



Breastfeeding in Ontario

Breastfeeding among Young, Single Mothers

Breastfeeding is the natural way for mothers to feed their babies (Public Health Agency of Canada, 2009).

While the benefits of breastfeeding are well known, unfortunately within Ontario, not all groups of women breastfeed equally. Young, single mothers are less likely to breastfeed exclusively on discharge from the hospital where they gave birth (BORN data 2012/13). They are also more likely to have lower rates of breastfeeding initiation and duration (Best Start Resource Centre, 2014).

This fact sheet used data gathered by the Better Outcomes Registry and Network (BORN) Ontario from 2011/12 and 2012/13 linked to statistics gathered by Statistics Canada, including information about “being legally married”.

Teenage Motherhood as a Barrier to Breastfeeding

Being unmarried or not in a stable common-law relationship and being a teenage mother, (less than 20 years of age), are associated with lower rates of breastfeeding at hospital discharge.

Within Ontario, 93.1% of women with no pre-existing maternal health conditions intend to breastfeed (BORN data for 2012/2013). However at hospital discharge:

Maternal Age

- 63.5% of all women in Ontario breastfeed exclusively after the birth of their babies (BORN data for 2012/2013).

VERSUS

- 50.2% of women who are less than 20 years of age breastfeed exclusively after the birth of their babies (BORN data for 2012/2013).

Neighbourhood Marital Status

- 64.0% of women living in the neighbourhoods with the highest proportion of legally married couples breastfeed exclusively.

VERSUS

- Only 57.8% of women living in the neighbourhoods with the lowest proportion of legally married couples breastfeed exclusively (BORN data for 2011/2012).

Being a young, single mother may influence breastfeeding behaviours through a number of ways. For example:

- Women who perceive less social support from their partners have lower breastfeeding self-efficacy (Mannion, 2013).
- Teen mothers are more likely to perceive that breastfeeding negatively impacts their social lives (Nesbitt, 2012).
- Teen mothers are more likely to feel that breastfeeding in public leads to negative judgment from others (Nesbitt, 2012).
- Teen mothers have more negative attitudes towards breastfeeding when their family members or partners express negative, non-supportive attitudes towards breastfeeding (Nesbitt, 2012).



Relevance to Service Providers

A significant portion of the people who access health care and social services in Ontario are young, single mothers:

- Within Ontario the teen pregnancy rate (the number of pregnancies resulting in live births, still births and therapeutic abortions per 1,000 females age 15 -19 years) is 21.2 (McKay, 2012).
- Within Ontario the teen birth rate (the number of births per 1000 females age 15-19) is 10.5 (McKay, 2012).

The following facts should be considered when promoting breastfeeding to young, single mothers:

- Teen mothers are more likely to have babies who are at higher risk for poor health outcomes (Gilbert, 2004).
- Breastfeeding protects infants against a number of illnesses and promotes healthy infant development (Lawrence, 2000).
- The majority of young women make their initial decisions regarding breastfeeding in the prenatal period (Nesbitt, 2012).
- Formal support from health professionals (especially in the form of encouragement, information and practical hands-on support), increases young mothers' knowledge, skills and confidence in breastfeeding (Nesbitt, 2012).
- Teen mothers often do not identify themselves as needing professional support, even when faced with barriers to breastfeeding (Nesbitt, 2012).

As service providers work directly with vulnerable families, they have an important role to play in promoting breastfeeding. In fact, a number of professional associations such as the Canadian Nurses Association, the Canadian Association of Midwives, the Canadian Paediatric Society, the Canadian Pharmacists Association and the College of Family Physicians of Canada have voiced their support for breastfeeding and recognize the role that health care and other allied health professionals must play in supporting breastfeeding.





Effective Strategies for Health care and Service Providers

A number of strategies can be implemented by health care and service professionals that promote the equitable distribution of breastfeeding services and resources that will support young, single women in Ontario with breastfeeding.

Breastfeeding can be promoted and supported when working with young, single women through peer and professional supports, such as:

- Informational and practical support delivered by health care professionals (Bica, 204; Nesbitt, 2012).
- Peer counseling and peer support (Chapman, 2004; Meglio, 2010).
- Breastfeeding education delivered by trained home visitors (Black, 2009).
- Combined education and counseling delivered by health care professional and peer counselor teams (Wambach, 2011).

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¹ This report is based in part on data provided by Better Outcomes Registry and Network (BORN) Ontario, a provincial program housed at the Children's Hospital of Eastern Ontario. The interpretation and conclusions contained herein do not necessarily represent those of BORN Ontario. Data to inform this report came from the historical Niday Perinatal Database and from the new BORN Information System (BIS).