



# Breastfeeding Canada

Newsletter Of The Breastfeeding Committee For Canada.

Issue 7: November 2009

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## Update from the Co-Chairs

This year has seen consolidation of evolutionary changes to the structure and function of the Breastfeeding Committee of Canada (BCC). Building on the work of all preceding years, we continue to strengthen our relationships with the Public Health Agency of Canada (PHAC), UNICEF Canada, our stakeholders as well as the international Baby Friendly Hospital Initiative (BFHI) community.

The BCC would like to thank associate members whose membership fees support our day to day work. We would like to give a special thank you to the Ottawa Valley Lactation Consultants Association for 41 memberships, and the New Brunswick BFI Advisory Committee for 12 memberships.

Since the Annual General Meeting this past February, the BCC was contracted by PHAC to research and write a tenth anniversary report on the implementation of the Breast Feeding Initiative (BFI) in Canada. The report provides an historical overview and an examination of the future direction of the BFI, the BCC as the national BFI authority and the role of the federal government. Authored by Marianne Brophy, the report has been a comprehensive compilation of the past history of the BCC accomplished with the help of past and present members of the BCC board. The intention is to maintain this report as a living document that provides valuable information towards efforts to lobby support for the work of the organization.

**The BCC Provincial and Territorial Baby Friendly Implementation Committee**, chaired by Kathy Inkpen and Claudette Landry, provides a vibrant forum for representatives from Provincial and Territorial (P/T) BFI Committees/ Coalitions and P/T Ministries of Health to share strategies and resources. The capacity to implement the BFI has been considerably enhanced by the increasing number of Provincial Governments endorsing, supporting and funding the BFI as an evidence-based strategy to establish and sustain best practice.

### **Baby-Friendly Designation and Monitoring**

The number of BFI designated facilities in Canada has increased from 18 to 27. This includes 15 community health services, 10 hospitals and 2 birthing centres. The BFI Assessment Committee, under the leadership of Marina Green, continues to lead and support assessment teams and health facilities across Canada. Work on the revision of the integrated Practice Outcomes Indicators reflecting the continuum of care across hospital and community health services continues. This is a herculean task that, in addition, requires the updating of all the assessment documents. The BFI Assessment Committee continues to work closely with the P/T BFI Implementation committee to share information and build BFI assessment knowledge at the P/T level.

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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>**

## About 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

- The BCC will provide a forum for addressing Canadian breastfeeding issues.
- The BCC will maintain ongoing communications with governments and organizations to protect, promote and support breastfeeding.
- The BCC will provide ongoing expert advice and recommendations on breastfeeding research, policy and program development and direction to governments and organizations.
- The BCC will develop partnerships and collaborative strategies to protect, promote and support breastfeeding.
- As the National Authority for the WHO / UNICEF Baby Friendly Initiative, the BCC will oversee and facilitate the implementation of the Initiative in Canada.

Support BFI in Canada -  
join the BCC

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

All messages for the Breastfeeding Committee for Canada (BCC) should be directed to: [info@breastfeedingcanada.ca](mailto:info@breastfeedingcanada.ca)

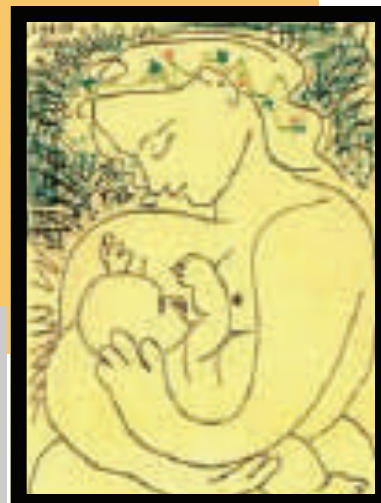
### The new mailing address for the BCC is:

Breastfeeding Committee for Canada  
P.O. Box 30071  
North Vancouver BC V7H 2Y8

### Editorial Committee

Kathy Venter  
Lyndsay Grant  
Marianne Brophy

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



## Peel Public Health: the largest CHS Designated Baby Friendly to Date

The BCC congratulates the Region of Peel – Public Health on their designation as a “Baby-Friendly Community Health Service” on June 25, 2009. The assessment team observed excellent practice during the external assessment and congratulated everyone involved for their efforts to ensure the protection, promotion and support of breastfeeding.

