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UNDERSTANDING FEEDING IN THE EARLY YEARS:

Access to Infant Feeding Information



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UNDERSTANDING FEEDING IN THE EARLY YEARS

Access to Infant Feeding Information

PROJECT OVERVIEW

The Understanding Feeding in the Early Years Study was conducted by the Fed Family Lab at Acadia University to explore the relationship between food insecurity and infant feeding practices using exploratory interviews with caregivers of children between 0–24 months of age (in 2020), followed by an online self-administered survey in early 2022.

This report provides a snapshot of the 2022 survey data related to household food security status, infant feeding practices, and access to infant feeding information.

Publications

Francis, J., Mildon, A., Tarasuk, V., & Frank, L. (2024). Household food insecurity is negatively associated with achievement of prenatal intentions to feed only breast milk in the first six months postpartum. *Frontiers in Nutrition*, 11. doi.org/10.3389/fnut.2024.1287347

Contact

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More information on the Understanding in the Early Years project is available at fedfamilylab.acadiau.ca/ufey

RESEARCH TEAM

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ACKNOWLEDGMENTS

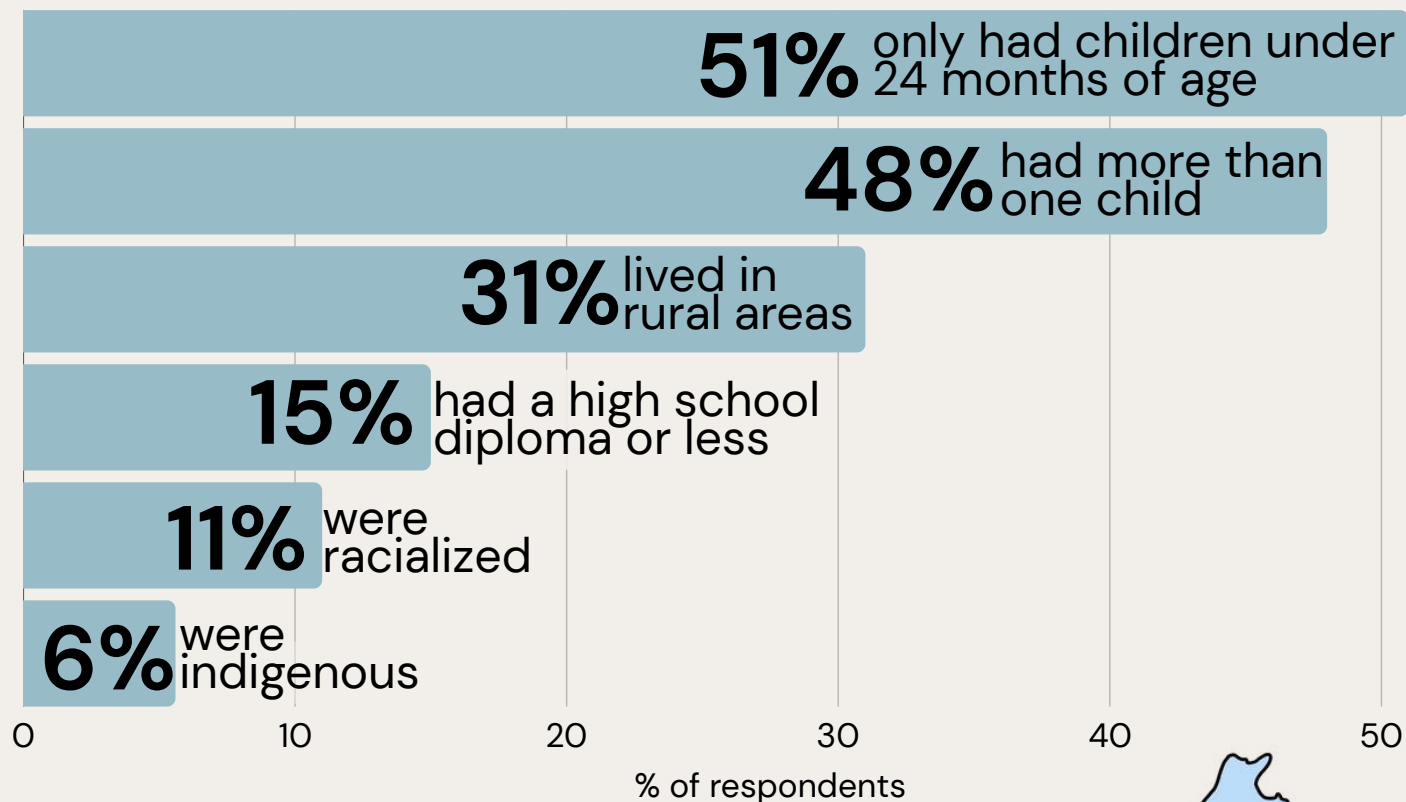
In addition to the research team, we would like to extend a special thanks to other contributors to the project, Dr. Patty Williams (Mount Saint Vincent University), Dr. Jennifer Brady (Acadia University) and Dr. Valerie Tarasuk (University of Toronto).

