

Prenatal Support in First Nation Communities through the Strengthening Families Program

Gladys Rowe BSW; MSW Candidate
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Written by **The International Indigenous Health and Social Justice Research Group**
Department of Family Social Science
Faculty of Human Ecology
University of Manitoba

Research Director - Rachel Eni PhD
Research Coordinator – Gladys Rowe
Research Assistant – Ashley Edson
Research Assistant – Melanie Hegg
Research Associate – Wanda Phillips-Beck MSc

Overview of Presentation

- ❖ Background of project
- ❖ Methodology
- ❖ Canadian First Nation Women's Perceptions and Experiences with Breastfeeding: A Human Ecological Conceptual Framework
- ❖ Discussion of the Findings
- ❖ Conclusions & Implications for Research, Practice & Policy



Background

Why is looking at Infant Feeding in First Nations important?

- ❖ Health disparities and inequities continue to be compounded within the health of individuals, families and communities
- ❖ On-reserve First Nation infant mortality rates are 3 to 7 times the Canadian average
- ❖ Significant gap between breastfeeding rates in general Canadian and First Nation populations
- ❖ 82% National incidence rates with 73% off-reserve and 60% on-reserve (This does not examine exclusivity or duration)



Methodology

Project Rationale

- ❖ To understand determinants and implications of decisions made by First Nation mothers in relation to infant feeding practices
- ❖ Aimed to address identified gaps in qualitative research literature
- ❖ Intention to assist maternal and child health programs to understand strengths and challenges of breastfeeding initiation and duration on reserve

Philosophical & Theoretical Foundations

- ❖ Community-based
- ❖ Participatory
- ❖ Indigenous
- ❖ Health promotion focused
- ❖ Social Determinants of Health

Methodology: Design

- ❖ Collaborative Development
- ❖ Focus group interviews
- ❖ Literature Review

Study Context: Health Promotion today

- ❖ The discrepancy between First Nations breastfeeding rates and national breastfeeding rates begs the question:
 - ❖ Why does this gap continue to exist and how is it perpetuated?
 - ❖ What is needed to support healthy infant feeding practices on-reserve?
 - ❖ Are there potential opportunities to engage and enhance maternal and community support in infant feeding decisions?

Methodology: Research Setting




Methodology: Research Biases

- ❖ Researcher biases
- ❖ Participant Selection Bias

Methodology: Data Collection Instruments

- ❖ Demographic Forms
- ❖ Focus Group Discussions

Methodology: Participants



- ❖ Purposeful Sampling
- ❖ 65 breastfeeding and non-breastfeeding mothers (ranging from 5 to 18 per community)

