

The Health Index

BREASTFEEDING PRACTICES, AWARENESS & ATTITUDES IN MIDDLESEX-LONDON

Issue 13, January 2005

Key Points:

- Nine out of ten mothers residing in Middlesex-London initiate breastfeeding ($88.6\% \pm 3.4\%$); of these women, half ($51.0\% \pm 6.2\%$) continue to breastfeed for six months or longer.
- Overall, of all mothers in Middlesex-London, $44.1\% (\pm 5.7\%)$ breastfeed for six months or longer.
- An overwhelming majority ($96.4\% \pm 1.1\%$) of Middlesex-London residents between the ages 18 and 54 years feel breastfeeding is good for a baby's health; $83.7\% \pm 2.2\%$ also feel breast milk alone can give most infants all of the nutrition they require for healthy growth over the first six months of life.
- Two thirds Middlesex-London residents 18 years and older feel it is acceptable for mothers to breastfeed their babies in restaurants ($64.8\% \pm 2.7\%$) and shopping malls ($64.5\% \pm 2.7\%$)

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BACKGROUND

A mother's decision to breastfeed is an important health decision for both her baby and for herself. Breastfeeding has long been accepted as the optimal way of feeding a baby. Research provides strong evidence for breast milk's immunological benefits¹, the presence of growth promoting elements, enzymes to aid in

the digestion and absorption of nutrients^{1,1} and factors that promote human brain growth and development¹.

Breastfeeding duration - (i.e. how long a mother breastfeeds) and breastfeeding exclusivity (i.e. only breast milk is provided without additional nutritional supplementation) have both been shown to play a role in the benefits of breastfeeding. The World Health Organization (WHO) endorses exclusive breastfeeding until six months of age with the introduction of complimentary foods and continued breastfeeding thereafter¹. Recently, Health Canada has also recommended exclusive breastfeeding for six months¹. Breastfeeding is endorsed at the national level by the Breastfeeding Committee of Canada, Canadian Paediatric Society, and the Dieticians of Canada¹. Provincially the Registered Nurses Association of Ontario (RNAO), the Ontario Public Health Association (OPHA), and the Ontario Breastfeeding Committee (OBC) all

endorse the protection, promotion and support of breastfeeding^{8,9}. The Ontario Human Rights Commission (1999) legislated for the rights of women to breastfeed in public places and to have breastfeeding accommodated at work. Under the Ontario Human Rights Code, women have the right to nurse their children in public and the right to a positive work environment where they can breastfeed their children or express breast milk without fear of stigma¹⁰.

Breastfeeding continues to be an important public health issue. The Mandatory Health Programs and Services Guidelines (MHPMG, 1997) that all health units in Ontario are required to implement, sets as an objective: "To increase to 50% the percentage of infants breastfed up to six months by the year 2010"¹¹.

The Rapid Risk Factor Surveillance System (RRFSS) (both the general survey and the Parenting Survey) was used in Middlesex-London to monitor:

- i) breastfeeding initiation and duration,
- ii) parental awareness of the benefits of breastfeeding and
- iii) attitudes towards breastfeeding in public places in the Middlesex-London Health Unit (MLHU) area.

RRFSS is an ongoing population health survey that collects approximately 100 telephone responses for the MLHU area in monthly increments (waves). The system is currently used for population health behaviour surveillance by 24 of the 36 health units in Ontario. The Parenting Survey was conducted in a similar fashion to RRFSS. Utilizing key questions from RRFSS it surveyed 1226 parents of children aged 0 through 11 years from March to November 2004. Further information on RRFSS (general survey and Parenting Survey) is provided below in the "Methods and Definitions" section.

