



Breastfeeding Canada

Issue 4: November 2007

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Susan Siew, Co-Director of WABA, meets with the BCC

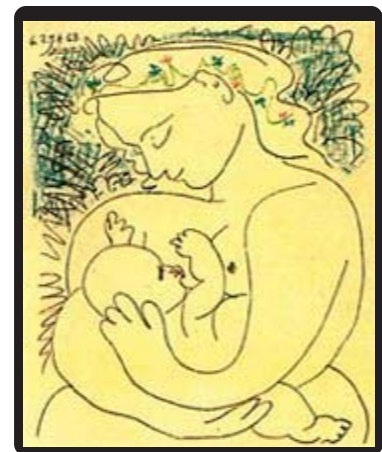
The World Alliance for Breastfeeding Action (WABA), in collaboration with the Association pour la Santé Publique du Québec (ASPO), is preparing for WABA's 3rd Global Forum. The current plan is for the forum to take place in Quebec City in June, 2010.

WABA is a global network of individuals and organizations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLLI), International Lactation Consultant Association (ILCA), Wellstart International, Academy of Breastfeeding Medicine (ABM), and LINKAGES. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

The host city for WABA's first Global Forum in 1996 was Bangkok, Thailand. The second Global Forum was held in Arusha, Tanzania in 2002. This will be the first time for WABA to hold a forum in the Western Hemisphere. A tremendous co-ordination of planning and work goes into the preparation of this 5 day event, directed by Susan Siew, Co-Director of WABA, and whose office is situated in Penang, Malaysia.

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The BABY-FRIENDLY Initiative is gaining momentum in Canada. To see the most recent list of Baby Friendly facilities go to
<http://www.breastfeedingcanada.ca>



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

BC Baby-Friendly Network
www.bcbabyfriendly.ca

Ontario Breastfeeding Committee
www.breastfeedingontario.org

Alberta Breastfeeding Committee
www.breastfeedingalberta.ca

Manitoba Baby-Friendly
www.gov.mb.ca/health/nutrition/bfi2.html

Breastfeeding Committee for Saskatchewan
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.

World Breastfeeding Week 2008



In conjunction with the Olympics next August, WBW 2008 calls for greater support for mothers in achieving the gold standard of infant feeding: breastfeeding exclusively for six months, and providing appropriate complementary foods with continued breastfeeding for up to two years or beyond. For more information on the theme, exciting activities & materials for download, please visit: www.worldbreastfeedingweek.org

WABA *Men's Initiative*

The WABA Men's Initiative was born in October 2006.

The inaugural meeting was held in Penang, Malaysia, in conjunction with the WABA Gender Training Workshop. Members of the Men's Working Group comprising of 6 men from Sweden, Swaziland, India, Pakistan and Argentina, developed the Initiative's vision, mission, goals, objectives and action plan.

Vision: A world where breastfeeding is a cultural norm and where men support women and families to feed and optimally care for their infants and young children, thus contributing to a just gender equal and healthy society.

Mission: To create an enabling environment where men, particularly fathers, participate actively and share responsibilities with women in optimally caring for their infants and young children, through advocacy, education and capacity building.



Goals:

- To increase and enhance involvement of fathers in parenting and supporting breastfeeding.
- To increase the participation of men, especially fathers, childcare, sharing domestic responsibilities, including raising men's awareness on women's and children's rights, reproductive health issues and safe sex.
- To support efforts that ensures greater gender equality in all societies in order to bring about an enabling environment for breastfeeding, family health and well-being.

For more information contact
waba@streamyx.com

National BFI News

A report on the 18th birthday of the UN Convention on the Rights of the Child looks at how Canada's "first rights generation" has fared under the Convention

"A report by the Senate of Canada adopted in June, 2007 found that Canada has done very little at the national level to implement the Convention on the Rights of the Child. We have no legal framework to ensure the rights of children, no sustainable national plan of action with clear and measurable targets, and no focal point for children at the federal level. We can point to promising initiatives nationally and provincially by governments and civil society organizations – there are many – but their benefits are highly localized and many are short-lived. What could possibly be holding us back from doing what's working in other countries – doing what's right – to improve the health, development and protection of our children?" Nigel Fisher, President and CEO UNICEF Canada.

