



# Breastfeeding Canada

Newsletter Of The Breastfeeding Committee For Canada.

Issue 2: March 2007

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### *Three New Documents help further define the process for BFI designation in Canada.*

The BFI Assessment Committee has completed the following documents which are available on the BCC website at [www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca)

- BFI Assessment Process and Costs: a description of the Baby-Friendly Journey.
- BFI Assessment FLOWchart: an Overview of the BFI Process.
- Calculation of Exclusive Breastfeeding statistics: Hospitals & Birthing Centres.

The cost and process document and flowchart are revisions of earlier documents which define the current practice of BFI assessment in Canada.

The calculation of breastfeeding statistics document was developed in response to frequent questions about this issue from hospitals and birthing centres preparing for assessment.

For more information contact: Marina Green, Chair BFI Assessment Committee [marinagreen@shaw.ca](mailto:marinagreen@shaw.ca)

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### *Dear BCC Associate Members:*

Your associate membership fee of \$25.00/year supports the work of the Breastfeeding Committee for Canada.

In order to continue the work of protection, promotion and support of breastfeeding and the implementation of the Baby-Friendly Initiative in Canada, we need you to renew your membership and to encourage colleagues to do the same.

*Please send a cheque or money order payable to:*

*Breastfeeding Committee for Canada*

*PO Box 65114*

*Toronto, ON M4K 3Z2*

[http://www.breastfeedingcanada.ca/pdf/BCC associate member form Jan 2005.pdf](http://www.breastfeedingcanada.ca/pdf/BCC%20associate%20member%20form%20Jan%202005.pdf)

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## The Breastfeeding Committee For Canada

### Goal

Breastfeeding is the cultural norm for infant feeding in Canada

### Mission Statement

To protect, promote and support breastfeeding in Canada as the normal method of infant feeding.

### Objectives

- Provide a forum for addressing Canadian breastfeeding issues.
- Maintain ongoing communication with governments and organizations to protect, promote and support breastfeeding.
- Provide ongoing expert advice and recommendations on breastfeeding research, policy and program development and direction to governments and organizations.
- Develop partnerships and collaborative strategies to protect, promote and support breastfeeding.
- As the National Authority for the Baby-Friendly Initiative, oversee and facilitate the implementation of the Baby-Friendly Initiative in Canada.

### Membership

The group consists of individual experts and representatives of the following associations or organizations:

Aboriginal Nurses Association of Canada  
Association of Women's Health, Obstetric and Neonatal Nurses  
Canada Prenatal Nutrition Program  
Canadian Lactation Consultant Association  
Canadian Association of Midwives  
Dietitians of Canada  
Canadian Healthcare Association  
Canadian Institute of Child Health  
Canadian Nurses Association  
Canadian Pediatric Society  
Canadian Perinatal Regionalization Coalition  
Canadian Pharmacists Association  
Canadian Public Health Association  
College of Family Physicians of Canada  
Federal/Provincial/Territorial Group on Nutrition  
Health Canada  
INFACT Canada  
La Leche League Canada  
Ligue La Leche  
Society of Obstetricians and Gynecologists of Canada  
UNICEF Canada

### Meetings

Held approximately once a year. Subcommittees work on identified issues on an ongoing basis.

**Provincial/Territorial Baby- Friendly Initiative contacts may be accessed at**  
<http://www.breastfeedingcanada.ca/html/provterr.html>

## Related BFI Websites

**Breastfeeding Committee for Canada**  
[www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca)

**BC Baby-Friendly Network**  
[www.bcbabyfriendly.ca](http://www.bcbabyfriendly.ca)

**Ontario Breastfeeding Committee**  
[www.breastfeedingontario.org](http://www.breastfeedingontario.org)

**Alberta Breastfeeding Committee**  
[www.breastfeedingalberta.ca](http://www.breastfeedingalberta.ca)

**Manitoba Baby-Friendly**  
[www.gov.mb.ca/health/nutrition/bfi2.html](http://www.gov.mb.ca/health/nutrition/bfi2.html)

**Breastfeeding Committee for Saskatchewan**  
[www.saskatoonhealthregion.ca/your\\_health/ps\\_bf\\_about\\_bcs.htm](http://www.saskatoonhealthregion.ca/your_health/ps_bf_about_bcs.htm)

## Editorial Committee

Kathy Venter, Laura Prodanyk,  
Marilyn Sanders.