BREASTFEEDING INITIATION RATES IN MIDDLESEX-LONDON

Breastfeeding initiation rates in Canada have increased steadily over the past few decades. Initiation rates in Canada in the '60s and '70s

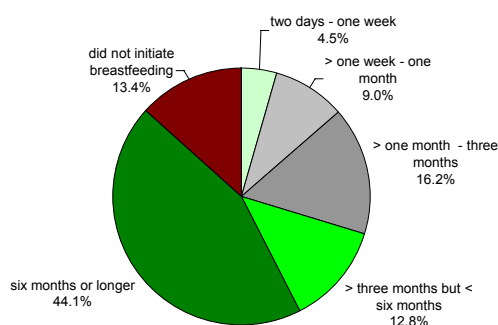
were approximately 25%. A national increase in breastfeeding initiation to 69% was seen in the 1980s¹². In 1994, the average breastfeeding initiation rate in Ontario was close to 80%¹³. Local results for Middlesex-London in 1999 found that 88% of women initiated breastfeeding¹⁴. The Canadian Community Health Survey (CCHS) for 2000/01 found that 85.5% ($\pm 8.5\%$) of Middlesex-London mothers breastfed or tried to breastfeed their last child; a higher rate than was observed for Southwestern Ontario (77.1% $\pm 4.7\%$) or Ontario (80.5% $\pm 2.5\%$)¹⁵. Currently, 2004 RRFSS Parenting Survey data shows a breastfeeding initiation rate of 88.6% ($\pm 3.4\%$) among women residing in Middlesex-London.

Research has suggested that social factors may influence methods of infant feeding adopted¹⁶ and as a result initiation rates often vary across age, income level, level of education and marital arrangement. No significant trends in 2004 breastfeeding initiation rates for Middlesex-London were observed across age group, income level, or marital arrangement.

BREASTFEEDING DURATION RATES IN MIDDLESEX-LONDON

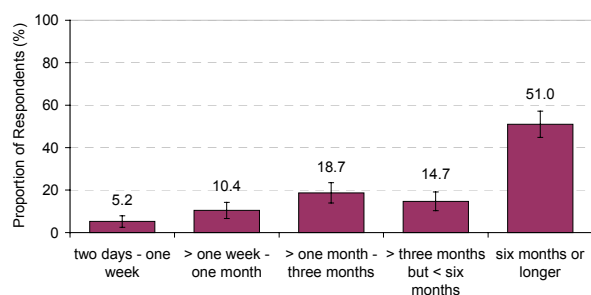
In order to see how close Middlesex-London residents are to the provincial objective "to increase to 50% the percentage of infants breastfed up to six months by the year 2010", women in Middlesex-London were interviewed as part of the RRFSS Parenting Survey. Thirteen percent of women reported not initiating breastfeeding, while 44.1% ($\pm 5.7\%$) of women reported breastfeeding for at least six months or longer (Figure 1). Results for Middlesex-London showed that of the mothers who initiated breastfeeding, 51.0% ($\pm 6.2\%$) breastfed for six months or more (Figure 2). A third of women who initiated breastfeeding continued to do so for the first few days up until three months (two days - one week: 5.2% $\pm 2.7\%$; greater than one week through one month: 10.4% $\pm 3.8\%$; greater than one month through three months: 18.7% $\pm 4.8\%$). The remaining fifteen percent of women breastfed for longer than three months and stopped before six months duration (14.7% $\pm 4.4\%$).

Figure 1: Overall breastfeeding practices for women who had a child in the last 5 years*
Middlesex-London Health Unit Area, Women, 2004



* this analysis does not include the women (N=50) that reported that they were currently breastfeeding. The denominator used is women who gave birth in the last 5 years (excluding women who were currently breastfeeding)
Source: Parenting Survey, March - November 2004, Waves 39-47

Figure 2: Breastfeeding duration among women who initiated breastfeeding*
Middlesex-London Health Unit Area, Women, 2004

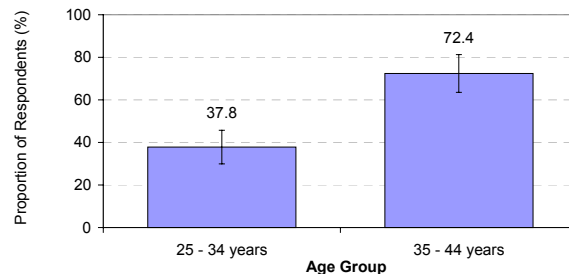


* this analysis does not include the women (N=50) that reported that they were currently breastfeeding. The denominator used is women who gave birth in the last 5 years (excluding women who were currently breastfeeding)
Source: Parenting Survey, March - November 2004, Waves 39-47

Women ages 35- 44 years were more likely to continue breastfeeding for six months or longer as compared to women ages 25 -34 years of age (72.4% ± 7.9% vs. 37.8% ± 8.9%; see Figure 3). Due to the small sample of women in the 18 -24 and 45 or older age categories estimates for these groups were not considered stable and were therefore not reported.