The report details many aspects of the Convention including breastfeeding and can be [accessed at www.unicef.ca](http://www.unicef.ca)

"Breastfeeding: Over the past generation, Canada has introduced 15 baby-friendly health facilities that operate with the gold standard in breastfeeding promotion. During the last few years, the number of Canadian mothers who initiate and sustain breastfeeding has increased, partly as a result of baby-friendlier maternal leave policies; communities (including health centres and businesses) supportive of breastfeeding mothers; greater public awareness of the unparalleled benefits of breastfeeding; and the sustained advocacy of public health workers and agencies. The percentage of mothers who initiate breastfeeding has increased from 75 per cent in 1995 to 85 per cent in 2003. Yet as of 2003, only 19 per cent of Canadian mothers breastfed for at least six months, without introducing other solids or liquid forms of nutrition. This low rate of sustained breastfeeding is a concern, given the accumulated evidence that breastfeeding is the best source of nutrition for babies, and has many additional health and developmental benefits."
(excerpt from the report "What's Rights For Some")

UNICEF Canada is calling for a national Children's Commissioner in Canada.

In a message on the 18th. anniversary of the UN Convention on the Rights of the Child Nigel Fisher, President and CEO UNICEF Canada says that UNICEF Canada is calling for a national Children's Commissioner in Canada.

"A Children's Commissioner will ensure the needs and rights of children are considered a priority by government when making decisions on federal budgets, legislation, policies and services. A Commissioner will work with provincial child and youth advocates and coordinate efforts with all levels of government to advance children's rights and well-being.

More than 60 independent institutions for children have been set up in other countries around the world. Canada is one of the few industrialized countries without a strong office for children at the national level.

There is no doubt that we can improve the situation of Canadian children. But to achieve this, we need to fulfil our Convention obligations with a comprehensive legal framework to protect all children; a sustainable and well-resourced national plan of action for children with clear and measurable targets; and a focal point for children at the federal level.

The establishment of a Children's Commissioner is the right place to start."

For the complete message from the President and CEO of UNICEF Canada go to

<http://www.unicef.ca/portal/SmartDefault.aspx?at=1950>



Insights into BFI

Engaging The BFI Assessment Process

Facilities working on the Baby Friendly Initiative using the BFI self appraisal tool and the BCC Practice Outcome Indicators (March 24, 2004) reach a point where they are ready to engage the BFI assessment process.

The Preassessment consists of the Document Review, followed by a Pre-assessment Site Visit. The Facility contacts their Provincial/Territorial Baby-Friendly Coalition, or where there is no such coalition, the BCC office, requesting a document review. A Pre-Assessment contract will be provided, and a fee of \$100 is payable to the P/T Coalition or the BCC. A Lead Assessor will be assigned to work with the Facility. The required documents (see list below) are sent by the Facility to the addresses provided. A Pre-Assessment Site Visit will be recommended by the Lead Assessor upon successful completion of the Document Review process.

Document review:

This helps confirm that the BFI criteria (10 Steps or 7 Point Plan) are in place and helps determine when pre-assessment can be done. It is a show-case of all the work done and serves as a reference both for the assessment and for re-assessment later on.

Document review is also an opportunity to receive feedback and help from the Provincial/Territorial and BCC BFI Assessment Committees who are available to guide the process, provide information or discuss challenges and possible solutions along the journey.

It has proved helpful for Facilities to compile 3 binders* with the following:

- Cover letter
- A copy of the letter requesting the Document Review
- Self-appraisal tool: Completed self appraisal form and BCC Indicators Checklist including breastfeeding initiation, exclusivity and duration data as applicable to the institution.
- Written breastfeeding policy: Full

- policy, posted policy, any translations
- Outline of staff orientation to policy and practice
- Copy of staff breastfeeding education curricula
- Schedule showing individual staff attendance at orientation and education sessions. New staff should be scheduled for education within six months.
- Prenatal curriculum.
- Written Information: copy of materials provided to women and their families
- Purchasing agreement - neutraceuticals including formula.
- List of key staff e.g. BFI point person or coordinator, CEO, Nursing administrator, Data collection expert.
- Anything else that shows the work process or collaboration between hospital/community health/peer support - minutes of breastfeeding coalition meetings etc .

