



Breastfeeding Canada

Newsletter of the Breastfeeding Committee for Canada

Issue 9: December 2010

Contents

1. Update: BFHI in Industrialized Countries
2. BCC Standing Committees
3. Three New Reps for PT Committee
Quebec BFI
BFHI Celebrates 20 Years in 2011
4. Manitoba – A lesson from the Elders
6. New Brunswick Doing Well
7. Integrated 10 Steps
8. Ontario – Chatham Kent is Baby Friendly
9. Prolactin Research
11. Health Canada – New Surveillance Info
11. BCC's New Website
12. About the BCC

Update from the Baby Friendly Hospital Initiative in Industrialized Countries

The sixth meeting of BFHI Coordinators met in the historic Ospedale degli Innocenti in Florence, Italy from October 12-14, 2010. This building, dating from the early 1400s, is known as the 'Hospital of Innocents'. It was exciting to attend meetings in the same building as the site of the signing of the Innocenti Declaration.

This meeting brings together participants from 37 industrialized countries, Eastern Europe and the Commonwealth of Independent States working on the Baby-Friendly Initiative in their respective countries. Much of the value from these meeting is the ability to share ideas and strategies from other countries - many countries sharing the same hurdles as facilities in Canada.



One exciting idea comes from the Nordic Group. Representatives from Norway, Sweden, Finland, and Denmark are working at developing Ten Steps for Baby-Friendly NICUs. A conference on expanding the Baby-Friendly Initiative to the NICU environment is planned for Uppsala, Sweden September 14-15, 2011. More information is available at: www.akademikonferens.uu.se/neobfhi2011.

Working groups focused on topics as diverse as translating new materials into practice, mother-friendly care, assessment tools and training assessors, monitoring and reassessment and innovative approaches to the BFHI.

The BCC was represented at this meeting by Marina Green (Assessment Committee) Marianne Brophy (Past BCC Chair and meeting organizing committee) and Louise Dumas (Assessment Committee QC.)

Submitted by Marina Green.

Breastfeeding Committee for Canada: 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 over-see and facilitate the implementation, assessment and designation of the WHO/UNICEF Baby-Friendly Initiative in Canada. Committees are chaired by a member of the BCC Board of Directors.

Board of Directors:

Chair: Kathy Venter info@breastfeedingcanada.ca

Treasurer: Dianne Nikiforuk DNikiforuk@dthr.ab.ca

Membership: Genevieve Courant genevieve.courant@von.ca

Directors: Louise Dumas, Michelle LeDrew.

BCC BFI Assessment Committee:

Chair: Marina Green marinagreen@shaw.ca

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

BCC Provincial/Territorial Committee:

Co-Chairs: Kathryn Inkpen Kathryn.Inkpen@gov.ns.ca

Janet Murphy Goodridge wiljan@nf.sympatico.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.

BCC Membership is open to Canadians interested in voluntarily furthering the objectives of the BCC, who are in no way associated with a company whose products fall within the scope of The WHO Code, and whose application has been approved by the Board. BCC membership categories and fees are described in the BCC Bylaws.

Voting Members (Board Directors and members of the standing committees) and Associate Members (individuals interested in furthering the aims of the BCC who have received approval of the Board of Directors) pay the annual membership fee.

Membership fees (\$30) are due annually by the end of March. These fees support BCC expenses such as teleconference meetings of the BCC Board and Committees, participation of the BCC representative to the Canadian Pediatric Society Nutrition Committee and participation of the BCC delegates to the WHO Coordinators for the BFI in Industrialized Countries.

Associate Membership forms are available at
<http://www.breastfeedingcanada.ca/html/support.html>

Mail to: BCC, Box 7468

Drayton Valley, AB

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Three New Government Representatives For The BCC Provincial / Territorial Committee

In response to an initiative by the BCC to increase dialogue with the Ministries of Health in every Province and Territory, three new representatives have been welcomed to the PT Committee. For the first time government representatives from British Columbia, Ontario and Prince Edward will join the Provincial/Territorial Committee.

This is very exciting progress as the PT committee continues the implementation of the Baby Friendly Initiative in Canada.

A complete list of representatives to the PT committee is attached to the Newsletter and is also available on the BCC website www.breastfeedingcanada.ca.

Quebec Baby Friendly Initiative

The BCC congratulates the Quebec Ministry of Health for providing resources and support to implement the Baby-Friendly Initiative in Quebec, significantly increasing breastfeeding initiation rates and benefiting the health and well being of families.

The government of Quebec has secured permission from Health Canada and the Public Health Agency of Canada for autonomy in the implementation and assessment of the BFI within the provincial jurisdiction of Quebec. The Quebec government has nominated a government representative to the Breastfeeding Committee for Canada (BCC) Provincial/ Territorial BFI implementation Committee, and granted permission for the three lead assessors in Quebec to collaborate with the BCC BFI Assessment Committee.

The BCC looks forward to continued collaboration with Quebec.