This past year, the Region of Peel had 15, 168 births. The Region has a 15% low income rate and 44% of its total population are immigrants. In addition to English, other common first languages include Punjabi, Urdu, Polish and Italian.

Services include prenatal instruction and postnatal individual home and clinic visits. Peel Public Health has two large breastfeeding clinics and operates an additional 3 breastfeeding clinics in conjunction with local hospitals. Nurses from the telephone help line and breastfeeding clinics are able to make home visits to families when necessary. Peel Public Health also has an exemplary policy for the support of breastfeeding staff returning to work .

For further information, please contact:

Ms Anne Fenwick, Director Family Health Division [Anne.Fenwick@peelregion.ca](mailto:Anne.Fenwick@peelregion.ca)

Ms Angela Garrison, Family Health Supervisor [Angela.Garrison@peelregion.ca](mailto:Angela.Garrison@peelregion.ca)

44 Peel Centre Drive, Brampton, ON. L6T 4B5

Peel Region Public Health: The BCC BFI assessors and some of the leaders celebrate the conclusion of the BFI assessment.

*Left to right: Marg LaSalle, Marina Green, Naznin Herbert, Marianne Brophy, Kathy Venter, Bev Bryant , Anne Fenwick and, Dr.Eileen DeVille.*



## BFI Award Presentation September 11th, 2009.

Eileen Chuey, Chair Elect of the Ontario Breastfeeding Committee, presented the Baby Friendly Designation plaque to Dr. Mowat, Medical Officer of Health for Peel Region and members of Council on behalf of the BCC.

*Left to right: Linda DeVouge (Acting Manager), Dr. David Mowat (Medical Officer of Health), Eileen Chuey, Emil Kolb (Regional Chair), Annette Groves (Councillor Ward 5, General Committee Health Services Section, Chair), Grant Gibson (Councillor Wards 1 & 5, General Committee Health Services Section, Vice-Chair)*



## *Insights into BFI*

In this section we have included real queries received by the BFI Assessment Committee. The correspondence below is typical of the sort of information-sharing happening daily. It is hoped that sharing these questions will also help others.

**Q: One of the points suggests that newborns should be helped to breastfeed within 30 minutes of birth. This same applies to initiating skin-to-skin contact. I have seen other literature which suggests “30 minutes of ‘completed birth’”.**

**There has been some confusion in my organization, as to what “completed birth” actually means. Some are suggesting this to refer to the first 30 minutes after the baby has been born. Others are suggesting that birth is not completed until baby is delivered, placenta delivered, any stitching performed, etc (i.e. all of that considered part of the “birth” process). Please clarify what is meant by “within 30 minutes of birth”?**

Thank you for your question about Step 4 of the BFI. Numerous studies clearly support placing the newly born infant on the mother’s skin at the time of the baby’s delivery. Stability of the newborn is enhanced and the mother may be distracted from the discomfort of the remaining elements of the birth process. Thus the baby is skin-to-skin immediately (second stage) before completion of stage 3.

When feeding starts will depend on the cueing behaviour of the baby. However, mother and baby should be supported to remain skin to skin at least until the completion of the first feeding. Obviously, if the baby is in distress requiring resuscitation, there may be a delay. Care must be taken to ensure the baby is dried while skin to skin. Warm blankets can be placed over the couple.

The BCC BFI Practice Outcome Indicators (Step 4) address this issue. The following information includes the indicators - these are meant to clarify this step for hospitals in Canada. The ‘30 minutes’ referred to by UNICEF was a guideline written in the early 90s. The revised document (2006) states, “Are babies who have been delivered vaginally or by caesarean section without general anaesthesia placed skin-to-skin immediately after birth and their mothers encouraged to continue this contact for at least an hour? ... Mothers confirm that their babies were placed in skin-to-skin contact with them immediately or within five minutes after birth and that this contact continued for at least an hour, unless the were medically justifiable reasons for delayed contact”

(Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care, January 2006).

