
MIDDLESEX-LONDON HEALTH UNIT

**BREASTFEEDING
IN PUBLIC PLACES:
TOWARDS A SUPPORTIVE
BREASTFEEDING COMMUNITY
IN
LONDON, ONTARIO
AND
MIDDLESEX COUNTY**



London, Ontario

May 2000

© Copyright 2000
Middlesex-London Health Unit
50 King Street
London, Ontario
N6A 5L7

Cite reference as:

Middlesex-London Health Unit. (2000). Breastfeeding in Public Places: Towards A Supportive Breastfeeding Community In London, Ontario and Middlesex County. London, Ontario: Author.

All rights reserved.

Report written by:

Yolanda Camiletti, MScN, RN, Principal Investigator, Community Health Nursing Specialist, Middlesex-London Health Unit

Rhonda Brittan, BScN, RN, Co-investigator, Public Health Nurse, Middlesex-London Health Unit

Susie J. Noble, Administrative Assistant III, Research Assistant, Middlesex-London Health Unit.

For information contact:

Yolanda Camiletti

Middlesex-London Health Unit

Phone: 519-663-5317 ext. 2458

Fax: 519-663-8243

Executive Summary

INTRODUCTION

Since the mid 1980's, there has been an increase in medical and societal pressure for new mothers to breastfeed. The benefits of breastfeeding to both the mother and child are well documented. Health organizations and governing bodies such as the World Health Organization, UNICEF, and the Ontario Ministry of Health endorse breastfeeding. Recently, the Ontario Human Rights Commission legislated for the rights of women to breastfeed in public places.

Unfortunately, the rest of society has not fully embraced breastfeeding in public places. Society continues to view breasts as sexual objects rather than as a source of infant nutrition. Women who breastfeed in public are often shunned by strangers, may be asked to relocate and are forced to breastfeed in unpleasant, unsanitary environments.

Over the past few years, several health units have implemented "Breast Feeding Friendly" or "Baby Friendly" initiatives. In keeping with the directives of the Ontario Public Health Association and the Mandatory Programs and Services Guidelines, the purpose of this project was to: develop a comprehensive understanding of what mothers experience when breastfeeding in public places in London, Ontario and Middlesex County; to determine what support/difficulties mothers who breastfeed in malls and restaurants may encounter; and to identify specific recommendations that will move Middlesex-London towards becoming a "Breastfeeding Friendly" Community.

This study consisted of two phases. Phase one contained focus groups with women in Middlesex-London who had breastfed or were breastfeeding and phase two was a replication of a shopping centre (mall) and restaurant telephone survey conducted in Adelaide, Australia.

Funding for this project was obtained through the Public Health Research Education and Development (PHRED) Program and the Public Health Nursing Division of the Middlesex-London Health Unit (MLHU). Sears Canada Incorporated provided door prizes and refreshments for the focus groups.

STUDY OBJECTIVES

Phase One

- To determine the perceived needs of women in London and Middlesex County who are breastfeeding in public places.
- To identify the women's perceptions of attitudes in London and Middlesex County towards breastfeeding in public places.
- To identify what changes need to be made to make London and Middlesex County more breastfeeding friendly.
- To utilize the information obtained from the focus groups for program planning.

Phase Two

- To conduct a telephone survey of mall and restaurant managers to identify potential problems a mother may encounter breastfeeding in restaurants and shopping centres in London, Ontario and Middlesex County.
- To determine the mall and restaurant managers' awareness of current government legislation regarding breastfeeding in public places.
- To identify mall and restaurant managers who are ready to accept additional information about breastfeeding in public places.

STUDY DESIGN

Phase One

Mothers who were breastfeeding or had breastfed were recruited via posters distributed to locations targeting breastfeeding women. Women self-selected the focus group in which they wished to participate. Mothers completed a short demographic questionnaire at the beginning of the focus group. There were 9 focus group questions. The key questions related to what made mothers comfortable or uncomfortable breastfeeding in malls and restaurants and other "public locations", and what changes were needed to make these location more breastfeeding friendly. The remaining questions related to the women's perceptions of attitudes in London and Middlesex County towards breastfeeding, what mother could do for themselves to promote breastfeeding, and the use of breastfeeding-friendly stickers in public places, and anything else mothers wished to add.

Phase Two

Eleven shopping centre (malls) and 449 restaurants (randomly selected) were identified for inclusion in this study. Malls were excluded if they were not enclosed and/or did not have a common eating area. Restaurants were excluded if they were fast food outlets with no seating. A short semi-structured telephone survey was conducted during October 1999 – February 2000. Questions related to: having a breastfeeding policy in their establishments, awareness of government legislation regarding breastfeeding, where a mother would be allowed to breastfeed, how the manager would handle a complaint about a woman breastfeeding and whether the manager would be willing to meet with a public health nurse in the future to obtain additional information about breastfeeding in public. Up to 7 attempts were made to contact each of the managers.

RESULTS

Phase One

Seven focus groups were conducted with a total of 34 participants. Mothers ranged in age from 20-39 years, 91.2% were married or living common law and 73.5% had completed college or university. Ninety-four percent of the mothers had breastfed in public places.

Forty-five themes and fifty-two suggestions were identified by the participants. The themes were categorized under the headings of general societal attitudes about breastfeeding, restaurants and breastfeeding, malls (shopping centres) and breastfeeding, breastfeeding and health care providers, grocery stores/locations specific to children's entertainment/workplaces, use of breastfeeding friendly decals in Middlesex-London and other.

Women perceived that society continues to view breasts as sexual instead of as a source of infant nutrition. The media perpetuates this image. The attitude of Londoners varies with age (women under 40 years of age and the elderly being supportive, and teens and women 40-60 years non-supportive). Mothers preferred private facilities when breastfeeding in public, however they are often forced to breastfeed in washrooms, which mothers found to be unsanitary and inappropriate. Rooms in malls that were designated for infant feeding were often not well maintained and not well advertized. Breastfeeding facilities should be quiet, clean, comfortable, and conveniently located. Improved advertizing of facilities especially in malls is recommended. Mothers felt that the hostess's attitude was key in determining the breastfeeding experience in restaurants.

Contrary to popular belief, mothers reported that breastfeeding is not natural, it is a learned behaviour. Successful breastfeeding techniques learned early in hospital translated to successful breastfeeding in the community. Mothers recommended that more lactation consultants be available in hospital and the information provided in hospital be consistent and accurate. They also suggested that privacy for mothers at the MLHU breastfeeding clinics be improved.

These findings concur with those identified in the literature.

Phase Two

All eleven mall managers participated in the survey. Of the 449 restaurant managers contacted, 214 surveys were completed (125 were no longer in existence, 43 did not fit the inclusion criteria, 23 were unavailable, 7 refused and 30 were incomplete due to limited research funds). The response rate for restaurant managers (excluding disqualified and non-existent) was 76.1%. The majority of restaurants were classified as family, followed by fast food/donut shop/café, fine dining and other combinations.

The majority of the mall (90.9%) and restaurant managers (84.6%) did not have a policy on breastfeeding. As well, over 90% of both mall and restaurant managers were unaware of government legislation supporting breastfeeding. The majority of managers reported that breastfeeding is allowed or that they would do nothing to interfere with a mother breastfeeding (malls (90.9%), restaurants (80.8%)). However when asked, “where a mother could breastfeed”, just over half (54.5-54.7%) stated “anywhere”. Secluded locations such as baby care rooms, washrooms, food courts, back of room, were common suggestions. Mothers who breastfeed in public will do better if they do not ask permission to breastfeed.

When confronted by a complaining customer only 45.5% of mall and 34.5% of restaurant managers would react in a way that would not interfere with breastfeeding. Many would ensure that the mother was breastfeeding discretely; others would ask the mother to move to a more secluded location or leave. These results are similar to those found in Adelaide, Australia.

CONCLUSION

The strength of this study lies in the fact that: a) the women in this community identified comprehensive, specific recommendations that will promote breastfeeding in public places; b) the majority of mall managers, and over half of the restaurant managers want to receive the survey results and obtain additional information about breastfeeding in public places; c) hospital partners are interested in a collaborative effort to implement some of the study recommendations; and d) the issues identified in this study share an historical and global perspective – the results are similar to a study conducted a decade ago in Toronto, Ontario and similar to the findings in Adelaide, Australia. With the support of the Ontario Human Rights Code and ongoing collaboration with our community partners, in the City of London, Ontario and Middlesex County is well on it’s way to becoming a Breastfeeding Friendly Community.

RECOMMENDATIONS

Overall, 28 specific recommendations were identified based on the literature, focus group results, mall/restaurant manager survey and preliminary discussions with London Health Sciences Centre and St. Joseph’s Health Care, London. A synopsis of the recommendations is provided below.

It is recommended that the Middlesex-London Health Unit (MLHU):

Disseminate study findings to the MLHU staff, Middlesex-London Breastfeeding Committee, La Leche League, local hospitals, malls, restaurants, Chamber of Commerce, the Baby Friendly Initiative for Ontario Committee, other health units, the wider community, and colleagues in Australia.

Work in collaboration with breastfeeding mothers, mall and restaurant managers, and the media towards removing the existing barriers to breastfeeding in public places in London and Middlesex County.

Work collaboratively with community partners towards examination and implementation of suggestions identified in Phase One and Phase Two of the

study.

Increase public awareness of the legislation about breastfeeding in public places as stated in the Ontario Human Rights Code.

In partnership with community members establish minimum criteria for achieving and maintaining "Breastfeeding Friendly" status in malls and restaurants

In partnership with the London and area hospitals establish a process to ensure the dissemination of accurate, consistent information to women both in the community and hospital settings and to ensure that adequate support is in place to facilitate a smooth transition from hospital to the community.

Conduct future research in the area of Breastfeeding Friendly Environments and the Workplace.

Acknowledgements

There are many people who provided assistance with this study.

We wish to thank:

1. The women who gave of their time to participate in the focus groups.
2. Restaurant and Mall managers for their time in answering the telephone survey.
3. Sears Canada, Masonville Mall, London, Ontario, for donating the focus group door prizes.
4. Sandra Mackenzie, Public Health Nurse Manager, Child Health Program, for assistance in moving this project forward.
5. Dr. Iris Gutmanis, Epidemiologist for her assistance with data analysis.
6. Yvonne Tymk for library support throughout the project.
7. Nancy Forbes, Joy Knott, and Lynn Stephenson for administrative assistance with this project.
8. Margaret LaSalle, PHN for assistance with editing.
9. Breastfeeding Friendly Communities Committee of Middlesex-London Health Unit for continued support and input.
10. Shelly Hlymbicky, PHN; Mitzie Pohanka, PHN; Jayne Pope, Nurse Manager Family-Baby Centre and Mother Baby Unit, St. Joseph's Health Care, London; Sherry Foran, Nurse Manager, Maternal-Newborn Care, London Health Sciences Centre, Penny Forret, Lactation Consultant, St. Joseph's Health Centre, London & Margaret Duncan, Lactation Consultant, London Health Science Centre for preliminary input regarding study recommendations.
11. Jim Reffle, Manager, Environmental Health, for provision of the call list.
12. Ruta Pocius, Communications Manager, assistance in dissemination.
13. Brenda Coleman, Epidemiologist for her guidance and support.
14. The Public Health Research, Education and Development (PHRED) Program, and the Public Health Nursing Division for supporting this project.

Table of Contents

Introduction.....	1
PHASE ONE	3
Focus Groups with Women in London, Ontario, and Middlesex County Who Are Breastfeeding or Have Breastfed	4
Discussion	17
Recommendations	21
PHASE TWO.....	23
Mall Manager and Restaurant Manager Telephone Survey	24
Discussion	31
Overall Discussion: Integration of the Literature, Focus Groups and Telephone Survey Results	34
Overall Conclusion.....	36
Recommendations	37
List of Figures and Tables	38
List of Appendices	39
Appendices	40
References.....	70

Introduction

TOWARDS A BREASTFEEDING FRIENDLY COMMUNITY IN MIDDLESEX-LONDON

Breastmilk is the optimal source of infant nutrition. There is evidence that breastmilk protects a child from infection and allergy,^{1,3} has a positive association with cognitive development^{4,5} provides protection from sudden infant death syndrome,² and may reduce the risk of certain chronic diseases.^{1,3,6} Breastfeeding also provides health benefits for the mother such as reducing the risk of postpartum blood loss, premenopausal breast cancer, and ovarian cancer.⁷

Since the mid 1980's there has been increased societal and medical pressure for women to breastfeed.⁸ Health organizations and governing bodies such as the World Health Organization/Unicef Canada⁹, and the Ontario Public Health Association¹⁰ have endorsed the position of exclusive breastfeeding until at least 4-6 months of age and have called upon community agencies and services to develop strategies that protect, promote and support breastfeeding. In 1999, the Ontario Human Rights Commission¹¹ released a document which clearly protects the rights of women to breastfeed in public places.

Although the health care sector and government bodies champion the cause to breastfeed, societal attitudes are slow to change. Many people remain critical of women breastfeeding in public and continue to view breasts as sexual objects.¹² A community survey in Australia found that 83% of people surveyed believed bottlefeeding was more acceptable in public than breastfeeding.¹³ In a survey of men attending prenatal classes, the majority of men indicated that breastfeeding was not acceptable in public, even though 96% felt that breastmilk was better for the baby.¹⁴ Voss et al.¹⁵ suggested that society's non-acceptance of breastfeeding as a "norm" may be the reason that over one-third of their sample of men disliked mothers breastfeeding in public.

A recent study in Middlesex-London indicated that more than half of the women who breastfed were uncomfortable breastfeeding in restaurants or when using public transit.¹⁶ McIntyre et al.¹⁷ conducted a survey of restaurant and mall managers and found that 33.3% of restaurant and 48.2% of shopping centre managers supported breastfeeding. Most of them did not have a policy on breastfeeding, and the majority allowed breastfeeding only if done discretely or in a secluded place.

Women feel uncomfortable breastfeeding in public because of their own self-image, their need for privacy, the negative reactions of others (both verbal and non-verbal)¹⁸, their own lack of confidence breastfeeding in public¹⁹, and unsuitable baby care facilities- such as having to breastfeed in washrooms.²⁰ A woman's level of comfort breastfeeding in public is related to her overall satisfaction with breastfeeding²¹ and with the duration of breastfeeding.¹⁶

Over the past few years, several health units have instituted initiatives that support a "Breastfeeding Friendly" or "Baby Friendly" community. In keeping with the directives from the Ontario Public Health Association¹⁰ and the Mandatory Programs and Services Guidelines²² to promote breastfeeding, the purposes of this applied research study are to:

1. Determine the perceived needs of women in London, Ontario and Middlesex County, who breastfeed in public places
2. Identify the women's perceptions of attitudes in London, Ontario and Middlesex County towards breastfeeding in public places
3. Utilize information from this study to develop local strategies that support the Health Unit's mandate as specified in the Mandatory Health Programs and Services Guidelines²² (p.32)

“ advocate for and assist in the development of policies to support breastfeeding in the workplace, restaurants, shopping malls and other public places”

4. Further the recommendations of the study entitled “Breastfeeding Duration Rates in Middlesex-London”, of promoting Middlesex-London as breastfeeding friendly, and removing barriers that inhibit women from breastfeeding in public places.

