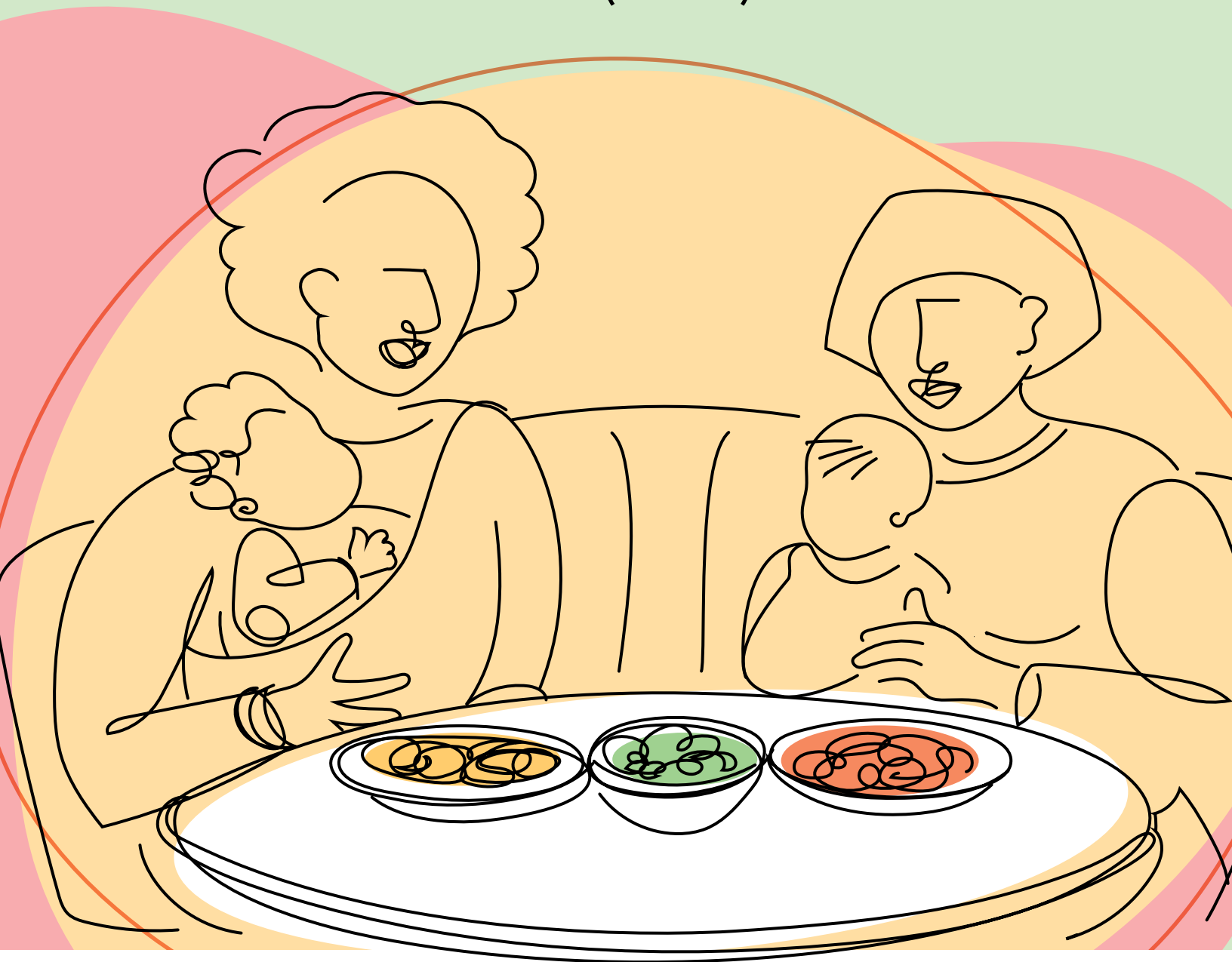


UNDERSTANDING CREATIVE PROGRAMMING TO DELIVER BREASTFEEDING AND FOOD SUPPORTS THROUGH THE CANADA PRENATAL NUTRITION PROGRAM (CPNP)

