

# INVESTIGATING LACTATION AND FOOD SUPPORT DELIVERY THROUGH THE CANADA PRENATAL NUTRITION PROGRAM (CPNP)

**KEY FINDINGS OF A SURVEY OF  
CPNP SITES ACROSS CANADA  
(MAY-JULY 2023)**



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# CPNP LACTATION AND FOOD SUPPORT SURVEY

## BACKGROUND

The CPNP provides perinatal health and nutrition services to families facing adverse life circumstances, including poverty, social isolation, and adolescent pregnancy.<sup>1</sup> The CPNP is funded by the Public Health Agency of Canada (PHAC) and implemented by community agencies. The overall aims of the CPNP are to improve birth outcomes and breastfeeding and to strengthen community partnerships for perinatal health. Specific services vary between CPNP sites, depending on community needs, available partners and other contextual factors.

## PURPOSE

This report presents the findings of a survey of CPNP sites across Canada, conducted from May–July 2023. The aims of the survey were to:

1. document the types of lactation and food supports provided by CPNP sites; and
2. understand how CPNP programming was affected by the COVID-19 pandemic.

## METHODS

The survey questionnaire was developed by the research team with guidance and review from an Advisory Group of CPNP coordinators. The final questionnaire was professionally translated into French. All CPNP sites across Canada, excluding Quebec, were eligible to complete the survey.<sup>2</sup> Invitations to participate were emailed to 207 CPNP sites by PHAC Regional Leads. Interested CPNP staff provided informed consent before completing the survey through a secure online link.

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<sup>1</sup><https://www.canada.ca/en/public-health/services/child-infant-health/supports-programs-pregnancy/prenatal-nutrition-program-cnpn.html>

<sup>2</sup>Quebec was excluded from this survey because the provincial administration of the CPNP differs from the other provinces and territories.

## SUMMARY OF SURVEY FINDINGS

- Lactation and food supports are integral to CPNP programming, and are implemented in diverse ways across sites.
- CPNP sites rely heavily on in-kind services and external funding to deliver lactation and food supports.
- Increased access to skilled providers is a priority for strengthening lactation support delivery through the CPNP.
- Rising costs have increased participant needs and limited the food supports CPNP sites can provide.
- The COVID-19 pandemic exacerbated chronic programming issues related to resources, staffing and service delivery.
- CPNP programming is resilient. Sites adapted and continued service delivery despite many challenges during the COVID-19 pandemic.