After the “Other” category (23.3% ± 5.3%), the most common reasons for discontinuing breastfeeding cited by women living in Middlesex-London, were that the child was weaning him or herself (18.8%± 4.9%) followed closely by the mother’s returning to work (15.5% ± 4.6%) and perceived insufficient milk (9.4%± 3.7 %).

Figure 3: Proportion of women who breastfed for six months or longer by Age Group*
Middlesex-London Health Unit Area, Women, 2004



* estimates for the age groups 18-24 years and 45-54 years were not available for release due to small sample size.
Source: Parenting Survey, March - November 2004, Waves 39-47

BREASTFEEDING AWARENESS

To evaluate the awareness of the benefits of breastfeeding among residents in Middlesex-London in their child bearing years, all women ages 18 through 49 and men ages 18 through 54 with children under 18 years old in the household were asked a series of questions about the benefits of breastfeeding i) to the child and ii) to the mother. Residents were primarily asked about the immunological benefits of breastfeeding to assess awareness of the benefits of breastfeeding to the child.

HEALTH BENEFITS TO THE CHILD

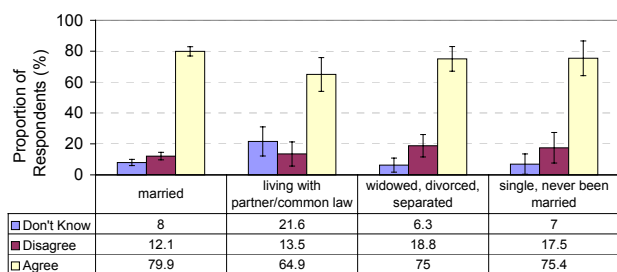
Research shows that breastfed babies benefit from the nutritional, immunological, and psychological benefits of breastfeeding. To evaluate whether residents in Middlesex-London were aware of the benefits of breastfeeding they were first asked “Do you think it is good for the baby’s health if it is breastfed?”. An overwhelming majority (96.4% ± 1.1%) of Middlesex-London residents between ages 18-54 years feel breastfeeding is good for a baby’s health. Eight out of ten residents (83.7% ± 2.2%) also feel that breast milk alone can give most infants all of the nutrition they require for healthy growth over the first six months of life. This finding suggests a high level of awareness of the benefits of breastfeeding for six-month duration among Middlesex-London parents.

Over ninety percent (91.3% ± 2.4%) of Middlesex-London residents between the ages of 18-54 years are aware that breastfeeding

protects infants from ear, lung, stomach and many other types of infections. Over ninety percent (91.1% ± 1.7%) of residents are also aware that allergies to foods such as cow's milk, wheat or nuts are less common in children who are breastfed.

Similar levels of awareness of the benefits of breastfeeding to a child's health were observed across age groups as well as for those residing in the City of London and in Middlesex County. Residents reporting higher household incomes (incomes greater than \$30,000) were slightly more likely to report knowing that breastfeeding protects infants from ear, lung, and stomach infections (greater than \$100,000: 95.2% ± 2.8%; \$70,000-\$100,00: 93.2% ± 3.6; \$30,000-\$70,000: 91.7% ± 2.7%) compared to residents in the lowest income group reporting less than \$30,000 in household income (less than \$30,000: 85.7% ± 5.1%). While just under 80% of both men and women agree that allergies to foods such as cow's milk, wheat or nuts are less common in children who are breast fed, stronger support was observed for women (47.3% ± 3.7) compared to men (39.2% ± 4.5%). Married parents (79.9% ± 3.0%) in Middlesex-London were more aware of the benefits of breast milk in reducing childhood allergies compared to parents living in common-law relationships (64.9% ± 10.9%, Figure 4).

