

## Improving Pre-service Training in Breastfeeding to enhance women's satisfaction with their maternity experience

#### Why invest for breastfeeding?

No vaccine nor health intervention can reduce infectious diseases or the risk of chronic diseases to the extent that breastfeeding does<sup>1</sup>. «If breastfeeding did not already exist, someone who invented it today would deserve a dual Nobel Prize in medicine and economics.»<sup>2</sup>

Globally, leading health organizations recommend exclusive breastfeeding for the first six months of life<sup>3-6</sup>. Yet, in Quebec, only four in ten mothers who initiated breastfeeding at birth were still exclusively breastfeeding by the time they were discharged from their place of delivery<sup>7</sup>. In such a context, it is difficult to achieve the recommendation to breastfeed with appropriate complementary foods for up to two years or beyond. In reality, many women breastfeed for a shorter period than they had initially intended<sup>8.9</sup>.

Numerous factors contribute to this situation, including suboptimal breastfeeding support in maternity wards<sup>10</sup>. Lack of breastfeeding training is often cited as the main reason for health professionals' gaps in knowledge and competencies, leading to poor support of mothers who wish to breastfeed<sup>1,2,11-17</sup>.



The **Mouvement allaitement du Québec (Quebec Breastfeeding Movement, MAQ)** aims to foster enabling breastfeeding environments within a context of optimal development of young children and of the well-being of women, families and society. Those environments must be respectful of all women and families.

The **Committee on Training of the MAQ** aims to ensure harmonization of minimum competencies in breastfeeding for all health professionals through their pre-service curriculum.

### BACKGROUND AND ACHIEVEMENTS of the Committee on Training

#### 2011 — 2012

#### Survey

An electronic survey was conducted with professors, lecturers and directors of training programs for health professionals in universities and colleges.

# Describing the current situation

An evidence-based portrait of initial training related to breastfeeding in pre-service programs was outlined<sup>18</sup>. Needs for support were also identified as well as resource persons interested in the issue.

The survey results revealed major gaps as well as wide variations in the training programs for health professionals.

#### 2013 — 2014

## Dissemination of findings

Survey findings were shared with respondents and professional regulatory bodies and presented at various scientific events, including the Annual Public Health Days in Québec (JASP).

#### **Newsletter**

Sharing of results led to multiple exchanges on the issue through various communication channels. Among others, a newsletter was produced and regularly distributed to more than 180 contacts, representing over 50 different institutions or groups, particularly in Quebec universities and Cégeps.

#### 2015 — 2016

#### Focus groups

Focus groups were held in three Quebec regions and in Ottawa. Data were collected from professors and students in training programs for health professionals as well as from clinicians.



# Challenges and opportunities

The discussions helped to better understand the challenges and opportunities related to integrating changes in the curriculum for training health professionals.

#### Since 2016

#### Strategic Group

The workshop culminated with the creation of a strategic group to continue the work undertaken. It brings together individuals from seven health professions, affiliated with at least nine universities and colleges from three provinces and three professional regulatory bodies.

#### **Objectives**

Through its members, the strategic group enables the creation of a working group in each training program. Following current recommendations<sup>19,20</sup>, these working groups will:

- 1. specify the competencies in breastfeeding to be developed in their program;
- 2. specify the process and the timeline for integrating these competencies into their program;
- 3. initiate a collaboration process with at least one other training program within their institution to harmonize curricula and promote interdisciplinarity for breastfeeding.

#### April 2016

#### Strategic Planning Workshop for the Training in Breastfeeding of Health Professionals in Quebec

A workshop was organized based on this earlier work. The workshop brought together (i) professors and directors of training programs from seven professions from three provinces, (ii) representatives of five professional regulatory bodies, and (iii) representatives from various entities of the Quebec network of health and social services.

The aims of the workshop were to:

- 1.reflect together on the training in breastfeeding for future health professionals;
- 2. better understand related issues;
- 3. develop a strategic action plan to improve this training in an interprofessional context.

### THE WAY FORWARD

#### **IMPROVING PRE-SERVICE TRAINING**

The pre-service training of students plays a vital role in preparing them for their respective profession. It is essential to work on enhancing programs regarding breastfeeding, based on standards such as those of the Baby Friendly *Initiative*<sup>5,21</sup>. There is a need to ensure the coherence between both discipline specific, and interdisciplinary training in breastfeeding for students, residents and trainees, as well as to ensure the accessibility of such training. The objectives

#### **DEVELOP A COORDINATED PRACTICE**

#### The health professional at the core of the continuum

Each of these health professionals has a key role to play across the continuum of care needed to provide support to women who wish to breastfeed, ensure preventive monitoring to of breastfeeding and to protect its practice. However, these various professionals must coordinate their work so as to provide appropriate, harmonized and uninterrupted support for the mother-child dyad<sup>22</sup>.

#### Interdisciplinarity

Interdisciplinarity is a key aspect of both support for breastfeeding women, and the pre-service curriculum to train health professionals in breastfeeding. Interdisciplinarity will help to ensure continuity in breastfeeding care as well as harmonization of messages and practices. A shared basis for a harmonized curriculum in breastfeeding will also contribute to harmonized practices.

LET'S ACT

NOW

#### **Responsibilities of universities** and colleges

When fulfilling their mission of education and development of health expertise, universities and colleges contribute to the development of competencies of future professionals, as well as to the research, evaluation and implementation of best practices. Integrating the development of competencies based on new knowledge, know-how and people skills into the different curricula is central to their mission.

nurses

2 years and beyond

other professionals

dentists

Vea

3 months 6 months

pharmacists

are to support the development of discipline-specific competencies that are well suited to their future area of practice, and to enhance interdisciplinary collaboration for high-quality practice, so as to ensure the well-being of women and their families.