## RESPONDENTS

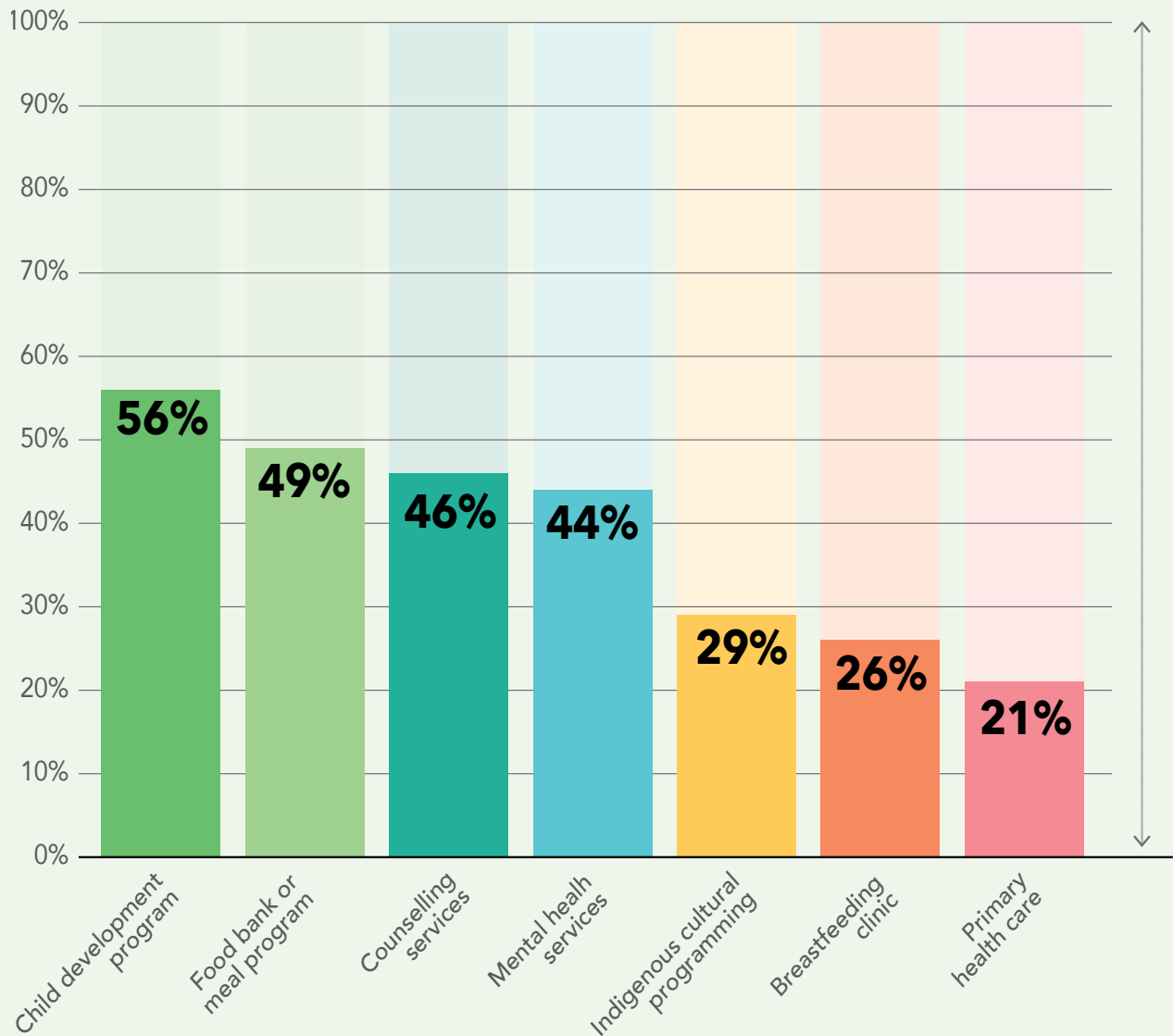
The survey was completed by 91 CPNP sites representing all provinces and territories.

REGION	PROVINCES/TERRITORIES	INVITATIONS	RESPONDENTS
West	British Columbia, Alberta	64	25
Prairies	Saskatchewan, Manitoba	12	5
Central	Ontario	76	40
Atlantic	New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland & Labrador	36	16
North	Yukon Territory, Northwest Territories, Nunavut	19	5
<b>TOTAL</b>		<b>207</b>	<b>91</b>

# SITE CHARACTERISTICS

The 91 CPNP sites responding to this survey represent diverse contexts and program characteristics. The CPNP is usually embedded within multi-service community agencies that provide a variety of additional services (see FIGURE 1 below).

FIGURE 1. **Services provided by community agencies implementing the CPNP**



## KEY FINDINGS

**25% of CPNP sites are located in rural areas.**



**Most sites (73%) work with partners to deliver CPNP programming.** The most common partners are public services and non-profit agencies.