**FINDINGS OF
A QUALITATIVE
STUDY WITH CPNP
COORDINATORS
IN ONTARIO
(JANUARY - APRIL 2024)**



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CPNP QUALITATIVE STUDY

BACKGROUND

The CPNP provides community-based perinatal health and nutrition services to families facing adverse life circumstances, such as poverty and social isolation.¹ In 2023, our independent research group conducted a survey of breastfeeding and food support delivery by CPNP sites across Canada.

A key finding of the survey was that breastfeeding and food supports are at the core of CPNP programming, and are delivered in different ways across sites. To better understand how different sites offer these supports, in 2024 we conducted a new qualitative study with lead CPNP personnel across Ontario.

Use this QR code to access CPNP Survey report:



METHODS

We held five one-day research events from January to April 2024, with a total of 28 participants.

Each research event included two main activities:

1. **Focus group discussion** about experiences, successes and challenges delivering breastfeeding and food supports through the CPNP.
2. **Priority setting exercise**, in which participants ranked two lists:
 - outcome measures for evaluating CPNP programming
 - topics for future research

FIGURE 1: **One-day research event locations (Ontario 2024)**



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

SUMMARY OF FINDINGS

- The CPNP delivery model is highly precarious.
- Accessible, tailored breastfeeding support includes much more than education.
- Food supports are essential to the CPNP.
- CPNP coordinators identified maternal mental health as a key outcome measure.
- Evaluating the maternal and infant health impacts of CPNP programming and conducting community needs assessments were identified as priorities for future research.

PARTICIPANT AND SITE CHARACTERISTICS

Participants worked for 26 different sites that deliver the CPNP. These sites were grouped based on the type of agency hosting the CPNP.