Two phases comprise this study:

Phase 1: To conduct focus groups with women in London, Ontario and Middlesex County who are breastfeeding or have breastfed to:

- (a) Determine their perception of what it is like to breastfeed in public, and
- (b) Identify changes they feel are needed to make London, Ontario and Middlesex County a “Breastfeeding Friendly Community”.

Phase 2: To replicate an Australian study¹⁷ to determine restaurant and mall managers attitudes and policies concerning breastfeeding in their establishments, as well as their readiness to receive additional Public Health Nursing intervention.

The results of each phase will be presented separately along with specific recommendations for each phase.

PHASE ONE

**FOCUS GROUPS WITH WOMEN IN
LONDON, ONTARIO AND MIDDLESEX COUNTY
WHO ARE BREASTFEEDING
OR
HAVE BREASTFED**

Focus Groups With Women in London, Ontario and Middlesex County Who Are Breastfeeding or Have Breastfed

OBJECTIVES

The objectives of the focus groups were to:

- a) determine the perceived needs of women in London, Ontario and Middlesex County who breastfeed in public places;
- b) identify the women's perceptions of attitudes in London, Ontario and Middlesex County towards breastfeeding in public places;
- c) identify what changes need to be made to make London, Ontario and Middlesex County more breastfeeding friendly, and
- d) utilize the information for program planning.

METHODOLOGY

In August-September, 1999, posters (Appendix A) were distributed to public health breastfeeding clinics, doctor's offices with public health nurse attachments, and to public health nurses working with breastfeeding women inviting women to participate in a focus group. The posters described the study and included a tear off sheet that indicated the dates, times, and locations of the focus groups. Women were instructed to register by giving their registration form to the public health nurse, or calling the health unit directly. Each woman self-selected the focus group in which she wished to participate. A reminder telephone call was made to each registrant the day before the focus group. Door prizes and refreshments, complements of Sears Canada Incorporated, were provided as incentives.

Focus groups were conducted in September and October, 1999. To maximize convenience for all participants, focus groups were held at various times and locations within Middlesex-London. The focus group questionnaire, demographic questionnaire, and poster were developed by the researchers. The instruments were pilot tested and revised.

To ensure consistency, the researchers moderated all focus groups. Detailed notes were recorded on flip chart paper, to allow for verification of the data with the participants. The noise level in the room was not conducive to tape recording the sessions since both mothers and infants were present. Each focus group ended with names being drawn for the door prizes.

A demographic questionnaire (Appendix B) was completed by every participant. Questions about the age of the mother and her youngest child, marital status, education, number of children, duration of breastfeeding, available support, and a question about public policy with breastfeeding were included. There was no identifying information on the questionnaire.

There were nine focus group questions (Appendix C). The key question related to what made mothers comfortable or uncomfortable breastfeeding in malls and restaurants, and what changes were needed to make these locations more breastfeeding friendly. An "other locations" category enabled women to include locations they felt were important. The remaining questions related to the participants perceptions of attitudes towards breastfeeding, what mothers could do to promote breastfeeding, the use of breastfeeding-friendly stickers (decals) in public places, and anything that the researchers had missed or mothers wished to add. To ensure confidentiality, information was grouped and no names were used. Focus groups were conducted until no new information was received.

Definition of terms

For purposes of this study, the terms comfortable/uncomfortable could also be defined as good/bad, or suitable/unsuitable.

FOCUS GROUP RESULTS

Forty mothers registered for the focus groups. Of the 40 women, 8 did not attend and 2 women participated but did not pre-register. The response rate was 80 percent, and there was no follow-up with those who did not to attend. Seven focus groups were conducted with a total of 34 participants. Five were held in the city and two in the county with group sizes varying from 3 to 8. Mothers were between 20-39 years of age, 91.2 % were married or living common law, and 73.5 % had completed college or university.(See Table 1)

Table 1 Demographic Questionnaire Results n=34

<u>Age of Mother</u>		<u>Marital Status</u>		<u>Highest Level of Education Completed</u>	
	<u>%</u>		<u>%</u>		<u>%</u>
20-24	14.7	Single	5.9	Some high school	2.9
25-29	20.6	Married	82.4	Completed High School	8.8
30-34	47.1	Common-Law	8.8	Some University/College	8.8
35-39	17.6	Other	2.9	Completed University/College	73.5
				Post Graduate	6.0
<u>Number of Children</u>		<u>Age Range of Youngest</u>		<u>Longest Time Breastfeeding</u>	
	<u>%</u>		<u>%</u>		<u>%</u>
1 child	67.7	0-3 months	26.5	2-3 months	17.6
2 children	23.5	4-6 months	41.2	4-6 months	35.4
3+ children	8.8	7-12 months	17.6	7-12 months	20.4
		> 12 months	14.7	13-18 months	14.6
				19-24 months	8.8
				> 24 months	2.9
<u>Breastfed in Public</u>		<u>Aware of Legislation</u>		<u>Support (check as many as apply)</u>	
	<u>%</u>		<u>%</u>		<u>%</u>
Yes	94.1	Yes	20.6	Husband/Boyfriend	88.2
No	5.9	No	73.5	Mother	61.8
		No Response	5.9	Girlfriend	58.8
				Doctor	73.5
				Nurse	41.2
				Other: (sister)	20.5

In comparison with the 1996 Ontario Ministry of Health Live Birth database,²³ the study results suggest that women aged 25-29 may be under represented (Ministry: 32.3%) and the 30-34 year olds may be over represented (Ministry: 31.4%). This may be related to the small sample size. This study sample also contained a higher percentage of women who had completed university /college (73.5%) than the provincial rate (23.5%).²⁴ Although the study sample demographics vary from the provincial trends, it seems consistent with the documentation that suggests women who breastfeed are more likely to be older, and more educated.²⁵

All participants were breastfeeding at the time of the focus groups and 94.1 % had breastfed in public places. Only 20.6 % were aware of any legislation that protects a woman's right to breastfeed in public places. Approximately 68% of the mothers had one child, and the youngest child ranged in age from 2 - 34 months, with the majority (67.7 %) being between 2-6 months. The duration of breastfeeding ranged from 2 to more than 24 months, with over half having breastfed under 6 months. The number of mothers with firstborns who attended the focus groups was higher than the provincial data for firstborns (43.3%)²³. The majority of women who participated in this study were recruited from the Middlesex-London Health Unit Breastfeeding Clinics. These clinics are frequented by first time mothers with limited breastfeeding experience and who are experiencing difficulty with breastfeeding (Professional practice observation).

When asked who is most supportive to you with breastfeeding, husband/boyfriend was identified most frequently (88.2%), followed by doctor (73.5 %), mother (61.8 %), girlfriend (58.8 %), and nurse (41.2 %). Other supportive persons included: sister, sister-in-law, the mother's father, fiancé's family, mother-in-law, family and friends.

Information specific to each question is presented below (See Appendix D for a complete listing of themes and suggestions).

Have you ever breastfed in a public place, if "yes", where?

Ninety-four percent of the participants had breastfed in a public place. The most frequently identified places were malls, restaurants, parks, car, bathroom, and change rooms. Others commented "wherever, whenever he/she is hungry".

Less frequent public locations cited were churches, doctor's offices, hospital waiting room, business meeting, fair, zoo, bus, airport, grocery store, and the library.

Have you ever been asked to stop breastfeeding in a public place?

No one was asked to stop breastfeeding in a public place. Four women were asked to move to a different location to feed their children. Two of these situations occurred in restaurants. One woman was asked to breastfeed in the washroom or leave and the other was asked to feed in a coatroom. The remaining two incidents occurred in a doctor's waiting room and a hospital waiting room. Both women were asked to relocate to smaller rooms. The

participants did not feel that being given a private room to breastfeed was for the mother's convenience.

MALLS

What makes you comfortable about breastfeeding in malls?

In general, women preferred to breastfeed in a room designated for infant feeding, as they were more comfortable. However, they were also content to breastfeed on a bench in the mall. In some instances, clothing store staff offered empty change rooms for women to feed their children. Mothers found this to be both comfortable and convenient. Mothers felt that busy times in malls were best as people wouldn't notice someone breastfeeding.

What makes you uncomfortable about breastfeeding in malls?

Two major areas where the women felt uncomfortable were identified: the breastfeeding/nursing rooms and washrooms.

Breastfeeding/ Nursing Rooms

Women generally felt that rooms designated for feeding were often not well maintained, "not clean", "smelly", and "diaper pails not emptied". Rooms had uncomfortable chairs, were dark, boring, and too small to accommodate a stroller. Although some rooms had a box for disposable change pads, boxes were usually empty. Another major complaint was that the rooms were not well advertised. Mothers stated that "employees don't even know where they are", they were not clearly marked, and they were "usually located in areas that were hard to find". Several mothers expressed concern about one mall where it was necessary to go down a long dark corridor to get to the nursing room. They stated it was "scary and spooky" and that this deterred them from using the room. Others stated that they felt the rooms were "hidden in a back corner".

Mall Washrooms

Washrooms were viewed as "germ-infested" and all of the mothers were opposed to breastfeeding in washrooms. Comments such as "why should I feed my baby in the bathroom", "would you eat in the bathroom", and "nothing like having to sit on a toilet to feed a baby", were made repeatedly. One mother stated that she had to sit on the sink in a family washroom in order to feed her child because there was no chair.

General Comments

Women found that older malls did not have separate rooms for feeding or changing a child. Some women felt uncomfortable breastfeeding on benches in the mall because they felt that this was not private enough and that people would stare at them, "women more so than men". One woman commented that she didn't know if the mall was breastfeeding friendly so she "spent more time watching for the security guard than concentrating on breastfeeding".

What changes do you feel are needed in the malls to make them more breastfeeding friendly?

Breastfeeding/Nursing Rooms:

As mothers are in a nursing room for at least 20 minutes, participants suggested the following as ideal for a breastfeeding/nursing room. The room should be:

- Nicely decorated, homey
- Clean – “not smelly”. The room should be checked routinely for cleanliness and the garbage pail with dirty diapers emptied frequently
- Dimly lit
- Quiet
- Large enough to accommodate a stroller

The room should have:

- A change table, or at least a diaper deck with safety straps, plus the availability of a sanitizing agent for the change table and disposable change pads
- Comfortable seating - a rocker or glider or chair with arm rests and a chair without arm rests (older children tend to push against the arm rests, and move out of feeding position)
- A nursing pillow
- A sink
- A window that overlooks a play area for toddlers (This would be ideal)
- Something stimulating on the walls for mothers and babies to look at
- Piped in music
- A clock

Signage on the door needs to reflect the purpose of the room. At some malls there was only a picture of a baby bottle on the door, which participants felt was inappropriate. Rooms should be centrally located. Toilets should not be in the feeding area, however an adjoining washroom would be convenient.

Advertising

All groups identified the need for malls to improve advertising and marketing of their breastfeeding/nursing rooms. One mother remarked, "I have a third child and still don't know where the rooms are". Information should be "given out at prenatal classes" or through flyers and press releases.

General Changes

The participants stated that if malls provided improved breastfeeding facilities, malls would attract more breastfeeding women.

“I think it would bring more business to the malls, if mothers needs were tended to ... mothers would stay longer”.

In addition to the breastfeeding/nursing room, mothers felt that an area of the food court could be surrounded with large planters, so a mother could breastfeed and have a little more privacy. This area would be open to the general public but could have a sign inviting women to breastfeed in this location. Mothers expressed that other mall patrons would then have a choice of sitting in the area where a mother may be breastfeeding. Other options were to place large planters around benches throughout the mall, or to place some chairs in an empty store where women could breastfeed.

Mothers felt all malls should have some parking spaces designated for mothers and infants.

RESTAURANTS

What makes you comfortable about breastfeeding in restaurants?

Six of the seven groups found a restaurant booth to be more private than sitting at a table, however booths were not always comfortable, especially when there was little space between the table and seat. A table at the back of the restaurant or in a corner was preferred to being seated in the middle of the restaurant. Dining at non-peak times was felt to be better. The hostess was perceived as most important in setting the atmosphere for breastfeeding. Family restaurants were more comfortable because they were noisier, had more distractions, and tended to have larger washrooms with change tables. One restaurant had a "sling" available for infants to sit at/near the table. A patio style restaurant was also seen as comfortable. In all instances, mothers felt it was important to be discrete when breastfeeding.

What makes you uncomfortable about breastfeeding in restaurants?

Some mothers stated that they would never feed in a restaurant - "nothing could make them feel comfortable". Most women agreed that they would not feel comfortable breastfeeding in fine dining establishments. They recognized that some customers "go out to get away from their children and wouldn't appreciate hearing a crying baby".

In general, all mothers identified that cramped booths, family centered restaurants that lack adequate facilities for infant needs, and restaurants that are not smoke-free, made them feel uncomfortable. Also, negative facial expressions by customers and waitresses made mothers feel uneasy.

What changes do you feel are needed to make restaurants more breastfeeding friendly?

Every restaurant should have a change area, with the minimum of a pull down change table, a garbage pail beside the change table, and one comfortable chair. In restaurants that cater to children, with playrooms and birthday party rooms, mothers suggested that there be an adjoining glassed-in area where mothers could breastfeed and continue to watch their other children.

Restaurant staff and management should "support breastfeeding moms by educating those who complain rather than approach the breastfeeding mother". Staff should be made aware of the company's policy regarding breastfeeding in public. The hostess should create a welcome atmosphere by inquiring as to the needs of the mother and infant, seating families according to their needs, offering a highchair, and smiling at the infant or saying something positive. Mothers would find it helpful if magazines/books that use symbols to rate restaurants would include a symbol designating breastfeeding friendly establishments.

OTHER

Other than malls and restaurants what "other" public places make you feel comfortable or uncomfortable breastfeeding?

Under the category of "other", the participants identified five areas. These included hospitals, Middlesex-London Health Unit breastfeeding clinics, locations specific to entertaining children, grocery stores and workplaces. Although some of these locations may not be considered public places, all five sites were identified in every group, and these locations evoked much discussion.

Hospitals

All of the women emphatically stated that the success they had breastfeeding in hospital significantly influenced successful breastfeeding in the community. Some comments were:

"Hospital is where it starts, you need to succeed in the hospital".

"It is so important to get a good latch with breastfeeding before you leave the hospital - that's what will prevent you from quitting".

"It's in the hospital where you need the most help, but get most discouraged".

"Success in hospital increases your comfort level".

Some women found the care they received in hospital to be “very good”. The lactation consultants were found to be extremely helpful, however, not everyone knew about them and those who did wanted the consultants to be more available and to spend more time with them. The participants generally felt that more lactation consultants were needed.