**Most CPNP sites have up to 110 prenatal participants per year.**

**At least 75% of prenatal participants continue to postnatal programming at most sites.**

**More than 25% of CPNP sites are at maximum capacity and have to limit postnatal program engagement.**

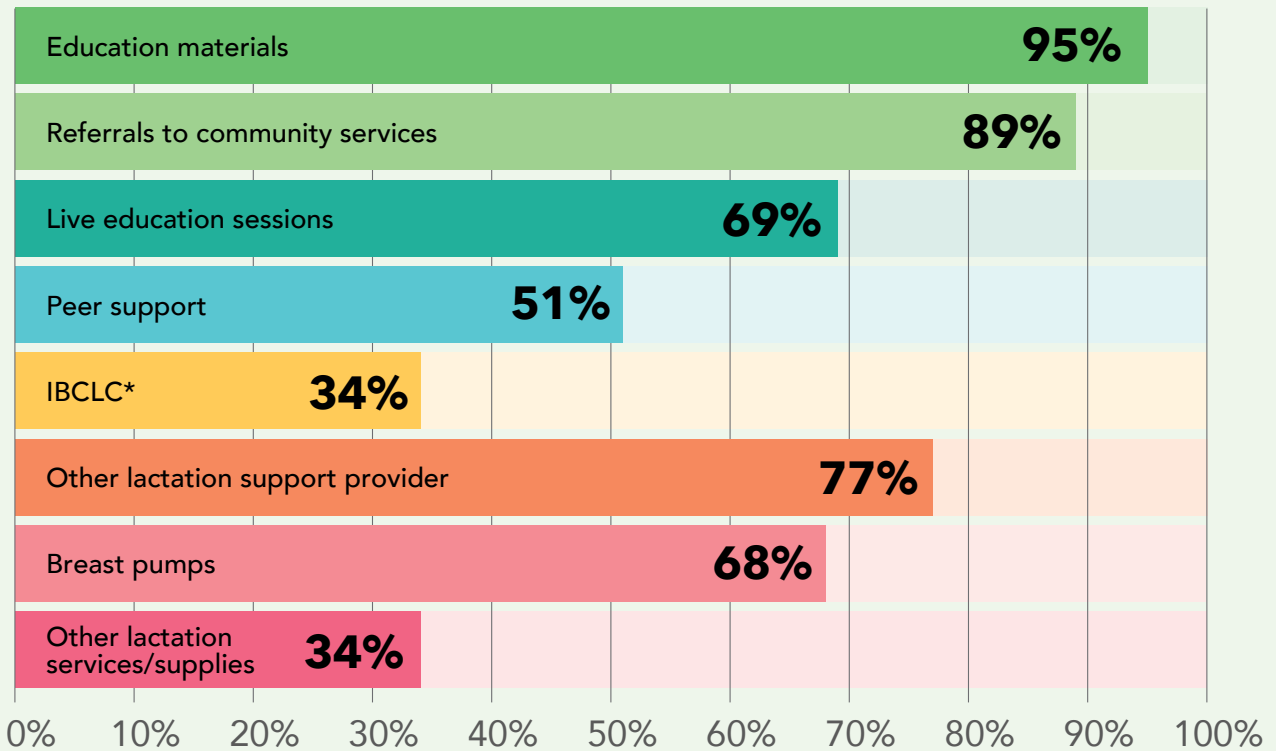
This is usually based on a specific number of visits, infant age or both.



# LACTATION SUPPORTS

All 91 participating CPNP sites reported providing lactation support. Education materials and referrals to other community services were most common. Many sites provided more than one form of lactation support (see FIGURE 2 below).

FIGURE 2. **Lactation supports provided by CPNP sites, 2018 – 2023**



\*IBCLC: International Board-Certified Lactation Consultant

*“We are able to offer general support, but resources are too thin to really support people in a way that meets them where they are. This ultimately leads to folks giving up and switching to formula.”*

— Central region

## KEY FINDINGS

**Lactation support is important to CPNP programming** but usually requires additional resources.

As the main providers of lactation education, **CPNP staff expressed a need for further training to expand lactation support skills.**

**Public health nurses are the main providers of lactation support,** but were often unavailable during the COVID-19 pandemic.