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Continued from page 1.

**The BCC Nutrition Committee** began a project in 2005 to develop complementary feeding and sustained breastfeeding guidelines in keeping with the Global Strategy on Infant and Young Child Feeding (WHO 2002). This interdisciplinary working group has been exploring a joint understanding of infant feeding practices within the context of Canadian society and identifying social inequalities that create barriers to sustained breastfeeding. The goal of the project is to develop a framework that integrates knowledge about complementary feeding from various sources – empirical as well as experiential – into the Baby Friendly Initiative (BFI) Ten Steps to Successful Breastfeeding.

The framework’s purpose is to provide guidelines for advocacy, community development approaches and support for breastfeeding mothers. It includes tools for health care workers to assist in assessments of individual nursing dyads and provides practical guidelines for support. The draft framework was given positive feedback from conference participants at the BFI conference held in B.C. in February 2009.

Marianne Brophy & Kathy Venter  
BCC Co-Chairs

# National BFI News

## Nova Scotia Breastfeeding Social Marketing Campaign Launched

Breastfeeding moms and their babies will now get more help and support through the toughest first few weeks of breastfeeding.

On Oct. 1, 2009, the first day of World Breastfeeding Week, the Department of Health Promotion and Protection, launched a new social marketing campaign. The main message of the campaign is: Breastfeeding: Learning makes it natural.

Research with mothers, families and health care professionals revealed that moms often do not feel prepared or have realistic expectations about breastfeeding. Many think it is going to be easier and more "natural" than it feels when their babies are first born. They also say they need more support and want to know where to go for help.

This new campaign has been designed to depict the successes and challenges associated with breastfeeding in an honest and realistic way. It includes TV, print and online ads; posters and bookmarks; and a website, [first6weeks.ca](http://first6weeks.ca). The website will help mothers connect with other moms who are going through the same experiences, and will help them find support for breastfeeding.

For more information about the campaign, [read our press release](#).

## Ontario

A **report** authored by Lori Levere, Chair, Policy and Political Action sub-committee of the Ontario Breastfeeding Committee (OBC), has been completed as a supplement to the report created by the OBC entitled: *A Report to the Ontario Ministry of Health on a Global Strategy to Improve Breastfeeding Rates in Ontario*, January 2006.

This valuable document presents some of the actions supporting breastfeeding as a primary health care strategy and reflects on the results of the OBC BFI Survey of 2008 which revealed the state of breastfeeding in Ontario and the challenges identified in the BFI implementation process.

The document forms part of a national report prepared for the Public Health Agency of Canada by the Breastfeeding Committee for Canada.

The Ontario Progress Report can be accessed on the OBC website [www.breastfeedingontario.org](http://www.breastfeedingontario.org)

## UNICEF CANADA President & CEO Nigel Fisher Addresses World Breastfeeding Week

In a powerful President's Message, '*Breastfeeding: A Matter Of Children's Rights*' was the topic and Mr. Fisher did an excellent job of describing the importance of breastfeeding for all children, stressing the need for support from all sections of society, even mentioning the Baby Friendly Initiative: "There are now 26 designated Baby-Friendly Health Services across Canada providing the gold standard in breastfeeding promotion and support. They include 10 hospitals, two birthing centres and 14 community health services. All of this is a good beginning.

2009 is the 20th anniversary of the Convention on the Rights of the Child, which protects the rights of mothers and children to breastfeed. This is a good time to remind friends, family, corporate citizens, and governments at all levels, that children have a right to the best sources of nutrition, women have a right to the best sources of information and we have a responsibility to ensure those rights are progressively realized. "

For the full message see <http://www.unicef.ca/portal/SmartDefault.aspx?at=1950>

## Breastfeeding Strategy for Ontario

The Ontario Provincial Breastfeeding Strategy Working Group is in the process of finalizing the draft "Recommended Components of a Provincial Breastfeeding Strategy for Ontario"

The "document has been written with the input of numerous organizations and individuals from throughout the province who have a desire to see an Ontario Provincial Breastfeeding Strategy realized. This document will be sent to the Ministries of Health and Long Term Care, Child and Youth Services and Health Promotion and will also be used for advocacy efforts by local and provincial groups.