In all groups, the women stated that the nurses were "nice", and "tried to help", but they were too busy to spend enough time helping mothers learn to breastfeed, and that if mothers wanted help they needed to be persistent in their requests for assistance. A recurring comment was:

"The hospital nurses help you latch on and then they leave. Then the baby falls off the breast and there is no one there to help you"

Others reported that they were given inaccurate ("nipples too meaty", "I was told I had adhesions - I thought I was defective") and inconsistent information about breastfeeding. Some were concerned about non-verbal messages that were perceived negatively ("the look"). All women felt that the type of hospital experience was dependent upon the nurse. One comment summarizes the viewpoint of the majority of the women.

"Some nurses in hospital have a good attitude and others have a bad attitude, but it is the bad ones that stand out"

Many mothers expressed concern about their infants being supplemented with formula or water. Other mothers stated that when they had to return to the hospital post discharge, the hospital environment was not "breastfeeding friendly". Two mothers reported being shocked by the reactions of the receptionists. One mother stated, "I was trying to nurse on a gurney in the emergency department, no one offered to help".

Suggested Changes:

The major suggestion given by focus group participants was a need for staff nurses to provide accurate and consistent information, help mothers establish breastfeeding before hospital discharge, and allow mothers the opportunity for return-demonstrations of breastfeeding to ensure that one successful attempt was not a chance happening. The women recommended hiring more lactation consultants or establishing links between the hospital and health unit, so that the lactation consultants from the health unit could visit with women while they are still in hospital. Lactation consultants should "stop at each room". Hospitals could better advertize their lactation consultants. One mother stated, "Hospitals take the time to advertize photos and freebees, but don't advertize the lactation consultant".

Middlesex-London Health Unit Breastfeeding Clinics

The breastfeeding clinics were found to be very helpful, and a comment made repeatedly was " I don't know if I would have made it without the public health nurse's support".

Mothers did find that the clinics lacked privacy and the option of individual consultations without other people observing. Some women felt uncomfortable breastfeeding or being given instruction in front of men who were accompanying their partners, "especially during the first week". One women shared a story about a grandfather who brought his daughter to the clinic and spent the rest of his time watching everyone else breastfeed. Others found the arrangements of chairs in a circle forced people to look at one another.

The times of the clinics were not always convenient. Women with toddlers prefer morning clinics because toddlers have afternoon naps. Others felt the clinics needed more staff. One mother related that she had arrived at a clinic at closing time and was refused help by the clinic nurse. Another reported that a nurse walked by and said "your a pro at this", but the mother had questions.

Suggestions

Mothers suggested that the clinics have screened areas that are private or cubicles. Nurses should remember "modesty and privacy when handling a mother's breasts". Mothers wanted more clinics scheduled in the morning and more staff at the clinics.

If a client arrives at closing time, don't turn them away. Clinics in malls are great, but advertizing could be better. Malls should advertize the clinic and keep the clinic room open for mothers to use as a breastfeeding room. Prenatal teachers should encourage their clients to attend the breastfeeding clinics once they have delivered. The participants also suggested having clinics combined with a playgroup for older children.

Locations Specific to Entertaining Children

All mothers were extremely pleased at attempts made to accommodate breastfeeding mothers at fairs, festivals and museums while their older children enjoyed the activities. However, one mother could not find an appropriate place to nurse her infant while visiting a museum. Tents provided at a fair and at a festival were "very hot", "had poor circulation", "smelled of dirty diapers", and "were not well advertized".

Suggestions

Mothers emphasized the importance of facilities that meet the needs of patrons. It was suggested that improvements be made in the method of advertizing so women would know where the breastfeeding/nursing areas are located.

Grocery Stores

Generally mothers did not expect breastfeeding facilities to be available at grocery stores. The majority of women opted to breastfeed in their cars or vans. One woman in a county grocery store was allowed to breastfeed in a back room. Mothers felt it would be nice to have a place to breastfeed in the grocery store as automobiles get hot in the summer and cold in the winter. However, they did not see this as a necessity.

Workplace

Workplaces were not considered to be breastfeeding friendly environments. Mothers who returned to work did not have a private place to express milk. Their colleagues found the breast pumps noisy, usually there was no refrigerator to store pumped milk, and "other staff are horrified to find breast milk in the refrigerator, they think they may use it for their coffee".

Women identified the need for "more research on breastfeeding in the workplace", and they wanted more information about breastfeeding when they return to work.

How do you think people in the City of London and Middlesex County feel about women breastfeeding in public places?

General Attitudes

There were differing perceptions regarding how people in London and Middlesex County felt about women breastfeeding in public. Some mothers perceived that the attitude was generally positive, breastfeeding is seen as more acceptable, people don't notice or don't mind, and some strangers will go "extra lengths to help" or provide supportive comments. Some mothers suggested that London has a strong women's support group that is understanding of women's issues.

Others felt that the general attitude was mixed, that Londoners are "conservative" and "stuffy", and a few mothers stated that, "Everyone says breastfeeding is the best way to feed a child but no one wants to see it". All mothers concluded that society still views breastfeeding as sexual and that attitudes towards breastfeeding differ with age.

Sexual Connotations

Women generally felt there was a need to move from "breasts are sexual, to breasts are a source of food". Mothers expressed that prior to having children and breastfeeding, they thought of breasts in a sexual way. Some women also felt that the media portrays "breasts being connected to two things- breast cancer or breast implants". Women found married men whose wives breastfed were more comfortable with women breastfeeding in public. They also stated that their fathers and brothers "saw breasts as sexual", most women felt uncomfortable breastfeeding in front of them. A question raised by many women was whether men really felt uncomfortable seeing women breastfeed in public, or whether women perceived they would make men feel uncomfortable.

Attitudes With Different Ages

All groups identified that the public's attitude about breastfeeding differed with age. Young children are naturally curious and "just look". Mothers stated that education about breastfeeding should begin in early childhood. Teens were seen as unaccepting, and non-supportive because they are dealing with their own sexuality. Women under 40 years of age were viewed as being the same age as the participants and were seen as supportive and accepting. Those between 40-60 years "who didn't breastfeed" were perceived as non-supportive, and people over 60 years were viewed as accepting and supportive.

Child's Age

Mothers found that the age of their child affected the public's opinion about breastfeeding. Women felt they were getting mixed messages about how long to continue breastfeeding. They sensed that people become more uncomfortable as the baby gets older and that feeding past one year was seen as a negative. Comments such as those listed below were made to mothers:

"If she can drink from a cup, she doesn't need to nurse"

"Pediatrician told me to switch to milk at 11 months - too late to breastfeed"

What can you do to improve/promote breastfeeding in public places?

Increase own comfort level

Breastfeeding in public "starts with yourself and the confidence you have". Mothers felt they had initially made inaccurate assumptions about the way people felt about breastfeeding in public. Mothers stated that women just had to "get up the nerve", "what others think doesn't matter", and "just do it". They commented that "the more you breastfeed in public, the more comfortable you will become". Through increased public exposure mothers thought that they would "desensitize the public". Mothers who had previous experience breastfeeding were more comfortable breastfeeding in public. It was also pointed out that "some mothers may never feel comfortable breastfeeding in public".

Breastfeeding is a learned behaviour

New mothers need to recognize that "breastmilk is natural, breastfeeding is not". The women found the first 6 weeks of breastfeeding to be difficult, that breastfeeding is not straight forward, and both mother and baby need to learn how to do it right.

Support Groups/ Volunteers

Mothers could learn more about breastfeeding by observing others breastfeed and getting involved in support groups. The focus groups recommended that a "peer support program" be established through the Middlesex-London Health Unit in which experienced mothers could volunteer to support new breastfeeding mothers. The health unit would oversee the program and train the volunteers to give consistent and accurate messages to new mothers. This program would augment present public health services. At least 2 to 3 mothers in each group expressed interest in volunteering for such a program.

Breastfeeding classes should be promoted and be available in the post-partum area of the hospital. There should be more emphasis on breastfeeding in prenatal classes.

Encourage Strangers

The participants recommended that breastfeeding mothers support other women who are breastfeeding in public places. Some suggestions were to smile, make a positive comment or share information such as the location of breastfeeding facilities in the mall. Mothers should promote breastfeeding with friends who are pregnant, and talk openly with other mothers, friends and family members.

Media

More media coverage was recommended because "you accept what you see", "the more people see it, the more accepted it will become". Billboards, posters, and more breastfeeding on television would be helpful. The use of "Speakers Corner", and advertizing in community papers were also suggested.

Education

Mothers felt there was a lack of breastfeeding education. Women expressed the need to educate children, family members, and the baby's father. They suggested having mothers with breastfeeding experience speak at prenatal classes. Mothers also felt that women should advocate for a doctor in London, who consults exclusively on breastfeeding. The participants encouraged mothers to utilize suggestion boxes in malls, educate the public and increase awareness that "breast is best".

Be Discrete

All women recommended that mothers be discrete when breastfeeding in public. They should wear suitable clothing for breastfeeding, get the baby accustomed to feeding with a blanket over him/her and if the baby cries or reveals the breasts, laugh and make light of the situation.

Many communities are giving stickers (decals) to stores and restaurants which are put on their windows to let people know that their location is a breastfeeding friendly environment. What do you think about this idea for the City of London and Middlesex County?

All mothers agreed that displaying stickers in stores, malls and restaurants was a good idea. Mothers stated they would feel welcome, reassured and confident about breastfeeding in an establishment that displayed the stickers/decals.

"Seeing a sign everywhere--you would know it's o.k. to breastfeed at that particular location".

The participants identified additional questions about the stickers (decals) such as:

"What is the message?"

"What are the limitations, what would they (the establishments) provide?"

"How would one ensure if it is breastfeeding friendly?"

"Would it deter people who were opposed to breastfeeding to go to this location?"

The women agreed that the best placement for stickers was on the door or window, beside the interact signs, and beside the non-smoking signs.

We would like your comments about these three stickers?

Three breastfeeding friendly stickers were presented, two from other health units and one from Health Canada/La Leche League Canada. Focus group participants unanimously preferred the Health Canada/La Leche League Canada sticker (Appendix D). They felt it stood out more, was simple, effective, bright and colourful; the words were easy to read; and the picture was clear compared to the abstract pictures on the other two stickers.

Is there anything we may have missed?

No additional items were identified.

Discussion

The findings of these focus groups concur with those in the literature, that in spite of increasing societal and medical pressure to breastfeed, barriers remain and society continues to view breasts as sexual. All focus group participants perceived that the attitudes of onlookers differed with age; young children were curious, teens and women aged 40-60 were non-supportive and women around the age of the participants and the elderly were supportive. Participants also indicated that the public had a tendency to be more tolerant of an infant being breastfed than a toddler. Both verbal and nonverbal negative reactions were experienced by the women while breastfeeding in public. In general, attitudes towards breastfeeding in public were perceived to vary from being supportive and helpful to conservative and stuffy in London and Middlesex County.

Mothers suggested that public education about breastfeeding begin at an early age and continue throughout the school years so that future generations view breastfeeding as normal. Participants implied that the more women breastfeed in public, the more desensitized the public will become. Mothers were unclear as to when it was no longer appropriate for a child to be breastfed and expressed a desire for more specific guidelines.

Personal comfort level and the amount of breastfeeding experience a woman had, played a significant role in determining her decision to breastfeed in public. Some mothers stated they would never feel comfortable breastfeeding in public. Others expressed discomfort breastfeeding in front of their fathers or brothers. All mothers recommended establishing the mechanics of breastfeeding at home before attempting to breastfeed in public. In each group, the women stated that breast milk is natural, but breastfeeding is a learned behaviour. They indicated that they are often duped into believing that the "art of breastfeeding" occurs spontaneously.

Ninety-four percent of the mothers had breastfed in public places. The most frequently cited places were malls, restaurants, parks, cars, bathrooms and change rooms. No mother was asked to leave an establishment but four women were asked to relocate to a more secluded location or breastfeed in the washroom.

Breastfeeding in washrooms was unacceptable to all women. Washrooms were seen as germ infested, a place where you would defecate, not eat. All mothers indicated that a room designated for breastfeeding should be available in every mall. Although most major shopping centres in London have a room designated for baby care, they are often small, not well maintained and situated in "out of the way" locations. Mothers found that the rooms in malls were not well advertised, staff were unaware of them, and signs were inappropriate.

The women suggested that a breastfeeding/nursing room be clean, smoke free, have comfortable seating, contain a change area with sanitizing equipment, a sink, something stimulating on the walls for infants to look at, and be large enough to accommodate a stroller. A washroom adjoining but not in the room, was preferred. Advertizing the room, making staff aware of the facilities and having signs that reflect the purpose of the rooms were recommended (“should not only have a baby bottle on it”). Other suggestions included using an empty store as an area for mothers to breastfeed, allowing mothers to use change rooms in clothing stores when they are not busy, and designating an area in the food court as a breastfeeding friendly area. The placement of large planters in strategic locations such as in the food court and around mall benches was suggested to provide more privacy for breastfeeding mothers. The participants also felt that a few parking spaces should be allocated for mothers with infants.

In Australia, the Nursing Mothers Association has developed eight criteria (Appendix F) to be used as guidelines for assessing the suitability of a breastfeeding facility.²⁶ The information obtained during the focus groups addressed seven of the eight criteria. The last criterion of “access for fathers who need to care for infants without interfering with the privacy of breastfeeding women” was not discussed. The authors suggest three additional criteria be added to this list: signage, advertizing and staff awareness of available facilities.

The majority of women felt comfortable breastfeeding in family restaurants and found booths (as long as there was adequate space between the table and seats) to be more private. Mothers were disconcerted with restaurants that advertized themselves as "Family Restaurants", but lacked appropriate facilities for baby care. Most mothers stated that they would probably not breastfeed in a "fine dining" restaurant since some patrons were likely to have scheduled this time away from their children. The hostess's attitude was viewed as key in setting the atmosphere for the breastfeeding experience in all establishments.

Mothers suggested that every restaurant, especially family restaurants, should have a clean change area with a change table, diaper pail, and at least one chair. If there is a play centre, mothers thought that a room adjoining the play area, where a mother could breastfeed and watch her other children, would be helpful. The women recommended that a symbol designating a restaurant as "Breastfeeding Friendly" be developed and be part of the existing restaurant rating system that is used in magazines and books.

Five areas were identified under the "other" category. They were hospitals, breastfeeding clinics, locations specific to entertaining children, grocery stores, and workplaces.

Participants strongly linked breastfeeding success in hospital with breastfeeding success in the community. This finding corroborates with a recent local study which indicated that assistance with breastfeeding in the first few days postpartum might be crucial to the duration of breastfeeding.¹⁶ Most women related that nursing staff tried to be helpful, but were too busy and the breastfeeding support received in hospital was inadequate. At times the information provided was inaccurate and inconsistent. Some women who returned to the hospital on an outpatient basis found that the public waiting areas were not breastfeeding friendly.

Lactation consultants in hospital were very helpful, but some mothers did not know this resource existed, and others felt that they needed more time with the consultants. They suggested that a lactation consultant should visit each new mother. They proposed that hospitals hire additional lactation consultants or improve links with local health departments to utilize their lactation consultants to assist women in hospital.