FIGURE 2: **Agency by type**

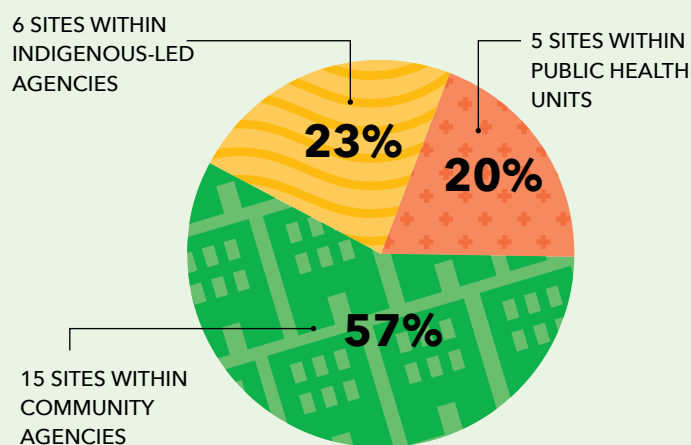


FIGURE 3: **Agency by location**

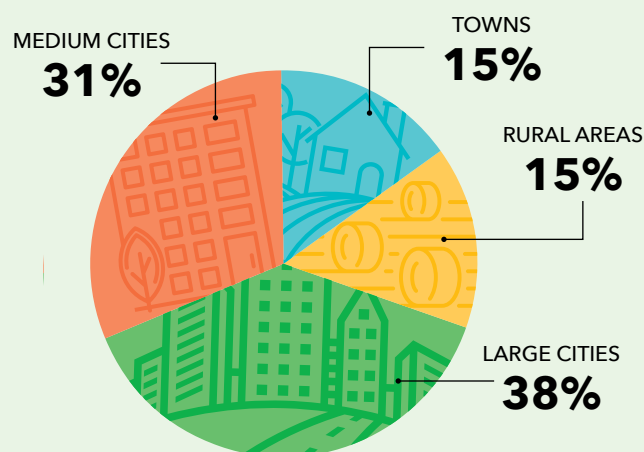
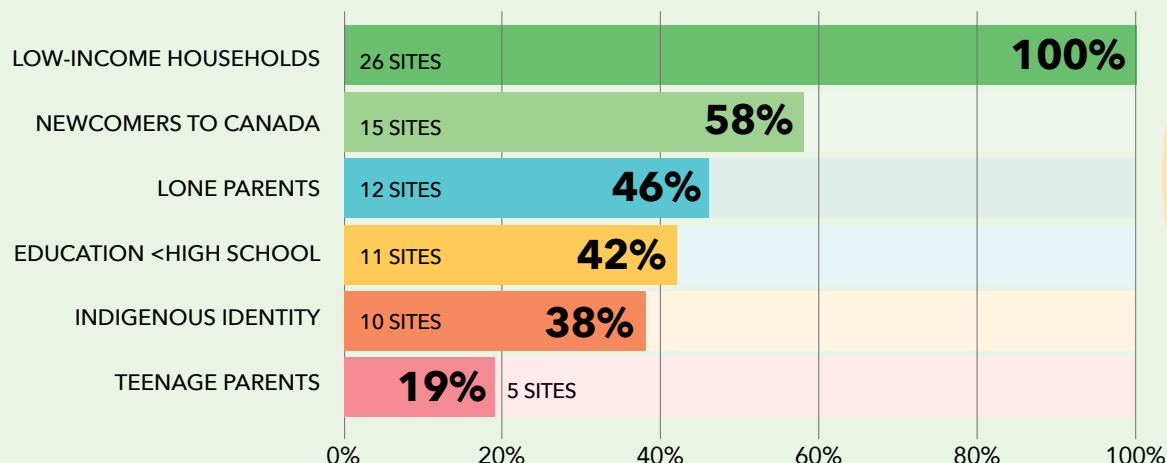


FIGURE 4: **Participants reported that their CPNP sites serve a variety of clients**



54%
of participants
had worked
with the CPNP
for at least
five years

THEME 1: PRECARIOUS DELIVERY MODEL

The overarching theme from the focus group discussions was that the **CPNP delivery model is highly precarious**. This is because Public Health Agency of Canada funding for the CPNP has not increased since the 1990's. CPNP sites rely heavily on external resources from host agencies, in-kind service providers and donations to deliver core services.

The precarious delivery model affects CPNP programming in three main ways.

1 CONTINUAL, STRESSFUL ADAPTATION

CPNP sites often have to make tough decisions about whether and how they can deliver services with the resources they have.

"We said we're closing the one [CPNP] location... we use fundraising dollars to supplement it...but it's not sustainable... We so want to give and keep pushing and finding creative ways to do things... to tell families we're closing it, it's tough."

— Participant 27, Community Agency

"Even for our funding, we have to get creative, think outside the box, make it stretch... At some point, the math is no longer going to make sense."

— Participant 26, Indigenous-led Agency

2 INSTABILITY IN SERVICE DELIVERY AND QUALITY

CPNP coordinators have limited influence in the selection and training of in-kind personnel, who are often not consistently available.

"My worry is I'm going to get a call one day and the [in-kind] lactation consultant is going to say, 'I got too many clients, I can't support your prenatal.' That's my biggest fear. Because it feels that's all I'm doing is coordinating, trying to make sure I can secure people... That consistency for building trust and for you to know the participants and know how you might support them...is far stronger when it's that consistent team that's there."

— Participant 10, Community Agency

3 INSECURE ACCESS TO MATERIAL RESOURCES

Opportunities for CPNP sites to access donations of food and other material supports for their clients vary, and are usually temporary.

“Right now, we have a partnership with a not-for-profit that will get Good Food Boxes. So 10 to 12 fruits and vegetables. It’s changed depending on the private funding right now. That organization has secured three months’ worth of a Good Food Box for a client, that we use to support the program, but otherwise it’s \$50 [grocery card] a month as well as prenatal vitamins as needed to all clients. And that’s it. It’s not enough.”

