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## VANCOUVER CONFERENCE CELEBRATES A DECADE OF THE BABY FRIENDLY INITIATIVE IN CANADA. CONFERENCE SUMMARY PROVIDED BY ELAINE CARTY

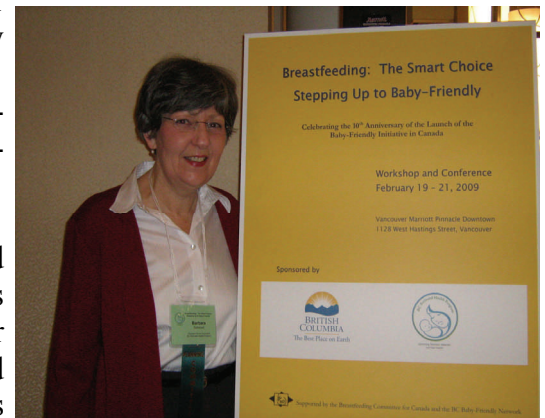
“The information and energy of this conference will be taken back to so many venues. At this conference we have administrators, dietitians, lactation consultants, physicians, researchers, nurses from the hospital and the community, midwives – there are over 250 of us here. This was a truly interdisciplinary conference.

We are excited about the information and messages that we are leaving with.

We saw many blankets wrapped around babies and their mothers and fathers – not the swaddling or bundling but those over the naked mother and baby - those blankets led me to think of an exquisite tapestry, the elaborately woven threads of neuroscience, psychology, sociology, economics, politics, ethics, marketing and health services that are inseparable from the infant, the mother, the father and human milk. If woven with skill and love the tapestry can portray the most elegant picture of human beginning.

We learned many things about the mammalian infant from Dr. Bergman that amazed us. Dr.Dumas’ work was in synchrony with the skin to skin recommendations. The information didn’t totally surprise us because most of us are here because we believe that babies and their mothers belong together, and belong skin to skin. But to receive so much clear and detailed information inspired us to feel more confident in returning home to engage the early adopters of change, the opinion leaders in our workplace, so that we can enhance the experience of every possible mother and baby. I know that, in some ways, although I am very excited to hear these research reports, I am still frustrated that in order to make change - we need research to tell us what mothers and babies instinctively know.

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Barbara Selwood, RN, BSN, MSc. Perinatal Nurse Consultant, BC Perinatal Health Program. Organizer of the “Breastfeeding the Smart Choice, Stepping up to Baby Friendly” conference which took place in February 2009.

### 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.

## About the Breastfeeding Committee For Canada

**Objectives** (Article 3 of the revised by-laws 2009)

3.1.1 The BCC will provide a forum for addressing Canadian breastfeeding issues.

3.1.2. The BCC will maintain ongoing communications with governments and organizations to protect, promote and support breastfeeding.

3.1.3 The BCC will provide ongoing expert advice and recommendations on breastfeeding research, policy and program development, and direction to governments and organizations.

3.1.4 The BCC will develop partnerships and collaborative strategies to protect, promote and support breastfeeding.

3.1.5 The BCC as the National Authority for the WHO/UNICEF Baby Friendly Initiative will oversee and facilitate the implementation of the WHO/UNICEF Baby-

### Article 6: Members

The BCC decision-making body is comprised of the voting members: two elected representatives from each province and territory who comprise the BFI Implementation Committee of the BCC, the BFI Assessment Committee, members of the executive and also members as outlined below:

There are four categories of Members: A. Voting Members, B. Associate Members, C. Affiliate Members , D. Honorary Members.

**A** Voting Member is a representative of a national organization that is concerned with maternal child health issues, and has received approval of the Board of Directors or is an individual expert who is invited to become a member and has received approval of the Board of Directors. This member may not hold more than one vote .

**B** An Associate Member pays the prescribed membership fee and is not entitled to vote at any General or Special Meeting

**C** An Affiliate Member — all members of the group applying for Affiliate Membership fulfills the criteria as determined by the Board for Affiliate Membership status in the BCC and the group is not affiliated with the formula or the baby food industry in any way or/and is a group interested in furthering the aims of the BCC and whose application for acceptance as an Affiliate Member has received the approval of the Executive Committee. The group or its individual members do not have voting privileges on the BCC .