Figure 4: Proportion of Residents who agree "allergies to foods such as cow's milk, wheat or nuts are less common in children who are breast fed" by Marital Status
Middlesex-London Health Unit Area, 2004



Source: RRFSS January - April 2004, Waves 37-40 and Parenting Survey March - October 2004, Waves 39-46

Stronger support for the benefits of breastfeeding in reducing childhood allergies was also observed among Middlesex-London residents having attained higher levels of education. Ninety percent of residents (89.7% ± 9.4%; 56.1% strongly agree; 33.6% somewhat agree) having completed post-secondary education and approximately 80% (78.9% ±

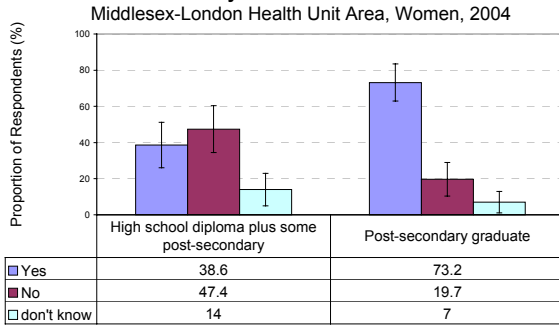
11.2%; 36.6% strongly agree; 42.3% somewhat agree) of residents having finished high school were aware of the benefits of breastfeeding towards reducing childhood allergies. Due to the small sample of respondents without a high school education, estimates for this group were not considered stable and therefore have not been reported.

HEALTH BENEFITS TO THE MOTHER

Over ninety percent of women (92.5% ± 2.0%) residing in Middlesex-London believe that it is good for the mother's health if she breast feeds. However, only half (51.7% ± 3.8%) are aware that women who breastfeed for longer than three months are less likely to develop breast cancer before menopause than women who do not breastfeed. Women reporting the lowest level of household income (less than \$30,000 per year) were the least likely to be aware of the connection between breastfeeding and the mother's pre-menopausal risk of breast cancer (40.9 % ± 8.2%) compared to those reporting household incomes of \$30,000 – \$70,000 (55.7% ± 5.9%), \$70,000 - \$100,000 (56.9% ± 9.0%), and household incomes exceeding \$100,000 per year (68.2 % ± 9.7%).

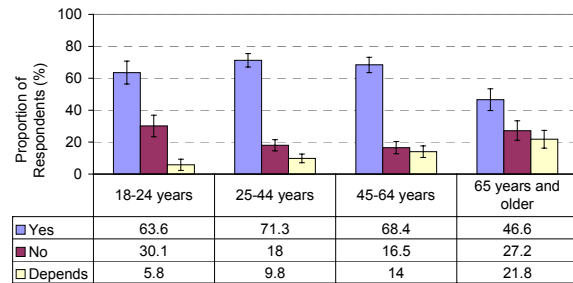
Slightly more than two-thirds of women (67.1% ± 3.5%) feel that mothers who feed their infant only breast milk for the first six months usually lose the weight they gained during pregnancy faster than mothers who do not breastfeed. Women ages 25 through 44 years were most aware of the benefits of breastfeeding with post-pregnancy weight loss (69.9% ± 3.8%) compared to both younger women (ages 18-24 years, 46.3% ± 13.3%) and women 45 years and older (54.3% ± 11.7%). Awareness of the link between breastfeeding and losing post-pregnancy weight was highest among women with a postsecondary education (73.2% ± 10.3%, Figure 5). Again, due to the small sample of respondents without a high school education, estimates for this group were not considered stable and therefore have not been reported.

Figure 5: Awareness of the association between breastfeeding and maternal weight loss by Education Level



Source: RRFSS January - April 2004, waves 37-40 and Parenting Survey July - October 2004, Waves 42-46

Figure 6: Middlesex-London acceptance of breastfeeding in restaurants by Age Group
Middlesex-London Health Unit Area, 2002



Source: RRFSS January - December 2002, Waves 13-24

ATTITUDES TOWARDS MOTHERS WHO BREASTFEED

Despite the many advantages of breastfeeding, many women choose not to breastfeed their babies. Often women do not initiate breastfeeding or stop breastfeeding prior to the six-month recommendation as a result of the attitudes of family and close friends and as a result of community attitudes towards breastfeeding in public. Consequently, the attitudes of a community towards breastfeeding play an important role in the health of both babies and mothers. In 2002, Middlesex-London residents ages 18 years and older were asked how they felt about women breastfeeding in restaurants and in shopping malls.

