

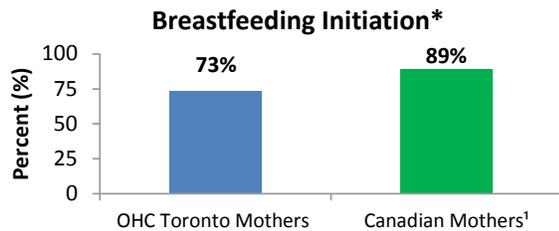
# Our Health Counts Toronto

An inclusive community-driven health survey for Indigenous peoples in Toronto

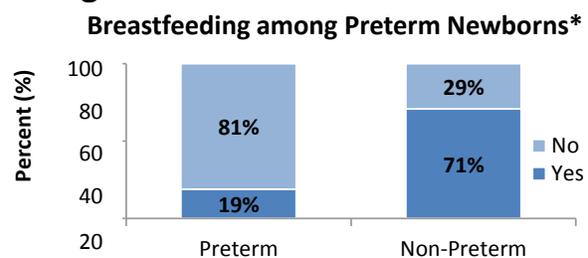
## Perinatal and Infant Feeding

Exclusive breastfeeding for the first six months of life is widely recommended to provide babies with a healthy start and set them up for life-long health.<sup>1,2</sup> Difficulties with breastfeeding technique is one of the most common cited reasons to stop breastfeeding within six months. The intergenerational transmission of health promoting birthing and parenting knowledge and practices are a core part of many Indigenous knowledge systems.<sup>3</sup> This knowledge and practice was negatively impacted by colonial policies such as the Indian act, residential schools, forced sterilization and the outlawing of Indigenous midwifery.<sup>4</sup> Revitalization is a key part of advancing Indigenous infant, maternal, and family health. Peer support for infant feeding education, including partners and extended family members, can assist in improving initiation and duration of infant feeding.<sup>5</sup>

### Infant Feeding



\*OHC Toronto: Indigenous women/trans/other that gave birth in the past 5 years



\*OHC Toronto: Indigenous children in Toronto

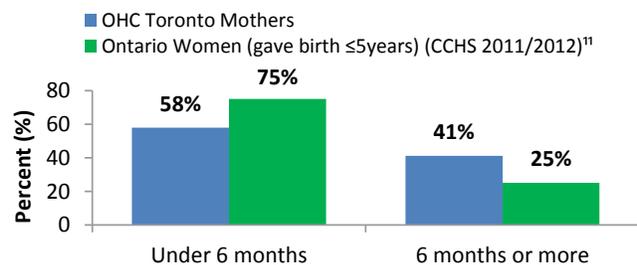
**Top Reasons identified for not breastfeeding:**  
C-section birth / Bottle-feeding was considered easier / Premature birth

**38%** of Indigenous birth parents (mother/other) of Indigenous children in Toronto who breastfed, reported they *felt confident about feeding from feeding their previous child/children.*

**20%** Of Indigenous birth parents who stopped feeding within the first week, reported the main reason for stopping was *difficulty with techniques.*

**42%** of Indigenous birth parents who breastfed, reported *people in my family helped and supported them.*

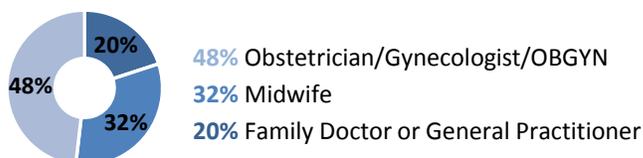
### Exclusive Breastfeeding\*



Higher rates of breastfeeding after 6 months highlights the need for targeted interventions for breastfeeding initiation among Indigenous parents.

### Access to Prenatal Services

Who provided the prenatal care\*?

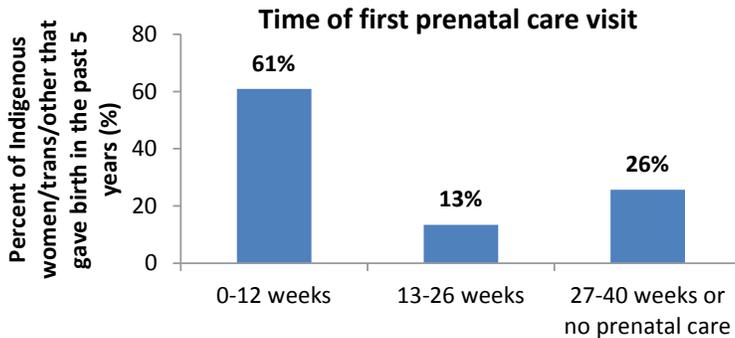


\*Indigenous women/trans/other that gave birth in the past 5 years

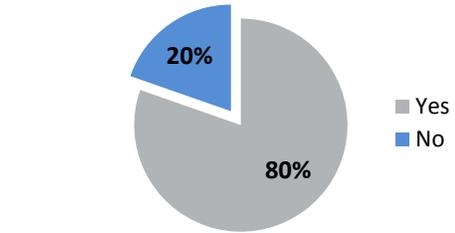
**96%** of Indigenous women/trans/other who had an obstetrician, gynaecologist, or OBGYN for their prenatal care said that this was their **preferred provider.**

## Perinatal and Infant Feeding

### Access to Prenatal Services



### Was this first prenatal care visit as early as desired?



Those who experienced discrimination from a healthcare professional were **2.5 times** more likely to not receive prenatal care or start access to prenatal care in the 3<sup>rd</sup> trimester.