For information contact  
Laura Prodanyk,  
Chair Ontario Breastfeeding Committee,  
phone: 807-625-5952 fax: 807-625-4825  
[laura.prodanyk@tbdhu.com](mailto:laura.prodanyk@tbdhu.com)

## Step 4. Help mothers initiate breastfeeding within a half-hour of Birth

Babies are placed skin-to-skin with their mothers[1]. An unhurried environment and unlimited skin contact facilitate a successful first feeding. Mothers are supported to breastfeed in response to their babies' cues.

Mothers on the maternity unit (from a random sample, at least 80%) should confirm that within a half-hour of birth (or in the first hour after a caesarean birth) they were given their babies to hold with skin contact, for at least 30 minutes, and offered help by a staff member to initiate breastfeeding.

Observations in the delivery/birthing room of up to ten deliveries confirm this practice.

Mothers are given their babies to hold immediately after birth, with skin-to-skin contact, for at least 30 minutes:

Mothers (of a random sample including those with caesarean deliveries, at least 80% of those who are breastfeeding) indicate they were given their babies to hold immediately after birth (a medical emergency, as defined by the attending physician, delays this step).

- Placing the newly born infant on the mother's abdomen is the first opportunity for skin-to-skin contact. Staff can support this practice by using positive language (e.g. telling parents we need to "clean baby up" suggests that baby is dirty).
- For caesarean births, epidural anaesthesia facilitates early skin-to-skin contact between mother and infant to establish breast feeding. The placing of baby skin-to-skin and assistance with initiating breastfeeding is the same as described above for the vaginally delivered baby.
- If procedures such as resuscitation are required, the baby is returned and placed skin-to-skin as soon as the baby is stable.
- Other procedures, such as weighing, are delayed until completion of the first feeding.
- The environment should be unhurried, allowing mothers to terminate skin-to-skin contact when and if they wish. It is the staff's responsibility to support and encourage mothers to hold their babies skin-to-skin for prolonged periods.
- If the mother terminates skin-to-skin contact before 30 minutes the hospital is not penalized. The assessor will assess whether the mother was fully informed regarding this choice.
- If the mother must be transferred to a different area before the baby has completed this first feeding or the mother has not indicated she wishes to terminate skin-to-skin contact, transfer should be done by stretcher or wheel chair with skin-to-skin contact maintained.
- Mothers report that they were offered help within the first hour to latch their babies.
  - Initiating breastfeeding does not mean forcing the baby to the breast.
  - The first breastfeed may not necessarily take place within the first half-hour, but usually does within the first two hours. This highlights the goal of avoiding separation of mother and baby after birth, in order that breastfeeding may be baby-led.



**[1] Skin-to-skin means the naked baby is dried after birth and placed on his/her mother's naked chest. A warm blanket can be placed over both mother and baby.**

During observations in the birthing suite, the above practices are seen.

## *National BFI News cont.*

### **Manitoba**

Over the years Manitobans have worked to elevate the importance of breastfeeding for the health of the population, including adopting a provincial breastfeeding strategy and hosting an annual BFI conference to facilitate the implementation of the Baby Friendly Initiative and infant feeding best practice standards.

#### **“Breastfeeding is part of Manitoba’s Healthy Living Vision:**

The prevention of illness, disease, injury and the promotion of health and wellbeing are important components of the continuum of health services. Healthy living is about creating conditions and supporting behaviours that promote the best possible health for Manitobans. It includes actions taken by individuals, families, communities, governments, businesses and other organizations that assist Manitobans to lead healthier lives. For individuals, Healthy Living means making positive choices about personal health practices such as healthy eating, not smoking and being physically active. For governments and communities, Healthy Living means making those choices easier choices, through creating supportive physical and social environments and through policies that promote health.

Promoting, supporting and protecting breastfeeding is a key component of the Healthy Living vision. The focus of Manitoba’s Healthy Living ministry is on preventing people from becoming sick or injured and thus requiring services of the health care system. In so doing, it emphasizes health promotion and public awareness of healthy behaviours and best practices, and works in partnership with government and the community to address barriers impacting healthy living. It will also consider the reasons why healthy choices are not always easy choices and work to help communities overcome barriers to healthy living.