Statements and opinions expressed in this newsletter are those of the authors and not necessarily the opinion of the member organizations.



**The Breastfeeding Committee for Canada**  
The National Authority for the WHO/UNICEF  
Baby-Friendly™ Hospital Initiative in Canada

**BABY-FRIENDLY™ HOSPITALS AND BIRTHING CENTRES IN CANADA**

1. Installation Hôpital Brome-Missisquoi-Perkins du Centre de santé et de services sociaux la Pommeraie  
950, rue Principale  
Cowansville (Québec)  
J2K 1K3  
Tel: 450-266- 5503  
E-mail: [christiane.charest@rrsss16.gouv.qc.ca](mailto:christiane.charest@rrsss16.gouv.qc.ca)  
Designated in July 1999. Designation confirmed in November 2004.
2. St. Joseph's Healthcare Hamilton  
50 Charlton Avenue E.  
Hamilton ON L8N 4A6  
Tel: 905-522-4941  
E-mail-- [sfeaver@stjosham.on.ca](mailto:sfeaver@stjosham.on.ca)  
[www.stjosham.on.ca/mn/index.htm](http://www.stjosham.on.ca/mn/index.htm)  
Designated in March 2003
3. Centre hospitalier Saint-Eustache  
520, boul. Arthur-Sauvé  
Saint-Eustache (Québec)  
J7R 5B1  
Tel: (450) 473-6811  
E-mail: [france.lebrun@ssss.gouv.qc.ca](mailto:france.lebrun@ssss.gouv.qc.ca)  
[www.chse.qc.ca](http://www.chse.qc.ca)  
Designated in May 2004
4. Maison de naissance Mimosa du Centre de santé et de services sociaux du Grand Littoral  
182, rue de l'Église  
Saint-Romuald (Québec)  
G6W 3G9  
Tel: 418-839-0205  
[maisondenaissancemimosa@ssss.gouv.qc.ca](mailto:maisondenaissancemimosa@ssss.gouv.qc.ca)  
[www.mimosa.qc.ca](http://www.mimosa.qc.ca)  
Designated in January 2005

February 2007

These lists are available at <http://breastfeedingcanada.ca/pdf/BCC%20List%20of%20Designated%20Facilities%20February%202007.pdf>

**BABY-FRIENDLY COMMUNITY HEALTH SERVICES IN CANADA.**  
**February 2007**

1. Mission communautaire du Centre de santé et de services sociaux d'Argenteuil  
145, avenue de la Providence  
Lachute (Québec)  
J8H 4C7  
Tel: 450-562-4711, poste 8237  
E-mail: [monique\\_therien@ssss.gouv.qc.ca](mailto:monique_therien@ssss.gouv.qc.ca)  
Designated in November 2004

2. Mission communautaire du Centre de santé et de services sociaux  
du CLSC La Pommeraie  
112, rue Sud  
Cowansville (Québec)  
J2K 2X2  
Tel: 450 266-2522  
E-mail : [christiane.granger@rrsss16.gouv.qc.ca](mailto:christiane.granger@rrsss16.gouv.qc.ca)  
Designated in September 2005

3. Thunder Bay District Health Unit  
999 Balmoral Street  
Thunder Bay ON  
P7B 6E7  
Tel: 807-625- 5952  
E-mail : [laura.prodanyk@tbdhu.com](mailto:laura.prodanyk@tbdhu.com)  
[www.tbdhu.com](http://www.tbdhu.com)  
Designated in June 2006

