



# Breastfeeding Canada

Newsletter Of The Breastfeeding Committee For Canada.

Issue 1: October 2006

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**The Breastfeeding Committee for Canada is proud to announce that the BCC newsletter ( Breastfeeding Canada) has been relaunched with this issue.**

The BCC Communications Committee for 2006 would like to extend an invitation to submit information or articles about your BFI activities, progress or challenges for inclusion in the Breastfeeding Canada newsletter. We would like to make this a vehicle for communication and information as well as a showcase of the Baby Friendly journey in Canada.

Our goal is to produce two issues a year which will be available electronically and we would like to include links to other Canadian newsletters and websites which support and promote the Baby Friendly Initiative.

Your support and feed-back will determine how successful this project is, so please let us know what you would like to see in this Newsletter. All suggestions are welcome and we are always looking for new committee members!

*To submit articles or to contact the editors please contact Kathy Venter at [kventer1@cogeco.ca](mailto:kventer1@cogeco.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,  
Diana Stenlund, Marilyn Sanders.

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



## *Designated Facilities* *August 2006*

### **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

### **BABY-FRIENDLY COMMUNITY HEALTH SERVICES IN CANADA**

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

# National BFI News

## New Brunswick

The Government of New Brunswick officially endorsed the Baby-Friendly Initiative as part of its newly announced provincial Wellness Strategy in an official announcement made at a press conference in Fredericton on Thursday, January 19th, 2006.

Health and Wellness Minister Elgy Robichaud announced that "All hospitals, community health centres and public health services providing services to women, infants, young children and their families will undertake steps toward achieving Baby-Friendly Initiative designation. In 2005-2006 \$100,000 will be invested in this initiative. This is a multi-year commitment."

## Nova Scotia:

- BFI survey completed (Family Resource Centres, Public Health, District Health Authorities)
- Breastfeeding education identified as an issue
- Masters student will be completing a scan of other jurisdictions re education standards this summer.

## Newfoundland and Labrador

- Canadian Perinatal Program Coalition has accepted BCC breastfeeding definitions for Minimum Data Sets.

## Ontario

On Friday June 30, 2006 a historic meeting occurred between Ontario breastfeeding advocates including Dr. Jack Newman, Laura Prodanek, Public Health Nurse from the Thunder Bay District Health Unit & OBC member and Esther Goldstein. The representatives from the Ontario government were Dr. Sheela Basrur (Medical Officer of Health for Ontario), Dr. Sandy Bennett (Ministry of Health Promotion) and Nancy Novak (Ministry of Children and Youth Services).

The importance of protection, promotion and support of breastfeeding in Ontario and the challenges of providing services was addressed.

This meeting provided an opportunity to present breastfeeding issues and concerns to important ministry officials and establish contacts within several different ministries.

## Saskatchewan

- 2<sup>nd</sup> annual BFI assessment completed this year.
- Two largest hospitals getting ready to submit request for evaluation next year

## Alberta

- Collecting data using BCC definitions
- Alberta perinatal- developing learning modules for care of new baby: provincial standards for education.
- Pilot for BF algorithms

## British Columbia

- Evidence papers (2) being released:
  - Perinatal Reproductive Health
  - BFI
- Education within RHA identified as key need
- Significant funding available to support education in the province
- Data collection using BCC definitions has been taken forward.
- Internal assessment for one facility completed.

## Manitoba

- Breastfeeding Policy will be online in time for BF Week
- RHAs to establish BFI Committees and Regional Committees. Attached to funding targets, and must develop activities to achieve improvements. Most regions have adopted the BFI steps in their framework. Formula contracts remain a challenge. Some have included in next year's budget.
- Ministers interested in "special formula" and income issue upon discharge.
- Winnipeg: Hospitals and community on the same page and have made some good progress.

## Quebec

Quebec continues to lead the way in the implementation of the Baby Friendly Initiative in Canada. The provincial government has committed financial and human resources and each region has experts working with the BFI and the health facilities.

The first baby-friendly hospital was the Brome-Missisquoi-Perkins (BMP) Hospital in Cowansville, QC, designated in 1999 and confirmed in 2004. Since then breastfeeding rates have skyrocketed in the region and to date there are 3 hospitals/ birthing centres and 3 community health centres designated "Baby Friendly".