**Referrals for lactation support were primarily to public health or hospital clinics, or to tele-health.**

**In-person lactation support stopped or transitioned to virtual delivery during the COVID-19 pandemic, but most CPNP sites are returning to in-person delivery.**



**Priorities for expanding lactation support, if additional resources were available, include increased access to skilled lactation providers and breast pumps.**



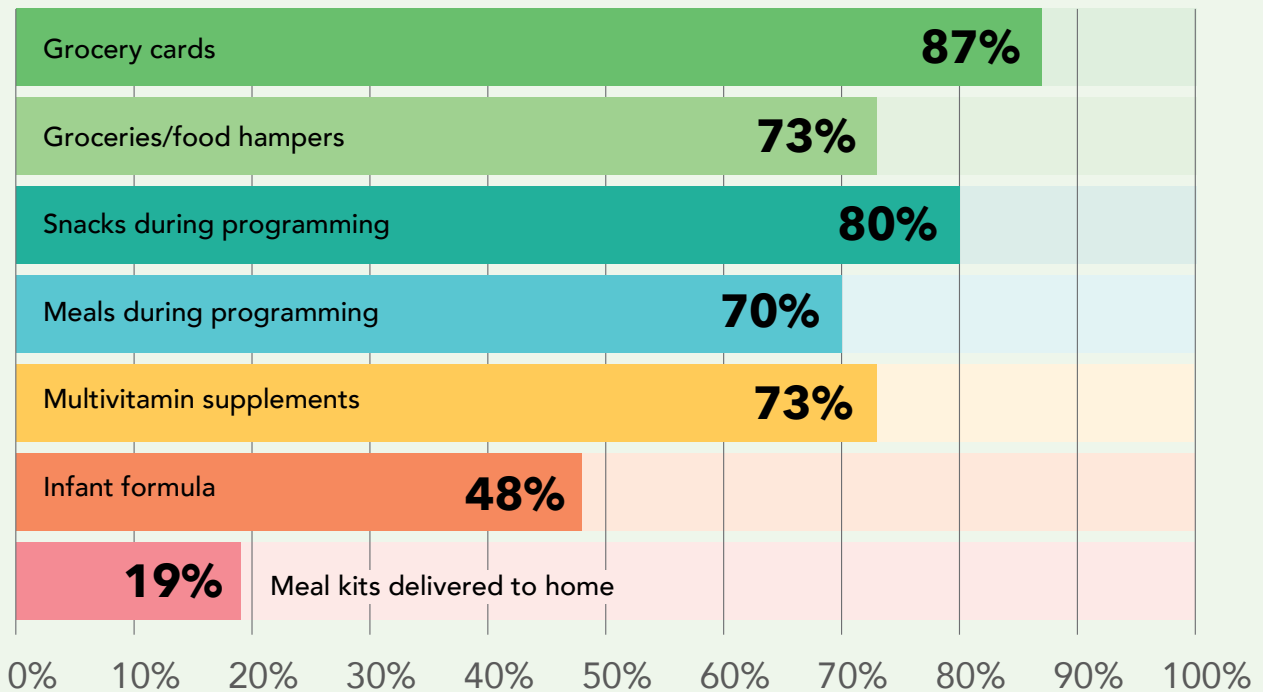
*“There is always room to improve our lactation supports. Our budget and remote location limits the amount of guest speakers we can have visit to discuss lactation supports. Ideally we would be able to hire a lactation consultant to offer [support] once a month.”*

— Atlantic region

# FOOD SUPPORTS

CPNP sites reported providing a variety of food supports. The most common was grocery cards, followed by groceries/food hampers and food served during programming [see FIGURE 3 below].

FIGURE 3. **Food supports provided by CPNP sites, 2018 – 2023**



*“Since we are called the Canada Prenatal Nutrition Program we should have access to more than just providing information about nutrition. This name (CPNP) seems irrelevant if all we can give is information and direct them to a once per month food bank.”*

— Western region



## KEY FINDINGS

### Food supports are foundational to CPNP programming.

Food builds social connections and trust, as well as supporting food security and nutrition needs.



### Food insecurity is a major and increasing concern for CPNP participants.

As costs rise, CPNP resources are less able to provide meaningful food supports.