— Participant 11, Public Health Unit



Many other community services are also struggling with limited resources. This weakens the benefit of referring CPNP clients to these services, and puts CPNP needs in competition with other community resources.

“I do a lot of referrals to the food bank. I provide families with rides to the food bank, but there’s a long wait list and they don’t provide much for food.”

— Participant 14, Indigenous-led Agency



“Right now we get support from the food bank where they give the \$10 voucher [for CPNP clients] each week. But we know food banks are absolutely strained because needs have gone up so high. So I’m just waiting to see if there will be a pullback in some capacity.”

— Participant 22, Community Agency

THEME 2: ACCESSIBLE, TAILORED BREASTFEEDING SUPPORT

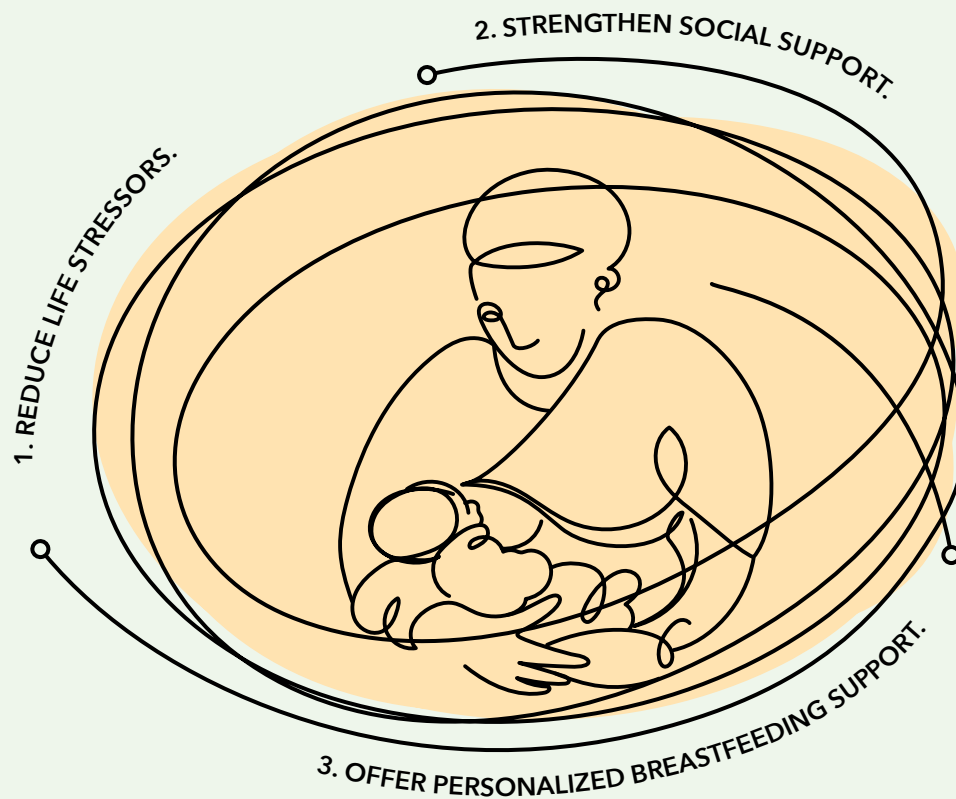
Infant feeding practices have many influences, particularly for families facing adverse life circumstances. The second theme from the focus group discussions was that **accessible, tailored breastfeeding support includes much more than education.**

"So it's not often the initiation of breastfeeding...it's maintaining it, or trying to figure out ways to combat the other determinants that impact your success with breastfeeding... sometimes it's just, they're homeless, right!?... So then you have all kinds of other issues you're trying to address to support their breastfeeding, successful breastfeeding stories."

