



Breastfeeding Definitions and Data Collection Periods

Introduction:

Exclusive breastfeeding for the first 6 months of life is the optimal way to feed infants. Because of the demonstrated benefits of exclusive breastfeeding, in 2001 the WHO recommended that infants should be exclusively breastfed for 6 months. At 6 months breastfeeding should be continued, with the introduction of nutritious and safe complementary foods, for up to two years and beyond.¹

These breastfeeding definitions and guide for data collection were developed in 2006 and revised in 2012 by the Provincial/Territorial Baby-Friendly Initiative Subcommittee of the Breastfeeding Committee for Canada (BCC) to contribute to a database for describing the prevalence and duration of breastfeeding in Canada. Monitoring the intake of human milk is an important health indicator – useful in planning and implementing services/programs and evaluating the prevalence and duration of breastfeeding and thus the health of our infant population. Most health regions/health authorities in Canada are collecting breastfeeding information. This document is intended to facilitate data collection that is consistent and can be used to compare breastfeeding practices between regions and provinces/territories. Developed from the population health perspective the definitions and process for data collection are intended to collect relevant, accurate and consistent data.

Following a review of the literature and input from epidemiologists the WHO definitions form the basis of the breastfeeding definitions in this document.^{2,3,4,5,6,7,8,9,10} The BCC definitions describe the human milk intake of infants but do not specify how the infant has received the human milk; nor do the definitions specify the types of other liquids or foods the infant may have received.

Algorithms to assist in collecting data to identify breastfeeding exclusivity and duration are provided for infants from birth up to 5 completed months of age and for infants 6 months or more of age.

¹ Kramer, MS, Kakuma R. *The optimal duration of exclusive breastfeeding: a systematic review*. Geneva: Department of Nutrition for Health and Development, Department of Child and Adolescent Health and Development, WHO 2002.

² Auerbach KG, Renfrew MJ, & Minchin MA. Infant feeding comparisons: A hazard to infant health? *J Hum Lact* 1991;7:63-71

³ Martens PJ. "Real World" breastfeeding definitions – where the clinician meets the survey researcher. *Current Issues in Clinical Lactations* 2000;15-23.

⁴ World Health Organization. *WHO Global Data Bank on Breastfeeding*. Updated 2003

⁵ Labbok M. what is the definition of breastfeeding? *Breastfeeding ABS*: 19(3): 19-21, 2000.

⁶ World health Organization. *Global Strategy for Infant and Young Child Feeding*. WHO 2003.

⁷ Labbok M & Krasovec K. Towards consistency in breastfeeding definitions. *Stud Fam Plann* 1990; 21(4):226-30.

⁸ Labbok M & Coffin C. A call for consistency in definitions of breastfeeding behaviours. *Soc Sci Med* 1997; 44:1931-32.

⁹ Binns, CW, Fraser, ML, et al. *Defining exclusive breastfeeding in Australia*. *Journal of Paediatrics and Child Health* 2009;45:174-180.

¹⁰ *Indicators for assessing infant and young child feeding practices: Part 1 Definitions*. WHO 2008.
http://whqlibdoc.who.int/publications/2008/9789241596664_eng.pdf

Breastfeeding Definitions

Exclusive breastfeeding: The infant receives human milk (including expressed milk, donor milk) and allows the infant to receive oral rehydration solution (ORS), syrups (vitamins, minerals, medicines) but does not allow the infant to receive anything else.¹⁰

Non-exclusive breastfeeding: The infant/child has received human milk (includes expressed milk, donor milk) and water, water-based drinks, fruit juice, ritual fluids or any other liquid including non-human milk or solids.

No breastfeeding: The infant / child receives no human milk.*

* Note: these definitions are simplified for the purposes of the BFI assessment tools. They do not define the quality of the non-exclusive breastfeeding category, e.g. partial, predominant, total, etc. and are not intended for research purposes.

Data Collection Time Periods

For *Baby-Friendly* designation, hospitals and birth centres are required to record data for initiation rate, rate of exclusive breastfeeding and rate of supplementation for documented medical reasons and for non-medical reasons from birth to discharge. Refer to the BCC Integrated Ten Steps Practice Outcome Indicators document – sections 6.1, 6.3 and 6.4 for determination and calculation of breastfeeding rates.

For *Baby-Friendly* designation at the community level, community health services are required to record data on entry to their service and a minimum of two additional time frames (e.g. 2 or 4 months) and up to 6 months (5 months to 5 months 29 days) and to show an increase in breastfeeding rates over time.

Recommended time frames for data collection up to 6 months of age for infants are shown below. While precision in time is considered important, it is realized that the community data will not be collected precisely at two months, four months, etc. for every mother and baby. To facilitate standardizing the time frames a mutually exclusive description of each time period is included.