The hospital issues identified by the study sample are similar to issues identified over a decade ago. In 1991, the United Nations Children's Fund and the World Health Organization launched a ten-step program, "Baby Friendly Hospital Initiative", to address similar concerns.^{27, 28}

Middlesex-London Health Unit breastfeeding clinics were helpful, although privacy was an issue. New mothers felt embarrassed and uncomfortable breastfeeding and obtaining instructions in front of strangers, especially men who were with their partners. The women proposed that a screened area be provided for individual consultation. Mothers also wanted more clinics scheduled in the morning to accommodate toddlers who may need an afternoon nap.

Breastfeeding clinics are located in community settings such as malls, churches and community centres. The establishment donates space and sometimes conditions are not ideal. For example, the clinic site is a vacant store, and when the store space becomes leased, the clinic must relocate. Rotating sites are difficult for mothers and the nurses who run the clinics. More permanent clinic locations would be ideal.

An additional recommendation was the establishment of a volunteer breastfeeding peer support program for women in Middlesex-London. Peer support programs have been established in the United States and Canada,²⁹ and are recommended in the Mandatory Programs and Services Guidelines (Appendix G). A randomized control trial conducted near Toronto found that mothers with peer support breastfed longer, were more satisfied with the breastfeeding experience, and recommended that all new mothers be offered this support.³⁰

Some locations offering entertainment specifically for children provided women with facilities to breastfeed. Mothers were grateful but found that some of the facilities were uncomfortable, and not well advertised. A tent that was available at a local fair was very hot, the tent's dark colour attracted the heat, and there was poor air circulation. Grocery stores were identified as locations where mothers would be pleased to see breastfeeding facilities, but did not expect it, and most women opted to leave the store and breastfeed in their car if necessary. Women indicated that workplaces lacked facilities to accommodate a breastfeeding mother. They suggested that additional research be conducted in this area.

In order for breastfeeding to become more socially acceptable, women expressed the need for the media to display more breastfeeding. They felt that public education was needed and should be directed to all age groups, including children. Mothers in the focus groups encouraged other women to leave comments in suggestion boxes in malls and restaurants to promote breastfeeding. All participants liked the idea of having standardized "Breastfeeding Friendly" decals placed on doors and windows of public establishments identifying locations that support breastfeeding.

CONCLUSION

Breastfeeding has existed since the beginning of time. Although breastfeeding is the most beneficial, and presumably the most natural way for a mother to feed her child, the sexual connotation of breasts overshadows the positive effects of breastfeeding. Women influenced by their own social development and faced with public adversity to breastfeeding continue to feel uncomfortable breastfeeding in public places. Breastfeeding facilities in public places are limited and often not well maintained. Mothers cope by breastfeeding in their cars or public washrooms. This is unacceptable.

Current updates to the Ontario Human Rights Commission Code (Appendix H), ensures that mothers have the right to breastfeed in public places. It is important that everyone be informed of this legislation. Existing initiatives such as breastfeeding education in hospital, hospital lactation consultants, community breastfeeding clinics and public health home visits need to continue and grow. New initiatives, such as peer support programs and policy development in malls and restaurants to support and protect the rights of breastfeeding women, need to be established. Above all, educating society to perceive breastfeeding in public places as an acceptable practice is paramount.

Recommendations

THAT THE MIDDLESEX-LONDON HEALTH UNIT: Disseminate study findings to the Middlesex-London Health Unit, Middlesex-London Breastfeeding Committee, local hospitals, malls, restaurants, Chamber of Commerce, and the wider community.

Work collaboratively with community partners to implement the suggestions from women in Middlesex-London as per Appendix D.

In partnership with community members, develop minimum criteria for achieving and maintaining "Breastfeeding Friendly" status in malls and restaurants.

Develop information packages for distribution to malls, restaurants and other public places that express interest in becoming more breastfeeding friendly.

Work collaboratively with mall management towards the establishment of permanent Middlesex-London Health Unit breastfeeding clinic locations.

Identify ways to increase privacy for mothers who attend the Middlesex-London Health Unit breastfeeding clinics.

Collect demographic data and conduct a customer satisfaction evaluation at the Middlesex-London Health Unit breastfeeding clinics in order to obtain a more accurate description of the population being served, to identify trends and determine changes needed to better serve clients.

Increase the public's awareness of the legislation regarding breastfeeding in public places as stated in the Human Rights Code (Appendix H).

Seek sponsorship to assist in the development of materials for media and public education campaigns.

Investigate the suggestion to establish a volunteer peer support program for women in Middlesex-London that is developed, co-ordinated, implemented and evaluated by the Middlesex-London Health Unit.

THAT THE HOSPITALS: Consider the women's suggestions in this report for future planning, implementation and evaluation.

FOR FUTURE RESEARCH: Determine the supports available for women in the workplace who wish to continue breastfeeding.

Identify the age when a child should no longer be breastfed.

**PRELIMINARY
DISCUSSIONS WITH
LONDON HEALTH
SCIENCES CENTRE AND
ST. JOSEPH'S HEALTH
CARE LONDON:**

In preliminary discussions with hospital representatives from London Health Sciences Centre and St. Joseph's Health Care London, it was recommended that:

- Prenatal teachers inform women that hospital nurses working in the post-partum areas receive additional training from the lactation consultant
- Prenatal teachers assist women to understand the breastfeeding process so that women have realistic expectations. For example, many infants take several days to learn to breastfeed successfully.
- The first line of service be the hospital nurse. If the patient continues to have difficulty, the patient can request help from a lactation consultant
- Patients in hospital become more assertive and clearly indicate their dissatisfaction and situations where there is inconsistency in information provided, so that the hospital staff can take appropriate action
- More advertizing of hospital services is required by both the prenatal teachers and the hospital nurses.
- Prenatal teachers and hospital nurses encourage consumers to collaborate with the nurse in hospital to develop a care plan.
- Family home visitors receive inservice to ensure that accurate, consistent information is provided to breastfeeding clients in the community
- Hospitals develop a policy to embrace "The 10 Steps": Baby Friendly Hospital Initiative^{27, 28}
- Client satisfaction with breastfeeding instruction and support while in hospital be evaluated,
- Both Middlesex-London Health Unit and area hospitals establish a process to ensure the dissemination of accurate, consistent breastfeeding information to women and ensure that adequate support is in place to facilitate a smooth transition from hospital to community.

PHASE TWO

**MALL MANAGER
AND
RESTAURANT MANAGER
TELEPHONE SURVEY**

Mall Manager and Restaurant Manager Telephone Survey

OBJECTIVES

The objectives of Phase Two are to:

- a) Conduct a telephone survey of mall and restaurant managers to identify potential problems a mother may encounter breastfeeding in restaurants and shopping centres in London, Ontario and Middlesex County. This is a replication of an Australian study by McIntyre, Turnbull, and Hiller.¹⁷
- b) Determine the mall and restaurant managers' awareness of current government legislation regarding breastfeeding in public places.
- c) Identify mall and restaurant managers who are ready to accept additional information about breastfeeding in public places.

METHODOLOGY

MALLS

Major shopping centres in London, Ontario and Middlesex County were identified using a current telephone directory and through confirmation with Information London. Only enclosed shopping centres with a common eating area (i.e. food court) were included in the study. In October 1999, eleven mall managers (or the person in charge of the mall) were contacted by telephone. Up to 7 attempts were made on different days of the week and at different times of the day or evening. To ensure consistency, all telephone contacts were made by the same research assistant. Participation was voluntary and managers were informed that results would be grouped to maintain their confidentiality.

A short semi-structured survey as per McIntyre et. al.¹⁷ was used, with two additional questions (Appendix I). One question related to awareness of recent government legislation regarding breastfeeding in public places and the second question asked whether the manager would be willing to meet with a Public Health Nurse (PHN) to receive updated information about breastfeeding. The second question was posed to assist with future planning and to determine the readiness of each manager to receive information about breastfeeding in public places. No prompts were given by the research assistant and multiple responses were allowed.

RESTAURANTS

The Environmental Health Division, Middlesex-London Health Unit, provided a recent listing, including telephone numbers of 773 restaurants (excluding fast food outlets with no seating) in London, Ontario and Middlesex County. Sample size calculations done with the computer program PEPI³¹ showed that a minimum of 449 restaurants would have to be telephoned to ensure that the maximum discrepancy between sample estimates and true population values was 5% (assuming a 60% response rate, and population frequencies of about 50%).

All restaurant managers or the person in charge were contacted by telephone between November 1999 and February 2000, by the same research assistant. If a restaurant manager was responsible for more than one establishment, the response was counted as only one site. If a telephone number was no longer in service, the research assistant attempted to ascertain the new number by contacting directory assistance. A maximum of 7 attempts were made on different days of the week and at different times of the day and evening. Participation was voluntary and managers were informed that results would be grouped to maintain confidentiality.

Four additional questions were added the semi-structured restaurant questionnaire as per McIntyre et. al.¹⁷ The additional questions related to how the manager would classify the restaurant (e.g. family, ethnic, fast food), awareness of recent government legislation, the price range of a dinner entree and willingness to meet with a Public Health Nurse in the future to receive updated information about breastfeeding (Appendix J).

SURVEY RESULTS

Shopping Centres (Malls)

Eleven malls were contacted with all managers (100%) agreeing to complete the survey. The maximum number of attempts made to contact all managers was three. Questionnaire results can be found in Table 2.

Table 2 Results of shopping centre (mall) manager survey n= 11

Questions and Responses	n	%
Do you have any policy on breastfeeding in your shopping centre?		
No breastfeeding policy	10	90.9
Breastfeeding is allowed	10	90.9
Do not understand	1	9.1
*What facilities do you provide for breastfeeding mothers?		
None	4	36.4
Baby change room	3	27.3
Baby care room	2	18.2
Quiet place in the mall	1	9.1
Private room	1	9.1
Boardroom	1	9.1
Food court	1	9.1
Mall bench	1	9.1
*If a mother wished to breastfeed in your shopping mall, where would she be allowed to do this?		
Anywhere	6	54.5
Baby care room	2	18.2
Women's washroom	2	18.2
Food court	2	18.2
Additional comments (If discrete no problems, "the problem never came up")	7	63.6
*If a customer complained about a mother breastfeeding in your shopping mall, what would you do?		
Nothing that would affect breastfeeding	0	0
Tell mother about complaint, but do nothing	2	18.2
Attempt to educate the customer regarding mother's rights	2	18.2
Attempt to educate the customer regarding the naturalness of infant feeding	3	27.3
Refusals	4	36.3
Are you aware of any government legislation relating to breastfeeding in public places?		
Yes	1	9.1
No	10	90.9
Would you be willing to meet with a public health nurse to discuss feedback from the discussion groups or ways to make your environment more breastfeeding friendly?		
Yes	10	90.9
No	1	9.1

*Some questions will not add up to 100% as managers provided multiple responses.

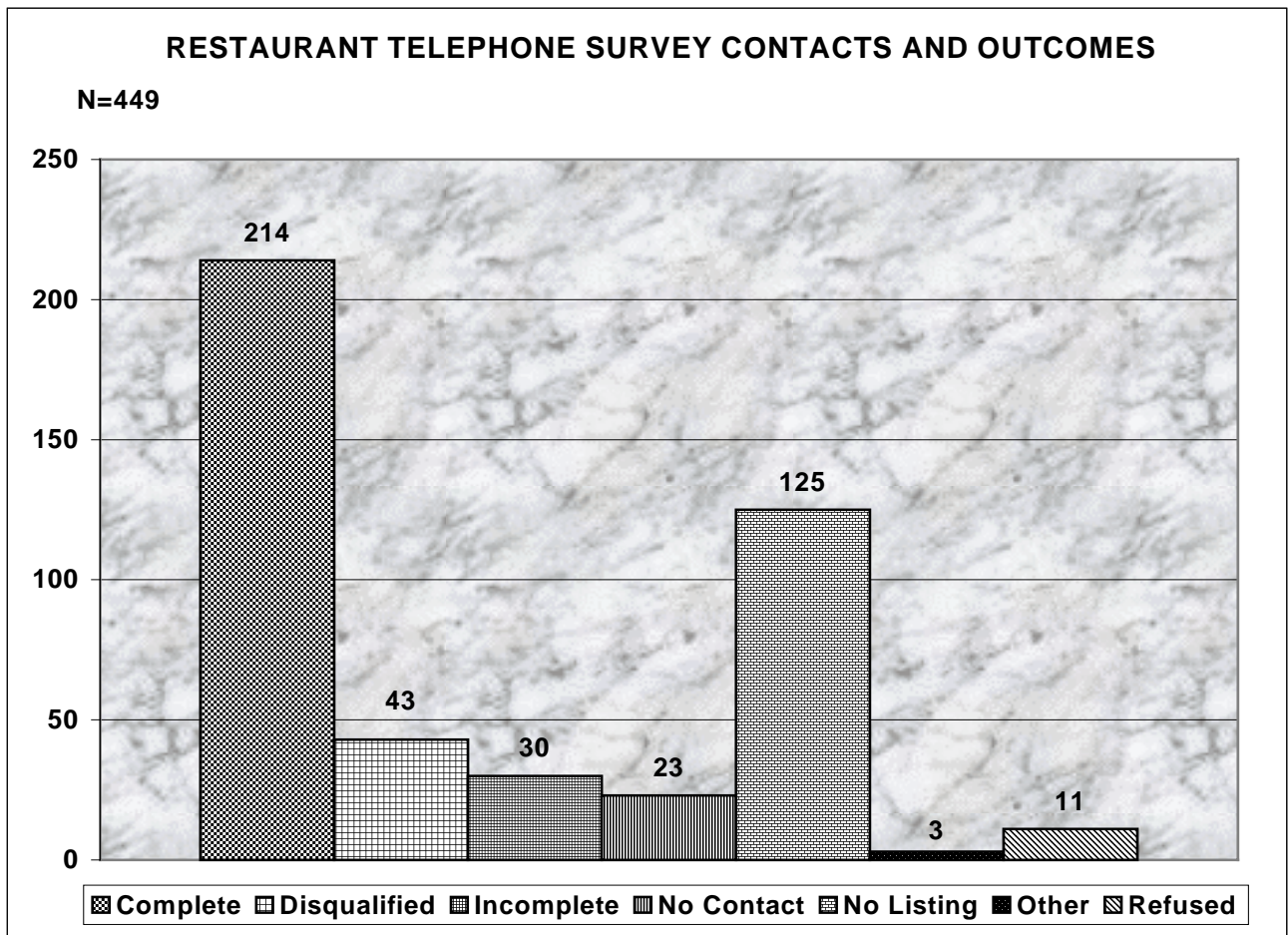
All managers reported that they did not have a policy on breastfeeding in their establishment. Although there was no policy on breastfeeding, 90.1% stated that breastfeeding is allowed. Over half of the managers (54.5%) stated that mothers could breastfeed anywhere, two suggested the women's washroom, two suggested the baby care room, two suggested the food court and one stated, "This problem has never come up". The overriding factor for breastfeeding in malls was that the mothers be discrete. Four of the eleven shopping centres did not provide facilities for breastfeeding mothers. Facilities provided by the remaining five malls included, baby change rooms, baby care rooms, a quiet place in the mall, boardroom, food court and the mall bench.