**D** An Honorary Member—an individual may become an Honorary Member and must be approved for membership by the Board. An Honorary Member does not have voting privileges in the BCC.



Support BFI in  
Canada -  
join the BCC

[www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca)

## 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)

Send us your contributions  
to the BCC Newsletter  
'Breastfeeding Canada'

Contact Kathy Venter  
[bfi@breastfeedingontario.org](mailto:bfi@breastfeedingontario.org)

The life-enhancing properties of human milk were consolidated in our minds. The results of Dr. Kramer's Probit Trial made us think more deeply about not just the qualities of human milk but about the importance of how it is delivered. One of Dr. Bergman's messages was babies should not cry...yet Dr. Barr showed us how universal the crying cycle is between 2 and 5 months. A question to Dr. Bergman helped clarify that he was talking about the perinatal period and that babies will cry later in order to call to us. Dr. Barr's information is critical to us helping women to continue breastfeeding during a crying period.

### Major messages:

- Humanism before technology.
- Skin to skin
- Growth enhancing sleep cycles
- Babies should not cry,
- Babies do cry,
- Breast fed babies have higher IQ's than non- breast fed babies.
- Premies go home earlier if fed human milk
- Oxytocin and prolactin = love

Babies are amazing beings, amazingly strong beings that are wired to get what they need. Especially if they are in their natural habitat – the mother's - or fathers, skin.

Adrienne Rich the writer and poet wrote in the 1970's "Small mouths, needy, suck you: this is love." Do art, literature and poetry constitute evidence?

We talked less about the mother part of the dyad in the conference. We did, however, see many photos of mothers of premature babies spending days and weeks skin to skin with their babies.

We must consider the context of women's lives as well as was pointed out in the discussion of the revised BFI guidelines. Women live complex lives...they have a work life, they manage a household, they raise children, many are under economic stress. And then there is the stress of figuring out the female body in North American Society. Birth and breastfeeding are the most basic of body experiences...the body at its most raw and for many of us its most beautiful. But it is not the body of sculpting through plastic surgery and it is not the body trimmed through the fitness center – and for many women who have an overweight body it is not the body of societal expectations. Young women can be embarrassed to use their breasts to feed a baby in a society where breasts are sexualized. So, although the babies needs are clear and simple even though physiological complex, women need outstanding support from family, friends, care providers and society to engage fully in their part of this human dyad.

It would seem that babies are not the problem – it's adult humans....

I am convinced that women want to have more confidence in their bodies to give birth and to breastfeed. The approaches outlined today --- giving the care back to the parents will enhance their confidence. Peer support groups have made a difference in Toronto and Nova Scotia. We must think of other ways to assist women to regain their confidence. In Australia the 'core of life' program operates in middle school and high school to educate about birth and breastfeeding in a mixed gender environment. The Centering Pregnancy model enhances confidence through group prenatal care. The centering parenting model where women come together for well child care and support - often with the same women they formed a bond with in pregnancy can also assist with the continuity of message around breastfeeding and enhance women's support.

### "Yes We Can"

We heard wonderful talks about how to promote the baby friendly initiative – How to fit this initiative in the 5 pillars of health public policy and health promotion – how to engage the administrators of health service providers and how to find the right message for the public. In talking about the conference and its title – I had three people look surprised and say – are hospitals not baby friendly? Perhaps phrases like best practice more accurately reflect what we are trying to do. If Mr. Obama and Mr. Harper would take on breastfeeding as part of their new energy program...we might even co-opt the phrase 'yes we can'." ☺

## The BCC AGM - A Rare Opportunity...

A rare opportunity was created by the Vancouver Conference for members of the BCC to meet and network. The Assessment Committee met to complete work on the Revised Indicators and to do strategic planning around all the assessments in the process around the country. The Nutrition Committee completed work on the Complementary Feeding Guidelines, the BFI Implementation Committee (previously the Provincial/Territorial Committee) met to network and do some strategic planning and the members of the executive made themselves available to all for discussions, planning, problem solving and mutual empowerment.

### The BCC Annual General Meeting 2009.

The Board of Directors: Claudette Landry, Kathy Inkpen, Marianne Brophy, Kathy Venter, Emmy Maten, Marina Green and Johanna Bergerman.



