



# Consumer Feedback: Perinatal Practices Around the Year 2000

- Consumer virtual interviews
- Consumer survey

# Consumer Virtual Interviews

- Interviews took place December 2025 to March 2026
- Number of Interviews: 5
- All women interviewed reported that they gave birth in Ontario around the year 2000
- Interviewees resided in Northern Ontario, Toronto area, Southern Ontario and Southwestern Ontario



# Interview Findings: Maternity Practices and Care in Ontario Around the Year 2000

- Prenatal
- The Birth
- Postpartum
- Infant Feeding
- Challenges and Supports
- Recommendations



# Prenatal

Geographic inequities affected prenatal care access with rural/northern interviewees describing reduced access to:

- Midwives
- Specialized providers
- Prenatal classes
- Birth location options

Breastfeeding/infant feeding education was often limited or insufficiently integrated into prenatal education.

In-person prenatal education fostered peer connection and social support.

Some participants noted prenatal classes can be of benefit to partners as well.

Many expectant parents relied on books, family advice, previous experience, or their own professional background to prepare.



# The Birth

Hospital births were often described as more medicalized/mechanical.

Midwifery/home birth care was described as more private, less stressful, lower intervention and more family-centred.

Midwifery continuity was described as particularly beneficial with interviewees voicing that they highly valued having a provider who followed them prenatally, attended the birth and did postpartum follow-up.

Separation for newborn assessment frequently delayed initial contact with birthing parent.

Immediate skin-to-skin was often not routine.

Interviewees valued access to timely medical assistance if medical concerns arose.

Transfer to other facilities and limited local birthing options remained a major issue in rural/northern regions.

# Postpartum

Family support remained one of the most frequently cited contributors to positive postpartum experiences. Emotional reassurance, practical household help, infant care assistance and feeding encouragement were mentioned by interviewees.

Some parents appreciated proactive outreach from public health nurses.

Ongoing follow-up from midwives/public health nurses increased reassurance and support.

Common postpartum struggles included:

- Exhaustion
- Emotional lability (“day 3 emotions”)
- Physical discomfort/engorgement.



# Infant Feeding

Access to lactation consultants—especially in hospital and early postpartum—was viewed as extremely valuable.

Participants emphasized importance of:

- Weekend/after-hours support
- Hospital-based lactation services
- Community breastfeeding clinics

Some parents had to strongly advocate for breastfeeding.

Extended breastfeeding and public breastfeeding sometimes challenged prevailing norms.

In some settings, formula supplementation/freebies were normalized.

Early breastfeeding challenges were common even among knowledgeable parents. Challenges included engorgement, latch difficulties, concerns about baby's intake and feeling emotionally overwhelmed.

Knowledge alone did not eliminate need for support/reassurance.

# Recommendations

## **Restore/expand dedicated lactation consultant services**

- In-hospital LC support
- Weekend/after-hours availability
- Community breastfeeding clinics

Concern expressed that many areas have lost lactation services over time.



# Recommendations

## **Improve continuity of care models**

- Midwifery/continuity-based care repeatedly identified as ideal.
- Benefits described as:
  - Better trust/relationship
  - Improved postpartum follow-up
  - Greater feeding support
  - Better overall confidence

## **Improve awareness/navigation of support services**

- Parents need clearer understanding of:
  - Available supports
  - Public health role
  - Referral pathways
  - When/how to access help

# Recommendations

## **Public/community messaging should continue reducing stigma around:**

- Public breastfeeding
- Extended breastfeeding (breastfeeding beyond early infancy)

Interviewees felt normalization improves confidence and uptake.

## **Address regional inequities in services.**

Expand access to:

- Midwives
- Lactation consultants
- Breastfeeding clinics
- Specialized postpartum supports in northern/rural communities



# Survey Findings: Maternity Practices and Care in Ontario Around the Year 2000

- Survey Start Date: January 16, 2026
- Number of Respondents: 20
- Average length of time to complete survey: 11.43 minutes
- All respondents indicated that they gave birth in Ontario around the year 2000



# Postal Code Regions of Respondents

- The overall postal code range for Ontario is **K0A to R5J**
- **K** covers eastern Ontario, including Ottawa and areas around Kingston : 8
- **L** covers southern Ontario, including regions like Mississauga, Brampton, Hamilton, and Niagara: 1
- **M** covers Toronto specifically: 2
- **N** covers southwestern Ontario, including London and Windsor: 6
- **P** covers northern Ontario, including Sudbury, North Bay, and Thunder Bay: 1
- **R** extends into Kenora and nearby northwestern areas:

Note: 1 respondent now lives in Manitoba and 1 respondent now lives in Quebec

Source for postal code regions: <https://postzipcode.com/canada/ontario/>

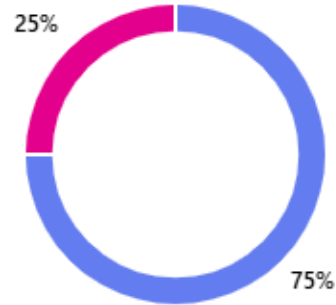
# Prenatal Information

Did you attend prenatal classes?