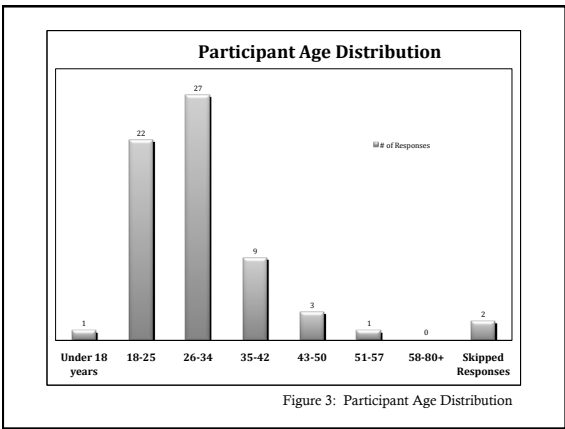


Figure 3: Participant Age Distribution

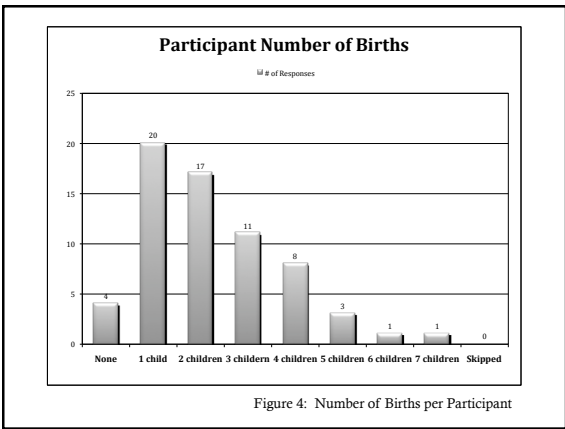


Figure 4: Number of Births per Participant

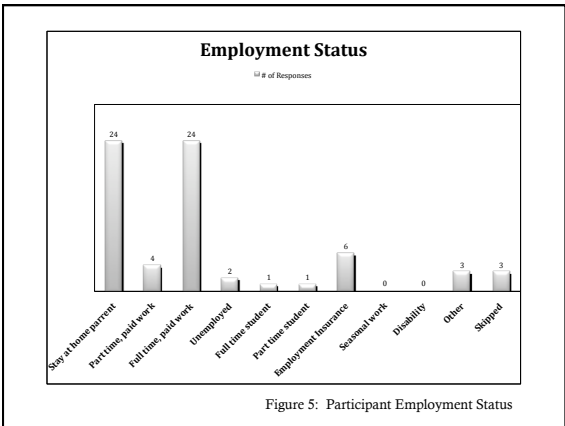


Figure 5: Participant Employment Status

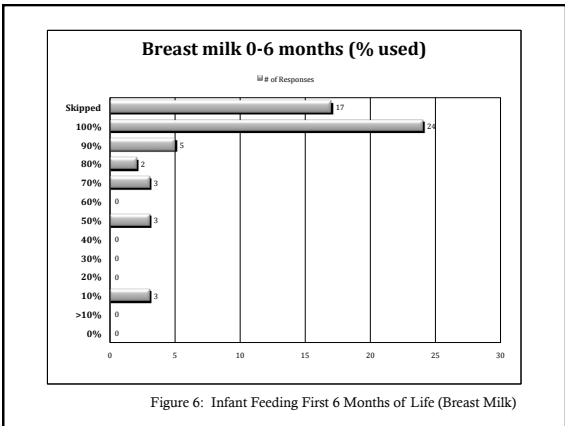


Figure 6: Infant Feeding First 6 Months of Life (Breast Milk)

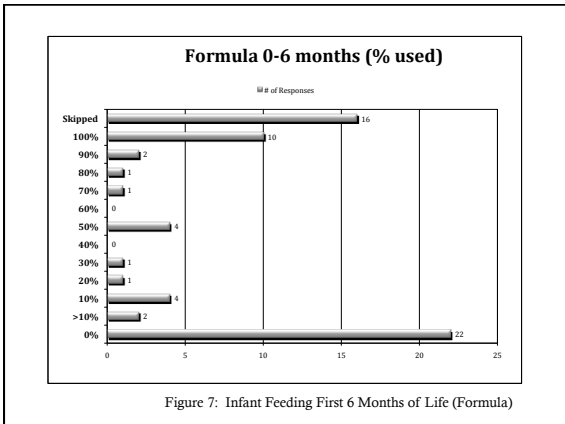


Figure 7: Infant Feeding First 6 Months of Life (Formula)

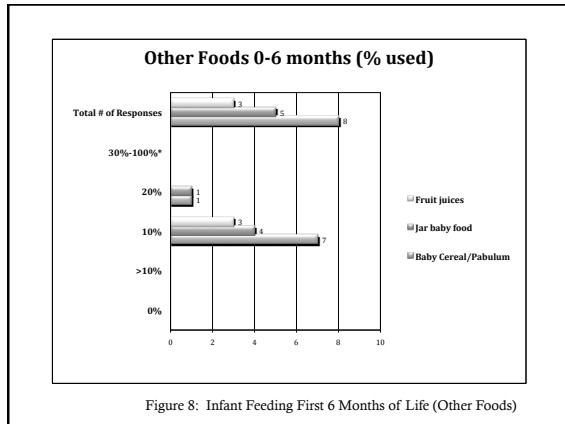


Figure 8: Infant Feeding First 6 Months of Life (Other Foods)

Discussion of Findings

Canadian First Nation Women's Perceptions and Experiences with Breastfeeding:
A Human Ecological Conceptual Framework

Human Ecological Conceptual Framework

- ❖ The mother placed within families, community and social contexts
- ❖ Personal, community and societal scripts, expectations, norms, values and belief sets regarding how a mother *should* care for and feed her infant
- ❖ Intention to breastfeed or not to breastfeed
- ❖ Influenced by her interpretation of balancing the roles of womanhood (motherhood, wife, partner, worker, caregiver etc)

Human Ecological Conceptual Framework

- ❖ Physical Factors
- ❖ Social Factors
- ❖ Internal Factors (Psychological wellness)
- ❖ Relationship Factors (Social Support)

Human Ecological Conceptual Framework: *Embodiment*

- ❖ The term encapsulates the inter-relational dynamics by which our environments interact and affect our being (whether that is a physical, mental or spiritual impact).
- 1. our bodies tell stories about – and cannot be divorced from – the conditions of our existence;
- 2. bodies tell stories that often – but not always – match people's stated accounts; and
- 3. bodies tell stories that people cannot or will not tell, either because they are unable, forbidden, or choose not to tell (Krieger, 2005)

Personal Considerations: An intention to breastfeed

Yes, it was part of my birth plan to immediately start right after birth and until at least 3 months of age. (Tyendinaga, Ontario)

I planned my baby and I planned to breastfeed her, before I was pregnant, but then I didn't. (Grand Rapids, Manitoba)

I tried. But because I had the reduction surgery, all the milk glands were gone (Brokenhead, Manitoba)

But the idea of breastfeeding, like, it's more like, "I wish I could have breastfed but..." So it's not like they don't want to breastfeed. There is just other things that are happening and there's reasons why babies aren't being breastfed. But the acceptance is really there. (Intertribal Health Region, British Columbia)

Personal Considerations: Trying versus Learning to Breastfeed

- ❖ *I tried with all three of them but it hurt, I guess I wasn't able... for about 2 weeks but I felt like I wasn't giving her enough like at first so... and like she'd be hungry like 20 minutes after and like it just really hurts and it got worse, I guess. He was using his gums to pinch or whatever. So I decided to stop. (Brokenhead, Manitoba)*
- ❖ *I breastfed my first baby for a couple months and I couldn't go any further because he was, because half of my nipple was coming off. So I stopped breastfeeding. (Nelson House, Manitoba)*
- ❖ *You're hoping for the milk to come out or whatever because it hurts so bad (Brokenhead, Manitoba)*

Personal Considerations: Trying versus Learning to Breastfeed

P1: But it hurts like a mother though, I can, like literally cry for the first 5 minutes until I can tell he's got the latch right but every feeding is for the first two weeks I probably cried.