— Participant 24, Community Agency

FIGURE 5: **Core elements of a breastfeeding support model for families facing adverse life circumstances**

With time, skilled CPNP personnel can build trusting relationships to:



Together these support successful breastfeeding stories.

The CPNP is well-positioned to offer accessible, tailored breastfeeding support, if adequate resources and skilled personnel were available.

"It's not just regurgitating information and handing a pamphlet... I think it's asking the right open-ended questions and meeting her [CPNP client] where she's at, and then giving, developing that support plan for her. That's something that, again, needs training, needs the dynamic of the team... and having in-kind [personnel] that may come and go, that you have no autonomy over, it sometimes makes it really difficult."

— Participant 6, Community Agency

CPNP clients' breastfeeding intentions are often not well supported in hospital. Mitigating this disruptive influence is part of the CPNP's breastfeeding support role.

"So if you have a bumpy start, you can revisit... A lot of moms will maybe not breastfeed because of the experience that they had at a hospital... to know that they can revisit that postnatally. And we've had several moms who have re-lactated as well with that support and connection."

— Participant 6, Community Agency

"I hear that almost all the time, that they [hospital staff] made me feel if I didn't give my baby formula, they would call CAS [Children's Aid Society]... it really, really affects people long-term."

— Participant 3, Indigenous-led Agency

The long journey home from the birth hospital is an added challenge in northern communities:

"And I find being in a remote community when, because our families deliver out of town... There are some hospitals that will give formula to feed your baby on your way home, even though families have stated that they want to do breastfeeding."

— Participant 23, Community Agency

CPNP staff work hard to integrate breastfeeding promotion within a client-centred approach, ensuring all CPNP clients feel welcome and supported regardless of infant feeding practices.

"So it's a very hard balance, we find, to promote breastfeeding without shaming... When we talk about... all the benefits of breastfeeding... but then you have people sitting there that are formula feeding... Ah, you know, it's really hard to find that balance."

— Participant 9, Public Health Unit

"Yeah, we do the education and support, like 'breastfeeding is best'. But I also kind of go as 'fed is best' as well... I work with my families on what they feel that they want to do and make sure they're encouraged no matter what their [infant feeding] decisions are."

— Participant 7, Community Agency

THEME 3: FOOD SUPPORTS ARE ESSENTIAL

The third theme of the focus group discussions was that **food supports are essential to the CPNP**. Reasons for this include the connection between food and nutrition, the burden of food insecurity among CPNP clients, and the importance of food for relationship building. Thus, food supports contribute to nutrition and social goals of the CPNP.