#### **Baby Friendly Manitoba:**

In 2001, Manitoba Healthy Living initiated the Baby Friendly Manitoba Committee as the provincial authority for supporting the Baby Friendly Initiative (BFI). The committee is chaired by Manitoba Healthy Living and has representation from each of the province’s 12 Regional Health Authorities (RHAs) as well as independent expert members. Representatives of the RHAs were identified based on their expertise and acting as catalysts and information resources about breastfeeding and the Baby Friendly Initiative for both hospital and community sectors. Each RHA has formed structures to develop and support breastfeeding initiatives in the region and to promote Baby Friendly Manitoba activities.

#### **Baby Friendly Manitoba Committee activities include:**

- \* Developing and sharing information and strategies to promote the Baby Friendly Initiative in communities, community programs and health facilities in Manitoba;
- \* Acting as a catalyst and information resource to promote breastfeeding;
- \* Networking with hospitals to promote breastfeeding and work towards BFI accreditation;
- \* Linking with the Breastfeeding Committee of Canada and other national partners;
- \* Increasing community awareness of the importance of breastfeeding to the individual and society.

#### Recent Activities include:

- Baby Friendly Manitoba conferences
- Breastfeeding Resource Binder and Clinical Practice Binder
- Breastfeeding information on the Healthy Living website, including PowerPoint resources
- Manitoba breastfeeding poster, crib cards, measuring tapes and a magnet for new mothers that provides information about breast feeding their newborn infant
- Breastfeeding Clinical and Research Rounds using the tele-health network
- Breastfeeding Performance Deliverable
- Preliminary information is being developed for Clinical Practice guidelines on breastfeeding.

Extracted from the *Breastfeeding in Manitoba, Provincial Strategy and Framework, September 2006.*

For the complete document see

<http://www.gov.mb.ca/healthyliving/docs/bf/bffs.pdf>



## Human Milk Responds to Environmental Threats in Particularly Complex and Interesting Ways.

### Breastfeeding Enhances Immunity

Because the human immune system is not fully developed at birth, infants are particularly vulnerable to infections. Breast milk stimulates and supplements the infant's developing immune system in various ways through the systemic and the secretory immune systems.

“SIgA antibodies prevent microorganisms from entering tissues via mucosal membranes. SIgA is produced in the gut early in life. If the child is heavily exposed, this defence system develops more quickly. Once the mucosal immune system is initiated in the gut, it sends out cells to other mucosal membranes and exocrine glands so that SIgA antibodies appear in saliva, milk and other secretions. While the young infant is developing this defence system, it receives huge amounts of SIgA antibodies against microbes from the mother's surroundings via the maternal milk.” *Lars A. Hanson M.D. Ph.D., Immunology of Human Milk 2004.*

Infectious agents (e.g. viruses), enter the body mainly through the respiratory tract or by ingestion, are absorbed and then filtered through the lymphatic system.

Breastfeeding provides long term protection to the baby by stimulating an active immune response after exposure to antigens – later exposure to the particular antigen will produce an immune response. This process has been observed in the enhanced vaccine responses in breastfed infants.

The concentrations of leucocytes (white blood cells) which provide significant protection to the infant are highest after birth. T cells (specialized lymphocytes) are a special and separate immune component that can be activated into memory T cells that are key to active immunity. These cells are matured in the Thymus gland which in the fully breastfed infant is twice the size of that of the non-breastfed infant, possibly due to the signals (programming) provided by the mother's milk.