P2: But once you get past that threshold..

P1: Once you get past that, then it's fine. But like, my partner feels so bad because I'll be sitting in bed crying and trying to feed him because I was trying to stick it out.

P2: Your feet just curl up

P3: Yeah. Your feet just... ohhh... it just hurt and you feel that sting right to your toes, it feels like somebody is... oh it just hurts so bad. (Garden River, Ontario)

No, I was like swearing. While nursing him. You know what I mean. I was in so much pain and if it wouldn't have been for (lactation supporter) like I would have just quit because it's so painful at that point. I ended up nursing him for 3 years after that ... (Tyendinaga, Ontario)

Personal Considerations: Trying versus Learning to Breastfeed

I tried with all three of them but it hurt. (Brokenhead, Manitoba)

I know that I tried and it was unsuccessful. (Tyendinaga, Ontario)

With my first one I didn't try but my second one I tried for a couple weeks. I didn't really like it but it didn't stick (Brokenhead, Manitoba)

Well, I was learning myself too with my son. I was learning on him and then my third one was... we just.. like I just kinda latched on and it was fine. (Brokenhead, Manitoba)

After me and (son) learned to do it properly it was easy, like I wasn't sore or anything. Like I was all prepared for this pain that everyone was talking about. (Grand Rapids, Manitoba)

Personal Considerations: Inadequate Milk Supply

I wasn't giving him enough milk so I stopped (breastfeeding). (Brokenhead, Manitoba)

So plus I wasn't sure like if there was any milk in this one or in this one, unable to tell or if she is even drinking right because when I was breastfeeding her, yeah milk was coming out but I don't know she wasn't probably not even eating on it right. (Manitoba)

What's that first stuff called? Colostrum, yeah. So I just had that pumped for a while and then, till no milk came out of me ... tried it but it was too hard. (Brokenhead, Manitoba)

Balancing Multiple Roles and Responsibilities

It's not about me anymore it's about your baby – my uncle said to me. More is expected from you in the family. Now you are part of the bosses, responsibility is greater, cooking meals, gatherings, dinners; you are expected to do more, to provide. (Skeidgate, British Columbia)

I just stay with my babies. All day long, I know, they stress me out.. I'm going through stress right now. But I'm trying my hardest to be a good mother and staying fit for them. Like when I'm feeling so scared I, my anxiety attacks, I go outside and have fresh air until I calm down and I go back inside to my kids. Sometimes I don't have time for myself. Kids come first. (Nelson House, Manitoba)

Balancing Multiple Roles and Responsibilities: Responsibility to provide primary family income

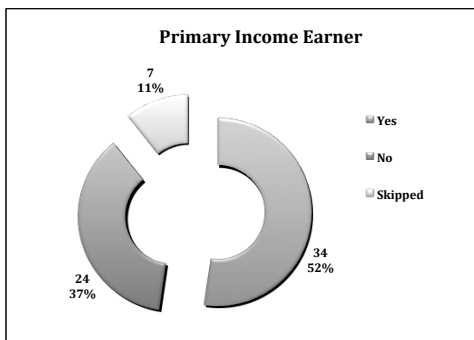


Figure 19: Mother as Primary Income Earner

Balancing Multiple Roles and Responsibilities: Other Caregiver Responsibilities

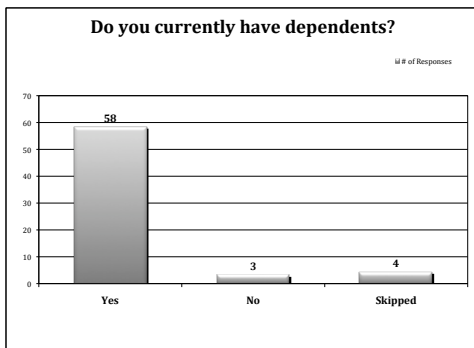


Figure 20: Other Caregiver Responsibilities of the Mother

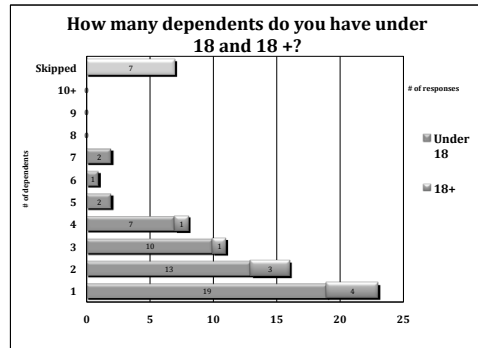


Figure 21: Number of Dependents under 18 and 18+

Balancing Multiple Roles and Responsibilities: Sacrificing Freedom

Like I mean, if you can use formula, you don't have to, you know, worry about the babysitter. Like "Oh my god, I got to go but, you know, got to pump all this milk so that I can go out for the night or anything..." (Brokenhead, Manitoba)

I kind of felt like I was getting depressed or something because I felt so tired down and after I just put her on a bottle I just felt relieved that I was not trapped anymore and I could just go. Like I'd bring (baby) wherever I went but like at times my mom would take her and give me a little bit of a time to myself. (Grand Rapids, Manitoba)

I think it's good actually giving your baby a bottle because the mother, like myself... I need to go once and a while. Take a breather for an hour. And who's going feed my baby for an hour? Like town, I go shopping, when I get home, my babies starving that's why I have to leave my baby a little bit of dolo [tea]. Like if he wants to, he'll have it. For sure, like he always wants my breast all the time but sometimes my breast needs a break for a while. It's nice sometimes. (Nelson House, Manitoba)