RESTAURANTS AND SHOPPING MALLS

Two thirds of residents (64.8% ± 2.7%) feel it is acceptable for a mother to breastfeed her baby in a restaurant. Attitudes towards breastfeeding in restaurants varied across age groups. Just under three quarters (71.3% ± 4.2%) of adults ages 25 through 44 were accepting of mothers breastfeeding in restaurants compared to less than half of adults 65 years and older (46.6% ± 6.8%). Two thirds of adults 45 to 64 years of age (68.4% ± 4.8%) and adults 18 through 24 years (63.6% ± 7.2%) were accepting of a mother breastfeeding their baby while in a restaurant (Figure 6). A larger proportion of men (70.3% ± 3.9%) were accepting of breastfeeding in restaurants compared to women (60.6% ± 3.7%).

Level of education is associated with acceptance of breastfeeding practices in restaurants and acceptance increased with increased level of education attained. Respondents with a postsecondary education were most accepting of a mother breastfeeding in a restaurant (71.9% ± 3.7%) as compared to those who had completed high school (60.5% ± 4.4%) and those not having completed high school (54.6% ± 7.9%).

Two thirds of Anglophone respondents (66.5% ± 2.8%) were accepting of breastfeeding in restaurants compared to less than half of respondents (43% ± 10.9%) whose language spoken at home is not English (allophone).

Respondents with household incomes greater than \$70,000 a year were more likely to accept a mother breastfeeding their baby in a restaurant compared to those respondents with lower household incomes. No differences are observed between those with the highest household income (\$100,000+) compared to those earning \$70,000 - \$100,000.

Two-thirds (64.5% ± 2.7%) of Middlesex-London residents are also accepting of mothers who breastfeed their babies in shopping malls. Trends observed across age group, level of income and education in community acceptance of breastfeeding in shopping malls were similar to those reported for restaurants.

CURRENT PROGRAMS & FUTURE DIRECTIONS

Numerous resources are available in Middlesex-London to protect, promote and support breastfeeding. Prenatal breastfeeding classes, postnatal breastfeeding clinics (available six days a week), visits to mothers in the home and telephone counselling for those with breastfeeding concerns make up some of the many activities for breastfeeding mothers available through the MLHU. Community media campaigns held during Canada's Breastfeeding Awareness Week (October 1-7, 2004) as well as the many other MLHU initiatives also play an important role in educating the community of the benefits of breastfeeding. New mothers and those with breastfeeding concerns are encouraged to contact the MLHU to access many of the breastfeeding support services available.

There is now strong evidence supporting the benefits of breastfeeding for six months or longer. It is important that the research evidence make it into the public domain so parents can make informed decisions about infant feeding and breastfeeding duration. Currently in Middlesex-London nearly 90% of mothers initiated breastfeeding. However, of all mothers only 44.1% continued to breastfeed for the recommended six months or longer. The Mandatory Health Programs and Services Guidelines (MHPMG, 1997) objective to increase to 50% the proportion of infants breastfed up to 6 months by the year 2010 has not yet been met. There remains room for improvement before this objective is achieved and more recent recommendations would support efforts to increase this proportion significantly as well as to include recommendations for exclusive breastfeeding for six months or longer. Provincial objectives for breastfeeding duration rates in Ontario do not take into account the WHO's recommendation of "exclusive breastfeeding for 6 months after which infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond"¹⁷. Mothers surveyed as part of the RRFSS Parenting Survey were not asked about exclusive breastfeeding and therefore this data is not currently available for Middlesex-London. Currently there are a number of strategies and programs within the Health Unit

that deliver the message of exclusive breastfeeding for six months and beyond.

Results from local RRFSS data suggest that future strategies should focus on changing attitudes towards breastfeeding mothers. Collaboration of service areas and community partners along with the implementation of best practice guidelines, local efforts to promote breastfeeding will strive to have a greater impact of the duration of exclusive breastfeeding and continue to measure program impacts on this key community health outcome.

METHODS AND DEFINITIONS

The data presented in this Health Index are from the Rapid Risk Factor Surveillance System (RRFSS) and the Parenting Survey. The purpose of both surveys is to monitor public awareness of a range of public health issues, with the Parenting Survey being specific to parenting. Both surveys are collected for the Middlesex-London Health Unit (MLHU) by the Institute of Social Research, York University. RRFSS and Parenting Survey data were collected in a series of monthly telephone surveys (waves) with approximately 100 Middlesex-London respondents interviewed per month.