Baby Friendly Hospital Initiative Celebrates 20th Anniversary in 2011

The BCC plans to celebrate this milestone with a National BFI conference taking place in Oakville, Ontario **June 19/20th. 2011**. We would like to use this opportunity to network across the continuum of breastfeeding support in Canada. **Any help you can offer will be gladly accepted ☺**

Please contact Kathy Venter info@breastfeedingcanada.ca to join the organizing committee.

Breastfeeding, A Lesson from our Elders!
Baby Friendly Manitoba: Northern Nursing Stations Working Group

“Elders supported the mother during breastfeeding. Brothers and sisters helped. Breastfeeding was a sacred thing.”

Stella Nef,
Grand Rapids



In Northern Manitoba, the art of breastfeeding is being remembered and promoted by community elders. Supported by Manitoba Health’s Aboriginal and Northern Office and Baby Friendly Manitoba, three Northern Manitoba provincial nursing stations (Missipawisick Cree Nation, Grand Rapids, Mosakahiken Cree Nation, Moose Lake and Chemawawin Cree Nation, Easterville) have decided to implement the baby friendly best practice initiative. The initiative was kicked off by a series of community meetings in June 2010 attended by leaders, health care professionals, elders and community members. Reflecting on the long term health benefits of breastfeeding, Jim Tobacco, then Chief of Moose Lake affirmed, “We have no choice but to support this initiative for the health of our people.” In addition to improving breastfeeding initiation, exclusive breastfeeding and duration rates, this initiative also hopes to strengthen partnerships between provincial and local health services as mothers access services and supports across jurisdictions.

The Northern Baby Friendly Manitoba initiative quickly grew to include a social marketing effort involving radio spots in English and Cree, and a first ever Baby Friendly Northern workshop that was held on Sept 27, 2010. Forty-one participants from nine communities heard from community leaders, elders, a BCC Lead Assessor and a breastfeeding educator.

The Baby Friendly Northern Workshop included participation from community and RHA leaders beginning the day with NOR-MAN RHA CEO Drew Lockhart who spoke with pride about the efforts of St. Anthony Hospital and The Pas Primary Health Centre to move the Baby Friendly Initiative forward in the region and to support the Nursing Station communities as they embark on their BFI journey. Ethel McKay, the Mayor of Easterville offered her perspective about breastfeeding as a health promotion concern for her people. She shared how important it is that young people get the message about how “good it is for the mom and the baby to breastfeed”.

Keynote speaker and BCC Lead Assessor, Kathy Venter, was introduced as one of our breastfeeding elders from the east. Kathy presented a session called “Breastfeeding: Is it Really Better than Formula?”. The presentation emphasized that breast milk is the blueprint for life. Unfortunately for too many Canadian babies, carnation, pacific milk and infant formula have created long-term health difficulties that are contributing to long term chronic health conditions like overweight, heart disease and diabetes.

Kathy encouraged the communities to reaffirm the value of breastfeeding and reclaim breastfeeding as an honoured tradition.



It was clear that Kathy's presentation resonated with the attendees. One eager new dad attending with his pregnant partner was so inspired about the benefits of skin to skin contact, that he insisted on a full description so that he too could enjoy the benefits of this sensory connection.

The highlight of the workshop came when four community elders shared some of the traditional stories about breastfeeding and nurturing babies. Some of the lessons they shared were given at the workshop in Cree with English translation. A few lessons have been provided below with permission:

"Breastfeeding is cleaner, babies' pees and poops are not as strong. (In the past) we used moss bags instead of

diapers. When you travel, there is no need to get ready, no washing bottles or preparing and storing formula. You know which babies are not nursing, they land in the hospital" (Irene Cowley-Personius, Opaskwayak Cree Nations)

"Look after yourself and your babies will be healthy." Betsy "delivered 250 babies including her own and one in a tent in the bush. When Betsy was a midwife she showed moms how to breastfeed and what to eat (meat, fish) (Betsy Buck, Moose Lake). "When women had babies in the tent, the midwife stayed with the women – the mother was protected and well cared for. Breastfeeding is very good for babies. Some women feel too shy to breastfeed in front of people. Don't be shy, this is the way women are meant to (feed their babies). I breastfed all my children, and this is why they are all so healthy" (Emma Ballantyne, Easterville).

Linda Romphf, co-chair of the Baby Friendly Manitoba Initiative and a lactation consultant and breastfeeding educator ended the day by getting the crowd energized playing breastfeeding educational and fun games that are good to play with children, pregnant moms and "breast friends". Of course, "Booby" Prizes were handed out too. The participants did not want the day to end, suggesting that we extend Linda's session for another half hour beyond the planned agenda!

Participants included staff from the nursing stations, visitors from Thompson Hospital in the Burntwood RHA, staff from St Anthony's Hospital in The Pas and Women's Hospital in Winnipeg (the two provincial hospitals that most of the community moms give birth at) and several young mothers (and two expectant dads). St. Anthony's Hospital anticipates having a BFHI Pre-assessment within the next couple of months. Women's Hospital has also officially begun their Baby Friendly journey by requesting a pre-assessment contract and document review.