Balancing Multiple Roles and Responsibilities: Convenience

I hear some people say that they bottle feed because its easier but breastfeeding is a lot easier in my eyes because you don't have to sterilize the bottles, you don't have to go buy the formula. For me, I tried the canned formula at first and I was dumping it down the drain more than feeding it to my son. Like, I didn't know if I was going to breastfeed or bottle feed I just... would rather breastfeed for while and it just makes life just so much more easier. (Intertribal Health Region, British Columbia)

Milk was already ready. Like for breastfeeding. Like you didn't have to prepare it. (Intertribal Health Region, British Columbia)

Balancing Multiple Roles and Responsibilities: Teen Motherhood

People see young mothers as irresponsible, like they still wanna party and they leave their babies with their mothers, like the grandmothers (Nelson House, Manitoba)

Breastfeeding when you're that young is like, it limits on freedom (Tyendinaga, Ontario)

They want to go out.. A lot of young mothers too. Want to get back to the way they were, to the way their life was. You know just that, being able to get up and go, go back to work and stuff like that. (Grand Rapids, Manitoba)

Balancing Multiple Roles and Responsibilities: Teen Motherhood

There are a lot of teen moms in Seabird and with the right support and guidance, they can make it. (Skidegate, British Columbia)

We have an education that bring children to school daycare program and that's good for teens in high school with babies, as long as they keep up with education and can support families, if it happens it happens (Skidegate, British Columbia)

Here, families support, grandparents sometimes take in child as if it is their own so daughter can finish school (Skidegate, British Columbia)

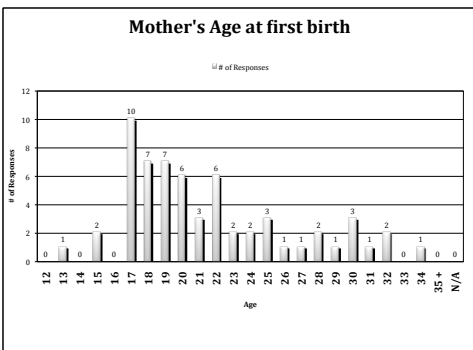


Figure 22: Mother's Age at first Birth

Socioeconomic Challenges

My concerns about having no house and then no job, I just didn't breastfeed so it's been a tough go. (Intertribal Health Region, British Columbia)

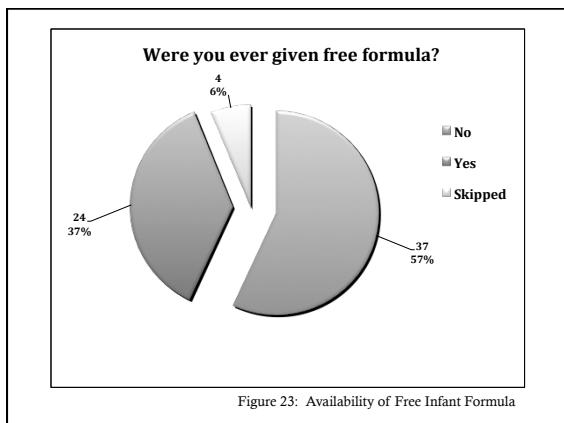
Our bands would get us prenatal money just to, extra help out to, because your breastfeeding so we got like, forty dollars, every month for 6 months, some got longer if they we're still breastfeeding. (Intertribal Health Region, British Columbia)

Because it's cheaper! (Grand Rapids, Manitoba)

I chose bottle because of the cost – especially when you are on EI (Skidegate, British Columbia)

Formula is \$36 a can! Pharmacy orders it for \$26, off island. I once loaded up for six cans \$170. (Skidegate, British Columbia)

My common-law just told me to breastfeed... we can't afford both babies on formula. Because I have three of them who are on a diaper still. Three of them and it's too expensive for us. That's why he's always out working... to support his babies... (Nelson House, Manitoba)



Influences of Breastfeeding on Family Nutrition over the lifespan

It's kind of amazing, because you look at your breastfeeding experience as really isolated to your baby for a certain period of time but that experience, at least for me, it has such a much bigger impact, like it impacted our whole family, it impacted us right up until now.. Until now and it's because you invest that. It's an investment... (Tyendinaga, Ontario)

It's like, why give your baby the best start ever then after that just feed him... I still buy the cans, I still buy the boxes, but I read the labels. I find the ones with the least sodium... (Tyendinaga, Ontario)

Breastfeeding and Mother/Infant Bonding & Other Relationships

I formula fed my first one and I feel more closer to her [nods to second baby in arms] because I breastfed her, you know what I mean. (Grand Rapids, Manitoba)

My second child, my daughter, I nursed her for over a year and she's 12 now. And she's very attached and it probably has a lot to with nursing her. (Brokenhead, Manitoba)

I wanted the bonding thing that comes with breast. (Skidegate, British Columbia)

If you're a breastfeeding mother and you put your baby down for a nap you could be in any room of the house, I could be outside and all of a sudden it's like "oh, the baby's up" without a noise... That feeling like "oh, there's the baby". You know, it brings you a lot closer. (Tyendinaga, Ontario)

