Locally Driven Collaborative Projects

The Locally Driven Collaborative Projects (LDCP) program is designed to help health units enhance their ability to conduct applied research and program evaluation projects. Through a series of in-person workshops and support services, the program brings together representatives from health units so they can collaboratively develop and implement research protocols that explore a topic or intervention related to an important public health issue.

Participants:
- Brant County Health Unit
- Chatham-Kent Public Health Unit
- Durham Region Health Department
- Haliburton, Kawartha, Pine Ridge District Health Unit
- Halton Region Health Department
- City of Hamilton Public Health Services
- Kingston, Frontenac and Lennox & Addington Public Health
- Lambton Health Unit
- Middlesex-London Health Unit
- Niagara Region Public Health Department
- Oxford County-Public Health & Emergency Services
- Peel Public Health
- Porcupine Health Unit
- Simcoe Muskoka District Health Unit
- Sudbury & District Health Unit
- Toronto Public Health
- Region of Waterloo Public Health
- Wellington-Dufferin-Guelph Public Health
- Windsor-Essex County Health Unit
- York Region Community and Health Services

Funded by:
Public Health Ontario

If you would like more information please contact:
Gillian Alton (Team lead)
Phone: 1-800-755-0394 x 3470
For a copy of the Phase 1 report, please email:
ldcpbreastfeeding@oxfordcounty.ca

Breastfeeding Surveillance in Ontario

Phase 1 Update
June 2013
BACKGROUND

The 2008 Ontario Public Health Standards require public health units in Ontario to monitor breastfeeding trends. The Ministry of Health and Long-Term Care, Public Health Division, Health Promotion Division also specifies the Baby-Friendly Initiative (BFI) status as a Public Health Accountability Agreement Indicator for 2011-13. Despite this, there is no province-wide data collection method or tool in Ontario.

With national interest and support growing for monitoring breastfeeding rates, the breastfeeding surveillance study was one of six projects prioritized by Ontario public health units in 2012 as part of the Locally Driven Collaborative Project (LDCP) program. The project team is comprised of 20 local public health units working to develop a tool and methodology that could be used to systematically collect local data related to breastfeeding in a standardized way that is comparable across health units. The data would be used by public health units to monitor breastfeeding exclusivity rates and trends, to help achieve BFI designation, as well as inform program planning and evaluations of interventions to ultimately help improve the health of Ontario residents.

The breastfeeding LDCP seeks to answer the research question:

What are the features of a feasible standardized tool and data collection method to carry out population-based breastfeeding surveillance that will enable public health units in Ontario to have accurate, standardized and comparable surveillance data?

PHASES

The project will be divided into five phases:

**PHASE 1 — Situational Assessment (completed May 2014)**

An environmental scan of public health units across Ontario was conducted through a stakeholder’s survey, as well as a scoping review of literature on breastfeeding surveillance and data collection methods outside of Ontario.

**PHASE 2 — Development/Adaptation (April—July 2013)**

Methodology and a data collection tool will be developed with the consultation of the advisory group and the tool will be pre-tested.

**PHASE 3 — Conduct Pilot (September 2013—May 2014)**

Standardized tool and methodology will be pilot tested in at least 3 public health units in Ontario.

**PHASE 4 — Evaluate (June—July 2014)**

Pilot testing will be evaluated.

**PHASE 5 — Summarize, Recommend, and Disseminate (August—October 2014)**

Evaluation report will be created with recommendations. Information will be disseminated in various formats to support implementation.

PHASE 1 RESULTS

The purpose of the Phase 1 report was to assess the literature on breastfeeding surveillance outside of Ontario public health units, and examine what Ontario public health units are currently doing for breastfeeding surveillance through a scoping review and stakeholder’s survey.

The scoping literature review on breastfeeding surveillance and data collection methods identified several key findings:

- Standardized breastfeeding surveillance in Canada is limited, while American breastfeeding surveillance datasets lack consistency in definitions and vary greatly.
- Maternal recall for initiation and duration of breastfeeding becomes less accurate over time, and recall of exclusivity since birth can become particularly variable.
- Breastfeeding rates drop as early as two weeks after birth, as a result of a mother’s lack of confidence.

The environmental scan was completed by all 36 health units in Ontario. The results indicated:

- 24 Ontario public health units have conducted a breastfeeding survey in the past 10 years, and 18 are currently using a breastfeeding surveillance system.
- Over half of Ontario public health units reported that they did not have enough breastfeeding data at the local level to achieve BFI designation.
- Over 90% of Ontario public health units expressed interest in the implementation of a standardized breastfeeding surveillance tool province wide.