RRFSS:

Households were selected at random from a list of households with telephones in London and Middlesex County. Respondents aged 18 and older were systematically selected from within each household for the adult that had the next birthday. Every effort was made to interview the appropriate respondent. Although on average five calls were made in order to complete the interview, up to 15 attempts was standard practice.

The RRFSS results were drawn from responses to multiple-choice questions that were intended to capture:

- Public awareness of the benefits of breastfeeding to the child
- Public awareness of the benefits of breastfeeding to the mother

- Community attitudes towards breastfeeding in public places (restaurants and shopping malls, beyond the public washroom).

Breastfeeding awareness: Only women between the ages of 18 and 49, and men with children aged 18 years or younger living in the household were asked questions relating to breastfeeding awareness. Respondents were interviewed between January and April 2004 (waves 37 to 40). The household sample (unweighted) consisted of 309 London and 88 Middlesex County households surveyed during this time period.

Attitudes towards breastfeeding in public places: All participating women and men 18 years or older were asked questions about breastfeeding in public places. Data from 1209 households (949 London and 260 Middlesex-County) were collected over the period between January and December 2002 (waves 13 to 24).

The samples were weighted to account for each respondent's probability of being selected within households of different sizes. Questions were analysed by gender, age, annual household income, level of education, geography (Middlesex County or City of London household) and language spoken in the home. All percentages were provided with 95% confidence intervals. Difference in proportions were considered significant at $p < 0.05$. Where possible bar charts included error bars illustrating 95% confidence intervals.

Parenting Survey:

Households were also selected randomly from a list of households with telephones in London and Middlesex County. Respondents contacted for an interview were adults 18 years and older who were also parents of a child aged 11 years and younger. Again, every effort was made to interview the identified respondent. Although on average five calls were made in order to complete the interview, as many as 15 attempts was standard practice.

The Parenting Survey results were drawn from responses to multiple choice and open-ended questions that were intended to capture:

- **Breastfeeding initiation:**
Number of females (18-49) who breastfed their baby

Number of females (18-49) who have given birth in the past 5 years

- **Breastfeeding duration:**
females (18-49) who stopped breastfeeding < 7 days

of females (18-49) who have given birth in the past 5 years & breastfed their baby

females (18-49) who stopped breastfeeding ≥ 30 days

of females (18-49) who have given birth in the past 5 years & breastfed their baby

females (18-49) who stopped breastfeeding ≥ 90 days

of females (18-49) who have given birth in the past 5 years & breastfed their baby

females (18-49) who stopped breastfeeding ≥ 180 days

of females (18-49) who have given birth in the past 5 years & breastfed their baby

- **Public awareness of the benefits of breastfeeding to the child**

- **Public awareness of the benefits of breastfeeding to the mother**

- **Breastfeeding Initiation and Duration:**
Only women between the ages of 18 and 49 years who had given birth in the last five years were asked about their breastfeeding practices. These women were interviewed between March and November 2004 (waves 39-47). The household sample for this group consisted of 922 and 294 respondents from London and Middlesex County respectively. Women who reported 'currently breastfeeding' were not included in the calculation of either the breastfeeding initiation or duration rates.

- **Breastfeeding Awareness:**

Only women between the ages of 18 and 49, and men with children aged 18 years or younger living in the household were asked questions relating to breastfeeding awareness.

Respondents were interviewed between March and October 2004 (waves 39-46). The household sample (unweighted) consisted of 711 and 232 parents from London and Middlesex County surveyed during this time period.

Questions were analysed by age, annual household income, level of education, geography (Middlesex County or City of London household) and marital status. All percentages were provided with 95% confidence intervals. Difference in proportions were considered significant at $p < 0.05$. Where possible bar charts included error bars illustrating 95% confidence intervals. In accordance with the RRFSS analysis guidelines, "Don't know" and "Refused" responses were retained in the denominator for all calculations.

Further details in addition to a copy of the complete RRFSS questionnaire is available at www.cehip.org/rrfss.

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