### After the AGM...

Back row: Maureen Veldt, Marianne Brophy, Kathryn Inkpen

Middle row: Laura Prodanyk, Eileen Chuey, Emmy Maten, Johanna Bergerman, Claudette Landry, Isabel Melancon, Nancy Worth, Janet Murphy-Goodridge .

Front row: Linda Romph, Ginette Belanger, Kathy Venter, Donna Brown, Tina Swinamer, Margot Suttis.



## At Work and Play...

Dr. Nils Bergman (Guest Speaker) and Marianne Brophy (Co-Chair BCC) enjoy lunch together.



### **BFI Assessment Committee**

Left to right: Ginette Belanger, Marianne Brophy, Louise Dumas, Kathy Venter and Marina Green (Chair).

Absent: Suzanne Dionne



**The Provincial/Territorial BFI Implementation Committee** gathered for a 'meet and greet' at lunch one day. Kathy Inkpen (co-chair) addresses the members who came from almost all of the Provinces and Territories.

The BCC Logo proudly displayed in the hotel lobby welcomes delegates to the conference.



## Revised 'Guidelines for WHO/UNICEF Baby-Friendly Initiative (BFI) in Canada' Combines The Ten Steps and the Seven Point Plan Practice Outcome Indicators For Baby-Friendly Hospitals and Community Health Services (CHS).

The ten years since the launch of BFI in Canada have provided the BFI assessment team with experiences of many kinds, not only the accreditation process itself, but also the hundreds of hours of support and discussion invested in every facility that indicates commitment to becoming designated Baby Friendly.

Since early 2008 the committee has been working on amalgamating the Hospital and the Community Practice Outcome Indicators to improve efficiency and to frame the continuity of care in the BFI context. This does not mean that the assessment process itself has changed, only that the tools to get the job done are more streamlined and better elucidate the scope of BFI in practice.

Every effort is made to provide clear, evidence based guidelines to help facilities achieve the Global Standard - the Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions.

Each Step has a summary 'window' showing what the assessment requires of the mother, the manager, the staff and the documentation. Appendices provide detailed information about education for various cadres of staff, collection of data, practical skills competencies etc.

Also slightly different is some of the language used in the Steps to bring them more in line with current terminology and the Canadian context. An example is the use of "process" instead of "management" of breastfeeding. (The original Step will also be provided in the text to ensure that the original meaning and intent remains intact). The revised, combined indicators for hospitals and community health services will be ready for distribution soon.

### Step 3. Inform pregnant women and their families about the importance and process of breastfeeding.

**Pregnant women** at 32 weeks or more gestation (who are using a prenatal service or who have been hospitalized or who have had two or more prenatal visits or classes) confirm that they are given sufficient opportunity to discuss their infant feeding decision with knowledgeable staff, and that the importance of exclusive breastfeeding has been discussed with them. These women can describe at least 2 benefits of breastfeeding and the importance of skin to skin contact, and two of the following: exclusivity of breastfeeding, risks of non-medically indicated supplementation, cue-based feeding, latching, rooming-in, and extended breastfeeding. These women confirm they have received no group education on the use of breast milk substitutes<sup>2</sup>

**The manager of a community health service** describes health promotion and community outreach strategies to increase public awareness and support of breastfeeding, and the creation of a breastfeeding culture in the community. The manager shows liaison with the local hospital(s) and collaboration regarding the development of the prenatal curriculum.

**The manager of a hospital** shows that breastfeeding support is provided to at least 80% of pregnant women using the facility. The manager shows liaison with the community prenatal programs and collaboration regarding the development of the prenatal curriculum.

**Staff** providing prenatal education confirm that they have received breastfeeding education as outlined in Step 2.

**Documents: A written curriculum for prenatal education** used by the hospital and/or the community health service and **written information for prenatal clients** (such as booklets, leaflets, handbooks and text books with general information of pregnancy, parenting, infant feeding and child care) provide accurate, evidence based information. (Appendix) They are free of information on the feeding of breastmilk substitutes. Women who have made an informed decision not to breastfeed receive written materials on the feeding of breastmilk substitutes that is current, appropriate and separate from breastfeeding information. All written information is free of promotional material for products or companies that fall within the scope of the WHO Code.