4. Centre de santé et des services sociaux Vaudreuil-Soulanges,  
CLSC Vaudreuil-Soulanges  
490, boul, Harwood  
Vaudreuil-Dorion (Québec)  
J7V 7H4  
Tel : 450-455-6171  
E-mail : [hermance.monette@rrsss16.gouv.qc.ca](mailto:hermance.monette@rrsss16.gouv.qc.ca)  
Designated in June 2006

5. Centre de santé et de services sociaux Champlain,  
CLSC Samuel-de-Champlain  
5811, boulevard Taschereau  
Brossard (Québec)  
J4Z 1A5  
Tel : 450- 445-4452  
E-mail: [mario\\_lefevre@rrsss16.gouv.qc.ca](mailto:mario_lefevre@rrsss16.gouv.qc.ca)  
Designated in December 2006

# National BFI News

## New Brunswick

Education is going ahead with Regional Health Authorities covering expenses for their staff. The 1<sup>st</sup> phase of the provincial research project on *Infant Feeding Practices* conducted by Dr Gail Storr has started.

Most RHAs have established their BFI Committees, have met with NB BFI Coordinator and the chair of the NB BFI Advisory Committee, and have started their self-assessment. The second annual Roundtable is planned for March 22<sup>nd</sup> to address resistance to change and tools for monitoring BFI outcomes.

The third issue of the BFI Newsletter has been released.

## Ontario

The Ontario Breastfeeding Committee partnered with Registered Nurses Assoc. of Ontario to present a resolution on adoption of BFI in the province. BFI has been incorporated into the mandatory service guidelines, and progress is being seen. Thirty Health Units are partnering to share progress through ongoing teleconferences and hospitals have initiated a discussion forum to share strategies.

## Prince Edward Island

Has a Coalition which surveyed hospitals, Public Health, and health centres. One hospital is on the BFI journey and the work continues at all levels.

## Quebec

Health Centre "*Centre Samuel de Champlain*" received BFI designation. Many other facilities in QC are in the pre-assessment phase.

The breastfeeding initiation rate has reached 85% .

## Saskatchewan

The provincial Breastfeeding Implementation Committee has worked on an annual BFI self assessment of all provincial hospitals doing more than 50 deliveries and regional community ( public health) services is being conducted annually. Also, an information briefing note on payment for breastmilk substitutes in hospitals was prepared and submitted to the two provincial committees representing the health region's Community Services Vice Presidents and Emergency and Acute Care VPs. The Community Services VPs to whom the Breastfeeding Implementation Committee reports approved a recommendation that all hospitals offering maternity and/or paediatric care explore ways to begin to pay fair retail price for all infant nutritional products that are offered within these facilities. They sent a letter to the health region chief executive officers advising them of this recommendation.

## British Columbia

BFI binders are being updated and are available at virtually no charge to users.

Promotional materials such as tape measures are available free to hospitals. *Baby's Best Chance* and *Toddlers First Steps* (now being revised) are available.

The Network will follow-up on the survey which was completed in 2004. Education is an issue with sustainability a concern and BC has chosen to use the train the trainer format to reach more people . One hospital has been pre-assessed and and one large RHA has made the commitment towards BFI. Health Authorities are forming a BFI Committee.

Childhood Obesity document has been released and provides recommendations which include support for breastfeeding.

Data has been collected for a number of years and now incorporates new breastfeeding definitions.

# National BFI News



## Newfoundland and Labrador

On October 10, 2006, a group of health organizations released a joint position paper entitled "Breastfeeding: A Public Health Priority". The organizations involved included the ARNNL, the NLMA, the Provincial Breastfeeding Coalition, the NL Public Health Association, the Dieticians of Canada and others. The paper reports the low breastfeeding rate both for initiation and duration of exclusive breastfeeding in this province and cites evidenced based information regarding the benefits of breastfeeding for individuals, communities and the health system. The paper acknowledges that the Provincial Breastfeeding Coalition has initiated a number of education, advocacy and surveillance activities to improve breastfeeding in the province

The position paper calls on government to respond to a series of recommendations aimed at developing a comprehensive, coordinated and resources approach to the protection, promotion and support of breastfeeding.

