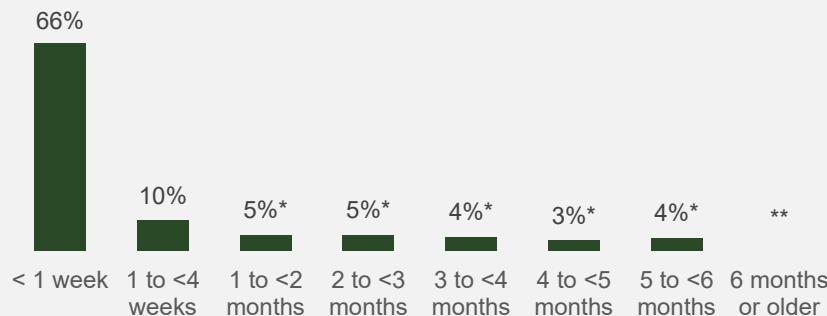


### Formula feeding



68% of parents who responded to the 6 month survey in 2019 indicated their baby had received formula.

Among babies who had received formula, the majority were given formula for the first time at less than one week of age.



**Figure 4:** Percentage of Halton parents who indicated that their baby was given formula, by age formula was first given, 2019

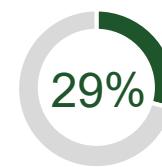
**The most common reasons for babies receiving formula** included: the baby wasn't getting enough breastmilk (59%), the baby had difficulty latching/tongue tied/not feeding well (28%), wanting others to help feed the baby (23%), baby not gaining weight well (21%), advised by a health care provider (21%), and baby was ill (e.g. jaundice, low blood sugar) (8%\*).

Most parents (98%) used a bottle to feed their baby formula, while a small number also reported using a spoon, a supplemental nursing system/feeding tube, syringe, cup or their finger.

The majority of parents (81%) stated that during the last month, the baby was always held in a caregiver's arms while being fed formula.

The type of formula given to the baby varied by baby's age, with the majority (87%) using ready-to-feed formula at less than one week of age. By 6 months of age, the majority (81%) were using powdered formula.

### Supplementation with other liquids



29% of parents who responded to the 6 month survey in 2019 indicated that their baby received liquids besides breastmilk or formula.

Among those whose babies had received liquids other than breastmilk or formula, the most common liquids received were water (88%), followed by juice (12%\*), sugar water (9%\*), and herbal tea (6%\*). Most babies were five or six months of age when they first received other liquids (68%).

### Introduction of solids

Of the 94% of parents who introduced solids at the time of the six month survey in 2019, 25% did so when their baby was between 4 and 5 months of age, 48% did so when their baby was between 5 and 6 months of age, and 25% did so when their baby was 6 months or older.



Of the parents who had introduced solid foods, 76% introduced iron-containing foods.

**The most common reasons parents gave for introducing solids** were that the baby wanted solids (53%), a healthcare provider advised them to start (52%), it was the recommended time (47%), they gave other children solid foods at this time (27%), family or friends encouraged it (23%), and the baby wasn't sleeping through the night (12%).



# Infant feeding

## Successes, challenges & resources

### Successes

Parents discussed their successes related to breastfeeding, including success latching and exclusively breastfeeding, overcoming initial challenges to breastfeed successfully, and pride in the length of time that they breastfed. Some parents also noted that formula feeding or combination feeding was the best choice for their family.

**“ Breastfeeding experience is wonderful and beautiful ...it does come with some challenges but worth it.”**

### Resources

Parents who responded to the six month survey were asked about infant feeding resources and supports that they had used during pregnancy and postpartum.

#### Supports during pregnancy

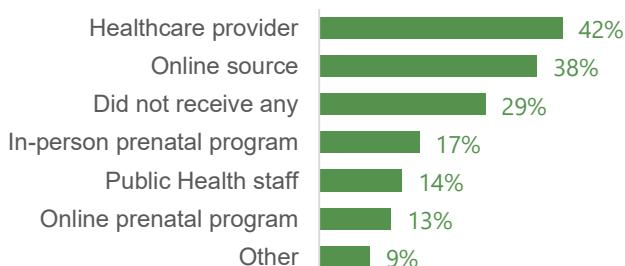


Figure 5: Sources of information about infant feeding accessed during pregnancy, Halton parents, 2019