Hospitals and Birthing Centres:

- Initiation rate of breastfeeding
- Exclusive breastfeeding rate from birth to discharge

Community Health Services:

- Exclusive and any breastfeeding rates on entry to community service
- Two additional time frames up to 6 months of age of the infant, such as
2 months – 2 months to 2 months 29 days or
4 months – 4 months to 4 months 29 days and
Up to 6 months – 5 months to 5 months 29 days

Additional data collection time periods that may assist Community Health Services in determining breastfeeding duration rates:

- Continued breastfeeding at 1 year – includes the period of 12 – 15 months
- 18 months – includes the period of 16 to 21 completed months
- 24 months – includes the period of 22 to 25 completed months

Footnote:

Rationale regarding essential time frames for data collection:

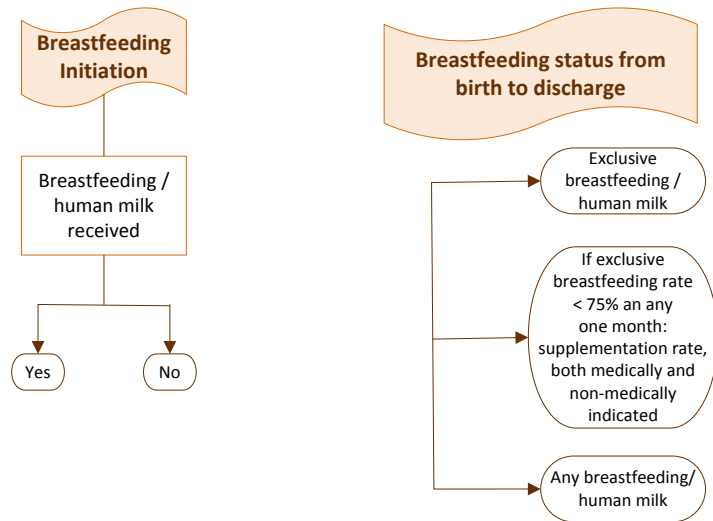
- 5 months up to 5 months 29 days – An important time for reinforcing continued breastfeeding and appropriate introduction of nutritious and safe complementary foods.
- 12 months: Important time to reinforce the value of continued breastfeeding to two years and beyond.

Questions for determining breastfeeding status for infants from birth to 5 months 29 days

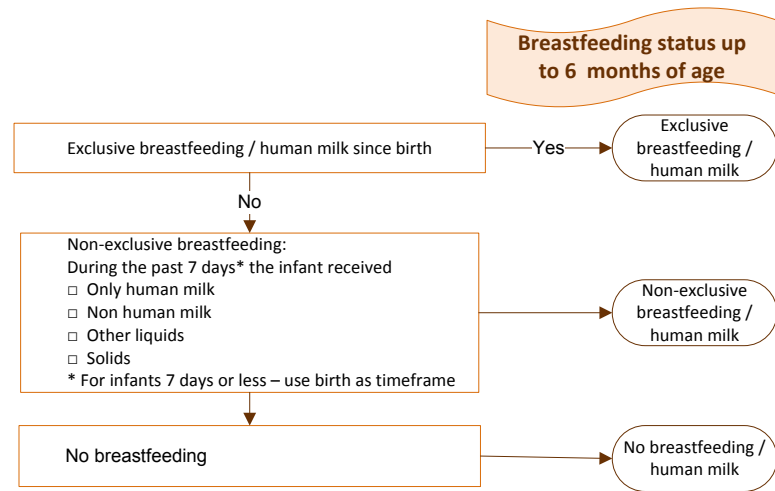
1. During the past 7 days did your baby receive water, other fluids (such as formula), or solids?
2. Mothers who indicate their infant received only human milk during the past 7 days should be asked:
Has your baby ever received water, other fluids (such as formula), or solids since he or she was born?

Algorithms for Breastfeeding Data Collection

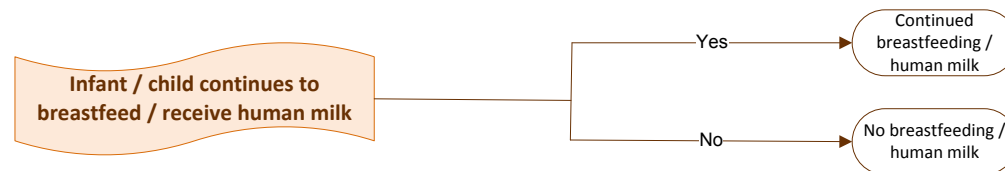
Hospital/Birth Centres: Birth to Discharge & Home Births



Infants Up to 6 Months of Age*



Infants / Children 6 Months of Age and More



BCC, 2012