

Triggering Institutional Change: Examining the Development of the 2001 Quebec Breastfeeding Policy

Déclencher le changement institutionnel : examen de l'élaboration de la politique de 2001 sur l'allaitement maternel au Québec

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TABLE 3. Main actors involved in the development of the Quebec Breastfeeding Policy 1977–2009

	Name (acronym)	Description	Years	LD phases
Institutional actors	Dr. Milk	Family physician. In 1997, Dr. Milk was co-opted by the MoH as the President of the Ministerial Working Group on Breastfeeding.	1977	1 – Emergence 2 – Developmental
	Ministry of Health (MoH)	Formal authority in the institutional field	1997	1 – Emergence 3 – Implementation
	Ministerial Working Group on Breastfeeding	Operating at the Social Services Divisions of the MoH. Group members were selected by Dr. Milk based on their expertise.	1997–2001	2 – Developmental
	Provincial Breastfeeding Coalition	Made up of health professionals and representatives and volunteers of community-based breastfeeding groups. Membership also included some members of the Ministerial Working Group on Breastfeeding and/or MoH civil servants.	1998–2002	2 – Developmental
	First ministerial breastfeeding authority (MBAI)	Civil servant working for the MoH	2001–2006	3 – Implementation
	Quebec Breastfeeding Movement (MAQ)*	Created as an independent organization. Made up of health professionals as well as representatives and volunteers from community-based breastfeeding and/or perinatal groups.	2009	3 – Implementation

	Name (acronym)	Description	Years	LD phases
Other key actors	Quebec Breastfeeding Committee (CQA)*	Created by the MoH as its advisory committee on breastfeeding. Made up of representatives of different provincial and regional organizations, including health professional associations, healthcare organizations and community-based breastfeeding groups; clinical and scientific counsellors; a researcher; and MoH representatives (including MBA1)	2002–2006	3 – Implementation
	Breastfeeding Consultation Committee (TCA)*	Created by the MoH to support the work of the CQA. Made up of Regional Breastfeeding Representatives; representatives of different organizations, including health professional associations or healthcare organizations (other than those represented in the CQA) and provincial/supra-regional breastfeeding support groups; and an MoH representative (MBA1)	2002–2006	3 – Implementation
	Baby Friendly Certification Committee	Created by the MoH as a sub-committee of the CQA. Made up of BFI lead assessors, a medical consultant and MoH representatives (including MBA2, successor to MBA1)	2002	3 – Implementation
	Provincial Committee of Regional Breastfeeding Representatives (TNRAM)*	Created by the MoH to replace (in some ways) the TCA. Made up of Regional Breastfeeding Representatives and an MoH representative (MBA2)	2007	3 – Implementation

*Acronyms derived from the name in French: CQA = Comité québécois en allaitement; MAQ = Mouvement allaitement du Québec; TCA = Table de consultation en allaitement; TNRAM = Table nationale des répondantes en allaitement maternel

TABLE 4. Qualitative data analysis: codes and illustrative excerpts

Codes per phase of institutional change, institutional entrepreneurs and strategy of engagement	Some illustrative excerpts
<p>1. Emergence phase – Actors identify the problem and flesh out their intent to trigger change. However, they are not mobilized in an organized and formal way yet.</p> <p>1.1. Events</p> <p>1.2. Institutional entrepreneur</p> <p>1.2.1. Individual</p> <p>1.2.2. Collective</p> <p>1.2.3. Power attributes</p> <p>1.2.3.1. Formal authority</p> <p>1.2.3.2. Scarce resources</p> <p>1.2.3.3. Discursive legitimacy</p> <p>1.3. Strategies of engagement</p> <p>1.3.1. Cooperation</p> <p>1.3.1.1. Collaboration</p> <p>1.3.1.2. Compliance</p> <p>1.3.2. Conflict</p> <p>1.3.2.1. Contention</p> <p>1.3.2.2. Contestation</p>	<p>“We can say that in the Perinatal policy of ‘93, the thematic of breastfeeding was already there ... And that’s where I think interest started sharper for breastfeeding [politically], and a few years later we looked at the LD.”</p> <p>(Event and institutional entrepreneur [individual])</p> <p>“I [Dr. Milk] started the breastfeeding clinic to meet the needs of mothers who had difficulty during breastfeeding and who could not find the help they needed from their families or from health professionals ... they consulted.”</p>
<p>2. Developmental phase – Actors organize themselves and undertake institutional change (collective action)</p> <p>2.1. Events</p> <p>2.2. Institutional entrepreneur</p> <p>2.2.1. Individual</p> <p>2.2.2. Collective</p> <p>2.2.3. Power attributes</p> <p>2.2.3.1. Formal authority</p> <p>2.2.3.2. Scarce resources</p> <p>2.2.3.3. Discursive legitimacy</p> <p>2.3. Strategies of engagement</p> <p>2.3.1. Cooperation</p> <p>2.3.1.1. Collaboration</p> <p>2.3.1.2. Compliance</p> <p>2.3.2. Conflict</p> <p>2.3.2.1. Contention</p> <p>2.3.2.2. Contestation</p>	<p>“Maybe it was all the people who believed, who wanted something to happen in breastfeeding. So this will of the working group allowed the development of the LD.”</p> <p>(Strategy of engagement – cooperation – collaboration)</p> <p>“[T]here was not a question that researchers had the last say, or whoever works in public health had the last say. Everyone was respected. I think it was ... the final document; it was a good summary of all those views.”</p>
<p>3. Implementation phase – The “innovation” is progressively adopted in the institutional field.</p> <p>3.1. Events</p> <p>3.2. Institutional entrepreneur</p> <p>3.2.1. Individual</p> <p>3.2.2. Collective</p> <p>3.2.3. Power attributes</p> <p>3.2.3.1. Formal authority</p> <p>3.2.3.2. Scarce resources</p> <p>3.2.3.3. Discursive legitimacy</p> <p>3.3. Strategies of engagement</p> <p>3.3.1. Cooperation</p> <p>3.3.1.1. Collaboration</p> <p>3.3.1.2. Compliance</p> <p>3.3.2. Conflict</p> <p>3.3.2.1. Contention</p> <p>3.3.2.2. Contestation</p>	<p>“It is certain that when the budget came in, it allowed the majority of regions of Quebec to devote time to breastfeeding; for me and others to have breastfeeding work and have a budget related to the case. This, in Quebec, has had an impact.”</p> <p>(Strategy of engagement – cooperation – compliance)</p> <p>“There are decisions that are made and that we do not share, and in the duty of loyalty, we rally on.”</p> <p>(Strategy of engagement – conflict – contestation)</p> <p>“I think the Quebec breastfeeding committee [CQA] was seen as disturbing, disruptive for what the department wanted to do with the file.”</p>