Indicated not receiving prenatal care as early as they wanted.

**Barriers identified by Indigenous women/trans/other, that gave birth in the past 5 years, who did not receive prenatal care as early as desired included:**

- A lack of trust in the healthcare provider
- A doctor was unavailable
- Did not know they were pregnant

### Policy Implications

#### Implement TRC Call to Action 19:

We call upon the federal government, in consultation with Indigenous peoples, to support innovative and culturally safe models of care dedicated to serving Indigenous infants and families to begin closing the gaps in health outcomes between Indigenous and non-Indigenous Canadians.

#### Implement TRC Call to Action 23:

We call upon all levels of government to provide cultural safety training for all healthcare professionals involved in the care of newborns, including in NICU's and community based programs and services.

#### Additional Recommendations:

City of Toronto, provincial and federal policy makers work in partnership with urban Indigenous peoples and organizations to:

- Increase access to culturally safe Indigenous sexual and reproductive health services, including community based outreach services.
- Improve supports, resources, continuity and access to care through the integration of perinatal patient navigators at Indigenous health organizations, hospitals and other centralized programs.
- Expand cultural programming, activities and supports for Indigenous families and children that engaged skilled and recognized Elders, knowledge keepers and traditional healers.

#### Definitions

Indigenous women/trans/other: persons 15 to 44 years self-identifying as Indigenous, such as First Nations, Métis, Inuit or other Indigenous nations, living or using services in the City of Toronto; Indigenous children: persons 1 to 14 years self-identified as Indigenous by their parent or guardian, such as First Nations, Métis, Inuit or other Indigenous nations, living or using services in the City of Toron

Population based estimates were created using respondent driven sampling (see Methods and Design Factsheet for more details)

#### Sources

1. Gionet (2013); 2. WHO/UNICEF (2014); 3. Anderson (2011); 4. Allan & Smylie (2015); 5. Gruber et al. (2013)

# Our Health Counts Toronto

An inclusive community-driven health survey for Indigenous peoples in Toronto

## Perinatal and Infant Feeding Reference

Our Health Counts Toronto is an inclusive community-based health survey for Indigenous peoples of Toronto and is part of the largest Indigenous population health study in Canada. Participants were selected using respondent-driven sampling, a statistical method which uses social networks in the community to recruit Indigenous people living in the city.

### Survey Question

**RDS Prevalence Estimate**  
(95% Confidence Interval)

#### For your last baby, did you breastfeed or try to breastfeed your baby, even if only for a short time? (asked to Indigenous women/trans/other 15-44 years)

Yes	73.4% (72.0, 74.7)
No	23.4% (18.5, 28.3)

#### Breastfeeding among preterm newborns

Breastfed child born before 37 weeks	19.1% (0.0, 43.9)
Did not breastfeed child born before 37 weeks	80.9% (56.1, 100.0)
Breastfed child born 37 weeks or later	70.8% (57.1, 84.4)
Did not breastfeed child born 37 weeks or later	29.2% (15.6, 42.9)

#### What helped or made it possible for you to be able to breastfeed your child?

People in my family helped and supported me to breastfeed	41.9% (28.0, 55.8)
I felt confident about breastfeeding from breastfeeding my previous child/children	38.4% (25.1, 51.8)

#### What is the main reason that you stopped breastfeeding?

Difficulty with breastfeeding technique (e.g. sore nipples, engorged breasts, mastitis)	19.3% (8.2, 30.4)
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#### In weeks or months, how old was your child when you stopped breastfeeding?

Less than 6 months	55.9% (41.5, 70.3)
6 months or older	44.1% (29.7, 58.5)

#### From which type of healthcare provider, such as an obstetrician, family doctor or midwife, did you receive most of your prenatal care?

Obstetrician or obstetrician/gynaecologist or OBGYN	48.1% (26.9, 69.3)*
Midwife	31.8% (12.6, 51.0)
Family doctor, general practitioner, or other	20.1% (0.0, 43.1)*

#### Was your prenatal care provider, your preferred prenatal care provider?

Yes	96.9% (93.4, 100.0)
No	3.1% (0.0, 6.6)

#### How many weeks pregnant with your child were you when you had your first visit for prenatal care?

0-12 weeks	60.9% (41.6, 80.2)
13-26 weeks	13.4% (2.6, 24.2)
27-40 weeks or no prenatal care	25.6% (5.8, 45.5)

#### Did you receive prenatal care as early as you wanted?

Yes	80.4% (67.6, 93.1)
No	19.7% (6.9, 32.4)

◆ ◆ ◆ ◆ ◆ Our Health Counts: Community health assessment by the people, for the people ◆ ◆ ◆ ◆ ◆



For the full OHC Toronto report visit:  
[www.welllivinghouse.com](http://www.welllivinghouse.com)

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