Different health professionals have complementary roles with respect to breastfeeding. *Their influence varies* according to the baby's age nutritionists and their profession. Redical doctors

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## REFERENCES

- 1. Rollins, N. C. et al. (2016). Why invest, and what it will take to improve breastfeeding practices? The Lancet. 387(10017): 491-504. http://www.thelancet.com/series/breastfeeding
- 2. Hansen, K. (2016). Breastfeeding: a smart investment in people and in economics. The Lancet. 387(10017): 416. http://www.thelancet. com/series/breastfeeding
- 3. Organisation mondiale de la Santé et UNICEF (2003). Stratégie mondiale pour l'alimentation du nourrisson et du jeune enfant. Genève. 37 p. http://www.who.int/nutrition/publications/ infantfeeding/9241562218/fr/
- 4. Énoncé conjoint de Santé Canada et al. (2012). La nutrition du nourrisson né à terme et en santé : Recommandations de la naissance à six mois. 47 p. http://www.hc-sc.gc.ca/fn-an/nutrition/ infant-nourisson/recom/index-fra.php
- 5. Ministère de la Santé et des Services sociaux (2001). L'allaitement maternel au Québec — Lignes directrices. Gouvernement du Québec, septembre. 75 p. http://publications.msss.gouv.qc.ca/ msss/document-001532/
- 6. Ministère de la Santé et des Services sociaux (2008). Politique de périnatalité 2008-2018 — Un projet porteur de vie. Direction des communications du ministère de la Santé et des Services sociaux, gouvernement du Québec (Québec). 174 p. http://publications. msss.gouv.qc.ca/msss/fichiers/2008/08-918-01.pdf
- 7. Neill, G. et al. (2006). Recueil statistique sur l'allaitement maternel au Québec, 2005-2006. Québec, Institut de la statistique du Québec, 92 p. http://www.stat.gouv.qc.ca/statistiques/sante/enfants-ados/ alimentation/stat-allaitement.html
- 8. Declercq, E., et al. (2009). Hospital practices and women's likelihood of fulfilling their intention to exclusively breastfeed. Am J Public Health. 99(5): 929-935
- Semenic, S., Loiselle, C., Gottlieb, L. (2008). Predictors of the 9. duration of exclusive breastfeeding among first-time mothers. Res Nurs Health. 31(5): 428-441
- 10. Thulier, D. (2009). Breastfeeding in America: A History of Influencing Factors. J Hum Lact. 25(1): 85-94



- 11. Renfrew, M. J. et al. (2006). Addressing the learning deficit in breastfeeding: strategies for change. Matern Child Nutr. 2(4): 239-244
- 12. Kelly, M. P. (2006). The relationship between evidence and practice: some considerations in breastfeeding. Matern Child Nutr. 2(4): 191-192
- 13 Renfrew M. J. et al. (2006). Developing practice in breastfeeding. Matern Child Nutr; 2(4): 245-61
- 14. Semenic, S. et al. (2012). L'évaluation de la mise en œuvre des lignes directrices en allaitement maternel au Québec — Rapport de recherche. 84 p. Fonds de recherche sur la société et la culture (Montréal). http://www.frqsc.gouv.qc.ca/documents/11326/448958/ PC\_SemenicS\_rapport+2012\_MEO+allaitement+maternel/ f9edd57d-5e15-430c-874f-6ee3c71185be
- 15. McFadden, A. et al. (2017). Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database Syst Rev. The Cochrane Library: The Cochrane Data Base of Systematic Reviews. http:// onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub5/full
- 16. Pound, C. M. et al. (2014). Breastfeeding Knowledge, Confidence, Beliefs, and Attitudes of Canadian Physicians. J Hum Lact. 30(3): 298-309
- 17. Victora, C. G. et al. (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet, 387(10017): 475-490 http://www.thelancet.com/series/breastfeeding
- 18. Lauzière, J. et al. (2014). Portrait de la formation en matière d'allaitement dans les programmes de formation qualifiant au droit de pratique en santé au Québec. Mouvement allaitement du Québec. http://allaiterauquebec.org/bibliothequevirtuelle/items/ show/1598. Présenté aux Journées annuelles de santé publique (JASP). https://www.inspq.qc.ca/jasp/portrait-de-la-formationen-matiere-d-allaitement-dans-les-programmes-de-formationqualifiante-en-sante-au-quebec
- 19. The Academy of Breastfeeding Medicine (2011). Educational objectives and skills for the physician with respect to breastfeeding. Breastfeeding Medicine, 6(2): 99-105. http://dx.doi.org/10.1089/ bfm.2011.9994
- 20. United States Breastfeeding Committee (2010). Core competencies in breastfeeding care and services for all health professionals. Rev. ed. United States Breastfeeding Committee (Washington, DC), 8 p. http://www.usbreastfeeding.org/core-competencies
- 21. Saadeh, R. J. (2012). The Baby-Friendly Hospital Initiative 20 Years On: Facts, Progress, and the Way Forward. J Hum Lact. 28(3): 272-275. http://jhl.sagepub.com/content/28/3/272.short
- 22. Garner, C. D. et al. (2016). Discontinuity of Breastfeeding Care: "There's No Captain of the Ship." Breastfeeding Medicine. 11(1): 32-39. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4742991/

All electronic references were consulted in February 2018

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