## *In the Spotlight ....*

### *Nova Scotia: a visit to an amazing resource centre.*

Kathy Venter and Marilyn Sanders visited the Single Parent Resource Centre, Spryfield on March 30<sup>th</sup>. 2006. They were accompanied by Michelle Amero, Provincial Healthy Eating Coordinator, Nova Scotia Health Promotion and Protection; Kathy Inkpen, Core Program Coordinator, Public Health, Nova Scotia Health Promotion and Protection; Johannah Roberts, Public Health Nurse; Felecia Outhouse, mother of 5 month-old Ian, and member of the Breastfeeding Advisory Committee and Hilary Marentette, coordinator of the volunteer doula program.



The Centre is located in a low-income area of Halifax that includes a lot of young parents, single mothers, and a somewhat transient population. A Board of Directors oversees its operations and it is housed in a small house, which has been expanded to include a large room, used for prenatal classes, baby massage and other activities. There are currently 6 staff (two fulltime) and the centre receives a number of student placements each year including student nurses, physicians, dieticians and early childhood educators. The Centre does a lot of outreach and has a close relationship with the local high school which has a youth health clinic.

The volunteer doula programme is 10 years old and has trained over 150 volunteer doulas to support women before, during and after the birth of their babies. Of the women who receive support from this programme, 95+% initiate breastfeeding and 70-80% are exclusively breastfeeding at one month.

The Mainland South Breastfeeding Support Network (established in 1994), which is based in the Centre, runs a weekly breastfeeding support clinic facilitated by a lactation consultant from IWK Grace Health Centre .

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

It has also:

- Established a prenatal programme
- Trained “Breastfeeding Buddies” to do telephone breastfeeding support
- Purchased breast pumps which are available on loan to clients
- Successfully lobbied for a breastfeeding lounge in the local mall
- Organized annual celebrations for Canadian Breastfeeding Week since 2001
- Undertaken an informal survey of physician attitudes to breastfeeding with Public Health and followed up with the development of breastfeeding materials and a lunchtime breastfeeding seminar for physicians.
- Developed breastfeeding-friendly signage in cooperation with the NS Department of Health and a campaign to encourage local restaurants to support breastfeeding mothers
- Determined that no infant formula is provided to clients, those in need are referred to the local food bank.

The Centre's pre-natal educator ensures that all moms are well informed about breastfeeding and provides regular support to moms through their pregnancy and on into the early months of parenting.

Michelle Amero, Co-chair of the Provincial Breastfeeding & BFI Committee said that family resource centres are integral partners in the implementation of breastfeeding support in Nova Scotia along with hospitals and public health. With support from the Public Health Agency of Canada, all family resource centres in Nova Scotia receiving Canada Prenatal Nutrition Program (CPNP) and Community Action Program for Children (CAPC) funding have completed the BFI readiness survey (based on the survey developed by the BCC P/T Committee) which has also been completed by 100% of hospitals and public health services in the province. Representatives of family resource centres sit on the provincial Breastfeeding and BFI Committee and on all regional and local breastfeeding committees and networks.

This centre provides vital protection, promotion and support of breastfeeding in Nova Scotia, influences other facilities in a very positive way and is identified by the local breastfeeding coalition as the hub of BFI efforts in the area.

# *Global News*

## ***BCC Board of Directors officially endorses both the Global Strategy for Infant and Young Child Feeding and the WHO Child Growth Standards***

The World Health Organization (WHO) Child Growth Standards for children aged 0-five years were released in April 2006. These growth standards are based on major international studies of more than 8000 breastfed infants and children in Africa, Asia, Europe, Latin America, and North America. The Breastfeeding Committee for Canada (BCC) Board of Directors officially endorsed the standards in August 2006.

The collaborative studies demonstrated that regardless of where children are born they grow and develop to within the same range of height and weight for age, given certain health conditions. These conditions included adequate breastfeeding practices, good health care (including vaccinations and immunization), and a healthy environment (including healthy nourished mothers who were non smokers during pregnancy and lactation). These WHO standards establish the benchmark for normal physiological growth of all children regardless of ethnic background.

The WHO standards also set the benchmark for growth and development based on breastfed infants as the norm for measuring healthy growth and development. This includes the introduction of appropriate foods during the complementary feeding period, (which begins at about six months of age) and is consistent with WHO recommendations contained in the Global Strategy on Infant and Child Feeding (2002). The Board of the Breastfeeding Committee for Canada also endorsed these international nutrition standards in August 2006. Health Canada, Canadian Pediatrics Society and Dietitians of Canada, in revisions to Nutrition for Healthy Term Infants (2005) collaboratively support the recommendation that all infants in Canada be exclusively breastfed for the first six months to promote optimal growth and development with continued breastfeeding to two years and beyond with appropriate complementary foods.