Yes: 15

No: 5

Not sure: 0



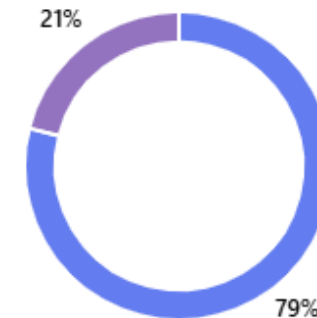
If you attended prenatal classes, were they in person or online?

In person classes: 15

Online classes: 0

I attended in person and online classes: 0

I did not attend any prenatal classes: 4



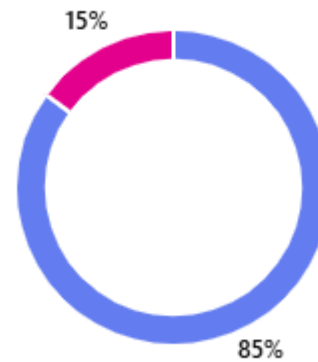
# The Birth

Where did you give birth?

Hospital/birthing centre: 17

At home: 3

Other: 0



# The Birth

Were there any concerns or complications such as premature birth, medical issue with baby, or medical issue with parent who gave birth? Briefly explain.

Labour dystocia and mild postpartum hemorrhage

Idiopathic thrombocytopenia

C-section due to breech

I was induced due to preeclampsia

Prolonged preterm rupture of membranes at 35 weeks. Induced at 42 weeks. Infant SGA.

IUGR

C-section twins at 36 weeks as my son was a double footling breech ...

C-section



# The Birth

Did your baby go skin-to-skin with you soon after being born? Select the response closest to your experience.

My baby and I were skin-to-skin within 5 minutes of my baby being born: 11

My baby and I were skin-to-skin within 1 hour of my baby being born: 3

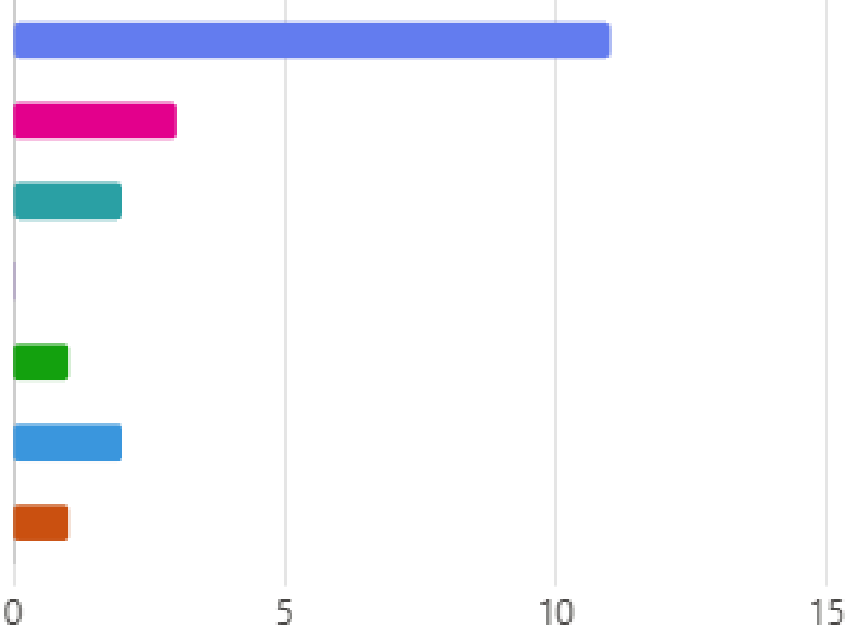
My baby and I were skin-to-skin within 4 hours of my baby being born: 2

My baby and I were skin-to-skin at some point during the first day: 0

I don't recall when my baby and I were first skin-to-skin: 1

I don't recall my baby and I ever being skin-to-skin: 2

Other: 1



# The Birth

Did your baby stay in the same room with you or stay in a nursery while in hospital?  
Select the response closest to your experience.