Men, Partners & Fathers

He was very supportive; he tried to help as much as he could and would sometimes feel as though he wasn't helping as much especially at the breastfeeding stage, I would pump bottles for him to have his baby time and so I could get some rest but that wasn't until the baby was at least 6 weeks. Baby slept in my bed with me all the time until 2 months old. At meal times, when baby was crying and wanted to eat to, I would nurse my son at the kitchen table while my husband cut up my food for me to eat and my daughter would sit right beside me. We all ate together right from the beginning and still do. (Tyendinaga, Ontario)

Men, Partners & Fathers

But like I said, after he got that new knowledge (from the maternal health program), there's no question. And now he's completely supportive.. and even a few months in, it got to the point where he got right supportive and he'd do everything, while I was breastfeeding that it, I was out of commission. "You sit down, you feed my son, I get this ready, I'll get lunch ready, I'll play with Brooklyn". So he really took over as a big role. And it made it a lot easier because I would think that, if somebody doesn't have that, trying to breastfeed a baby and look after another baby would be next to impossible. (Tyendinaga, Ontario)

Men, Partners & Fathers

My spouse was a big part of it. Just uh, he really encouraged it, like if I was sore, he'd help massaging them because the beginning was the worst part but, that was the worst pain but after that it was ok. Like he, if my, our son was hungry, we'd have to stop and walk him over to park or something and I'd just feed him on the side of the road. Because it was important to me to have him stop crying. (Intertribal Health Region, British Columbia)

It was a big frustrating for my partner to not bond during the early midnight feedings. We had to create different bonding times for the infant and his father. But, with a commitment that breastfeeding is the most important gift that we can give to the infant beyond good prenatal care. It was not a source of tension in our relationship with each other or with the infant. (Intertribal Health Region, British Columbia)

Men, Partners & Fathers

*So, I'm gonna say something, for mine it was different, like he got mad, because like when she was just born, I connected with her right away, but then he felt like left out, and he was like, 'Well every time she comes to me she cries' and as soon as I feed her and she goes to sleep then I would pass her so that she was sleeping when she spent time with him.
(Intertribal Health Region, British Columbia)*

He was kind of sad because he was like "Aw, I can't feed her" but when she was first born he wanted to like hold her a bottle feed her and he was like sad about that but then he got over it. (Grand Rapids, Manitoba)

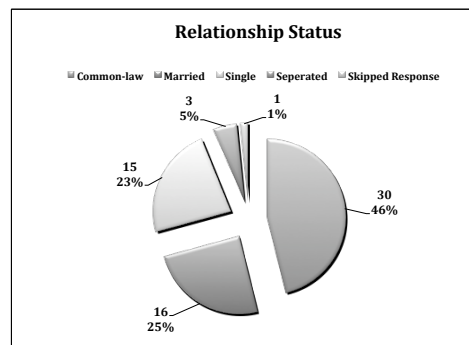


Figure 24: Mother's Relationship Status

Weaning older babies

I had a conversation with him finally. At 3yrs, you know, I'm like I want to have a night were I'm going to sleep. And not be rolling over and you know. And I'm just like "I think we're done" and he's like "Ok" and we were done. (Tyendinaga, Ontario)

*Uh, my son, he was 13 months, and my daughter was 14 months because I had to go back to work so I was pumping and nursing and she didn't like that transition so she just outright stopped.
(Intertribal Health Region, British Columbia)*

Mine weren't ready but I cut them both off at one year. (Intertribal Health Region)

Social Influences: Is Breast best?

But I think it's the best choice to breastfeed. I always tell my friends "Oh, when did you quit breastfeeding?", and I hear, "No, it's too hard", "My nipples are cracked". Well then, why don't you use cream?! There's a pump! (Nelson House, Manitoba)

I like starting conversations in front of women that are bottle feeding and your sitting with someone else who breastfeeds.. and say "I'm so glad I breastfeed because my baby's going to be this and I get this and I'm not going to get cancer and..." and you see this other mother with the bottle going "Really!" (Tyendinaga, Ontario)

Social Influences: Is Breast best?

The friends and the people that I was around. It wasn't common, we didn't, we just didn't breastfeed... it was you know, it was a life of convenience. It was that so much easier to make a bottle and rush out the door and away you go. (Tyendinaga, Ontario)

It didn't bother me because I know a lot of people who have used bottle, formula, canned milk, and their children were healthier, I was ok with it (Skeidgate, British Columbia)

For me, I really researched it because um, like I said, for my first daughter, it just wasn't the norm. You just didn't do it because nobody else was doing it so you just didn't. (Tyendinaga, Ontario)

We were all bottle fed ourselves around here. (Skeidgate, British Columbia)

Social Influences: Feeling Pressure to Breastfeed

I can only speak for myself about the inability to breastfeed successfully. It is a feeling of failure and not being able to give my child what is best. I think it is unfair to pass judgment on people that cannot breastfeed as being lazy or unwilling to try hard enough. I know that I tried and it was unsuccessful. (Tyendinaga, Ontario)

My husband was really upset that I wouldn't keep trying.. He made me feel... I was upset and felt useless that I couldn't breastfeed. (Brokenhead, Manitoba)