If a customer complained about a mother breastfeeding, 18.2 % would tell the mother about the complaint but do nothing, 45.5% would educate the complaining customer about the mother's rights and the naturalness of infant feeding, and 36.3% refused to answer this question. Some managers would inform mothers of the availability of breastfeeding stations. The managers reinforced that if mothers are discrete, there are no problems with breastfeeding. Managers identified the need for more advertising of the nursing stations and baby's change rooms. Only one manager was aware of legislation related to breastfeeding. Ten of the eleven managers were willing to meet with a Public Health Nurse to receive information about ways to make their environment more breastfeeding friendly.

Restaurants

A total of 449 restaurants were contacted. Of these, 214 (47.7%) restaurant managers completed the survey, 43 (9.6%) restaurants were disqualified as not having a "sit down eating area", 23 (5.1%) were unavailable after 7 attempts, 125 (27.8%) were no longer in existence, 11 (2.4%) refused, 3(0.7%) were incomplete because of language barriers and 30 (6.7%) were incomplete due to limited research funds (Figure 1). The response rate for restaurant managers (excluding disqualified and non-existent) was 76.1%.

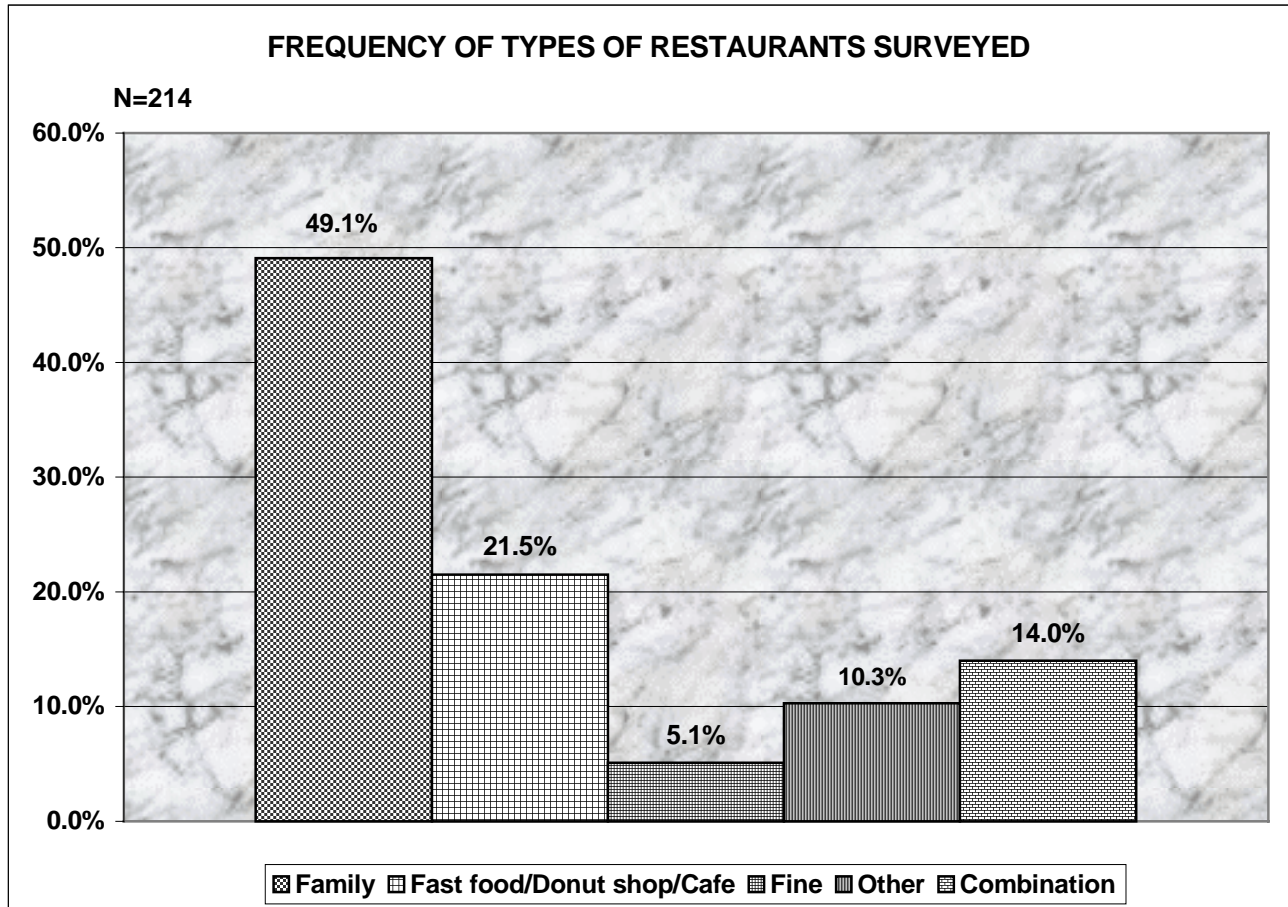
Figure 1



- Complete: Actual number of surveys completed
- Disqualified: Number of restaurants that did not have a "sit down" eating area
- Incomplete: Restaurants with less than 7 contacts, but no contact made with manager
- No Contact: Restaurants where 7 attempts were made however there was no contact with the manager
- No Listing: Restaurants that no longer existed
- Other: Language barrier with the manager
- Refused: The manager did not want to participate

The majority of restaurants were self-classified as family (49.1%), followed by fast food/donut shop/cafe (21.5%), fine dining (5.1%), other (10.3%), and combinations (14.0%) (Figure 2). Other refers to restaurants that would classify themselves as independents or ethnic, and combination refers to restaurants that classified themselves as fast food and family or any other combination. The greatest clustering of restaurants sampled was in the core of the City of London followed by the more densely populated areas in the suburbs and the county.

Figure 2



One hundred and eighty one (84.6%) managers reported that they did not have a policy on breastfeeding (Table 3), and 14.9% stated they did not have a policy but breastfeeding was allowed. The majority (80.8%) stated they would do nothing if a mother breastfed in their restaurant without asking permission. Only 1.4% stated that mothers were not allowed to breastfeed in the restaurant and 2.8% would ask a mother to move to a more secluded location. The majority of comments made by managers suggested that as long as a mother is discrete and covered up, breastfeeding is not a problem. However, some negative comments were made such as:

"I would be shocked, I wouldn't appreciate it, and I would ask her to stop."
 "She should feed at her home where it's private"
 "I would like to be asked"
 "Not a very good idea "
 "Someone has already tried, I wasn't too pleased"
 "Tell her not to do this now"
 "Warn her not to do this"

Table 3 Results of restaurant manager survey n= 214

Questions and Responses	n	%
Do you have any policy on breastfeeding in your restaurant?		
No breastfeeding policy	181	84.6
No breastfeeding policy, but mothers can breastfeed	32	14.9
Do not understand	1	0.5
*What would you do if a mother breastfed in your restaurant without asking permission?		
Nothing	173	80.8
Cannot breastfeed in this restaurant	3	1.4
Ask mother to move to a more secluded spot	6	2.8
Other Comments	60	28.0
*If a mother wished to breastfeed in your restaurant, where would she be allowed to do this?		
Anywhere	117	54.7
In a secluded spot	66	30.8
Where?		
Women's / Disabled person's toilet	21	11.2
Back of restaurant	9	4.2
Private room	8	3.7
Office	4	1.9
Quiet place	3	1.4
Not allowed to breastfeed in restaurant	5	2.3
Don't know	11	5.1
Other	95	44.4
*If a customer complained about a mother breastfeeding in your restaurant, what would you do?		
Nothing to affect breastfeeding	23	10.7
Tell mother about complaint, but do nothing	8	3.7
Ask mother to move	23	10.7
Attempt to educate the customer regarding mother's rights	26	12.1
Attempt to educate the customer regarding the naturalness of infant feeding	25	11.7
Refer to management	2	0.9
Don't know	33	15.4
Other	99	46.3
Are you aware of any government legislation relating to breastfeeding in public places?		
Yes	19	8.9
No	193	90.2
Other: (not sure, personal thing)	2	0.9
Would you be willing to meet with a public health nurse to discuss feedback from the discussion groups or ways to make your environment more breastfeeding friendly?		
Yes	122	57.0
No	68	31.8
Uncertain	10	4.7
Other	14	6.5

*Some questions will not add up to 100% as some managers provided more than one response.

When asked "where" mothers would be allowed to breastfeed, more than half (54.7%) of the managers would allow a mother to breastfeed anywhere, 30.8% wanted mothers to breastfeed in a secluded place, 2.3% replied that breastfeeding was not allowed and 5.1% didn't know. Some suggestions of where mothers could breastfeed were: women's toilet (11.2%), back of restaurant (4.2%), private room (3.7%), and the office (1.9%). The majority of managers who made additional comments stated that a mother could breastfeed at her table as long as she was discrete. Other managers provided comments which were non-supportive such as:

"At the table if not enough room in the washroom"

"In the kitchen, only ladies there, she may be more comfortable"

"In her car, or in her family room"

"It's disgusting"

"Laundry room downstairs"

"If someone complained, she would have to move upstairs"

If a customer complained about a mother breastfeeding, 34.5 % would do nothing to interfere with the feeding or would attempt to educate the complaining customer. Some managers (10.7%) would ask the mother to move, and 15.4% did not know what they would do. Additional comments were offered by some of the managers. Many stated, that if the mother was covered or breastfeeding discretely, the manager would ask if the complainant wished to move. A few would ask the mother to stop or breastfeed in the washroom. One manager commented that he/she would "tell the mother that I would have to report this".

Ninety-one percent of the managers did not know about government legislation related to breastfeeding in public places. Over half (57%) of the managers were willing to meet with a public health nurse to receive information about ways to make their environment more breastfeeding friendly.

Discussion

Mothers in London, Ontario, and Middlesex-County who wish to breastfeed in malls and restaurants can feel fairly confident that they will not be asked to stop breastfeeding or to relocate to a more secluded location.

When surveyed, 90.9% of mall managers stated that breastfeeding was allowed and 80.8 % of restaurant managers would do nothing to deter breastfeeding if a mother breastfed in their establishment without asking permission. However, when asked specifically where mothers were allowed to breastfeed, only 54.5% of mall managers and 54.7% of restaurant managers said “anywhere” (see Table 4). Secluded locations most frequently suggested were women's washrooms and baby care rooms. Other suggestions were: the back corner of a restaurant, boardroom, restaurant kitchen, laundry room and the mother's car.

Table 4: Comparison of survey results – London, Ontario and Middlesex County Shopping Centre (mall) Managers and Restaurant Managers.

Responses	Mall Managers %	Restaurant Managers %
No breastfeeding policy	90.9	84.6
Unaware of government legislation	90.9	90.2
Breastfeeding is allowed/would do “nothing” to interfere with breastfeeding	90.9	80.8
Mother is allowed to breastfeed anywhere	54.5	54.7
Support to mother if a customer complained	45.5	34.5
Willing to meet with a Public Health Nurse	90.9	57.0

The above findings concur with McIntyre et.al.¹⁷ who found that women are better off not asking permission and not asking where they can breastfeed (Table 5 and 6). The non-acceptance of breastfeeding as a normal process is also apparent in this study. If given a choice, both restaurant and mall managers preferred women to breastfeed in a more secluded location. The recurrent suggestion of breastfeeding in washrooms or baby change areas equates breastfeeding with something to be hidden or that breastfeeding is inappropriate in public.

Table 5: Comparison of restaurant results for London, Ontario and Middlesex County with Adelaide, Australia

Questions and Responses	n = 214	n = 66
	London and Middlesex %	Adelaide Australia %
Do you have any policy on breastfeeding in your restaurant? No breastfeeding policy	84.6	97.0
What would you do if a mother breastfed in your restaurant without asking permission? Nothing Cannot breastfeed in this restaurant Ask mother to move to a more secluded spot	80.8 1.4 2.8	86.4 4.5 3.0
If a mother wished to breastfeed in your restaurant, where would she be allowed to do this? Anywhere In a secluded spot Not allowed to breastfeed in restaurant Don't know	54.7 30.8 2.3 5.1	59.1 33.3 1.5 6.1
If a customer complained about a mother breastfeeding in your restaurant, what would you do? Nothing to affect breastfeeding/tell mother about complaint, but do nothing/educate customer Ask mother to move to a more secluded spot Refer to management Don't know	38.2 10.7 0.9 15.4	37.9 33.3 7.6 21.2

Table 6: Comparison of shopping mall results for London, Ontario and Middlesex County with Adelaide, Australia

Questions and Responses	n = 11	n = 27
	London and Middlesex %	Adelaide Australia %
Do you have any policy on breastfeeding in your shopping centre? No breastfeeding policy Do not understand	90.9 9.1	100 0
What facilities do you provide for breastfeeding mothers? None	36.4	48.1
If a mother wished to breastfeed in your shopping mall, where would she be allowed to do this? Anywhere A secluded place (baby care room, women's washroom)	54.5 36.4	74.1 14.8

* Column data does not add up to 100% as alternate responses/comments from the ones identified above were listed under the category of "other" and were not part of the analysis.

Most managers did not have a problem with mothers breastfeeding as long as the mother was covered and discrete. A minority of restaurant managers (2.3%) would not allow breastfeeding in their restaurant and provided strong negative comments such as: "I would be shocked", "Would ask her to stop", "She should not do this here", "Disgusting", and "Will have to report her".

If a customer complained to a manager about a mother breastfeeding, both mall managers and restaurant managers may not be as supportive, or may view the mother's rights to breastfeed as secondary. As long as a mother was breastfeeding discretely, 45.5% of the mall managers and only 34.5% of the restaurant managers would either do nothing or attempt to educate the complaining customer, and 36.3% of the mall managers did not answer this question. Some would ask the complainant if he/she wished to move. Others stated that they would ask the mother to stop, cover up, or go to the washroom. Mall managers felt they needed to do a better job informing women of the baby change areas and nursing rooms. In Adelaide, Australia, the percentage of restaurant managers who would do nothing, tell the mother and do nothing, or attempt to educate the customer was similar (37.9%) to Middlesex-London (38.2%).

There was a lack of awareness of the Ontario Human Rights legislation regarding the rights of women to breastfeed in public places. In both Adelaide, Australia and Middlesex-London the majority of mall and restaurant managers did not have a policy on breastfeeding. Without a breastfeeding policy in their establishment, managers and staff in London, Ontario, Canada who ask a breastfeeding mother to relocate or stop breastfeeding would unknowingly be in violation of the Human Rights Code. All except one mall manager and 57% of the restaurant managers agreed to meet with a PHN to receive additional information about breastfeeding.

LIMITATIONS OF THE STUDY

Limited funding and the number of restaurants that were no longer in existence, affected the researchers ability to attain the desired number of completed restaurant questionnaires. The researchers would also make adjustments to the questionnaire.