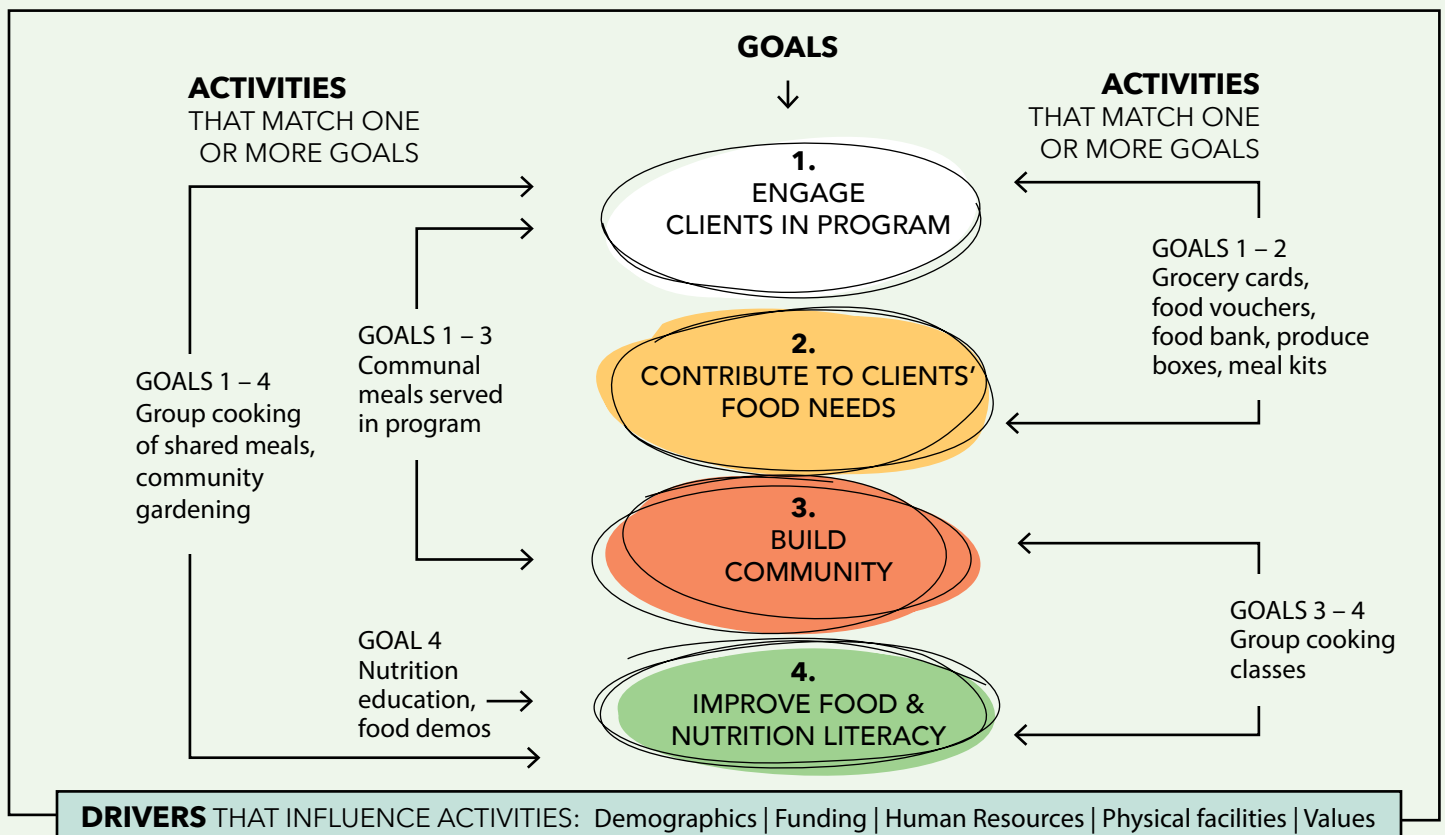
"...our food is not solving food insecurity. However... because we're giving them gift cards, I feel like I can still give them some prenatal education around nutrition for themselves... if they're surviving off of the food bank, or not even, it's hard to have conversations about the importance of fruits and vegetables... when they're not able to afford them."

— Participant 11, Public Health Unit

"So having access to food is such a huge part of the programming that people just won't show up if there's not the food. Yeah, it's the only meal they'll eat that day oftentimes."

— Participant 4, Community Agency

FIGURE 6. **Goals, activities and drivers of CPNP food supports**



Activities vary between CPNP sites, reflecting the alignment of goals, resources and values to deliver contextualized food supports.

CPNP sites must also balance the nutrition focus of the program with a client-centred approach that respects individual choices. Many sites provide grocery cards, which require minimal programming resources and offer clients the most flexibility.