Social Influences: Community Norms and Experiences

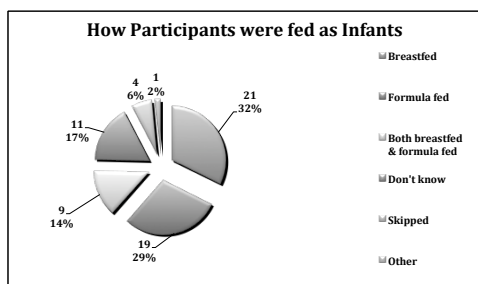


Figure 25: Feeding Practices of the Participants as Infants

Social Influences: Perceptions of the Feminine body

*I have the most embarrassing story about that... (my baby) was like a month old and I was at the Bellville fair with, we were at a baby contest or whatever and (my baby) needed to be fed so I went into the main, the one hallway, area and I was feeding her but I didn't have, at that time, I didn't have a nursing cover and I was, she was just a baby. There wasn't that much traffic going through... well my husband was there and (friend) and we're all just sitting there while I just quickly fed her and this guy walks by and there must have been something wrong with him 'cause he was like staring at me like feeding my baby and I'm just like "ok that was really creepy" like just the way he was looking and then he comes back and he takes out his disposable camera starts taking a picture of me and I'm like "excuse me, get the *** out of here" you know, like, I felt so violated because you know, I know I'm just feeding my baby but you know, it was just... (Tyendinaga, Ontario)*

Social Influences: Perceptions of the Feminine body

My mom used to say when I wore a lower top that I look like a streetwalker (Garden River, Ontario)

Society influences the way breasts are viewed as sexual objectification (Skidegate, British Columbia)

They're still sexual too. (Tyendinaga, Ontario)

We were always taught to cover our breasts (Tyendinaga, Ontario)

I think a lot of those things play a big part and not just that society, it's how we've come to perceive ourselves... (Tyendinaga, Ontario)

We are not as ashamed now, so we will feed in public. (Intertribal Health Region, British Columbia)

Social Influences: Sexualizing Breastfeeding

My Mother in law was taught that breastfeeding was a sexual act. She has not been able to get past this and is uncomfortable with the idea of breastfeeding a child. I have explained to her that breastfeeding is not a sexual act, you are feeding your child! She made it known that she thought it was sexual but never discouraged me directly from doing it. (Tyendinaga, Ontario)

Getting back to being sexual or not. People get this concept in their head that once you do this, feeding your baby, they don't become you know... Or they become something else. But you still make love to your partner and they still are there and they still, and they're still being used (Tyendinaga, Ontario)

The Influence of Health Promotion Messages on Breastfeeding

1. Public health promotion: Communicating the message
2. Barriers to message translation
3. Perceiving the ideal
4. Conceptualizing "the good mother"

Public Health Promotion: Communicating the Message

Research participants said that they chose breastfeeding because it was the best choice for infant nutrition:

I had fully committed to breastfeeding my daughter, as I know it is the best possible feeding choice. (Tyendinaga, Ontario)

I made it [the decision] just because it's better for them, so that was the only reason why I did it. It's better for the baby. (Grand Rapids, Manitoba)

I thought it was more healthier to be breastfed than bottle fed. (Intertribal Health Region, British Columbia)

Public Health Promotion: Communicating the Message

Women had different opinions regarding the length of time that an infant should be breastfed:

Breast milk is best, and it's all the baby needs for the first 6 months. (Tyendinaga, Ontario)

When I breastfed her for the first year and she never got sick, she never had a rummy nose, she never even like puked. Nothing. Now that I'm stopping, she's starting to get rummy nose and stuff like that. (Grand Rapids, Manitoba)

Public Health Promotion: Communicating the Message

I was scared not to breastfeed because the nurse, I'm grateful for it now, told me as soon as my baby had anything introduced into its mouth even Tylenol or water, that the digestive system was going to completely change and that I can potentially set myself up for things like reflux and constipation and all these other digestive issues and colic. So I... was like so scared for her to have anything in her mouth for the longest time so... and there no was no other option. Formula was no option. (Intertribal Health Region, British Columbia)

For my first one, I had no clue. Second one, I didn't know and then I met Gayle (lactation consultant) so I knew. And that was the end of any chance of formula in my house, so that was the end of it. (Tyendinaga, Ontario)

Public Health Promotion: Barriers to Message Translation

Well, it's funny too, because when we were filling out those things (demographic forms) one of the moms, she's like "Carbonated drinks!!" She's like "Pop right?" thinking like, who feeds their baby that? But I've seen it, where some moms are just uneducated and just you know, breastfeeding to them, they won't do it, and because they don't realize that their (baby's) not gaining weight because of nutritional content, their gaining from sugar, right ... It's that education, and I've seen some babies that just you know, are addicted to it(sugar). (Tyendinaga, Ontario)

Educational Background

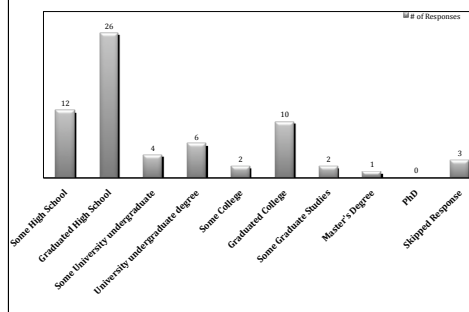


Figure 26: Education Background as an Indicator of Message Accessibility

Income of Household

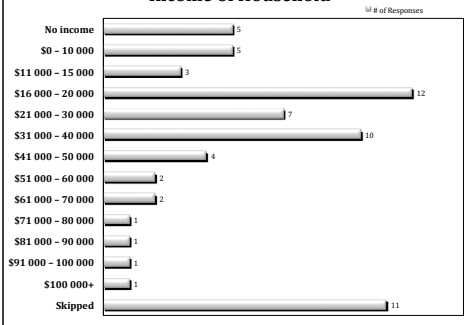


Figure 27: Household Income as an Indicator of Message Accessibility

Public Health Promotion: Perceiving the Ideal

Interviewer: What would you guys say if somebody asked you about breastfeeding? What kind of advice would you give about infant feeding?