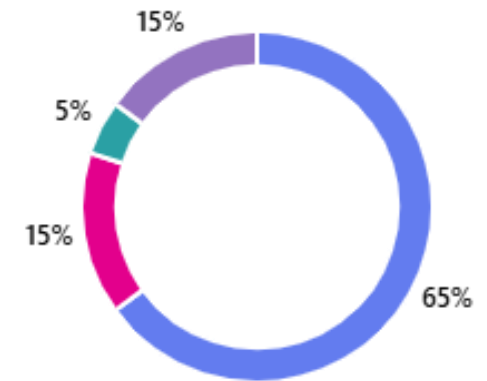
My baby stayed in my room: 13

My baby stayed in the nursery: 3

My baby stayed with me during the day and was in the nursery at night: 1

I had a home birth: 3

I don't remember: 0



# The Birth

How long did you stay in hospital? Select the most accurate response.

Less than 24 hours: 3

About 24 hours: 3

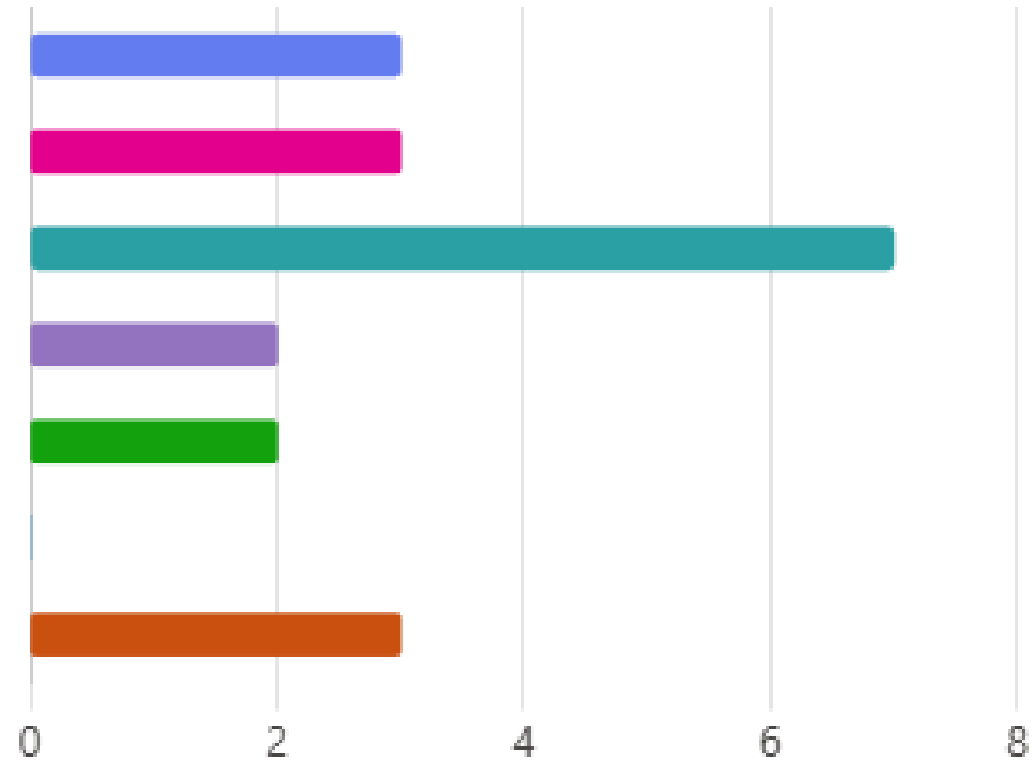
2 days: 7

3 days: 2

4 days: 2

I don't remember: 0

I had a home birth: 3



# Infant Feeding

How did you feed your baby during the first few days?