CONCLUSION

Although this study has demonstrated support for breastfeeding in malls and restaurants in London, Ontario and Middlesex County, mothers are still at risk of being asked to relocate to more secluded locations or to less desirable areas such as washrooms and baby change rooms. These results concur with those of McIntyre, Turnbull, and Hiller.¹⁷

Recent updates to the Ontario Human Rights Code (Appendix H) clearly protect the rights of women to breastfeed in public places. This, coupled with the readiness of mall and restaurant managers to work collaboratively with a Public Health Nurse, will move Middlesex- London towards a supportive breastfeeding community.

Overall Discussion: Integration of the Literature, Focus Groups and Telephone Survey Results

Using focus group methodology, forty-five themes and fifty-two suggestions were identified by women who breastfed in London, Ontario and Middlesex County. The themes were categorized under seven headings: General societal attitudes about breastfeeding, Restaurants and breastfeeding, Malls (Shopping Centers) and breastfeeding, Breastfeeding and health care providers, Grocery stores/Locations specific to children's entertainment/Workplaces, Use of breastfeeding friendly decals in Middlesex-London, and Other.

Women perceived that society continues to view breasts as sexual, instead of as a source of infant nutrition. The media perpetuates this sexual image. The reactions mothers received when breastfeeding in public was dependent upon the age of the person observing. The elderly and women under 40 years were viewed as supportive, whereas teens and women 40-60 years were seen as non-supportive. Before mothers venture into the public to breastfeed, they felt they needed to increase their self-confidence and master breastfeeding in the comfort of their own homes. Some women stated they would never be comfortable breastfeeding in public, unless there were private facilities available. Mothers suggested that facilities be quiet, clean, comfortable, conveniently located, and separate from toilets. Washrooms were viewed as "germ-infested" and highly inappropriate for feeding. An adjoining play area where women could observe their other children while breastfeeding was ideal. The findings described above, echo the survey results of a study conducted by Maclean³² in Toronto, Ontario, over a decade ago.

Mothers in the focus groups identified that contrary to popular belief, breastfeeding is not natural, it is a learned behaviour. The instruction and support they received in hospital in the first few days post-partum was crucial to successful breastfeeding when mothers were in the community. Often times breastfeeding information received in hospital was found to be inconsistent and/or inaccurate. Mothers wanted more time with the lactation consultants while in hospital. Privacy at the MLHU breastfeeding clinics was an issue that mothers felt needed to be addressed. The women suggested that more research be conducted on breastfeeding in the workplace.

Women who breastfeed in London, Ontario and Middlesex County can feel somewhat confident (80 -90%) that the managers in malls and restaurants will be supportive of breastfeeding. A telephone survey of 11 shopping centres (malls) and 214 restaurants indicated that the majority of managers (90.9% and 80.8% respectively) stated that breastfeeding is allowed or that they would do nothing to interfere with a mother breastfeeding. However, when asked "where" a mother would be allowed to breastfeed, just over half (54.5%-54.7%) of the mall and restaurant managers stated "anywhere". Secluded locations such as baby care rooms, washrooms, food courts, and the back of the room were common suggestions. Women who breastfeed in public will do better if they do not ask "where" they can breastfeed.

Managers may, when faced with conflict, view the women's rights to breastfeed as secondary. When confronted with a customer who complains about a mother breastfeeding only 45.5% of mall managers and 34.5% of restaurant managers would not do anything to affect breastfeeding or would attempt to educate the complaining customer. Many of the managers would ensure that the mother is covered up, and breastfeeding discretely. Others would take more drastic action and ask the mother to move to a secluded location, or leave. Some restaurant managers refused to allow women to breastfeed in their restaurant. Managers and focus group participants identified the importance of breastfeeding discretely when in public. These results are similar to a recent study conducted in Adelaide, Australia.

In the spring of 1999, the Ontario Human Rights Commission legislated that women have the right to breastfeed in public places. The majority of focus group and survey participants were unaware of the legislation (mothers in focus groups unaware 79.4%; mall managers unaware 90.9%; restaurant managers unaware 90.2%). As well, the majority of mall (90.9%) and restaurant managers (84.6%) did not have a policy on breastfeeding in their establishment. Mothers in the focus groups suggested that restaurant and malls should have policies regarding breastfeeding. As well, the women suggested malls and restaurants display decals (stickers) to signify that the location is breastfeeding friendly. This would increase the mothers' confidence that they could breastfeed in a specific location without being harassed.

Overall Conclusion

The strength of this study lies in the fact that: a) the women in this community identified comprehensive, specific recommendations that will promote breastfeeding in public places; b) the majority of mall managers, and over half of the restaurant managers want to receive the survey results and obtain additional information about breastfeeding in public places; c) hospital partners are interested in a collaborative effort to implement some of the study recommendations; and d) the issues identified in this study share an historical and global perspective – the results are similar to a study conducted a decade ago in Toronto, Ontario and similar to the findings in Adelaide, Australia. With the support of the Ontario Human Rights Code and ongoing collaboration with our community partners, in the City of London, Ontario and Middlesex County is well on it's way to becoming a Breastfeeding Friendly Community.

Recommendations

**IT IS RECOMMENDED
THAT:**

- The Public Health Nurse meet with the mall and restaurant managers who expressed interest in receiving information about breastfeeding.
- A forum(s) be established to provide interested mall and restaurant managers the opportunity to receive the results of the focus groups and the mall manager/restaurant manager survey
- All restaurant and mall managers in London, Ontario and Middlesex County, not only the study participants, be sent a copy of the Human Rights legislation with specific reference to mothers breastfeeding in public places
- This document be disseminated to other health units.
- Breastfeeding information packages be available for all mall and restaurant managers if requested.
- The Middlesex-London Health Unit Breastfeeding Friendly Community Committee work in collaboration with breastfeeding mothers, mall and restaurant managers, and the media to remove the existing barriers to breastfeeding in public places in London and Middlesex County.

List of Tables and Figures

- Table 1: Demographic Questionnaire Results
- Table 2: Results of Shopping Centre (Mall) Manager Survey
- Table 3: Results of Restaurant Manager Survey
- Table 4: Comparison of Survey Results – Middlesex-London Shopping Centre (MALL) Managers and Restaurant Managers.
- Table 5: Comparison of Restaurant Results for City of London and Middlesex County with Adelaide, Australia
- Table 6: Comparison of Mall Results for City of London and Middlesex County with Adelaide, Australia
- Figure 1: Restaurant Telephone Survey Contacts and Outcomes
- Figure 2: Frequency of Types of Restaurants Surveyed

List of Appendices

Appendix A: Recruitment Poster and Registration Form

Appendix B: Focus Group Demographic Questionnaire and Codebook

Appendix C: Focus Group Questionnaire

Appendix D: Themes and Suggestions Identified by Focus Group Participants

Appendix E: Breastfeeding Friendly – Sticker Sample

Appendix F: Guidelines To Assess Suitability of “Breastfeeding Friendly” Facilities

Appendix G: Mandatory Programs and Services Guidelines: Indicators of Peer Support Programs

Appendix H: Ontario Human Rights Code

Appendix I: Mall Manager Telephone Survey

Appendix J: Restaurant Manager Telephone Survey

Appendix K: Letter from Ethics Review Committee

Appendix L: Data Entry Tools – Personal Data Form & Phone Tracking

Appendix M: Memo Regarding Meeting with Public Health Nurses and Hospital Nurses

Appendix A

This page contains the poster that was used to recruit Breastfeeding Mothers to the focus groups held in London.

For a copy of the poster or further information contact:

Yolanda Camiletti

Middlesex-London Health Unit

Phone: 519-663-5317 ext. 2458

Fax: 519-663-8243

Email: yolanda.camiletti@mlhu.on.ca

MAKE YOUR COMMUNITY BREASTFEEDING FRIENDLY...

Thank you for your interest in joining our mothers' discussion group about breastfeeding in public places! We are holding these discussion groups so that we can gain a better understanding of **what the breastfeeding environment in our community is really like**. We also want *your* ideas, as a mother who is breastfeeding or has breastfed, on ways public places can become more "Breastfeeding Friendly".

The group will take no longer than one hour. Refreshments will be provided. You may bring your baby if you choose – one person will be present to assist if needed. If transportation is an issue, please let us know at the phone number listed below.

To register:

Please fill out the bottom portion of this form and hand it to your clinic nurse or call Rhonda Brittan, Public Health Nurse, at 663-5317 ext. 2271.

YOUR CHOICE:

DATE/TIME	LOCATION

Someone will be telephoning you a few days before to confirm your attendance.



Name: _____
 Phone #: _____
 Address: _____

LOCATION/TIME:

DATE	LOCATION
<input type="checkbox"/> Thurs. Sept. 23 2:00-3:00 p.m.	Siloam United Church 1240 Fanshawe Park Road
<input type="checkbox"/> Tues. Sept. 21 2:00-3:00 p.m.	South London Community Centre 1119 Jalna Blvd. (near Whiteoaks Mall)
<input type="checkbox"/> Wed. Sept. 22 7:00-8:00 p.m.	Middlesex-London Health Unit 50 King Street (Meeting Room # 6)
<input type="checkbox"/> Mon. Sept. 27 2:00-3:00 p.m.	Strathroy General Hospital 395 Carrie Street
<input type="checkbox"/> Wed. Sept. 29 2:00-3:00 p.m.	Dundas East (2 nd floor) 1730-1740 Dundas (@ Third Str.)
<input type="checkbox"/> Wed. Sept. 30 10:00-11:00 a.m.	Childreach 265 Maitland
<input type="checkbox"/> Tues. Sept. 28 7:00-8:00 p.m.	Middlesex-London Health Unit 50 King Street (Meeting Room # 6)
<input type="checkbox"/> Date and Time To Be Announced	Westmount Shopping Centre

Appendix B



Creating A Breastfeeding Friendly Environment for London and Middlesex

FOR OFFICE USE
ONLY



Please answer the following questions by checking the box or writing your response.
All answers are confidential. DO NOT WRITE YOUR NAME ON THIS FORM.

1. How many children do you have
 - 1
 - 2 or more
 ⇒ How many of these children did you breastfeed? _____

2. What is the age of your youngest child? _____ months

3. What is the longest time you breastfed your child/children? _____ months

4. Is there someone close to you who is supportive of breastfeeding?
 - no
 - yes ⇒ who:
 - husband/boyfriend
 - mother
 - girlfriend
 - doctor
 - nurse
 - other: _____

5. Have you ever breastfed your baby in a public place?
 - no
 - yes ⇒ where: _____

6. Are you aware of any legislation that protects women's rights to breastfeed in public place?
 - no
 - yes

7. How old are you? _____ years

8. What is your highest level of education completed?
 - Elementary (up to grade 8)
 - Some high school
 - Completed high school (grade 12/13)
 - Some college or university
 - Completed college or university
 - Post graduate
 - Other: _____

9. What is your marital status?
 - Single
 - Married
 - Common-law
 - Other: _____

10. What is your postal code? _____

Thank you for completing this questionnaire!

Creating a Breastfeeding Friendly Environment

**FOCUS GROUP DEMOGRAPHICS
CODE BOOK**

QUESTION	VARIABLE NAME	VALUE	ANSWERS	COMMENTS
How many children do you have? How many of these children did you breastfeed?	#Child #BRFD	1 2 1 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 or more <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more	
What is the age of your youngest child?	Youngest	1 2 3 4 5 6 7	<2 weeks 2 weeks – 1 month 2-3 months 4-6 months 7-9 months 10-12 months >12 months	
What is the <i>longest time</i> you Breastfed your child/children?	Months	Actual #	Actual #	
Is there someone close to you who is supportive of Breastfeeding?	Support Husband/Boyfriend Mother Girlfriend Doctor Nurse Other	0 1 0 1 0 1 0 1 0 1	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Husband/boyfriend <input type="checkbox"/> Husband/boyfriend <input type="checkbox"/> Mother <input type="checkbox"/> Mother <input type="checkbox"/> Girlfriend <input type="checkbox"/> Girlfriend <input type="checkbox"/> Doctor <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse <input type="checkbox"/> <input type="checkbox"/>	Type comments in separate file
Have you ever breastfed your baby in a public place?	BF Public	0 1	<input type="checkbox"/> No <input type="checkbox"/> Yes	Type comments in separate file
Are you aware of any legislation that protects women's right to breastfeed in public places?	Legisl	0 1	<input type="checkbox"/> No <input type="checkbox"/> Yes	
How old are you?	Age	#	Actual Age	
What is your highest level of education completed?	Educ	1 2 3 4 5 6 7	Elementary (up to grade 8) Some high school Completed high school (Grade 12/13) Some college or university Completed college or university Post graduate Other	
What is your marital status?	Marital	1 2 3 4	Single Married Common-law Other	
What is your postal code?	PostCode	#	First three digits	

Appendix C

Introduction

We are very pleased that you were able to take time out of your busy schedules to meet with us today. My name is Yolanda Camiletti, CHNS and this is Rhonda Brittan, PHN. We are both employees of the Middlesex-London Health Unit.

The purpose of today's focus group is for us to learn from you. We want to know how mothers feel about breastfeeding in public places in London and Middlesex County. The information you give us today will be used to plan our programs. All information will be summarized and grouped. No names will be used so that all information provided here is confidential. We may use phrases as examples stated by you in the focus group, but again, names will not be used.

The focus group will take approximately 1 hour. Yolanda Camiletti will be moderating the session and Rhonda Brittan will be taking notes on the flip chart paper. We will summarize at the end of each question so that we can make sure we have captured everyone's comments.

Before we start there are some ground rules, which we would like to review that will make the focus run a bit smoother.

1. There is no right or wrong answer – everyone's comments are valued
2. One person speaks at a time (try to avoid jumping in while someone else is talking)
3. We encourage both positive and negative comments
4. Because time is limited, we may need to stop you from time to time to move on

Creating a Breastfeeding Friendly Environment for London & Middlesex

Focus Group Guide

1. Tell us your name, how many children you have and the age of your youngest child.

#	Age
1	
2	
3	
4	
5	
6	
7	
8	

2. Have you ever breastfed in public places?

Yes ⇒ where:

No ⇒ we are also interested in those who have not breastfed in public places....why haven't you?

3. Have you ever been asked to stop breastfeeding in a public place?

Yes ⇒ where and describe the incident

No

4. We are now going to talk about some public places. We would like to know what makes you comfortable and what makes you uncomfortable breastfeeding in these public places. We are also interested in any changes you feel are necessary to make these public places more comfortable.

(Develop consensus – i.e. round robin)

We will divide the public places into three categories: Malls, Restaurants and Other (schools, churches, parks, recreational facilities and public transport).

We will begin with malls: (Prompts: Suitable/Good)

Malls	Comfortable	Uncomfortable	Changes Needed

Restaurants	Comfortable	Uncomfortable	Changes Needed

Other: (school, park, churches, recreational facilities, public transport)	Comfortable	Uncomfortable	Changes Needed

5. How do you think people in London and Middlesex County feel about women breastfeeding in public places? (Prompts: positive, accepting, sexual connotations)
6. Is there anything that you yourself can do to improve/promote breastfeeding in public places? Prompts: being discrete, sitting with a supportive person, breastfeeding etiquette)
7. Many communities are giving stickers to stores and restaurants, which are put on their windows to let people know that their location is a breastfeeding friendly environment. What do you think about this idea for London and Middlesex?
8. We would like your comments about these stickers.
9. Is there anything we may have missed?