BCC member Dianne Nikiforuk of Drayton Valley AB and Leslie Ayre-Jaschke, former LLLC representative to the BCC prepared a powerful advocacy tool which was presented as a poster at the “Breastfeeding the Smart Choice; Stepping up to Baby Friendly” conference in Vancouver . The focus is how breastfeeding fits within the Ottawa Charter as a health promotion strategy. Following is an excerpt from the tool:

“At the end of the 1987 Ottawa Conference, the participants made a series of pledges for advancing health promotion efforts in their countries and internationally. A comprehensive and effective national breastfeeding strategy is essential to advancing Canada’s health promotion efforts within the framework of these pledges.

This would include:

***Moving into the arena of healthy public policy and to advocate a clear political commitment to health and equity in all sectors. Counteract the pressures towards harmful products, resource depletion, unhealthy living conditions, environments and bad nutrition. Focus attention on public health issues such as pollution, occupational hazards, housing and settlements.***

- Breastfeeding guarantees a safe, secure and nutritionally complete food source augmented by significant immunological protection to ensure optimal neurological development for infants and children regardless of their living conditions.

***Responding to the health gap within and between societies and tackle the inequities in health produced by the rules and practices of these societies.***

- Breastfeeding reduces the health gap between socioeconomic groups, providing optimal child growth and development regardless of parental income or social status.

***Acknowledging people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being.***

- A satisfying breastfeeding experience can be highly empowering for women, leading to increased self-esteem and feelings of competence, confidence and control.
- Breastfeeding provides optimum nutrition for infants at minimal cost to parents (the estimated cost of formula-feeding for one year ranges from \$1300 to \$2200 Canadian. This estimate does not include the cost of the equipment required, or the cost of medications to treat illness that is more common in formula fed children).
- Employed breastfeeding mothers take fewer sick days due to child illness or maternal illness, benefiting employers and families. Employers who support breastfeeding employees may see increased loyalty, commitment and morale among those women. In turn, this may result in higher productivity.
- Women who do not breastfeed experience increased post partum depression.

***Reorienting health services and their resources towards the promotion of health; and share power with other sectors, other disciplines and, most importantly, with people themselves.***

- At the population level, increased rates of breastfeeding initiation and duration results in reduced incidence of many acute childhood diseases and chronic adult diseases regardless of economic status. Overall, this will decrease the burden of illness on the health system. Effective breastfeeding promotion, protection, and support needs to be come part of standard health service provision.
- With adequate education and support, most women can breastfeed. Health promotion strategies that share power, engage multi-sectors, and that capitalize on the strengths of women are more likely to be effective.
- At a population level, high rates of breastfeeding initiation and duration produces measurable outcomes and significant cost reduction to the health care system.

***Recognizing health and its maintenance as a major social investment and challenge; and address the overall ecological issue of our ways of living.***

- Breastfeeding produces minimal environmental waste in production, delivery and disposal of product.
- Breastfeeding can provide natural child spacing or minimize contraception failure in the first six months.”

For information contact Dianne Nikiforuk [ronaldrnikiforuk@mac.com](mailto:ronaldrnikiforuk@mac.com)



## **Marilyn Sanders Resigns From The BCC Staff Position**

Marilyn Sanders has been involved with the BCC for 17 years, since starting as the UNICEF Canada BFI advisor. She has resigned from the BCC staff position, effective from the end of March 2009. For many, Marilyn is synonymous with the BCC, and she will certainly be missed. The BCC Board thanks Marilyn for years of dedicated service, and welcomed her as an Honorary Member of the BCC, knowing that she will always be advocating for women and children, especially those breastfeeding, wherever she has any influence. Marilyn has chosen to take on the development of a program for immigrant women through her other employer.

At the BCC, Marilyn has always been accessible, quick to respond to queries, and a repository of endless details and information. Marilyn thanked the Board for the BCC sponsorship to attend the BFI 10<sup>th</sup> Anniversary conference and AGM in Vancouver in February, and appreciated reconnecting with many past colleagues and associates. Marilyn has offered to continue as a volunteer editor for the BCC, and we look forward to a long, continued association with her. We wish her every success in the future.

Best wishes and messages for Marilyn can be sent to the BCC address at [info@breastfeedingcanada.ca](mailto:info@breastfeedingcanada.ca)

We will be sure to include these in our official “Thankyou”