How do these growth standards differ from what we are presently using to evaluate the growth of children up to five years of age? Growth charts in current use in doctor's offices and public health services in Canada are based on the growth of predominately formula-fed children in North America in the 1940's. More recently, the U.S. Center for Disease Control released revised growth standards based on a mixed

sample of formula-fed and breast-fed infants. These growth charts have, for many years, reinforced that idea that chubby babies were healthy babies.

The international growth data shows that growth patterns of breast-fed and formula-fed infants differ substantially during the first year. Breastfed infants tend to grow faster and to be chubby in the first two to three months, and then to slow down more quickly. They are leaner overall by twelve months and continue to be leaner at twenty-four months when they continue to breastfeed. This pattern is clearly reflected in the WHO growth standards. The differences in growth rates and patterns between breast-fed and formula-fed infants shows that it is not the breastfed infant who is growing inadequately but the formula-fed baby who is fed too much and grows too quickly. The previously recommended daily energy intakes for babies are now seen as being seven percent too high.

Breastfed babies, who are less likely to stay chubby during the first two years of life, appear to have an important advantage: they are less likely to be overweight when they start kindergarten. Recent research is uncovering the long term advantages of this: breastfed babies are less likely to be overweight later in life and less likely to develop conditions such as diabetes, heart disease, and high blood pressure. This does not mean, however, that mothers should limit the amount their infants' breastfeed to achieve this leaner standard. Such a practice is discouraged as it can lead to failure to thrive and can adversely affect brain growth. What it does mean is that mothers need to continue to respond to the cues their babies give them about how frequently they want to breastfeed including ongoing night-time nursing.

A number of North American partners are reviewing the new growth standards for adoption in the United States and Canada with all infants and children up to five years old. Implementation and training needs will have to be addressed to ensure that the standards are used in a consistent manner for all children. The implications of these standards to the growth of formula-fed babies must also be addressed.

In the meantime, the Breastfeeding Committee for Canada recognizes that the WHO growth standards underline

the importance of fully implementing the Baby Friendly™ Initiative (BFI).

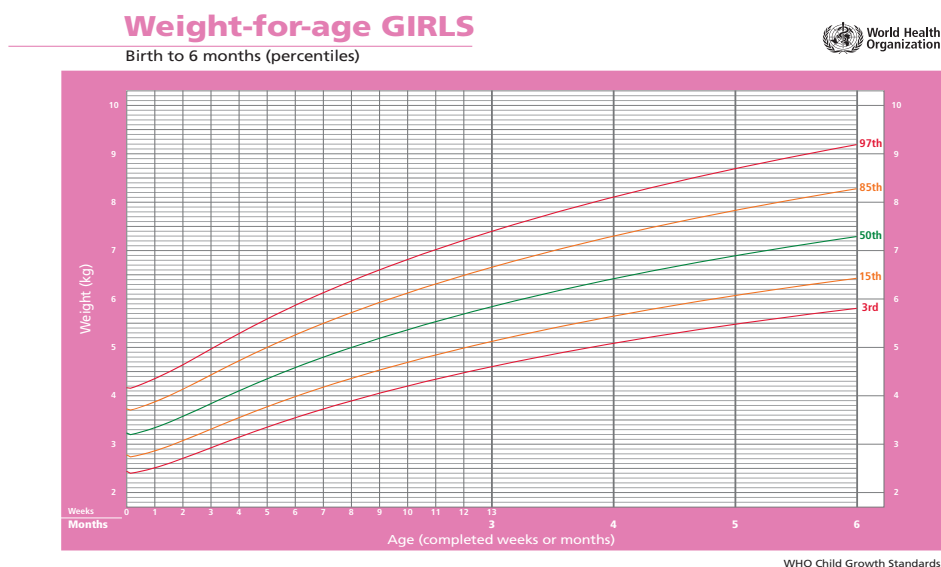
The BFI protects, promotes, and supports breastfeeding as part of healthy maternal, infant, and childcare in hospital and community settings. This in turn leads to a greater chance of healthy growth and development for all infants and children.

(Adapted from an article written by the Public Health Nutritionists of Saskatchewan Working Group. August 06) Submitted by Johanna Bergerman, Chair, on behalf of the BCC Infant Nutrition Committee..