The Provincial Breastfeeding Coalition, housed at the Provincial Perinatal Program, is a voluntary organization which supports education, advocacy and surveillance activities to improve breastfeeding in the province. Elements of a Strategic Plan developed by the Breastfeeding Coalition in 1999 are reflected in the Food and Nutrition Framework and in Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland

## Nova Scotia

To further support implementation of the Provincial Breastfeeding Policy (approved by Department of Health and Department of Health Promotion & Protection in October 2005) – focus has been on communication of the policy within government and with key stakeholders.

Elisabeth Sterken, Director INFACT Canada – joined the provincial committee for a full day presentation on the International Code of Marketing of Breastmilk Substitutes: Obligations for the protection of breastfeeding. A manual to guide the establishment of a breastfeeding telephone support line has been developed, based on the work of the Yarmouth County Friendly Feeding Line. The document *Mother to Mother- Creating a Breastfeeding Support Line in Your Community* is available to view at: <http://www.gov.ns.ca/hpp/repPub/FriendlyFeedingLineManual.pdf>

Work is underway to develop a provincial breastfeeding social marketing strategy. Phase one of this work will focus on research (formative & qualitative) and creative concept design & testing. The objective of this strategy is to normalize breastfeeding within Nova Scotia communities.

## Manitoba

Several small hospitals are committed to BFI. All Regional Health Authorities have provided training on WHO Code and 10 steps. Significant progress has been made with the education piece.

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## Alberta

Individual regions across the province of Alberta are at varying stages in supporting breastfeeding and implementing the BFI. Strategies to move forwards include:

- \* establish a multi-disciplinary and multi service area regional breastfeeding committee - ensure representation from all stakeholders
- \* agree to have a "simple" goal - to improve breastfeeding rates

- \* expose the committee to what breastfeeding as an indicator of child health means and to what the Baby-Friendly™ Initiative means,

- \* plan to move slowly - need to get every department to be "on board" -key will be more education for the staff, on a level they are comfortable with as goals are defined, include the physicians, midwives and administrators.

Visit the Alberta Breastfeeding Committee website at [http://www.breastfeedingalberta.ca/bfi\\_in\\_alberta.htm](http://www.breastfeedingalberta.ca/bfi_in_alberta.htm)

## *In the Spotlight ....*

Toronto Public Health urges the city's board of health to develop policy affirming a woman's right to breastfeed "anywhere in Toronto."

In January 2007, Toronto Public Health presented a report to the Toronto Board of Health on Breastfeeding with a focus on BFI. The recommendations were approved with some changes. The following is an extract from the report:

As a recognized leader in breastfeeding practice, Toronto Public Health is working towards the internationally recognized Baby-Friendly Initiative (BFI) designation and is well positioned to advocate for exclusive and sustained breastfeeding as well as act as a catalyst for BFI in local hospitals.

In order to determine compliance with BFI in Toronto hospitals and identify gaps in service, Toronto Public Health will:

- (a) assess current hospital policies, practices, professional attitudes and behaviours as they relate to breastfeeding and
- (b) survey mothers about their breastfeeding experience in hospital
- (c) gather information about exclusive breastfeeding initiation rates in hospital and exclusive breastfeeding rates at hospital discharge.

The results of these surveys will be summarized in a "Report Card on Breastfeeding in Toronto". The report card will provide baseline data and will be a useful tool for both Toronto Public Health and hospitals to determine gaps and develop strategies for action.

The Board of Health was called on to advocate for provincial policy and funding support for hospitals, public health and community health services to protect, promote and support breastfeeding. Toronto Public Health will continue to champion BFI in public health services, develop a policy that affirms the right of breastfeeding mothers to breastfeed in all public places controlled by the municipality, and support Toronto hospitals to identify challenges and seek solutions.