Thank you for coming.

Door prizes – Sponsored by SEARS Canada

Appendix D

TOWARDS A BREASTFEEDING FRIENDLY COMMUNITY FOCUS GROUPS THEMES AND SUGGESTIONS

General Societal Attitudes About Breastfeeding

Themes Identified by Mothers

- ❖ The mother's perception of how society feels about breastfeeding in public and her own comfort level will determine whether she will breastfeed in public.
- ❖ There is greater pressure to breastfeed than in the past, yet breastfeeding in public is not totally accepted by our society.
- ❖ Society continues to view breasts as sexual.
- ❖ The more women breastfeed in public, the more accepted breastfeeding will become.
- ❖ Attitudes toward breastfeeding differ with age; young children are curious, teens are non-accepting, women under 40 years of age and those over 60 are supportive, and women 40-60 years of age are non-supportive.
- ❖ The child's age affects the public's attitude towards the breastfeeding mother.
- ❖ Women need more information as to when a child should no longer be breastfed.
- ❖ Women's perception of Middlesex-London attitudes towards breastfeeding ranged from positive and supportive to conservative and stuffy.

Mother's Suggestions

Educate the public at all levels – start with children in the home and in the schools.

The media needs to take a more proactive role in promoting breastfeeding in public as “normal”.

Women need to support one another when they see a mother breastfeeding in public.

Women who are comfortable breastfeeding in public need to continue so that breastfeeding in public becomes the cultural norm.

Women need clearer information as to when a child should no longer be breastfed.

Restaurants and Breastfeeding

Themes Identified by Mothers

- ❖ Family restaurants are more conducive to breastfeeding, but often lack appropriate breastfeeding/childcare facilities.
- ❖ Large booths are more comfortable.
- ❖ Mothers are uncomfortable breastfeeding in “fine dining” establishments.
- ❖ The hostess in a restaurant sets the atmosphere for the breastfeeding experience.

Mother's Suggestions

Inform staff about the Ontario Human Rights Commission policy that protects the rights of women to breastfeed in public.

Develop an in-house policy in regards to mothers breastfeeding, and make all staff aware of the policy.

Educate staff as to how to appropriately manage a complaint about a woman breastfeeding.

Mothers should be discrete when breastfeeding.

If a mother wishes more privacy, the hostess could suggest more private areas such as the back of the restaurant or near a corner. Care should be taken so that this gesture is not misinterpreted as wanting to hide the mother who is breastfeeding. A sign stating, “more private areas for breastfeeding are available upon request”, may be useful.

The hostess’s verbal and non-verbal cues should demonstrate a positive, welcoming atmosphere.

Restaurants, especially family restaurants should have baby care facilities – at least a clean change area, diaper pail and one comfortable chair.

Restaurants with playrooms for children should have an adjoining area where mothers can breastfeed and supervise their other children simultaneously.

Use a universal sign to indicate that a restaurant is "breastfeeding friendly".

Link with advertizers to designate a breastfeeding symbol as part of the rating system for restaurants.

Malls and Breastfeeding

Themes Identified by Mothers

- ❖ Mothers preferred a room designated for breastfeeding, however they didn't mind breastfeeding on benches in the mall.
- ❖ Women felt that a child should not have to be fed in a germ-infested washroom.
- ❖ Breastfeeding/nursing rooms are usually in out of the way, "hidden" locations.
- ❖ Breastfeeding/nursing rooms need to be in convenient locations and be comfortable, clean, and free from the smell of dirty diapers.
- ❖ Breastfeeding/nursing rooms need to be cleaned on a regular basis.
- ❖ Improvement is needed in advertizing breastfeeding/nursing rooms.
- ❖ Signage on breastfeeding/nursing rooms are inappropriate.
- ❖ Women would visit malls more frequently and stay longer if there were breastfeeding facilities available.

Mother's Suggestions

Develop a policy regarding breastfeeding/nursing in every mall and ensure all staff are aware of the policy.

A designated breastfeeding/ nursing room should be available at all malls.

An ideal breastfeeding/nursing room would contain: a comfortable seat, change area with sanitizing equipment, something stimulating on the walls for the infant to look at, a sink, clock, piped in music, and be quiet, nicely decorated, dimly lit, large enough to accommodate a stroller, and have an adjoining washroom.

Ensure that breastfeeding/nursing rooms are well maintained.

Large planters around benches and in part of the food court, could provide more privacy for breastfeeding women.

Designate an area of the food court that is open to the public as a "breastfeeding friendly" area.

Have appropriate signs on breastfeeding/nursing rooms- not a baby bottle.

Improve advertizing of breastfeeding rooms and make all staff aware of their locations.

Breastfeeding rooms should be conveniently located.

Use empty stores as locations for women to breastfeed.

Store staff could suggest/allow mothers to breastfeed in an empty change room, during non-busy times.

Parking spaces designated for mothers and infants should be available at each mall.

Breastfeeding and Health Care Providers

Themes Identified by Mothers

- ❖ Mothers feel that breastfeeding is not natural; it is a learned behaviour.
- ❖ Information provided by some nurses in hospitals is sometimes inaccurate and/or inconsistent.
- ❖ Success in hospital is crucial to success at home and in the community.
- ❖ Lactation consultants are very helpful, but there is a need for more of them in the hospital setting.
- ❖ The presence of lactation consultants in hospital is not well advertized.
- ❖ Hospitals should hire more lactation consultants, or establish links with the Middlesex-London Health Unit so that their lactation consultants could also visit breastfeeding mothers in hospital.
- ❖ The hospital experience is dependent upon the attitudes of the nurses.
- ❖ When returning to hospital, some public areas (e.g. waiting rooms) are not breastfeeding friendly.
- ❖ Middlesex-London Health Unit breastfeeding clinics are very helpful, however more privacy needs to be provided for mothers at the clinics.
- ❖ The arrangement of the chairs in a circle at the Middlesex-London Health Unit breastfeeding clinics forces women and their partners to face other women and their partners. This makes some women feel uncomfortable.
- ❖ The times of the breastfeeding clinics are not always convenient to accommodate mothers with toddlers.
- ❖ Prenatal teachers should actively promote prenatal breastfeeding classes.
- ❖ That breastfeeding classes be established in the postpartum area of the hospital.

Mother's Suggestions

Inform women that breastfeeding is a learned behaviour.

Hospitals need to promote and provide consistent and accurate breastfeeding information, provide on-going support to breastfeeding mothers especially with latching-on, and establish a positive breastfeeding environment throughout the hospital.

Hospitals nurses should observe mothers "latching on" and breastfeeding more than once to ensure that mothers are breastfeeding properly.

More lactation consultants are needed to enable breastfeeding mothers to have more consultation time in the hospital. Lactation consultants should stop at each room.

Advertizing the availability of lactation consultants in hospital needs to be improved.

There is a need for all health care providers to increase breastfeeding mothers' awareness of resources available to promote and support breastfeeding.

Breastfeeding classes should be part of the prenatal classes.

Establish breastfeeding classes in the post-partum area in the hospital.

The Middlesex-London Health Unit breastfeeding clinics could have privacy screens or private areas for 1:1 consultations and there is need to re-examine the seating arrangement.

The Middlesex-London Health Unit offer more breastfeeding clinics in the morning to accommodate mothers with toddlers, and more staffing at some clinics would be helpful.

Malls need to advertize/promote their on-site breastfeeding clinics.

In malls, the clinic room should be open for mothers wishing to breastfeed during non-clinic times.

Some clinics could coincide with playgroups for older siblings.

Grocery Store/ Locations Specific to Children's Entertainment/Workplace

Themes Identified by Mothers

- ❖ Breastfeeding facilities in grocery stores would be nice, but most mothers opt to feed in their automobile.
- ❖ All facilities that target young children should provide facilities for women to breastfeed and change their children.
- ❖ Mothers were pleased that nursing stations and baby care facilities were provided at specific events. Unfortunately the facilities were uncomfortable (i.e. the colour of a tent attracted the sunlight which made the temperature in the tent very uncomfortable for the mother and child).
- ❖ Breastfeeding facilities at events were not well advertized.
- ❖ Workplaces are not breastfeeding friendly. Mothers need a private location to express breast milk and a refrigerator to store expressed milk.
- ❖ Colleagues are often unsupportive of breastfeeding in the workplace.
- ❖ Women want more information about breastfeeding when they return to work.
- ❖ More research about breastfeeding in the workplace is needed.

Mother's Suggestions

Pretest facilities designated for breastfeeding and baby care with mothers to determine their appropriateness and identify necessary changes.

Improve advertizing of facilities at special events.

Educate employers about the importance of breastfeeding and the needs of breastfeeding mothers who return to work.

Advocate for policy development regarding "Breastfeeding Friendly" workplaces.

Increase public education about the importance of maintaining breastfeeding when mothers return to work.

Continue to offer and promote "Breastfeeding and Returning to Work" sessions.

Use of Decals in Middlesex-London

Theme Identified by Mothers

- ❖ London should use universal stickers/ decals to promote breastfeeding friendly establishments.

Mother's Suggestions

Establish the use of Health Canada/ La Leche League "Breastfeeding Friendly" decals in Middlesex-London.

Other

Themes Identified by Mothers

- ❖ Establish a voluntary peer support program in which mothers with experience breastfeeding could be a contact person for new mothers.
- ❖ Breastfeeding mothers should support others who breastfeed in public by giving them verbal and nonverbal encouragement.
- ❖ Mother should always be discrete when breastfeeding in public.

Mother's Suggestions

The Middlesex-London Health Unit establish a volunteer peer support program for breastfeeding mothers.

The Middlesex-London Health Unit provide the training for volunteers to ensure that the volunteers are providing accurate, consistent messages about breastfeeding to new mothers.

The Public Health Nurses at the Middlesex-London Health Unit serve as a resource to the volunteers when necessary.

Breastfeeding women in the community should encourage other mothers who they see breastfeeding in public by smiling, making a positive comment.

Mothers should share with each other information about facilities/ resources available in public places.

Appendix E

Breastfeeding Friendly Sticker Sample

This page contains the Breastfeeding Friendly Decal courtesy of Health Canada and La Leche League Canada.

For a copy of the poster or further information contact:

Yolanda Camiletti

Middlesex-London Health Unit

Phone: 519-663-5317 ext. 2458

Fax: 519-663-8243

Email: yolanda.camiletti@mlhu.on.ca

Appendix F

Guidelines to Assess Suitability of “Breastfeeding Friendly” Facilities

Nursing Mother’s Association of Australia Eight Criteria for “Baby Care Room”

1. A convenient, quiet place to feed in privacy
2. Comfortable seating (armchair style is preferable)
3. Cleanliness
4. Somewhere safe and clean to change nappies
5. Hot and cold water and hand drying facilities
6. Waste disposal facilities
7. A smoke free zone
8. Preferably access for fathers who need to care for infants without interfering with the privacy of breastfeeding women

From:

McIntyre, E., Turnbull, D. & Hiller, J.E. (1999). Suitability of breastfeeding facilities outside the home: an audit of baby change rooms in shopping centres. Breastfeeding Review, 7(1), 17-20.

Appendix G

1997 Mandatory Health Programs and Services Guidelines: Indicators of peer support programs

Section “**Child Health**” (pg. 32)

Requirements and Standards: (4.e-i, ii)

4. The board of health shall promote and support breastfeeding. This shall include as a minimum:
 - e. ensure the provision of services to breastfeeding mothers, including:
 - i. assistance to other health and social service organizations and community groups in the establishment of telephone lines, centres/clinics, drop-ins and peer support groups,
 - ii. recruitment and training of peer educators to act as breastfeeding advocates and to provide in-home support. This shall include initial and ongoing training and ongoing consultation, support and monitoring of activities, and a system of recognition.

Ontario Ministry of Health (1997). Mandatory Health Programs and Services Guidelines. Ontario, Queens Printer for Ontario.

Appendix H

Ontario Human Rights Code

PREGNANCY - *“In Ontario it is illegal to discriminate because a woman is or was pregnant, because she may become pregnant or because she had a baby. Under the Ontario Human Rights Code, women are protected from discrimination and harassment because of **sex**, which includes pregnancy, and **family status**, which means being in a parent-child relationship.”*

“breast-feeding” - “You also have rights as a nursing mother. For example, you have the right to breast-feed a child in a public area. No one should prevent you from nursing your child in a public area or ask you to move to another area that is more ‘discreet’.”

Ontario Human Rights Commission (1999). Pregnancy, before, during and after: Know your rights. Toronto, Ontario, Canada: Government of Ontario ISBN 0-7778-9010-0 9/99 1500

Appendix I

Creating a Breastfeeding Friendly Environment INTRODUCTION FOR TELEPHONE SURVEY MALLS

Hello, it's Susan Noble speaking. May I speak with _____

BUSY? MAY I WAIT OR IS THERE A BETTER TIME TO CALL BACK?

(Name of the manager/assistant manager – mall/restaurant)

My name is Susan Noble, I am from the Middlesex-London Health Unit. We are conducting a research survey.

Do you have at the most 5 minutes?

YES ▲

We are conducting a survey looking at breastfeeding in malls/restaurants in our community. This is part of a larger study. We have already held discussion groups with breastfeeding mothers.

All the information you provide is confidential and will be used to assist the Middlesex-London Health Unit in planning future programs.

Also, you may refuse to answer any of the questions and there are no right or wrong answers.

➔ to survey

NO ▲

Is there a time I could call you back? _____

REFUSE ▲

May I ask your reason for refusing?