P: Try breastfeeding.

P1: Breastfeeding.

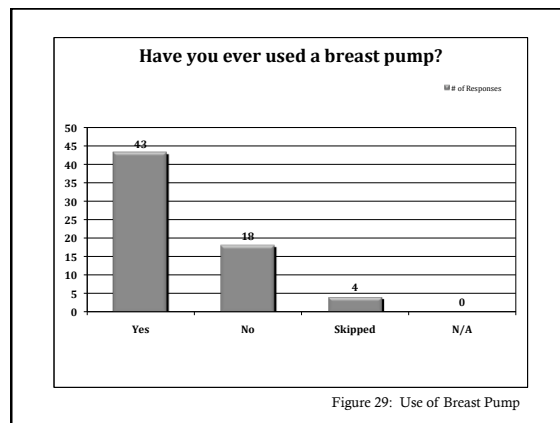
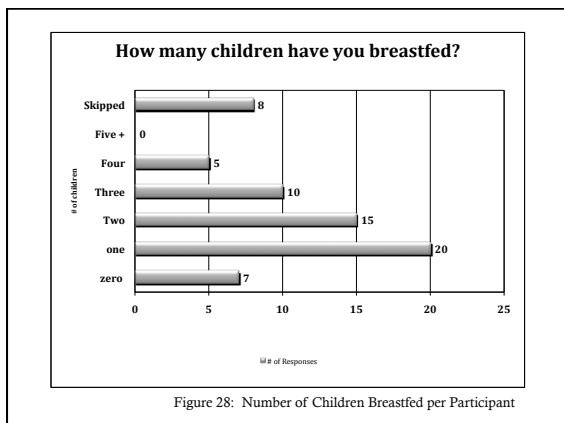
P2: Breastfeeding.

P3: At least try it.

P4: I'd say try it. I gave up too soon, that's how I feel.

P5: I just gave up after I went home.

P6: I think if you can't actually breastfeed your baby, at least try pumping... (Brokenhead, Manitoba)



Public Health Promotion: Conceptualizing the Good Mother

There's so many positives to breastfeeding but there's so much. Not even my mom told me to expect with breastfeeding. Like nobody tells you to expect certain things with breastfeeding. Like when the baby cries, you just leak like there's no tomorrow. Or if somebody's baby cries, you'll just start like leaking. (Garden River, Ontario)

It's so not pretty. Nobody, everybody makes it so beautiful and it's just such an amazing thing to do and nobody tells you it's going to be like that. That's why, while the recorders on, that's how it is! (Garden River, Ontario)

The Role of Healthcare Providers and Consequences of the System: Role of the Healthcare Providers

What with being 17 with my first one, that was a horrendous experience at Bellville general. It was the same thing, it was if you do not. Because your milk hasn't come yet... the day of your baby delivery. And they do get fussy.... And I was tired and exhausted and whatever the case. I had a C-section and they told me if I wasn't able to get my milk to come in then he'd have to have formula, I was in the hospital for 5 days with him. And they took him and fed him. (Tyendinaga, Ontario)

The Role of Healthcare Providers and Consequences of the System: Role of the Healthcare Providers

The nurse was like panicked. Oh no, he went from 5 pounds 14 ounces to 5 pounds 6 ounces and one of the women came in and said "that's 12% of his body weight. If you don't give him formula we are going to take him"... I had just had a baby, your emotional, what are you supposed to do. They're going to take your baby. I cried, I apologized the whole time "I'm sorry buddy, just get it into you and then we'll take you away". The nurses are horrible.

They're so quick to feed the babies formula. (Tyendinaga, Ontario)

Role of the Healthcare Providers

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Consequences of the Healthcare System: Evacuation and Confinement Practices

By the time I was back at home I had already started on the bottle so she wasn't going to go on the breast. I didn't try (Manitoba).

With all the changes and... it's hard to also be breastfeeding. You don't have a place to sit or rest and you're on the move (Manitoba).

Co-sleeping and Breastfeeding Relationship

It's comfort and it's easier... when you're nursing. Period. 'Cause you don't have to get up in the middle of the night and you can get a better night sleep by just rolling over, propping your baby or whatever. (Tyendinaga, Ontario)

I also think it's a comfort level for the child when you're not removing them. Like if your nursing your baby and then they were to fall asleep and then you're going to place them into a bed out of our room, with your light closed, light off whatever the case might be, there's still the scare factor involved in that. (Tyendinaga, Ontario)

Baby slept in my bed with me all the time until 2 months old. (Tyendinaga, Ontario)

I do! I just roll over and feed her (Grand Rapids, Manitoba)

Impact on Intimacy and other relations within the Family

And it does change, like in the sex as well. Right, like you've got your leaky breast milk, you know. So I think there is an element, but I think for him, like I said he was very good about it but after a while it was like, 'ok can I have them [breasts] back now'. (Intertribal Health Region, British Columbia)

I kept him in my room right till 12months, I moved him at 12 months but I mean... and my husband. He doesn't sleep in bed with us. He sleeps on the couch. (Tyendinaga, Ontario)

Health Considerations in Breastfeeding: Smoking among First Nations

Well, yeah my family was like uh, "Oh, you should have stayed breastfeeding", stuff like that. "That's healthy" and I was like, "Okay". But I don't know, I wasn't sure because I was a smoker. (Manitoba)

P: Yeah, yeah I said I was going to breastfeed and but...