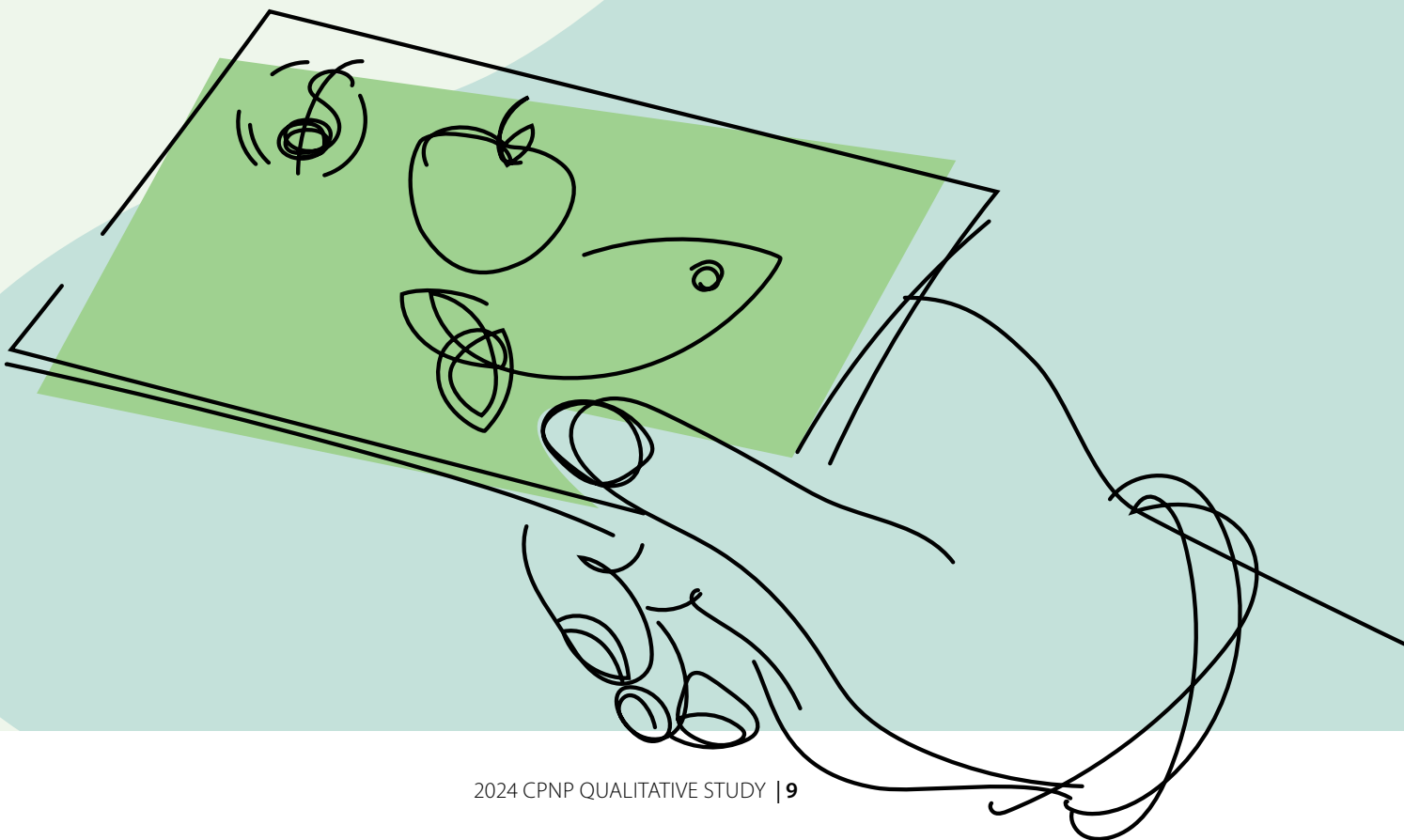
“So we provide grocery gift cards for every week when they attend... That’s always been a core part of our program and we know that the participants, some of them come mainly for that... This is sort of the easiest way for us to provide food support and then people decide what they want to buy with it, whether it’s food or not.”

— Participant 9, Public Health Unit

Some CPNP sites more actively direct program supports towards nutritious foods.

“We put out what we call our grocery line. So we have fresh fruits, veggies, proteins. Typically, it’s canned, mostly canned, like tuna and beans and salmon. We do offer eggs, and often we try to offer cheese. So it varies a little bit in terms of what we offer, depending on what we’re cooking... So yes, so we put up this line, we allow people to come up individually, choose what they want from the options that we have.”