This research is funded by:

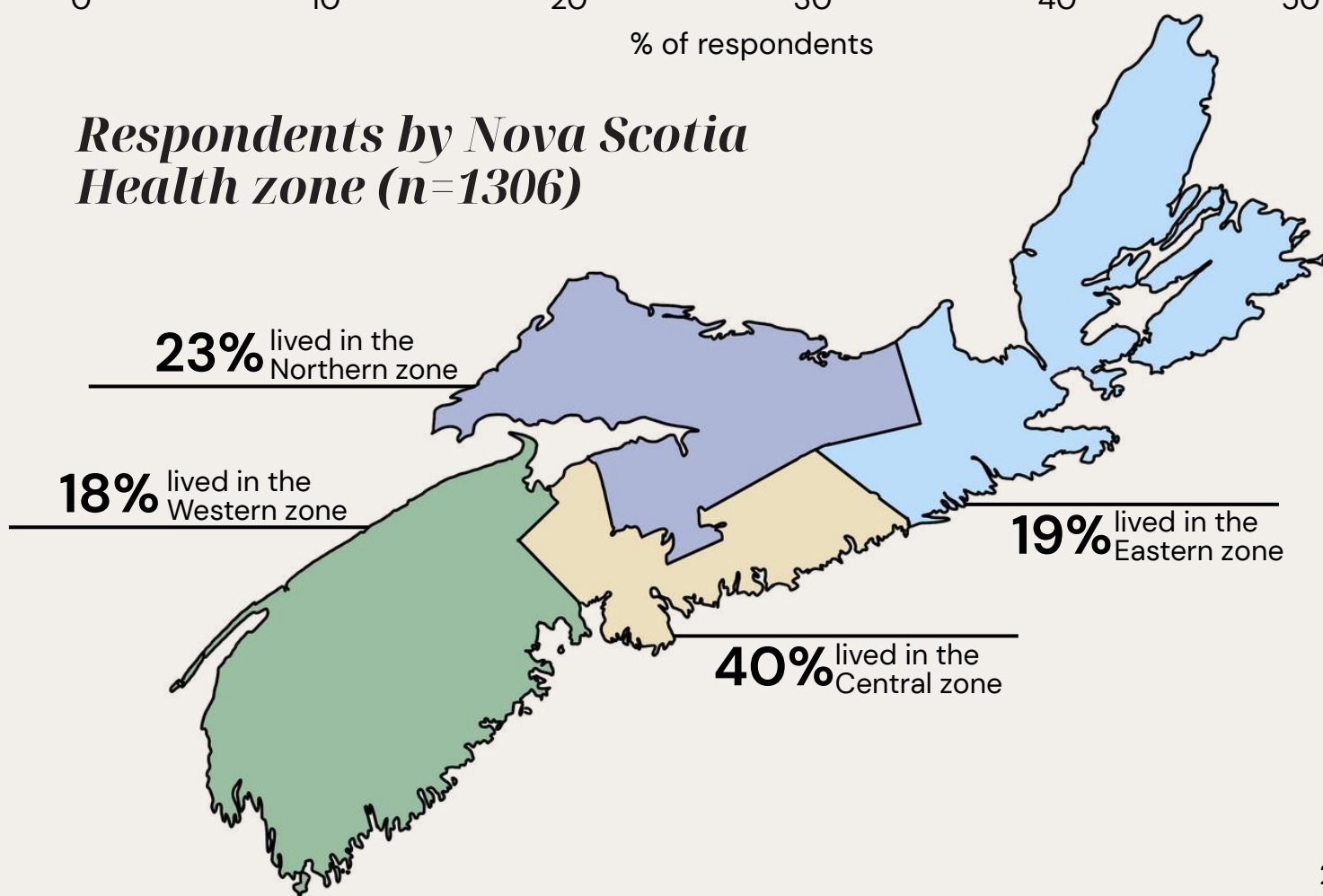


RESEARCH
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CHARACTERISTICS FOR 1481 RESPONDENTS

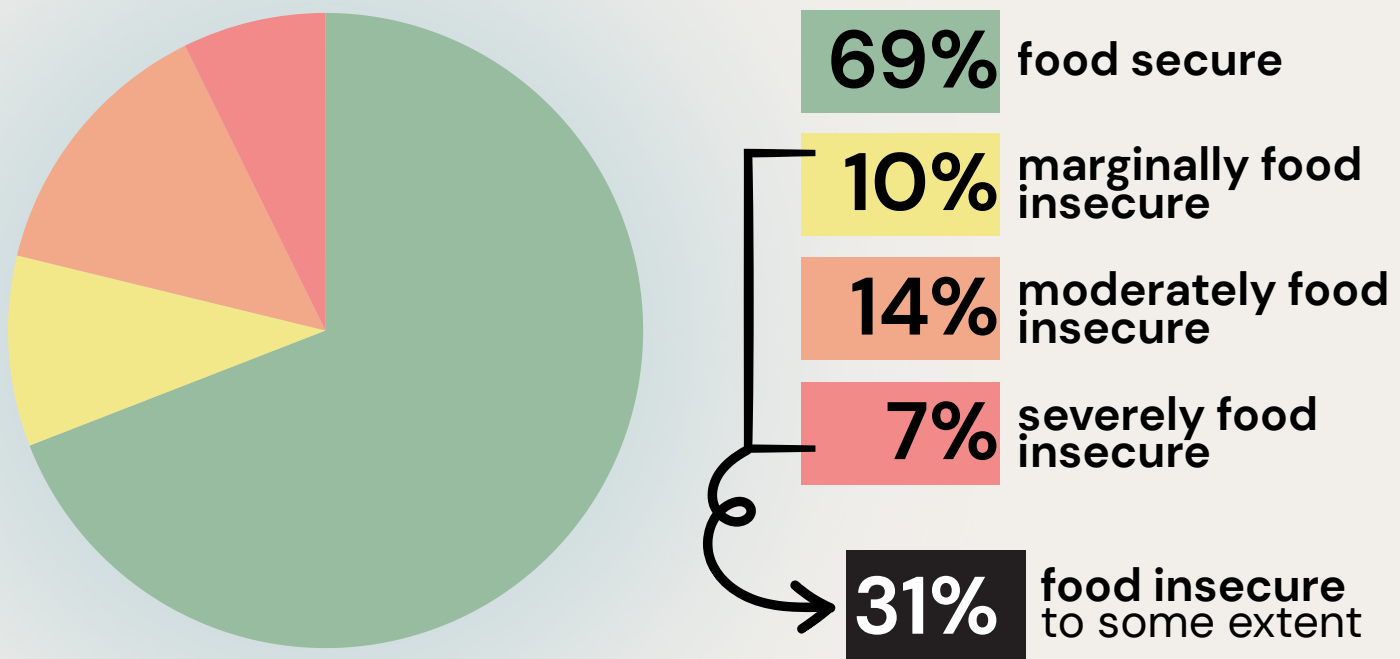


Respondents by Nova Scotia Health zone (n=1306)



FOOD INSECURITY RATES

Household food insecurity refers to inadequate access to food due to financial constraints.¹ The 18-item Household Food Security Survey Module measures the extent to which households are food insecure.



Marginal food insecurity: worry about running out of food and/or have a limited food selection.¹

Moderate food insecurity: compromise in quality and/or quantity of food.¹

Severe food insecurity: miss meals, reduce food intake, and/or full day(s) without food.¹

¹ proof.utoronto.ca

INFANT FEEDING PRACTICES

Among all respondents (n=1481)