The binders containing these documents are submitted to:

- 1 BCC BFI Assessment Committee
- 2 P/T Committee representative assigned by BCC
- 3 The third binder is kept by the institution and is up-dated with any policy changes etc...

The document review binders are kept confidential by the Assessment Committee. Two assessors review the documents and, using the BFI assessment tool, determine if the facility is ready to move forward in the process. If there are gaps in the information provided, the assessors will work with the facility to address these and then to arrange a pre-assessment site visit.

Information about the assessment process as well as the self-appraisal tool and the Practice Outcome Indicators are available at www.breastfeedingcanada.ca

For more information contact your provincial or territorial BFI committee or the BCC at bfc.can@sympatico.ca

Infant swaddling:

A benefit or a barrier?

Some members of the BCC presented their researches or clinical experiences at the 2nd International Congress of the Human Milk Banking Association of North America last November 8 & 9 in Fort Worth, Texas. In fact, only few Canadians were present (BC, Ontario, Québec), along with some persons from Italy, Norway, UK, and USA.

One of the presentations was on effects of swaddling and mother/infant separation at birth. Louise Dumas from Québec, presented parts of the Russian-Swedish longitudinal research project she is involved in, pertaining to perinatal practices at birth.

The results from this research clearly demonstrate how bad the practice of swaddling are for the newborn within the first hours after birth especially if the baby is also separated from the mother. In fact, skin-to-skin non separated groups rated higher on physiological and psychosocial variables such as: baby and mother temperatures, breastfeeding (early suckling, more episodes at the breast, more breastmilk, less supplements), faster weight gain, less feelings of "blues" for the mother, clearer early signs of attachment, and mothers softer in their interactions with their newborn.

After presenting such results, Louise attempted a comparison with data from an informal survey she conducted in Canada and USA last May-June as to our perinatal practices. She wanted to demonstrate that, as North Americans, we are not performing better than in Russia and as such, we should not appear too proud of our practices. In fact, the results of her survey show that the majority of newborns are placed skin-to-skin with their mother but only for a short period of time before being either swaddled or bundled. In fact, it seems that all reasons are good to separate mother and baby within the minutes from birth and without evidence-based reasons such as "baby will be too cold, mother is too tired, father needs to hold baby, mother had a caesarean section, there is a risk of infection in the recovery room, baby needs to be observed in the nursery, baby has to be measured and weighed, baby needs routine care, etc..." .

Louise concluded that we don't have any more excuses. We have many solid evidences from this research and from the scientific literature, to place every healthy baby skin-to-skin with his/her mother immediately at birth and to leave them together for at least one hour, as recommended in the 2006 WHO/UNICEF guidelines

for Baby Friendly Initiatives. The problem is...why is it so difficult to convince health professionals at the bedside? Why don't we change our outdated practices?

Apart from being member of the BCC Board of Directors, Louise Dumas has been professor and researcher in Nursing sciences in Western Québec, Canada since 1988, after many years of clinical practice and nursing management positions both in hospital and community health settings. She is also Lead-assessor of WHO/UNICEF Baby-Friendly Hospital Initiatives and active member of both Quebec Breastfeeding Committee and Breastfeeding Committee for Canada. She is associated with a Russian-Swedish research team at the Karolinska Institutet in Stockholm, Sweden; this team, under the direction of Dr Ann-Marie Widström, works on the influence of perinatal practices on breastfeeding and mother-infant interaction.

Louise can be reached at louise.dumas@uqo.ca

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The BCC was invited by the ASPQ to meet with Susan Siew on November 9 in Montreal to discuss the upcoming event and see how the BCC might be able to collaborate. The BCC co-chairs Susan James and Marianne Brophy were present via telephone conferencing while the BCC treasurer, Emmy Maten, was present in person. Also present in person at the meeting were Monik St Pierre (Direction régionale de santé publique de la Capitale-Nationale), Nathalie Levesque (Ministère de la Santé et des services sociaux), Lucie Granger (Director General of the ASPQ), and Catherine Chouinard (in charge of the ASPQ perinatal project). Monik St-Pierre was one of 4 Canadians who participated in the 2002 WABA global forum and was instrumental in proposing that WABA's 3rd forum come to Quebec City.