### **The Medical Officer of Health recommends that:**

1. The Board of Health endorse the World Health Organization (WHO)/United Nations Children's Fund (UNICEF) International Code of Marketing of Breast Milk Substitutes (the Code) and all subsequent resolutions of the World Health Assembly as outlined in Attachment 1, to enable Toronto Public Health to continue working toward BFI designation;
2. The Board of Health request the Ontario Minister of Health and Long-term Care and the Minister of Children and Youth Services to:
  - a. support the implementation of the BFI in Ontario hospitals, public health units and other community health services,
  - b. include the BFI in the revision of Ontario Ministry of Health and Longterm Care Health Programs and Services Guidelines,
  - c. provide funding to support BFI implementation in Ontario hospitals, public health units and other community health services;
3. The Medical Officer of Health develop a Breastfeeding Report Card for Toronto based on a survey of hospitals and the breastfeeding experience of new mothers in 2007 and report results to the Board of Health in early 2008;
4. The Board of Health request the Ontario Minister of Health and Long-term Care to provide sustainable funding to the Niday Perinatal Database project to ensure that Toronto hospitals consistently collect the enhanced data to document feeding practices in hospitals and at hospital discharge;
5. The Medical Officer of Health report to The Board of Health with a draft City policy for breastfeeding in public places in consultation with the appropriate City of Toronto officials by October 2007.

For more information contact Joanne Gilmore  
jgilmore@toronto.ca

*Send your examples of BFI in action to kventer1@cogeco.ca so that we can share our hard work and accomplishments.*

# Global News

## BCC Board Endorses Innocenti Declaration 2005

In October 2006, the Board of Directors of the Breastfeeding Committee for Canada endorsed the Innocenti Declaration 2005 on Infant and Young Child Feeding. This document was developed at an event “Celebrating Innocenti 1990-2005: Achievements, Challenges and Future Imperatives” held November 21-22, 2005 in Florence, Italy. The event was co-organized by UNICEF, WHO, IBFAN, ILCA, LLLI, Academy of Breastfeeding Medicine and Wellstart International.

The original 1990 Innocenti Declaration was one of the key documents which led to the establishment, by WHO and UNICEF, of the Baby-Friendly Hospital Initiative. In November 2005 UNICEF reported that global breastfeeding rates had increased by 15% since 1990. By the end of 2005 UNICEF estimated that 20,000 facilities in 150 countries would have Baby-Friendly designation.

The four original Innocenti targets included:

- establishment of national breastfeeding coordinators and committees;
- ensuring that all facilities providing maternity care practice the Ten Steps to Successful Breastfeeding;
- give meaningful effect to the International Code of Marketing of Breast-milk Substitutes and enact imaginative legislation to protect the rights of breastfeeding mothers in the workplace.

Innocenti 15+ includes five additional operational targets:

- development, implementation, monitoring and evaluation of comprehensive policies on infant and young child feeding in the context of national policies and programs for nutrition, child and reproductive health and poverty reduction;
- ensuring that health and other relevant sectors protect, promote and support exclusive breastfeeding to six months and continued breastfeeding up to two years and beyond and provide women access to support in family, community and workplace to achieve this goal;
- promotion of timely, adequate, safe and appropriate complementary feeding with continued breastfeeding;
- guidance on feeding infants and young children in exceptionally difficult circumstances and support to their mothers, families and caregivers and consideration of new legislation or other suitable measures, as part of a comprehensive policy on infant and young child feeding;
- to give effect to the principles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions.

*M. Sanders, National Coordinator, Breastfeeding Committee for Canada.*

### *An International Symbol For Breastfeeding*



Mothering Magazine held a Breastfeeding Symbol Contest to find an international symbol for breastfeeding to increase public awareness of breastfeeding, and to provide an alternative to the use of a baby bottle image.