91% initiated breastfeeding

57% fed both breastmilk and formula



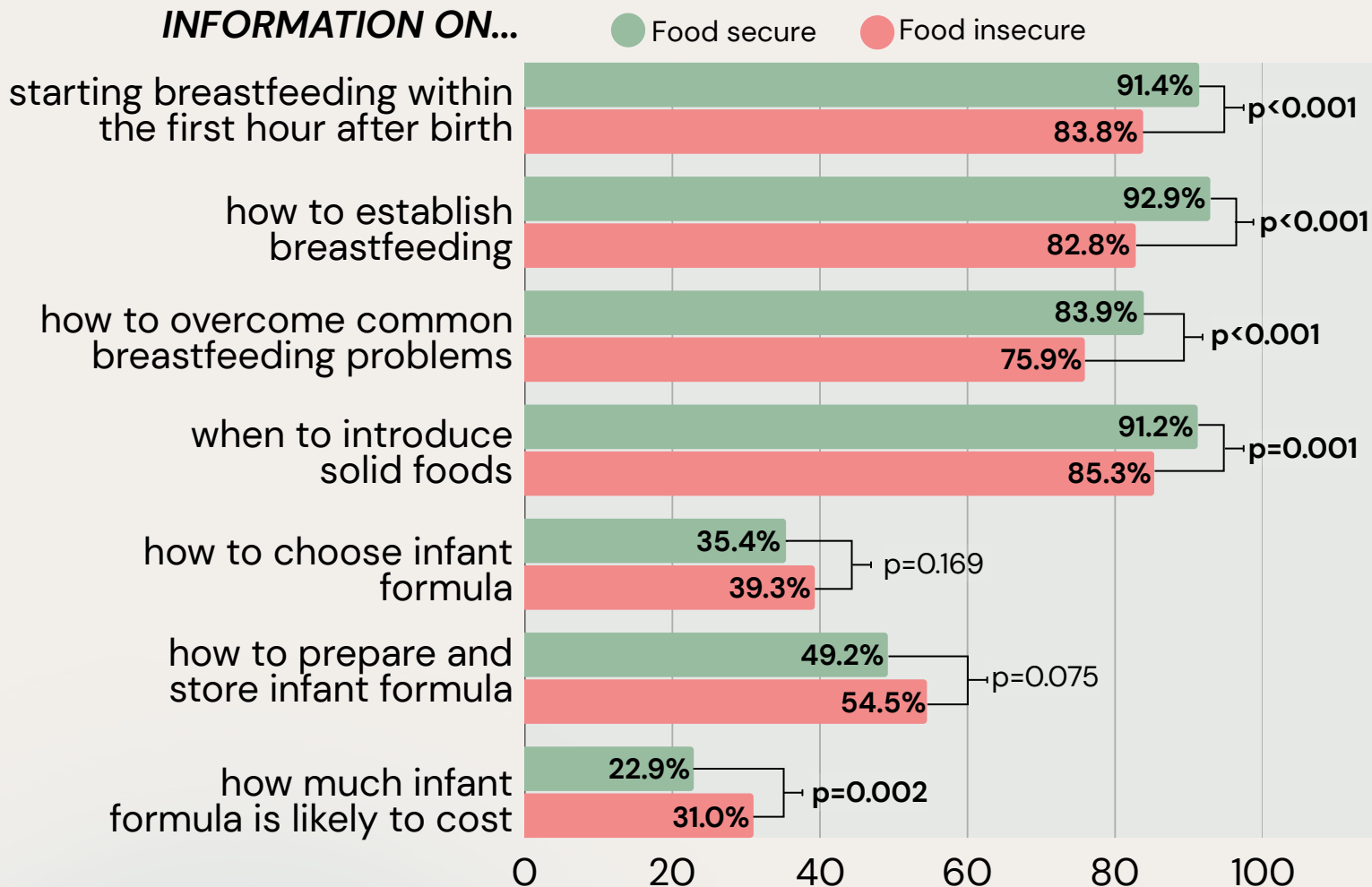
65% were breastfeeding to some extent at six months.*

37% exclusively breastfed for the first six months.*

* Among babies at least six months of age (n=966)

ACCESS TO INFORMATION ON FEEDING IN THE EARLY YEARS

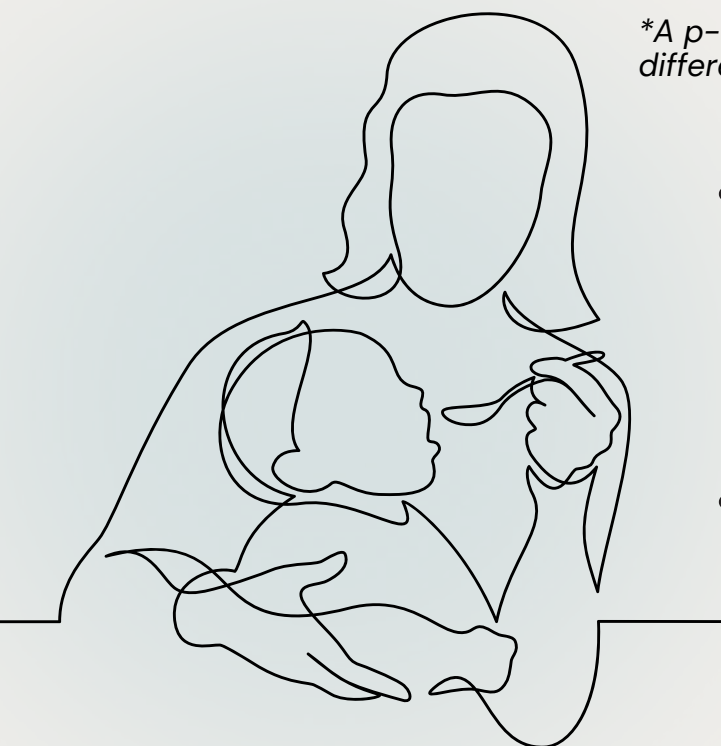
CAREGIVER RECEIVED INFORMATION ON...