This first round meeting with the BCC was an information gathering of common interests which included the Baby Friendly Initiative and the BCC Infant Nutrition Committee's

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Step by Step

Extracts from the Practice Outcome Indicators for Baby-Friendly Hospitals.

Step 2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy.

Step 2 requires orientation to the basics of breastfeeding (i.e., the skills necessary to implement the policy).

All health care staff having any contact with mothers, infants and/or children receive education on the implementation of the breastfeeding policy and are able to describe how this instruction is given.

All staff members caring for women and infants have participated in breastfeeding and lactation management education or, if new, have been oriented on arrival and scheduled for education within six months.

Education of staff is appropriate to their function. For those directly involved with breastfeeding assessment, support and intervention, all of the 10 Steps are addressed. For this staff group, at least 18 hours (reflecting the core content as outlined in the UNICEF/WHO "20 hour course") including 3 hours of supervised clinical instruction is strongly recommended.

A copy of the curricula or course outline for education on breastfeeding and lactation management for various disciplines of staff is available for review. A schedule for education of new employees exists.

The orientation program provides information for all health care professionals in direct contact with mothers and children (including physicians on staff, if any) which includes:

- * the Baby Friendly Initiative (The 10 Steps and The 7 Point Plan)
- * the WHO Code and subsequent WHA resolutions
- * resources available for staff and parents
- * staff roles in protecting, promoting and supporting breastfeeding

- * documentation of attendance of new staff members at Baby-Friendly orientation programs
- * a description of the process for collaboration should mothers voice concerns about receiving conflicting information from health professionals; such a process could be initiated by the hospital or CHS staff, community physicians/midwives or others, and facilitates dialogue and the sharing of consistent, current information.

EDUCATION:

Staff should be educated and kept up-to-date, appropriate to their role, in skills needed to care for the breastfeeding dyad. The greatest focus is on those charged with the responsibility of front line support. Education will vary depending on the role of the health professional.

Health care professionals providing direct breastfeeding care for women must be able to teach correct position and latch of newborns and hand expression. Nurses, lactation consultants, midwives and nutritionists (as appropriate), will have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.

Peer supporters, outreach workers or volunteers providing direct help with breastfeeding must be able to teach correct position and latch of newborns as well as hand expression. Most of this type of teaching should be done in a hands off manner. Only in exceptional circumstances should the staff or volunteers latch the baby for the new mother.

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An exciting week for Eastern Health, Newfoundland and Labrador

After much planning, the Eastern Health Regional Baby Friendly Initiative Steering Committee was pleased to welcome Kathy Venter to our region for an entire week of breastfeeding education and discussions. During the week of November 5 – 9, 2007, Kathy visited all 4 institutions where babies are born in the Eastern Region (St. John's, Carbonear, Clarenville and Burin). While there she conducted sessions with hospital and community health care staff who are in positions to protect, promote and support breastfeeding. As well, Kathy was the guest speaker at a journal club for physicians. Indeed, a busy week with lots of activity and travel throughout the region!

Our committee spent several hours with Kathy to hear her impressions of the week and her suggestions on how to move forward with the implementation of Baby Friendly practices. We were very encouraged by her ideas and her comment that, "one of your greatest strengths is your willingness to work together across the continuum of service from the hospital to the community."

Formed in 2006, the Eastern Health Regional Baby Friendly Initiative Steering Committee is comprised of representatives from hospitals and community health which provide pre and post obstetrical care. The goal of the committee is to bring Baby Friendly practices to all settings of Eastern Health; our two main actions for the next year are the education sessions and working on breastfeeding policy. This week was a great way to focus attention on best practice for the protection, promotion and support of breastfeeding and help move us closer to our goal . A big Thank You to Kathy for her contribution during the week.