#### Postpartum supports

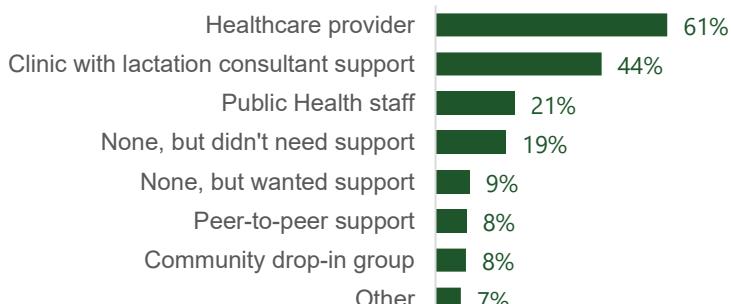


Figure 6: Infant feeding supports utilized postpartum, Halton parents, 2019

### Challenges



1 in 2

Parents reported having difficulties or concerns with breastfeeding in 2019.

Specific breastfeeding challenges parents experienced included:

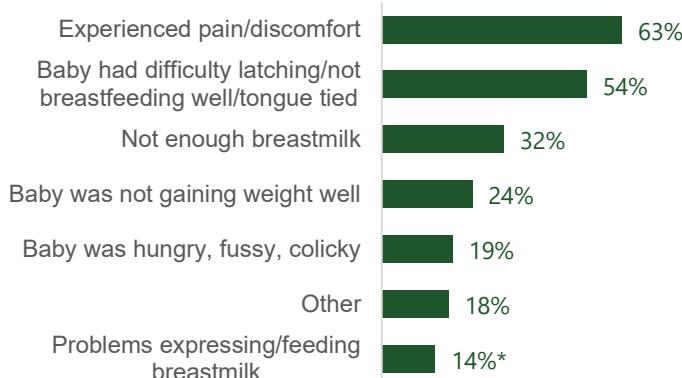


Figure 7: Halton parents who had difficulties or concerns while breastfeeding, by type of difficulty/concern, 2019

Other responses included worry that the baby was not getting enough milk, the baby had an illness or allergies, oversupply or fast letdown, reflux, distracted feeding or breast refusal, and physical or mental health issues experienced by the mother that impacted breastfeeding.

Parents also mentioned other challenges they experienced related to infant feeding including: stigma and lack of support for formula feeding, disappointing healthcare provider experiences, receiving conflicting information about breastfeeding and introducing solids, difficulties introducing their baby to solids, and a desire for more information on infant feeding.

**“ The initial pain and dedication needed in breastfeeding was something I wasn’t prepared for.”**

**“ We strongly need to consider the mental health and well-being of the mother as well as the baby. Breastfeeding can be extremely challenging and the well-being of infants/ children is not dependent on breastfeeding but it is dependent on the ability of the parents to support the infant/children.”**

# Data notes and Limitations

## Data source

Halton Region Public Health. 2000/01, 2007/08, 2014, 2017, 2019. Infant Feeding Study.

## Definitions

**Breastfeeding exclusively** means that the baby had only ever been given breastmilk (including expressed breastmilk), and had never been given solid foods, formula or other liquids. Babies who were given sugar water for pain purposes (e.g. blood withdrawal) and no other solids or liquids besides breastmilk were still considered to be exclusively breastfed.

## Data notes

Estimates marked with an asterisk (\*) should be interpreted with caution due to high variability. A double asterisk (\*\*) represents estimates that are not reportable.

## Limitations

**Representativeness of sample:** Parents who did not complete the surveys or who were unable to be reached may represent a different demographic than those who could be reached.

**Positive response bias:** When data is self reported, people may not provide honest responses to questions, but rather responses that they thought would appear positive or correct.

**Attrition:** Parents who were lost to follow up (agreed to participate in the twelve or eighteen month study but could not be reached) or who were eligible but did not consent to the study were not included in the duration analysis. By excluding these parents we are assuming that cases are randomly distributed by infant feeding method which might not be the case.

**Attribution:** It is difficult to determine the exact role the Health Department played in differences observed between the 2000/01, 2007/08, 2014, 2017, and 2019/20 studies, since many organizations in Halton have been working to improve breastfeeding practices.

## Connect with HaltonParents

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## References

1. Public Health Agency of Canada. 2022. Breastfeeding your baby. Available at: [Breastfeeding your baby - Canada.ca](https://breastfeedingyourbaby.ca)
2. BORN Information System. 2013-2022. Extracted June 1, 2023
3. Abrams, E.M., Hildebrand, K., Blair, B., Chan, E.S. 2019. Timing of introduction of allergenic solids for infants at high risk. Paediatric Child Health. 24(1):56.