### Food supports changed during the COVID-19 pandemic:

**69%** reported increased participant food needs

**20%** reported challenges implementing food supports

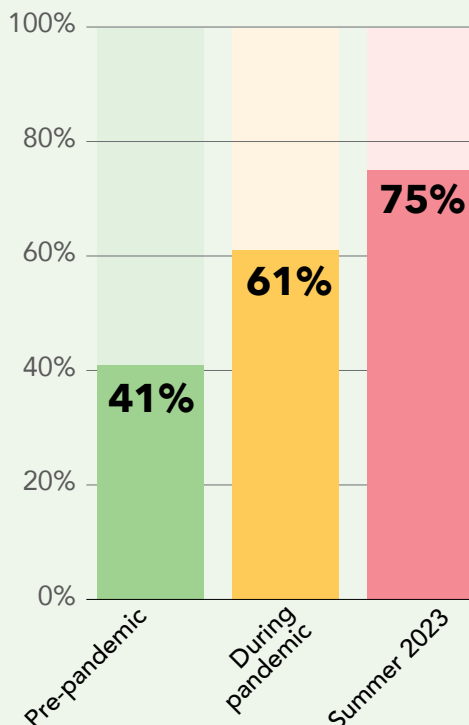
### Priorities for strengthening food supports include\*:

- **grocery cards:** increased amount, frequency and eligibility
- improved **nutritional content** of foods provided.

\* If additional funds were available.

FIGURE 4.

#### Food supply concerns at CPNP sites



*“Everything is very expensive in the North, store bought produce and fruit is often too expensive to provide.”*

— Northern region

# PROGRAMMING DURING COVID-19 PANDEMIC

CPNP sites reported facing many challenges during the COVID-19 pandemic, particularly related to the necessary transition to virtual programming, human resources limitations and site closures (see FIGURES 5 and 6 below).

FIGURE 5. **CPNP site challenges during COVID-19 pandemic**

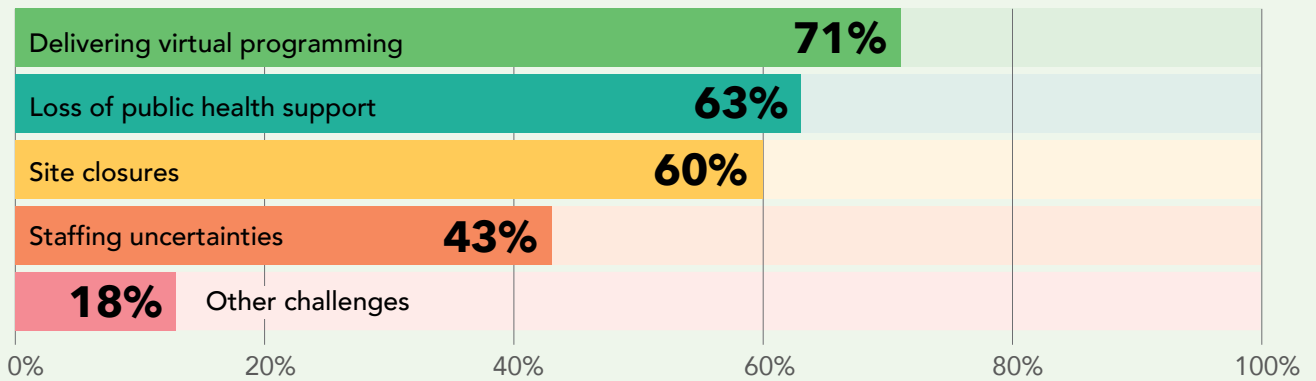
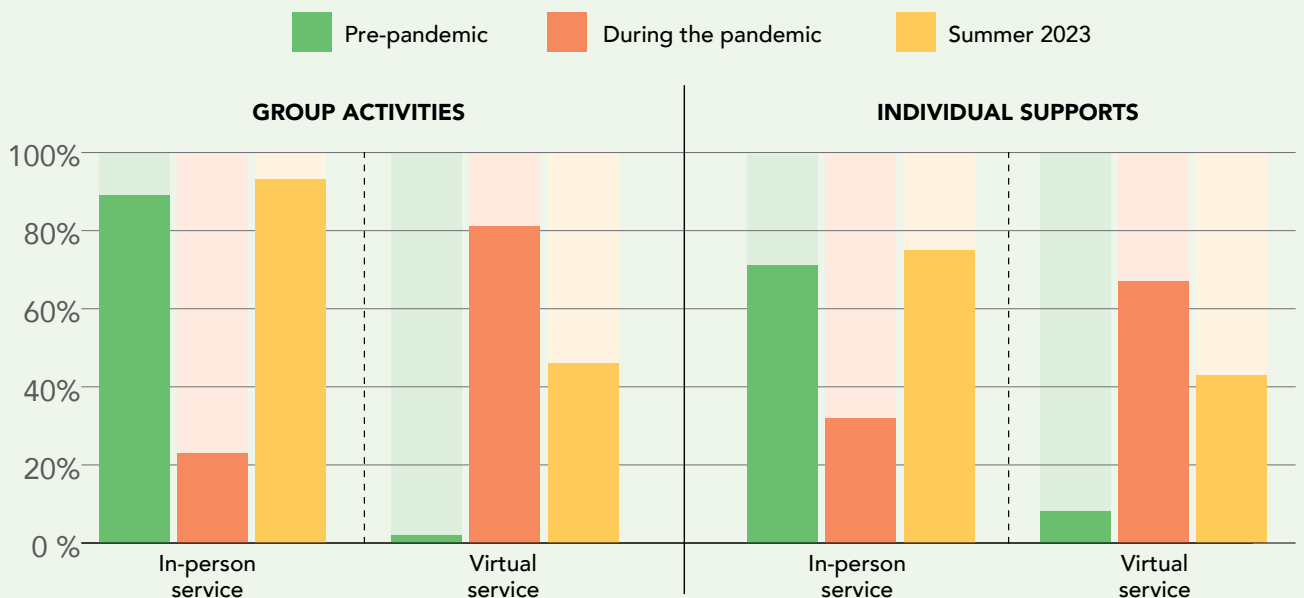