Submitted by: Donna Nolan, member of Eastern Health Regional Baby Friendly Initiative Steering Committee

Dear BCC Associate Members:

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

We need you to renew your membership and to encourage colleagues to do the same.

<http://www.breastfeedingcanada.ca>

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Health care professionals who do not offer direct breastfeeding care should have relevant education at the minimum required, similar to the requirements for physicians who do not offer direct breastfeeding care stated below. They should

- * know that *The Code* protects families against commercial pressure
- * know that the BFI protects, promotes and supports breastfeeding families
- * be able to list at least 2 items in the hospital breastfeeding policy
- * be able to identify the professionals to whom mothers experiencing breastfeeding difficulties can be referred for direct breastfeeding care.

Other staff and volunteers who have contact with women and babies, including clerical, cleaning and maintenance staff, should be well oriented to the breastfeeding policy.

For more details refer to the appendices for the Baby-Friendly Initiative Checklists at <http://www.breastfeedingcanada.ca/html/bfi.html>

Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff

This course replaces the "18-Hour Course" and can be used as an outline by facilities to strengthen the knowledge and skills of their staff towards successful implementation of the Ten Steps to Successful Breastfeeding and the International Code of Marketing. The course may be accessed at <http://www.who.int/nutrition/topics/bfhi/en/>

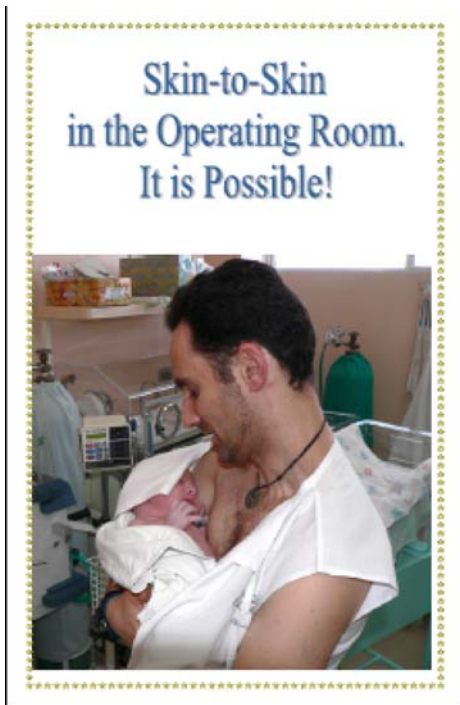
*Send your examples of BFI in action to
kventer1@cogeco.ca
so that we can share our hard work and
accomplishments.*

Baby Friendly Facilities Create Beautiful Resources

The Thunder Bay District Health Unit was designated as Baby-Friendly in June 2006. Following our designation we wanted to continue our collaboration with health care providers and the local community by assisting other organizations to implement best practices and achieve Baby-Friendly designation. One way we did this was through a project to create and distribute posters with accompanying fact sheets about taking the first steps to designation. We wanted to promote to organizations that they should contact the Ontario Breastfeeding Committee (OBC) when they were ready for a document review and assessment. In Ontario the OBC is recognized by the BCC as the body responsible for this part of the BFI process. We created our poster and collaborated with the OBC, BCC and St Joseph's Healthcare in Hamilton who supported this initiative by agreeing to put their logos on the poster. It is our hope that with these posters administrators and decision makers will be encouraged to start the BFI process if their organization has not already started. The accompanying fact sheets provide concrete steps on how to get started. These posters are available for a nominal fee from OBC and we invite others to use them in their BFI journey.

Submitted by Laura Prodanyk, Public Health Nurse, Thunder Bay District Health Unit, Thunder Bay, Ontario

Is your health care Baby-Friendly?



Skin-to-skin in the OR:

This beautiful poster was created by the staff of Toronto East General Hospital to encourage effective and immediate transitioning of the newborn even when c-section is necessary.

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work on Complementary Feeding. Marianne Brophy explained that the location for the 2010 biannual international meeting of the BFI coordinators has not yet been determined and she suggested the possibility to coincide these events.

It was an exciting meeting and the BCC is proud to be a participant in the planning of this upcoming world forum.

Emmy Maten, PDt, IBCLC, BCC treasurer