“Lymphocytes in the secretory immune system are different from other lymphocytes. Sensitized to antigens found in the gastrointestinal or respiratory tracts, these lymphocytes travel through mucosal lymphoid tissues (e.g. breasts, salivary glands, bronchi, intestines and genitourinary tract) where they secrete antibodies.” *Breastfeeding and Human lactation, Jan Riorden and Karen Wambach, Fourth Edition 2010.*

These are a few of many reasons why:

- **Breastfeeding is the baby's first 'immunization'**
- **Mothers and babies should never be separated**
- **Breastfeeding and breast milk feeding are most effective emergency preparedness responses.**

### Bibliography:

1. *Breastfeeding and Human lactation. Jan Riorden and Karen Wambach. Fourth Edition 2009*
2. *Immunology of Human Milk . Lars A. Hanson M.D. Ph.D. . 2004*
3. *Textbook of Human Lactation. Thomas W. Hale and Peter E. Hartmann 2007*

## Breastfeed Your Child for H1N1 Protection

Press Release From La Leche League Canada  
October 21, 2009:

Health authorities have released guidelines on breastfeeding and the H1N1 virus. They advise that breastfeeding should continue and increase in frequency if needed.

Breast milk protects children against viruses in several ways. Although breastfeeding babies may become sick with viral infections, the unique protection given to a breastfeeding child from its mother can prevent infection or modify the sickness in most children.

Breast milk is not a source of influenza virus infections for breastfeeding children.

Mothers who are breastfeeding should be encouraged to continue, even if they become sick with H1N1, or suspected H1N1 virus.

Mothers who are sick should consider wearing a mask during feedings and expressing their milk to be fed to the child by a healthy care-giver. All antiviral medications are considered compatible with breastfeeding.

Mothers who are mixed-feeding (combining breast and formula feeding), should be encouraged to increase the amount of breast milk the child is receiving.

Breastfeeding is an important component of protection for children against the H1N1 virus.

For more information contact [www.LLCC.ca](http://www.LLCC.ca) or Jen Peddlesden, La Leche League Alberta/NWT, Area Professional Liaison, 403 272 3764 [jpeddles@telus.net](mailto:jpeddles@telus.net)

### References:

1. [www.fightflu.ca](http://www.fightflu.ca) (Public Health Agency of Canada)
2. <http://www.cdc.gov/breastfeeding/> (Centers for Disease Control)

## Public Health Agency of Canada

Information on Pregnancy, Breastfeeding and H1N1 Flu Virus

"Breast feed your baby. Breastfeeding is the best way to protect your baby from all illnesses because of the antibodies passed from mother to child. Women who become ill can safely continue to breastfeed their babies. While it isn't known if the flu virus can be passed through breast milk, the benefits of the antibodies in breast milk means that it continues to be the best way to keep your baby healthy."

<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/fs-fi-pregnancy-grossesse-eng.php>

## 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/brm.html](http://www.gov.mb.ca/health/nutrition/brm.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)

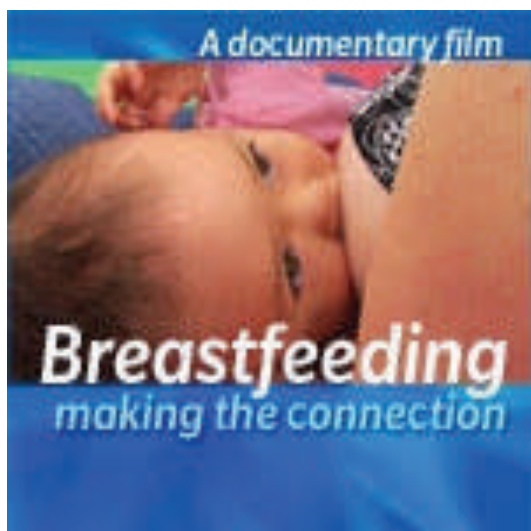
**BFI New Brunswick**  
[www.gnb.ca/0053/bfi/index-e.asp](http://www.gnb.ca/0053/bfi/index-e.asp)

**BFI Nova Scotia**  
[www.first6weeks.ca/](http://www.first6weeks.ca/)

**BFI Newfoundland**  
[www.babyfriendlynl.ca/](http://www.babyfriendlynl.ca/)

## Resources

### Breastfeeding: Making the Connection - A Documentary Film



Breastfeeding is a popular topic in both the news and in the personal stories of women's lives. Coverage of breastfeeding information usually focuses on the controversial, the cultural and the problematic aspects of the topic. But how has this natural human behaviour become so complex for Canadian women?