The winning image was designed by Matt Daigle of Sioux Falls, South Dakota. Matt is a stay-at-home dad, freelance graphic designer, and cartoonist. Matt and his wife Kay are the parents of one-year-old son Hayden.

The breastfeeding symbol is available copyright free. Matt has signed it over to the Public Domain. You can download a PDF of the International Breastfeeding Symbol here:

[http://www.mothering.com/sections/action\\_alerts/iconcontest/waiver.html](http://www.mothering.com/sections/action_alerts/iconcontest/waiver.html)

## *Relevant Subsequent WHA Resolutions*

**When the Code was adopted by the World Health Assembly in 1981 it was recognised that it may require clarification or revision. These resolutions have equal status to the Code. Below is a summary of key elements of the relevant subsequent resolutions.**

[Resolution WHA35.26 \(1982\)](#) Member States are urged to give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code as a “minimum requirement” and implemented it “in its entirety”.

[Resolution WHA37.30 \(1984\)](#)

Member States, WHO, nongovernmental organizations and all other interested parties are urged to “put into effect measures to improve infant and young child feeding, with particular emphasis on the use of *foods of local origin*”.

Member States are encouraged to “examine the problem of the promotion and use of foods unsuitable for infant and young child feeding and ways of promoting the appropriate use of infant foods”.

[Resolution WHA39.28 \(1986\)](#)

Member States are urged to ensure that the “small amount of breastmilk substitutes” needed for the minority of infants who require them in maternity wards are made available through the normal procurement channels and *not through free or subsidized supplies*”.

[Resolution WHA41.11 \(1988\)](#)

This resolution identifies the need for establishing effective nutritional status surveillance systems, monitoring changes in the “*prevalence and duration of full and supplemented breastfeeding*” with a view to improving breastfeeding rates.

[Resolution WHA43.3 \(1990\)](#)

Member States are urged to protect and promote breastfeeding as “an essential component of their overall food and nutrition policies and programmes on behalf of women and children”.

Member States are urged to take action to facilitate breastfeeding among working women.

[Resolution WHA45.34 \(1992\)](#)

Member States are urged to “encourage and support all *public and private health facilities* providing maternity services so that they *become “Baby-Friendly”*”.

Member States are urged to take measures...at “ending the donation or low-priced sale of supplies of breastmilk substitutes to health-care facilities providing maternity services”.

[Resolution WHA47.5 \(1994\)](#)

Member States are urged to “foster appropriate complementary feeding *from the age of about six months* emphasizing continued breastfeeding and frequent feeding with safe and adequate amounts of local foods”

[Resolution WHA49.15 \(1996\)](#)

Member States are urged to “ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding.”

[Resolution WHA54.2 \(2001\)](#) Member States are urged to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions, regarding labelling and all forms of advertising and commercial promotion in all types of media, and to inform the general public on progress in implementing the Code and subsequent relevant WHA resolutions.

Member States are urged to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months.

[Resolution WHA55.25 \(2002\)](#)

Member States are urged to ensure that the introduction or micronutrient interventions and the marketing of nutritional supplements do not replace or undermine exclusive breastfeeding and optimal complementary feeding.

Member States are urged to improve quality standards of processed foods for infants and young children and to promote their safe and proper use at an appropriate age, including through adequate labelling, consistent with the *Code*.

[Resolution WHA58.32 \(2005\)](#)

Member States are urged “to ensure that nutrition and health claims are not permitted for breastmilk substitutes, except where specifically provided for in national legislation.”

Member States are urged to ensure parents, caregivers and health workers are “informed that powdered infant formula may contain pathogenic micro organisms and must be prepared and used appropriately” and that “this information is conveyed through an explicit warning on packaging”.

[Resolution WHA59.21 \(2006\)](#)

Member States are urged to “renew their commitment to policies and programmes related to implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions and to the revitalization of the Baby- Friendly Hospital Initiative to protect, promote and support breastfeeding”.