If asked:

Investigators are:

☺ Yolanda Camiletti, Community Health Nursing Specialist ext. 2481

**CREATING A BREASTFEEDING FRIENDLY ENVIROMENT
SHOPPING CENTRE MANAGERS TELEPHONE SURVEY
OCTOBER 1999**

Identification #

Date of Survey

1. Do you have any policy on breastfeeding in your shopping mall?

- No policy on breastfeeding
 Breastfeeding is allowed or Yes
 Do not understand the question
 Other _____

2. What facilities do you provide for breastfeeding mothers? (**do not prompt**)

Check as many as apply

- None
 Baby change room
 Private room
 Back of shopping mall
 Quiet place in the shopping mall
 The staff room
 An office
 Baby care room
 Women's toilet
 A toilet for people with disabilities (handicapped)
 Other _____



<p>3. If a mother wished to breastfeed in your shopping mall, where would she be allowed to do this?(do not prompt)</p>	<p>Check as many as apply</p> <p><input type="checkbox"/> Anywhere</p> <p><input type="checkbox"/> Back of a shop</p> <p><input type="checkbox"/> Baby Care Rooms</p> <p><input type="checkbox"/> Car</p> <p><input type="checkbox"/> Women’s washroom</p> <p><input type="checkbox"/> A toilet for people with disabilities (handicapped)</p> <p><input type="checkbox"/> Food Court</p> <p><input type="checkbox"/> Don’t know</p> <p><input type="checkbox"/> Other _____</p>
---	--

<p>4. If a customer complained about a mother breastfeeding in your shopping mall, what would you do?</p>	<p><input type="checkbox"/> Nothing that would affect breastfeeding</p> <p><input type="checkbox"/> Tell mother about complaint but do nothing</p> <p><input type="checkbox"/> Ask mother to move to a more secluded place ⇒ where? _____</p> <p>_____</p> <p><input type="checkbox"/> Attempt to educate the customer regarding the mother’s rights</p> <p><input type="checkbox"/> Attempt to educate the customer regarding naturalness of infant feeding</p> <p><input type="checkbox"/> Don’t know</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>
---	--

<p>5. Are you aware of any government legislation relating to breastfeeding in public places?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>
---	---

<p>6. Would you be willing to meet with a public health nurse from the Middlesex-London Health Unit in the future, to discuss feedback from the discussion groups or ways to make your environment more breastfeeding friendly?</p>	<p><input type="checkbox"/> Yes ⇒ whom should we contact? <input type="checkbox"/> Yourself, or _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Uncertain</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p>
---	--

Appendix J

Creating a Breastfeeding Friendly Environment INTRODUCTION FOR TELEPHONE SURVEY RESTAURANTS

Hello, it's Susan Noble speaking. May I speak with _____

BUSY? MAY I WAIT OR IS THERE A BETTER TIME TO CALL BACK?

(Name of the manager/assistant manager – mall/restaurant)

My name is Susan Noble, I am from the Middlesex-London Health Unit. We are conducting a research survey.

Do you have at the most 5 minutes?

YES ▶

We are conducting a survey looking at breastfeeding in malls/restaurants in our community. This is part of a larger study. We have already held discussion groups with breastfeeding mothers.

All the information you provide is confidential and will be used to assist the Middlesex-London Health Unit in planning future programs.

Also, you may refuse to answer any of the questions and there are no right or wrong answers.

➔ to survey

NO ▶

Is there a time I could call you back? _____

REFUSE ▶

May I ask your reason for refusing?

If asked:

Investigators are:

☺ Yolanda Camiletti, Community Health Nursing Specialist ext. 2481

CREATING A BREASTFEEDING FRIENDLY ENVIROMENT RESTAURANT MANAGERS TELEPHONE SURVEY OCTOBER 1999

Identification #

POSTAL CODE:

Date of Survey

1. How would you classify your restaurant? (prompts allowed) (check all that apply)	<input type="checkbox"/> Family <input type="checkbox"/> Fine Dining <input type="checkbox"/> Ethnic <input type="checkbox"/> Fast Food <input type="checkbox"/> Donut Shop/Café <input type="checkbox"/> Independent
---	--

2. Do you have any policy on breastfeeding in your restaurant? (no prompts)	<input type="checkbox"/> No policy on breastfeeding <input type="checkbox"/> Yes or Breastfeeding is allowed <input type="checkbox"/> Do not understand the question <input type="checkbox"/> Other _____ _____ _____
--	--

3. What would you do if a mother breastfed in your restaurant without asking permission? (no prompts)	<input type="checkbox"/> Nothing <input type="checkbox"/> Cannot breastfeed in restaurant <input type="checkbox"/> Ask mother to move to a more secluded place ⇒ Where? (if they don't give you this on their own) <input type="checkbox"/> Private room <input type="checkbox"/> Back of restaurant <input type="checkbox"/> Quiet place in the restaurant <input type="checkbox"/> The staff room <input type="checkbox"/> An office <input type="checkbox"/> Baby care room <input type="checkbox"/> Women's toilet <input type="checkbox"/> A toilet for people with disabilities (handicapped) <input type="checkbox"/> Other _____ _____ _____
--	---



<p>4. If a mother wished to breastfeed in your restaurant, where would she be allowed to do this? (no prompts)</p>	<p><input type="checkbox"/> Anywhere</p> <p><input type="checkbox"/> In a secluded place ⇒ Where? (if they don't give you this on their own)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Private room</p> <p style="margin-left: 20px;"><input type="checkbox"/> Back of restaurant</p> <p style="margin-left: 20px;"><input type="checkbox"/> Quiet place in the restaurant</p> <p style="margin-left: 20px;"><input type="checkbox"/> The staff room</p> <p style="margin-left: 20px;"><input type="checkbox"/> An office</p> <p style="margin-left: 20px;"><input type="checkbox"/> Baby care room</p> <p style="margin-left: 20px;"><input type="checkbox"/> Women's toilet</p> <p style="margin-left: 20px;"><input type="checkbox"/> A toilet for people with disabilities (handicapped)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other _____</p> <p style="margin-left: 20px;">_____</p> <p><input type="checkbox"/> Not allowed to breastfeed in restaurant</p> <p><input type="checkbox"/> Don't know</p>
--	---

<p>5. If a customer complained about a mother breastfeeding in your restaurant, what would you do? (no prompts)</p>	<p><input type="checkbox"/> Nothing that would affect breastfeeding</p> <p><input type="checkbox"/> Tell mother about complaint but do nothing</p> <p><input type="checkbox"/> Ask mother to move to a more secluded place ⇒ where? _____</p> <p><input type="checkbox"/> Attempt to educate the customer regarding the mother's rights</p> <p><input type="checkbox"/> Attempt to educate the customer regarding naturalness of infant feeding</p> <p><input type="checkbox"/> Refer matter to management</p> <p><input type="checkbox"/> Don't know <input type="checkbox"/> Other _____</p>
---	---

<p>6. Are you aware of any government legislation relating to breastfeeding in public places?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>
---	---

<p>7. What is the price range of a dinner entree? (IF ASKED - So that we can group according to price range)</p>	
--	--

<p>8. Would you be willing to meet with a public health nurse from the Middlesex-London Health Unit in the future, to discuss feedback from the discussion groups or ways to make your environment more breastfeeding friendly?</p>	<p><input type="checkbox"/> Yes ⇒ whom should we contact? NAME _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Uncertain</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>
---	--

Appendix K

Letter from Review Board for Health Sciences

For a copy of the letter or further information contact:

Yolanda Camiletti

Middlesex-London Health Unit

Phone: 519-663-5317 ext. 2458

Fax: 519-663-8243

Email: yolanda.camiletti@mlhu.on.ca

Appendix L

Community Breastfeeding Telephone Survey

MIDDLESEX-LONDON HEALTH UNIT

Personal Data Form

Restaurant: _____ Postal Code: _____

Name: _____ Telephone Number: _____

ID # R _____

	Attempt #1	Attempt #2	Attempt #3	Attempt #4	Attempt #5	Attempt #6	Attempt #7
DATE							
TIME							
RESULT							

Codes for the Results of Telephone Call

- N – No answer
- B – Busy
- NA – Not Available
- AM – Answering machine
- R – Refused
- NC – No contact
- W – Wrong #
- C – Completed Survey
- O – Other
- NL – No Listing
- D – Disqualified

Other – comments (date)

Agreed to participate?

If **Yes** Interview Date: _____ / _____ / _____
Day Month Year

If **No** Reason given.

Additional Comments:

COMMUNITY BREASTFEEDING PHONE TRACKING

ID #	1 ST ATTEMPT	2 ND ATTEMPT	3 RD ATTEMPT	4 TH ATTEMPT	5 TH ATTEMPT	6 TH ATTEMPT	7 TH ATTEMPT
	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____
	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____
	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____
	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____
	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____
	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____
	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____
	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____
	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____	MTWTFSS DATE _____ TIME _____ RESULT ____

CODES FOR THE RESULTS OF THE TELEPHONE CALL: N = No Answer B = Busy NA = Not available
 NL = No Listing AM = Answering Machine R = Refused
 NC = No Contact D = Disqualified W = Wrong Number
 C = Completed O = Other I = Incomplete

Appendix M

TOWARDS A BREASTFEEDING FRIENDLY COMMUNITY FOCUS GROUPS THEMES AND SUGGESTIONS For Health Care Professionals

The themes and suggestions presented today are based on information obtained during focus group sessions held with women in Middlesex County and the city of London. The purpose of this study was:

“To conduct focus groups with women in Middlesex County and the city of London who are breastfeeding, or have breastfed, to determine their perception of what it is like to breastfeed in public, and to identify changes they feel are needed to make this region a “Breastfeeding Friendly Community.”

This applied research study is part of a larger study.

Seven focus groups were conducted between September/October 1999. The total number of participants was 34. Focus groups were conducted until no additional new information was received.

Although our main focus was “public places”, specifically malls and restaurants, every group identified the hospital and public health sectors in the “other” category. As well, there was much discussion about hospitals and public health in the “additional/final comments” section at the end of the focus groups.

The purpose of today’s meeting is to:

1. Share the themes and suggestions that evolved from the focus groups
2. Engage in discussion re: the themes and suggestions
3. Collaboratively identify the wording for the recommendations that will go forward to the public
4. Identify best methods for the dissemination of results

****PLEASE ENSURE THAT THE INFORMATION PRESENTED TODAY REMAINS
CONFIDENTIAL****

**Appendix E was attached.

References

1. Hanson L.A. (1998). Breastfeeding provides passive and likely long-lasting immunity. Annals of Allergy, Asthma & Immunology, 81(6), 523-537.
2. Canadian Pediatric Society, Dieticians of Canada, Health Canada (1998). Nutrition For Healthy Term Infants, Minister of Public Works and Government Services, Ottawa, Ontario, Canada. ISBN 0-662-26462-2.
3. Saarinen, U.M., & Kajosarri, M. (1995). Breastfeeding as prophylaxis against atopic disease: Prospective follow-up study until 17 years old. The Lancet, 346, 1065-1069.
4. Lucas, A., Morley R., Cole, T.J., Lister, G., Leeson-Payne, C. (1992). Breastmilk and subsequent intelligence quotient in children born preterm. The Lancet, 339, 261-264.
5. Rogan, W.J. & Gladen, B.C. (1993). Breastfeeding and cognitive development. Early Human Development, 31, 181-193.
6. Villapando, S. & Hamosh, M. (1998). Early and late effects of breastfeeding: Does breastfeeding really matter? Biology of the Neonate, 74(2), 177-191.
7. Labbok, M.H. (1999). Health sequelae of breastfeeding for the mother. Clinics in Perinatology, 26(2), 491-503.
8. Maher, V. (1992). Breast-feeding in cross-cultural perspective: Paradoxes and proposals. In V. Maher (Ed.), The anthropology of breast-feeding: Natural law or social construct (pp. 1-36). New York, NY: St. Martin's Press.
9. WHO/UNICEF (1990, August). Innocenti declaration on the protection, promotion and support of breastfeeding. Produced and adopted by participants at the WHO/UNICEF policymakers' meeting "Breastfeeding in the 1990's: A Global Initiative", Florence, Italy.
10. Ontario Public Health Association (1993). Breastfeeding position paper. Toronto, Ontario, Canada: Author
11. Ontario Human Rights Commission (1999). Pregnancy, before, during and after: Know your rights. Toronto, Ontario, Canada: Government of Ontario ISBN 0-7778-9010-0 9/99 1500.
12. Breastfeeding out and about. (1999, February 23). Australia: Nursing Mother's Association of Australia. Retrieved June 14, 1999 from the World Wide Web: <http://avoca.vicnet.net.au/~nmaa/bfinfo/out.html>
13. Ellis, D. (1998, July 6). Community prefers bottle feeding to breastfeeding in public. Media Releases: The University of Adelaide. Retrieved May 26, 1999 from the World Wide Web: <http://www.adelaide.edu.au/~jedge/PR/brfeed98.html>
14. Freed, G.L., Fraley, J.K., & Schanler, R.J. (1992). Attitudes of expectant fathers regarding breast-feeding. Pediatrics, 90(2), 224-227.
15. Voss, S., Finnis, L., & Manners, J. (1993). Fathers and breastfeeding: A pilot observational study. Journal of the Royal Society of Health, 113(4), 176-178.
16. McHale, H., Gutmanis, I. (1999). Breastfeeding duration rates in Middlesex-London. London, Ontario: Middlesex-London Health Unit.
17. McIntyre, E., Turnbull, D. & Hiller, J.E. (1999). Breastfeeding in public places. Journal of Human Lactation, 15(2), 131-135.

18. Health Canada (1995). Study of attitudes on breastfeeding. Minister of Supply and Services Canada, Ottawa, Ontario, Canada. ISBN H39-332/1995E.
19. Carlson, E., Potter, B., Sheeshka, J., & Valaitis, R. (1999). Women's experiences breastfeeding in restaurants and shopping malls in Guelph and Hamilton, Ontario. Unpublished report, Region Hamilton-Wentworth Social and Public Health Services, a Teaching Health Unit affiliated with McMaster University, the University of Guelph and the PHRED Program, Hamilton, Ontario, Canada.
20. McIntyre, E., Hiller, J.E. & Turnbull, D. (1999). Determinants of infant feeding practices in a low socio-economic area: Identifying environmental barriers to breastfeeding. Australian and New Zealand Journal of Public Health, 23(2), 207.
21. Cleveland, A.P. (1999). Personal efficacy beliefs in breastfeeding. International Journal of Childbirth Education, 14(3), 31-35.
22. Ontario Ministry of Health (1997). Mandatory Health Programs and Services Guidelines. Ontario: Queens Printer for Ontario.
23. The Ontario live birth database, Ontario Ministry of Health, 1996.
24. 1996/97 National Population Health Survey, Ontario Ministry of Health.
25. Matthews, K., Webber, K., McKim, E., Banoub-Baddour, S. & Laryea, M. (1998). Maternal-infant feeding decisions: Reasons and influences. Canadian Journal of Nursing Research, 30(2), 177-198.
26. McIntyre, E., Turnbull, D. & Hiller, J.E. (1999). Suitability of breastfeeding facilities outside the home: An audit of baby change rooms in shopping centres. Breastfeeding Review, 7(1), 17-20.
27. Amir, L. (1998). Baby friendly hospital initiative for happier mothers and babies. Australian Family Physician, 27(5), 341-342.
28. Syler, G.P., Sarvela, P., Welshimer, K. & Anderson, S.L. (1997). A descriptive study breastfeeding practices and policies in Missouri hospitals. Journal of Human Lactation, 13, 103-107.
29. Mulford, C. (1995). Swimming upstream: Breastfeeding care in a nonbreastfeeding culture. Journal of Obstetric, Gynecologic and Neonatal Nursing, 24(5), 464-474.
30. Dennis, C-L. (1999). A randomized controlled trial evaluating the effect of peer support on breastfeeding duration among primiparous women. Unpublished doctoral dissertation, University of Toronto, Toronto, Ontario, Canada.
31. Gahlinger, P. & Abramson (1995). PEPI Computer Package Version 2.07. Retrieved from Netscape: Central East Health Information Partnership Home Page
Location: <http://www.cehip.org/>
32. Maclean H. (1990). Women's experience of breastfeeding. Toronto: University of Toronto Press.