INT: It didn't work out?

P: Yeah... Yeah, it was hurting too much and plus... I was... smoking... And uh I didn't want her to drink whatever I was taking in.

INT: Taking in?

P: Smoking (Grand Rapids, Manitoba)

Residential Schools

I couldn't get any detail talking to my mom and women's things. None. Mom was in residential school... (Skidegate, British Columbia)

There is a big difference in the way they are able to be about life and sex and childrearing. My youngest son, his father is older and has that mindset. (Skidegate, British Columbia)

My mom's side had no choice because her father was drowned, the community was all religion, and family was strict into the religion. Grandma tried to keep the children together, but they were taken, damage was done – you can see a big difference in the way the two families were with my son – the impact of Residential Schools – huge. (Skidegate, British Columbia)

Residential Schools

My mom went to Residential School so she didn't talk to us at all about any women's stuff (Skidegate, British Columbia)

You know, growing up... but see I went to a residential school, so did my mother and my grandfather. So I wasn't breastfed and neither was my brothers or sisters. You know, and I didn't breastfeed my daughter. (Skidegate, British Columbia)

Conclusions & Implications for Research, Practice & Policy

1. Further research is required on the socioeconomic implications in First Nations communities on breastfeeding. Where women face multiple social and economic hardships, are additional supports required in terms of breastfeeding and infant rearing more generally? What types of additional supports are necessary and how should these be delivered? These are central issues for maternal and child health programming that requires further investigation.

2. Explore methods for engaging harder to reach women in First Nations. It is important to understand why these segments of the population are not being reached so that consideration of how to rectify this issue can be developed.

3. Develop and implement continual and consistent education and support for mothers in order to build women's confidence in their body's ability to provide satisfactory nutrition dispelling myths in the process. This can also work to address public discomfort regarding breastfeeding, which was indicated as a barrier.

4. Address knowledge gaps within the adolescent population in particular through the implementation of support for young moms both through schools and health centres. When teens do become pregnant, support through families and communities in general need to be harnessed to create multiple levels of support. Mechanisms encouraging and building these support networks are required within community based health programming.

5. Breastfeeding mentors working one-on-one with women in the community (i.e., lactation experts, doulas, midwives and home-visitors/peer supporters who were specially trained in breastfeeding knowledge) were listed as the most influential supporters. Availability of these supports is not consistent across the First Nations involved in the project. Compassionate and realistic support to mothers built into health promotion strategies was indicated as requiring further development. Development of these resources in a consistent manner within all First Nations is critical to a holistic approach to maternal.

6. Development of activities and opportunities to support and engage fathers/partners is needed within community based programming. This provides an opportunity for enhanced programming in maternal health programs. Postnatal visits could include ideas for 'father bonding time' and information about feelings of isolation resulting from breastfeeding in order to support father involvement.

7. The role of healthcare providers is critical but in many cases could be enhanced. Creation of increased opportunities for support (such as the BFI) while in the hospital is required. While women indicated that they listened to what nurses were saying, particularly because they thought of the nurses as experts on the topic of baby care they also shared that they were afraid to ask questions. Further development of in-hospital supports needs to be explored.

8. It is clear that evacuation and confinement policies that separate women from their families and communities have implications that continue beyond the birth of the child and of the return of the mother and infant to the community. The stress and mobility issues involved in the birthing process act as detriments to breastfeeding. Closer-to-home birth options and family-centered maternity care are practices that are interconnected to improved breastfeeding practice. Further study on the connection of these topics is suggested.

9. Co-sleeping, while shown in the research to promote both initiation and duration of breastfeeding is complicated by socio-economic circumstances for First Nations communities such as overcrowding and poor housing. While this is a complex topic in light of these circumstances promotion of methods that allow for mothers to successfully breastfeed are also required. Further research is required in this area with specificity to Canadian First Nations.

10. Smoking and its implications in a women's decision to initiate and continue breastfeeding requires more in depth examination in Canadian First Nations contexts. Perceptions of breast milk is 'contaminated' by smoking may cause smoking mothers to lean towards perceived 'safer' options i.e., breast milk substitutes. Although smoking is not contraindicative to breastfeeding, infants of smoking mothers have a higher risk of morbidity and mortality. Breast milk has many protective factors that the infants of these mothers will be lacking. Maternal smoking and its effect on breastfeeding is an important area in need of further investigation.

11. Further research on the experience of Residential Schools and their social, political and historical impacts on breastfeeding is crucial. This is an area that has not been examined thoroughly but is of importance to First Nations, particularly in light of a possible contradiction of our findings to a previous study by the Assembly of First Nations.

Thank you for your time

Gladys Rowe
Research Coordinator
International Indigenous Health and Social Justice Research Group
The Faculty of Human Ecology
University of Manitoba
roweg@cc.umanitoba.ca
204-272-1572