— Participant 8, Public Health Unit



PRIORITY CPNP OUTCOME MEASURES



#1

**MATERNAL MENTAL HEALTH
WAS RANKED AS THE
HIGHEST PRIORITY
OUTCOME TO MEASURE.**

TABLE 1. **Priority ranking of potential CPNP outcome measures**

HIGHEST ↑	OUTCOME MEASURE	ORDER OF PRIORITY	RANKING SCORE
	Maternal mental health	1	3.3/11
	Social support/community connectedness	2	4.3/11
	Parent-infant attachment	3	4.4/11
LOWEST ↓	Maternal nutrition	4	4.7/11
	Infant feeding	5	4.9/11
	Life skills, food access, and food literacy	6	5.9/11
	Knowledge about perinatal health and nutrition	7	6.6/11
	Pregnancy health	8	7.5/11
	Parenting self-confidence	9	7.9/11
	Substance use	10	8.7/11
	Infant size at birth	11	8.9/11

Participants were most interested in measuring underlying outcomes that affect multiple aspects of perinatal well-being and reflect the supports their sites offer.

PRIORITY FUTURE RESEARCH TOPICS

TWO FUTURE RESEARCH TOPICS WERE RANKED EQUALLY AS HIGHEST PRIORITY:

Evaluate the impacts of CPNP programming on perinatal health and well-being outcomes

Needs assessment to understand community priorities related to perinatal/family health and well-being

TABLE 2. Priority ranking of potential future CPNP research areas

	RESEARCH TOPICS	PRIORITY OF RANKING	RANKING SCORE
HIGHEST ↑	Evaluate the impacts of CPNP programming on perinatal health and well-being outcomes	1	4.5/11
	Needs assessment to understand community priorities related to perinatal/family health and well-being	1	4.5/11
	Understand and document best practices for program delivery	2	5.8/11
	Explore CPNP participants' experiences and perceptions of the program	3	5.9/11
	Engage CPNP participants to develop and test new programming activities or resource materials	4	6.0/11
	Follow up CPNP participants to learn about longer-term impacts of programming on maternal and infant health and well-being outcomes	5	6.1/11
	Investigate how the social determinants of health affect perinatal health and well-being outcomes	6	6.2/11
	Cost-benefit analysis of CPNP programming	7	6.3/11
	Pilot test innovative programming activities	8	6.4/11
	Document stories of CPNP participants' lived experiences and the impact of the CPNP	9	6.8/11
LOWEST ↓	Explore CPNP coordinators' experiences and perceptions of their role and the factors that enable them to lead impactful programming	10	7.5/11

SUMMARY

The CPNP delivery model is highly precarious.

Fixed federal funding since the 1990s means that sites increasingly rely on external resources and in-kind personnel to deliver core services and fulfill the CPNP aims.

Accessible, tailored breastfeeding support includes much more than education.

The CPNP is well positioned to offer personalized breastfeeding support, if there are enough funds and skilled personnel available.

Food supports are essential to the CPNP, serving both nutrition and social goals.

CPNP coordinators identified maternal mental health as a key outcome measure.

Evaluating the maternal and infant health impacts of CPNP programming and conducting community needs assessments were identified as priorities for future research.

[MORE DETAILS HERE](#)



ACKNOWLEDGEMENTS

Our sincere thanks to all the CPNP coordinators who shared their insights in this study, some traveling long distances to participate. Thank you to those who hosted the research events at their CPNP sites, and to the Advisory Group members who reviewed the lists for the priority setting exercise. We are also very grateful to Tianhui (Sky) Huang for her hard work coding the focus group transcripts.

We gratefully acknowledge the generous funding that has supported us to conduct this independent research.

SickKids® | Centre for
Global Child Health
Catalyst Grant



Fellowship Award to
Dr. Jo-Anna Baxter



Fellowship Award
to Dr. Alison Mildon