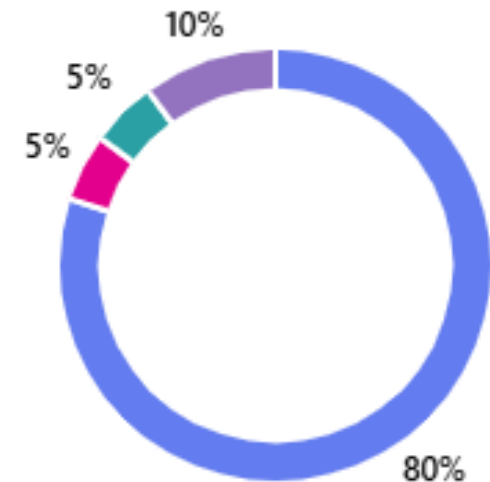
Breastfed: 16

Fed breastmilk but baby did not feed at the breast: 1

Fed infant formula: 1

Breastfed and also fed infant formula: 2

I don't remember: 0



# Infant Feeding

Did you receive any help or support with infant feeding? Check all that apply.

I received support while in hospital: 7

I received support from my midwife: 4

I received support from a public health nurse  
once my baby and I were home eg. home visits: 3

I received support from a breastfeeding or well baby clinic: 3

I received support from a lactation consultant: 4

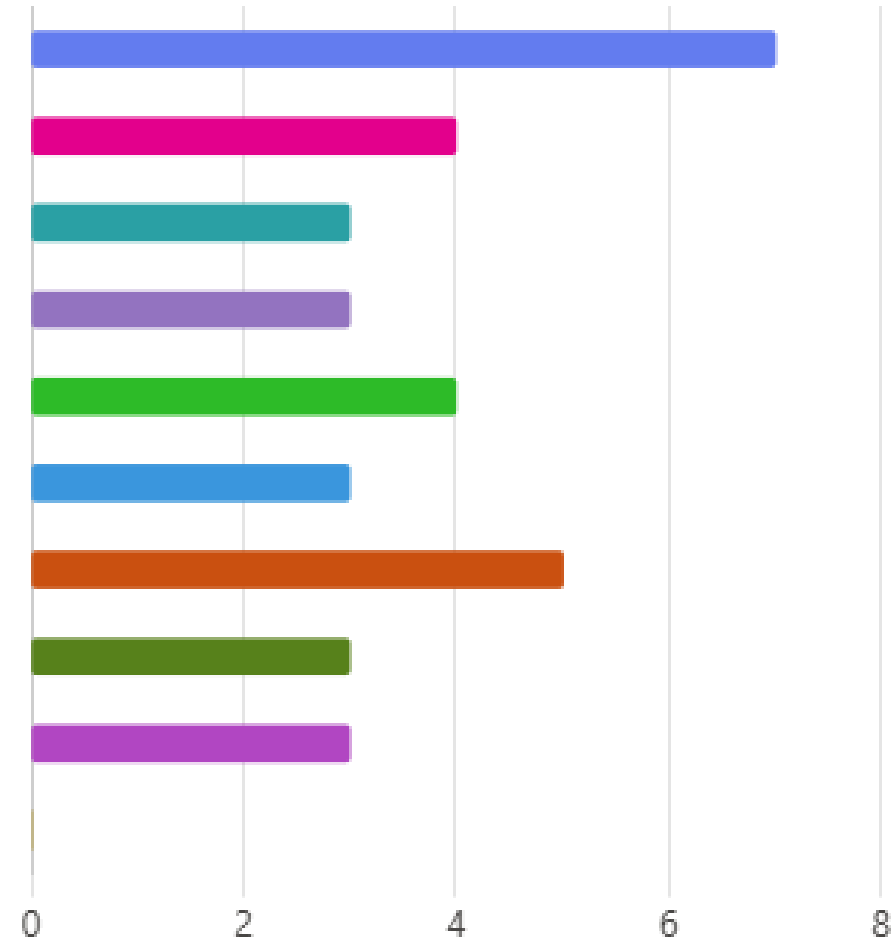
I received support from my physician or primary healthcare provider: 3

I received support from a peer support group such as La Leche League: 5

I received support from family and friends: 3

I did not need any support: 3

I do not remember: 0



# Infant Feeding

If you breastfed or fed your baby only breastmilk (no other drinks or foods), how long did you do this?

Exclusive  
breastfeeding  
for 6 months  
(4)

A week or two but  
breastfed until 3  
years

5 months  
(2)

6 months then I gave  
complementary foods  
and continued to  
breastfeed for 16  
months

I breastfed  
for 14  
months

Breastfed  
for 8  
months

I breastfed  
for 10  
months

Breastfed  
for 4.5 years

Breastfed  
for 2.5 years



# Infant Feeding

At what age did you begin to feed your baby solids (baby food such as infant cereal, vegetables, fruit, meats)?

6 months (11)

4 months  
(2)

5 months (4)

7 months

9 months

Can't  
remember



# Sources of Information

Please indicate your main sources of information about baby care once you and baby were home.