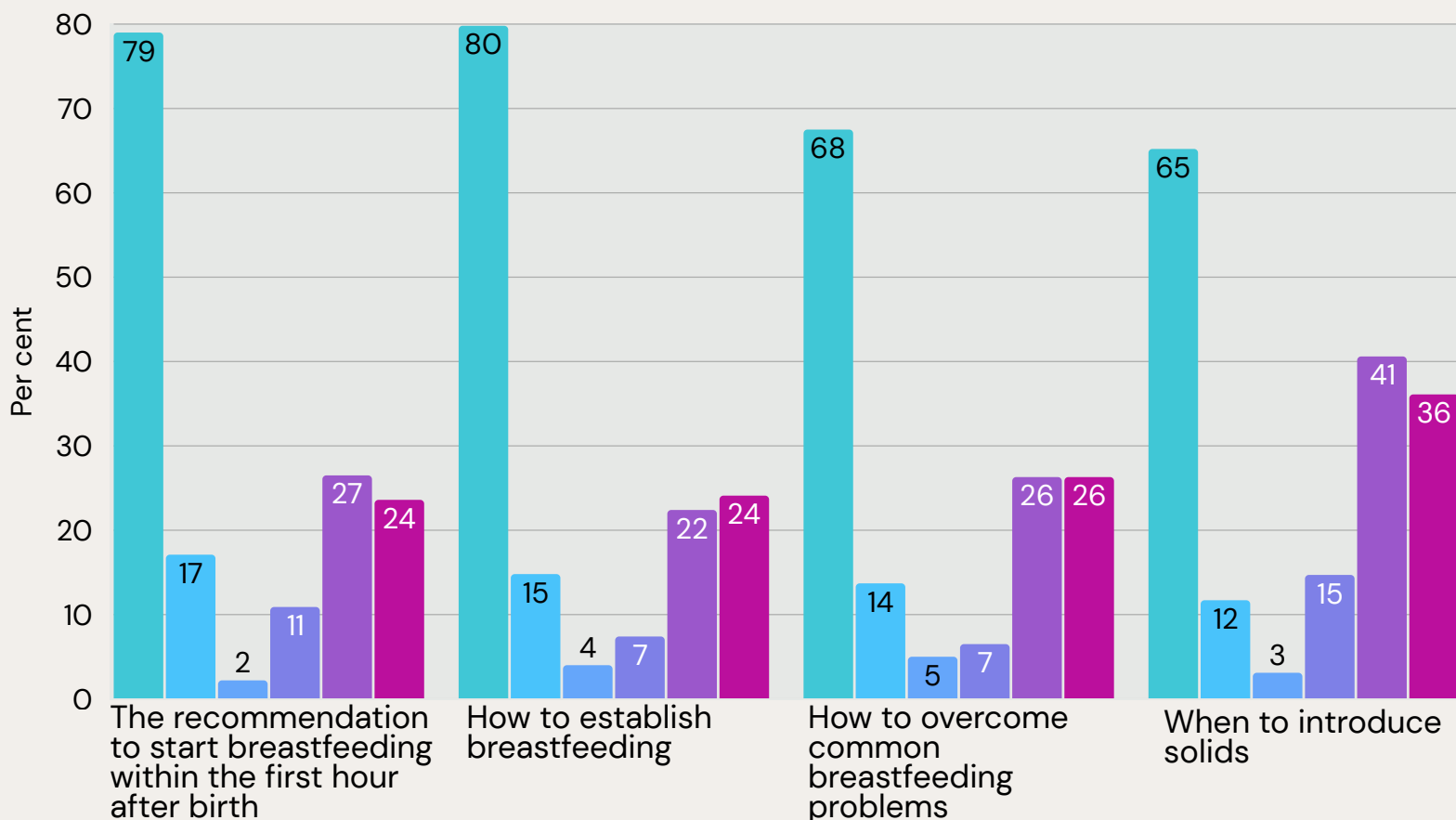
*A p-value <0.05 represents a statistically significant difference between the food secure and food insecure groups

KEY TAKEAWAYS:

- Overall, a greater proportion of respondents received information on breastfeeding and the introduction of solid foods, while a smaller proportion received information about formula feeding.
- Compared to food secure respondents, a lower proportion of food insecure respondents received information on breastfeeding and introducing solid foods.