A new documentary film, *Breastfeeding: Making the Connection*, has featured many of the influencing factors which impact breastfeeding in Canada. This film pushes the viewer to think about breastfeeding and its complexity while suggesting a road to better breastfeeding outcomes for women. The film includes testimonies from women, activists, physicians and nurses and addresses important cultural, scientific, historic and political considerations on this compelling topic.

Examples of the many topics addressed include: breastfeeding initiation after vaginal and caesarean birth, discussion on how formula marketing affects breastfeeding, and how

breastfeeding is a learned skill, vulnerable to the current lack of professional education on the topic. The film features an Aboriginal mother who describes the importance of breastfeeding. A path to reclaiming better Canadian breastfeeding rates is suggested through the WHO Baby Friendly Initiative, as a strategy for Canadian maternity care.

The Breastfeeding Coalition with the financial assistance of the **World Alliance for Breastfeeding Action (WABA)** has produced this short 35 minute documentary so needed by Canadian breastfeeding advocates and decision makers in the field of maternal and infant health.

Available from **INFACT Canada** at [www.infactcanada.ca](http://www.infactcanada.ca)

**The Academy of Breastfeeding Medicine** is a global organization of physicians dedicated to the promotion, protection and support of breastfeeding through education, research and advocacy. It promotes the development and dissemination of clinical practice guidelines and the most current research on breastfeeding. The Academy has prepared clinical protocols for the care of breastfeeding mothers and infants that are available on the Agency for Healthcare Research and Quality's (AHRQ) National Guideline Clearinghouse website. Protocols have also been translated into Chinese, German, Japanese, Korean and Spanish and are published in the Academy's official journal, *Breastfeeding Medicine*.

*Breastfeeding Medicine* is an authoritative, peer-reviewed, multidisciplinary journal published quarterly. The Journal publishes original scientific articles, reviews and case studies on a broad spectrum of topics in lactation medicine. It presents evidence-based research advances and explores the immediate and long-term outcomes of breastfeeding, including the epidemiologic, physiologic and psychological benefits of breastfeeding.

For more information: [abm@bfmed.org](mailto:abm@bfmed.org) [www.bfmed.org](http://www.bfmed.org)

## New Series Of Parent Health Education Books

*Nova Scotia Department of Health Promotion and Protection*

The **Loving Care** books, are a comprehensive resource written in a parent capacity building approach, as opposed to a prescriptive approach and follow the World Health Organization's Baby Friendly Initiative and Nova Scotia provincial breastfeeding policy. Breastfeeding is presented as the normal, optimal form of nutrition for babies.

Another resource—**How to Feed Your Baby with Infant Formula**—is given to parents who have made an informed decision to feed their baby with infant formula.

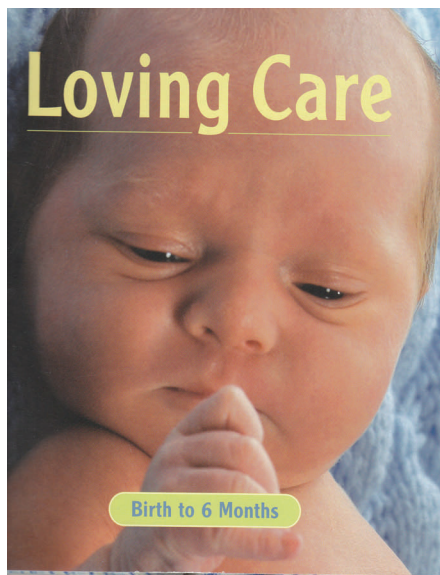
**Loving Care** is a public health resource developed in Nova Scotia for Nova Scotian families. A multi-disciplinary Working Group, made up of Nova Scotian health and family support professionals, worked together to develop these books. Parents from across the province guided the development through participation in focus groups. The working group consulted with Public Health Services staff and expert content reviewers throughout the process.

These resources reflect the move away from a prescriptive approach towards one that encourages families to respond to their baby's cues. The **Loving Care** books incorporate key public health evidence-based messages.

**Loving Care** is written at a reading level that reflects the Atlantic Canada results from the International Adult Literacy Survey. The books have been written and designed to be easy to read, understand and use and all are translated into French.