Physician: 4

Midwife: 7

Hospital nurses: 3

Public health nurses: 5

Lactation consultant: 4

Breastfeeding or well baby clinic: 4

Peer support person such as La Leche League leader: 3

Partner: 2

Family member eg. parent, grandparent, sister: 4

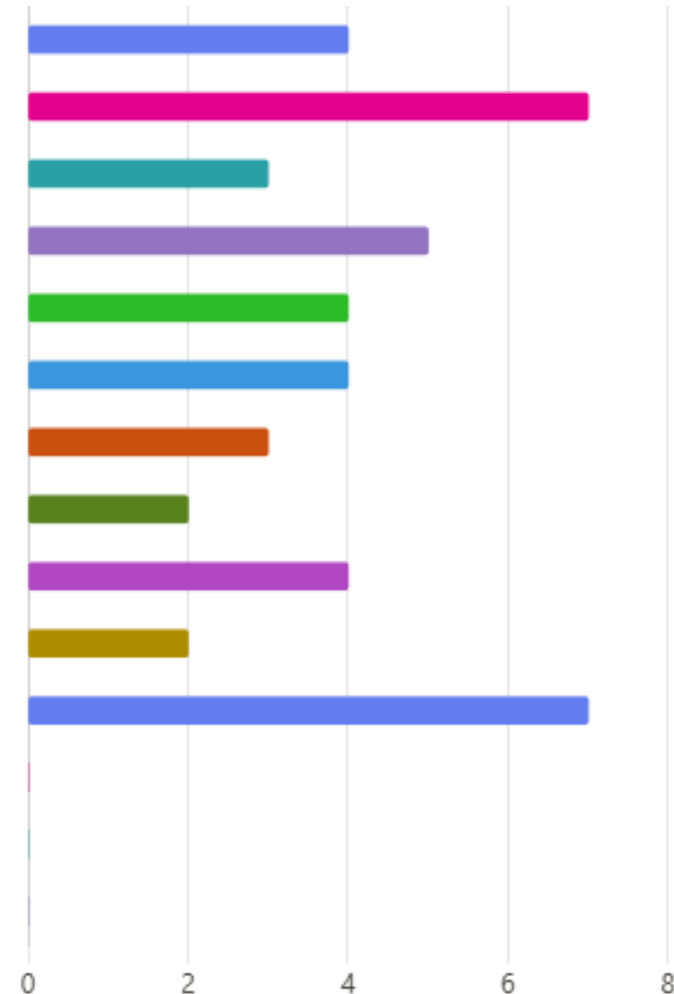
Friend: 2

Written material eg. Book: 7

Internet eg. Google search: 0

I didn't need any information about baby care: 0

I don't remember: 0



# Challenges

Do you recall facing any challenges in those early weeks and months of life with a new baby and how did you handle them? Would anything have made things easier?

Painful/damaged nipples

My baby had very bad colic...

I was very very tired. My baby cried a lot and I was worried it was something in my milk

Postpartum depression

Lack of sleep and postpartum depression

Latch problems

We co-slept in the bed but I was very tired



# Practices

When you think about how families are supported today, what differences stand out to you?

I think families can be more isolated now due to the emergence of online resources versus in person support

More information is available online but more wrong information is too...

There is more virtual help today but I think in-person help at home or at a breastfeeding clinic is much better...

More is known about perinatal mental health

Skin to skin immediately

Internet access

More pressure to follow routines and more people are pumping and giving breastmilk by bottle...



# Practices

Are there any practices or supports from 25 years ago that you think we've lost — or that we should bring back?

Prenatal classes in person in hospital and at home support for all new moms (not just high risk)

I think I had more help with breastfeeding than people have now

Many of the breastfeeding and well baby clinics have closed – there are not as many home visits – not everyone can afford a lactation consultant

In-person support resources including better funding

Better in-patient staffing ratios to deal with the fact that no one seems educated or prepared anymore

Public health visits...pumps today are likely undermining parent confidence in their bodies



# Practices

Is there anything else you wish to add?

The misuse of formula has sadly not changed in all these years...

Teaching pumping isn't always necessary ...dads can bond without feeding...trust your instinct

Social media has changed the way parents approach everything – it is undermining confidence and trust in their own instincts and bodies

We need way more support, protection and promotion of breastfeeding



Government mandated IBCLC's of 1 FTE for every 1000 births and one for every 500 births in NICU