WHERE RESPONDENTS RECEIVED INFORMATION ON FEEDING IN THE EARLY YEARS*



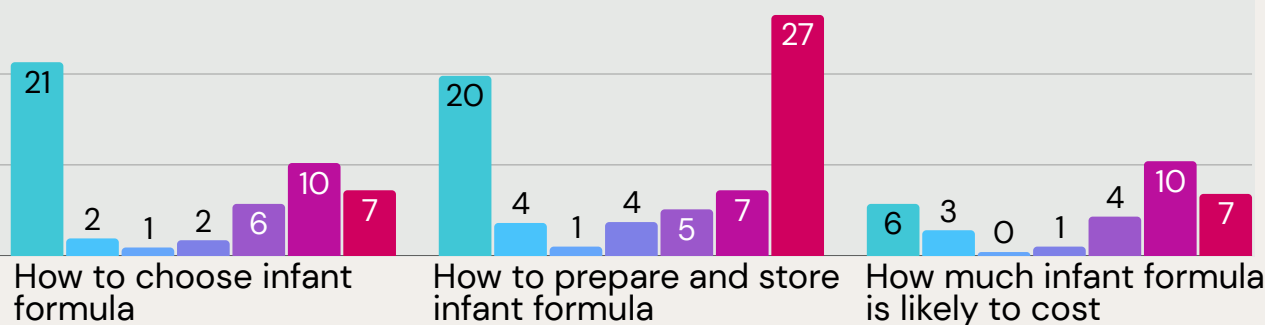
KEY TAKEAWAYS:

- Healthcare providers were the primary source of information for breastfeeding.
- Fewer respondents received information on formula feeding from healthcare providers than information on breastfeeding.
- A greater proportion of respondents received information on how to prepare and store formula and how much infant formula is likely to cost from family and friends or formula companies than from healthcare providers.
- Social media was a common resource for information on breastfeeding and solid food introduction.



*Respondents could select more than one option

- Healthcare provider (i.e. nurse, lactation consultant, midwife, doctor, doula)
- Community organization (i.e. family resource centre, women's centre, immigrant association, community centre)
- Healthy Beginnings home visitor with Nova Scotia Public Health
- Government website
- Peers via social media
- Family or friends
- Formula company



PARTICIPATION IN PROGRAMMING IN THE CHILD'S FIRST YEAR

Self-reported participation in...

a family resource or community program **27%**

a Public Health home visiting program **16%**

other Public Health supports, like phone calls **50%**



COMMENTS ON INFORMATION ON FEEDING IN THE EARLY YEARS

Respondents were asked if they wanted to provide additional comments on receiving feeding information. They discussed their experiences with lactation support and infant feeding decisions.

"Lactation consultants are great and we have access to them in my area. We just need to make sure when families are discharged from hospital that they know to call an LC if they have any issues."

"Most information on breastfeeding came from a lactation consultant, which is expensive and not covered by the province."

"I find that trying to get breastfeeding support in Nova Scotia is next to impossible. No information on a low cost or provincial funded lactation clinic, nothing. Pay for a consultant or you're on your own is the message I received."

Access to lactation consultants (LCs) varied. Some respondents found LCs in the hospital were accessible and supportive, while others relied on private LCs, resulting in paying out of pocket.

"Information was not as readily available about formula as it was breast feeding. There was a HUGE emphasis on breastfeeding to the point that my choice to formula feed felt kind of 'judged'."

"I wish there was more support for breastfeeding. My lactation consultant tried to get me to switch to formula instead of helping me increase my supply. I did my own research and fixed the issue within a day."

"When I expressed that my feeding choice was breastfeeding I was not provided any information on any alternative feeding methods (ie. expressing breastmilk, pumping or formula feeding) and felt like there was an absolute all or nothing approach to the information provided in hospital."

Some respondents felt judged or unsupported for their infant feeding choices.