The **Loving Care** books will replace a number of Public health resources including: "Year One Food For Baby," "Back to Sleep," "Feelings Now That Your Baby is Born," and "Introducing Your Baby to Family Foods." Other public health resources will eventually be replaced once the entire series is completed.

The **Loving Care** books and **How To Feed Your Baby With Infant Formula** are available through, and distributed by Public Health Services offices throughout Nova Scotia. We hope these resources are helpful to parents and support them in making healthy choices for their families.

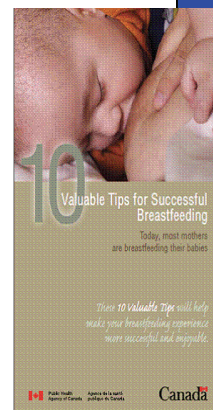


**Contact: Jennifer Macdonald, Health Promotion & Protection,  
PO Box 487, Halifax, NS, Canada B3J R7. Tel: 902 424-6093**

## Revised PHAC Breastfeeding Promotional Resources

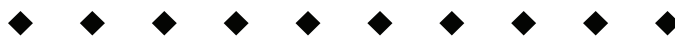
The Public Health Agency of Canada has recently revised and re-printed two popular resources from the early 1990s: 10 Great Reasons to Breastfeed your Baby and 10 Valuable Tips for Successful Breastfeeding. For free copies of these booklets, please email your request to [publications@hc-sc.gc.ca](mailto:publications@hc-sc.gc.ca) or call 1-866-225-0709. There is an order limit of 400 booklets at a time.

These resources are also available (in both black and white and colour) on the PHAC website at <http://www.phac-aspc.gc.ca/dca-dea/prenatal/nutrition-eng.php> and on the Breastfeeding Committee of Canada (BCC) website at <http://www.breastfeedingcanada.ca/html/whatsnew.html>



## Resources For BFI National Assessment Standards And Procedures (Excerpt from the BCC Report for PHAC 2009)

1. BCC BFI Practice Outcome Indicators for Hospitals and Community Health Services
  - [Part 1: Guiding Assumptions](#)
  - [Part 2: The Ten Steps and Practice Outcome Indicators for Baby-Friendly Hospitals](#)
  - [Part 3: The Seven Point Plan and Practice Outcome Indicators for the Protection, Promotion and Support of Breastfeeding in Community Health Services \(CHS\)](#)
  - [Part 4: Checklists and Appendices](#)
2. [BFI Assessment Process and Costs: a description of the Baby-Friendly Journey](#)
3. [BFI Assessment Flowchart: an Overview of the BFI Process](#)
4. [Calculation of Exclusive Breastfeeding Statistics: Hospitals & Birthing Centres](#)



### STANDING COMMITTEES

The Breastfeeding Committee for Canada Board of Directors has established the following Committees to undertake aspects of its work toward its objective to oversee and facilitate the implementation, assessment and designation of the WHO/UNICEF Baby-Friendly Initiative in Canada. All committees are chaired by a member of the BCC Board of Directors.

#### **Baby-Friendly Initiative Assessment Committee**

**Chair:** Marina Green [marinagreen@shaw.ca](mailto:marinagreen@shaw.ca)

**Goal:** To develop and implement a clear, accountable BFI assessment and reassessment process in Canada

#### **Provincial/Territorial Committee**

**Co-Chairs:** Kathy Inkpen [inkpenka@gov.ns.ca](mailto:inkpenka@gov.ns.ca)

Claudette Landry [claudette.landry@gnb.ca](mailto:claudette.landry@gnb.ca)

**Goal:** To support the implementation of the Baby-Friendly Initiative (Hospital and Community Health Services) in the respective provinces and territories and across Canada.

#### **AD HOC COMMITTEE: Infant Nutrition Committee**

**Chair:** Johanna Bergerman [bergermanj@sdh.sk.ca](mailto:bergermanj@sdh.sk.ca) [bergermanj@hotmail.com](mailto:bergermanj@hotmail.com)

**Goal:** To produce the document “*Sustained Breastfeeding with the Integration of Complementary Feeding*” - a template for developing healthy public policy and providing health practitioners with tools to support mothers’ informed decision to continue breastfeeding.