FIGURE 6. **CPNP service delivery modes during COVID-19 pandemic**



# KEY FINDINGS

Overall the COVID-19 pandemic exacerbated chronic programming challenges, which have continued.

## CPNP sites showed perseverance and flexibility during the COVID-19 pandemic.

Some reported positive benefits, such as reaching new participants and trying creative programming approaches. Most faced significant challenges with participant engagement and service delivery.

## Staff stress, burnout and turnover increased

due to the combined pressures of increased participant needs and programming challenges.



## Participant needs increased amid decreasing supports.

The COVID-19 pandemic exacerbated isolation, mental health needs, and food insecurity. At the same time, supports to address these needs diminished (e.g., public health support), and barriers to accessing existing services increased.

**Lactation support was compromised** due to lack of in-person contact and reduced healthcare and community services.

## More than 25% of CPNP sites had to stop providing food supports for some period of time (1–24 months).

Others were able to provide additional food supports, but cannot continue this post-pandemic despite increased participant needs.

*“We were able to provide virtual groups every day of the week... The virtual groups made it difficult for those without internet, unstable housing to receive the same level of info they would have received prior to COVID. Staff worked hard to stay connected by phone, email, texting and door stop visits when it was safe to do so.”*

— Prairies region

# SURVEY SUMMARY

Lactation and food supports are integral to CPNP programming, and are implemented in diverse ways across sites.

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CPNP sites rely heavily on in-kind services and external funding to deliver lactation and food supports.

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Increased access to skilled providers is a priority for strengthening lactation support delivery through the CPNP.

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Rising costs have increased participant needs and limited the food supports CPNP sites can provide.

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The COVID-19 pandemic exacerbated chronic programming issues related to resources, staffing and service delivery.

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CPNP programming is resilient. Sites adapted and continued service delivery despite many challenges during the COVID-19 pandemic.

[ACCESS FULL REPORT HERE](#)



## ACKNOWLEDGEMENTS

We are very grateful to all the CPNP sites who shared their experiences and insights through this survey. Special thanks to the Advisory Group members whose helpful input strengthened this research. Thanks to the PHAC National and Regional staff for enabling us to conduct this independent research within CPNP programming.

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