#### References:

1. WHO [http://www.who.int/nutrition/media\\_page/en/](http://www.who.int/nutrition/media_page/en/).
2. Global Strategy for Infant and Young Child Feeding [www.paho.org/english/ad/fch/ca/GSIYCF\\_infantfeeding\\_eng.pdf](http://www.paho.org/english/ad/fch/ca/GSIYCF_infantfeeding_eng.pdf)
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4. Health Canada's revised infant feeding recommendations: [http://www.hc-sc.gc.ca/fn-an/nutrition/child-enfant/infant-nourisson/excl\\_bf\\_dur\\_dur\\_am\\_excl\\_e.html](http://www.hc-sc.gc.ca/fn-an/nutrition/child-enfant/infant-nourisson/excl_bf_dur_dur_am_excl_e.html)
5. Nutrition For Healthy Term Infants, Statement of the Joint Working Group (updates) [http://www.hc-sc.gc.ca/fn-an/pubs/infant-nourisson/nut\\_infant\\_nourisson\\_term\\_e.html#table](http://www.hc-sc.gc.ca/fn-an/pubs/infant-nourisson/nut_infant_nourisson_term_e.html#table)
6. Harding, J.E. The nutritional basis of the fetal origins of adult disease. International Journal of Epidemiology 2001, 30:15-23 available from: <http://ije.oxfordjournals.org/cgi/content/full/30/1/15>
7. Barker, DJ. The developmental origins of chronic adult disease. Acta Paediatrica 2004, 93:26-33 available from: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=Pubmed&listuids=15702667&dopt=Abstract>
8. Singhal A, Lucas A. Early origins of cardiovascular disease: is there a unifying hypothesis? The Lancet 2004, 363(9421): 1642-5].

An example of the new WHO Growth charts.



NB.

*If you are having trouble accessing the new growth charts on the WHO website: go to <http://www.who.int/childgrowth/standards/en/> then right click on the link you want and select "save target as" ... you can then open the page on your desktop.*

# Resources

## *Evidence-Based Benefits Of Breastfeeding For The Breastfeeding Committee For Canada: A Selected Annotated Bibliography.*

Perle Feldman and Francesca Frati are currently preparing to update the bibliography and are asking that you please send your favorite papers (best evidence) re: benefits of breastfeeding—those you would recommend should be included in the bibliography—along with a sentence or two about why you chose these papers.

**They would like anything 1995-present in the following categories:**

- ◆ Effect of BFHI in improving breastfeeding rates in industrialised countries
- ◆ Breastfed children: prevention of chronic disease
- ◆ Breastfed children: prevention of acute disease and death
- ◆ Breastfed children: improvement of cognitive development
- ◆ Breastfeeding benefits for mothers

**For more information please contact:  
Francesca Frati:**

**Fax: (514) 340-7552      E-mail: [ffrati@gmail.com](mailto:ffrati@gmail.com)**

## *The International Code Of Marketing Of Breast-milk Substitutes. Frequently Asked Questions*

ISBN 92 4 159

Member States of the World Health Organization adopted the International Code of Marketing of Breast-milk Substitutes twenty-five years ago with the aim to protect, promote and support appropriate infant and young child feeding practices. The adoption of the Code was a key milestone in global efforts to improve breastfeeding, and countries have taken action to implement and monitor the Code and subsequent relevant Health Assembly resolutions. This booklet of Frequently Asked Questions aims to increase awareness and understanding of how the Code can help to ensure that mothers and caregivers are able to make fully-informed choices of how best to feed their infants, free of commercial interest.



**For more information please see:**

[http://www.who.int/child-adolescent-health/  
New\\_Publications](http://www.who.int/child-adolescent-health/New_Publications)

## *BFHI training materials for 2006 and beyond...*

The original 18-hour course was developed in support of the Baby-friendly Hospital Initiative (BFHI) in 1993. This course assisted many health facilities to implement supportive practices and to move towards a Baby-Friendly designation.

Baby-Friendly practice continues to be an important component of infant feeding strategies. There is new information on the critical importance of breastfeeding and the practices to support it, particularly in emergencies and the HIV pandemic.

There is increased recognition of the importance of competency-based education and the need for participants to understand what they can and cannot do as a result of this training. The BFHI materials and the course have been updated and revised based on a decade of accumulated knowledge and experience and the new developments.

**Materials currently available include:**

Section 1: Background and Implementation

Section 3: Breastfeeding Promotion and Support in a Baby-friendly Hospital is a 20-hour course for maternity staff

Section 4: Hospital Self-Appraisal and Monitoring

**Coming soon** will be Section 2: Strengthening and sustaining the Baby-friendly Hospital Initiative:  
A course for decision-makers.

**For more information please see:** [http://www.unicef.org/nutrition/index\\_24850.html](http://www.unicef.org/nutrition/index_24850.html)