Over the days and weeks after the workshop, several participants told us how much they enjoyed the networking and hearing from the "amazing" elders. "The young pregnant women were taking in everything they said". A number of townspeople were impressed with Kathy's radio interview and the Nursing Station radio spots (some of them in Cree) that were played throughout the week to celebrate Breastfeeding Week. The time is right for the Baby Friendly Initiative in Northern Manitoba.

Submitted by Dawn Ridd, Linda Romphf, Baby Friendly Manitoba Committee Co-chairs

Summary¹: Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services

The **Baby-friendly Hospital Initiative** (BFHI) was initiated by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in 1991. The BFHI has a “simultaneous focus on the role of health services in protecting, promoting and supporting breastfeeding, and on the use of breastfeeding as a means of strengthening the contribution of health services to safe motherhood, child survival, and primary health care in general (45th World Health Assembly (WHA) 1992). The BFHI is embodied in the *10 Steps to Successful Breastfeeding*, also called the *Global Criteria*, and describes the minimum standard of care for healthy term infants (including information supporting infants in the special care nursery as appropriate). The BFHI was revised, updated and expanded by WHO/ UNICEF in 2006 and 2009, based on current research and experience in many countries.

The **Innocenti Declaration 2005** called on all governments to “revitalize the BFHI, maintaining the Global Criteria as the minimum requirement for all facilities, expanding the Initiative’s application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children.” In Canada, the BFHI is called the **Baby-friendly Initiative (BFI)**, reflecting the continuum of care.

The *Breastfeeding Committee for Canada (BCC) BFI Integrated 10 Steps Practice Outcomes Indicators for Hospitals and Community Health Services* describe the international standards for the WHO/UNICEF Global Criteria within the Canadian context.

Experience with the implementation and assessment of the BFI in Canada led to the development of the BCC 10 Steps and 7 Point Plan Practice Outcomes Indicators in 2004. The revised BCC Integrated 10 Steps Practice Outcomes Indicators provides a single set of criteria for both hospitals and community health services.

| |
|--|
| The following key applies to each of the 10 Steps in the Indicators document: |
| Statement of the Step reflecting the Canadian context. |
| WHO/ UNICEF statement of the Step. |
| Global criteria/ practice outcomes are outlined regarding facility policy, staff, documentation and mothers, with additional information available in the relevant appendices. |

For BFI assessment purposes, the facility’s documentation and curricula are reviewed during the pre-assessment phase. For the final external assessment, random samples of mothers and staff are interviewed to confirm the outcomes have been achieved at least 80%. More information about the BFI and the assessment process may be found on the BCC website.

For more information contact bfi@breastfeedingcanada.ca

¹ The full document will be posted on the BCC website (<http://breastfeedingcanada.ca/>) in the near future.

Congratulations to the Chatham — Kent Public Health Unit on BFI Designation!

Chatham-Kent is located in South-Western Ontario. In 1998 Chatham city merged with that of Kent County to form the Municipality of Chatham-Kent. The area of Chatham-Kent is 2,494 square kilometres and 950,000 Canadians live within a 1 hour drive of the municipality. Chatham-Kent has a diverse economy, with a base in the agricultural and automotive sectors. The Municipality of Chatham-Kent is a city-status single-tier municipal government with a population of 108,177. Approximately 59,000 live in the city of Chatham. Other population centers in the municipality include:

- o Wallaceburg (11,114)
- o Bothwell (1,002)
- o Blenheim (4,780)
- o Tilbury (4,599)
- o Ridgetown (3,358)
- o Dresden (2,572)
- o Thamesville (928)

Over 55% of Chatham-Kent's population has some post-secondary education which exceeds the provincial average. Approximately 92% of the residents' first language is English. 9.5% were born outside Canada, with 70 countries of origin represented. Recent immigrants are only 1.5% of the population, compared to a Canadian average of 6.2%.

Chatham-Kent Health Alliance has two hospitals, based in Wallaceburg and Chatham. The Chatham hospital is the only one providing Maternal-Child services at this time. There are approximately 1200 births in Chatham-Kent per year.

Chatham-Kent Public Health began working toward designation in February 2005 and received BFI designation in February 2010.

Contact

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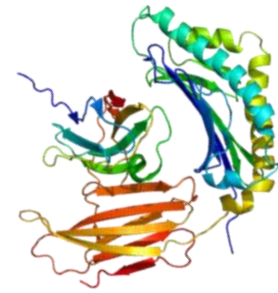


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Research Into The Role Of Prolactin Hormone As A Suppressor Of Breast Cancer Development/Progression.

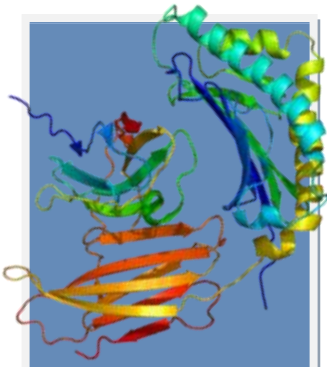
Submitted by Suhad Ali, PhD. Professor of Medicine, Faculty of Medicine, McGill University



Most women during their life time plan to become pregnant and may decide to breastfeed their newborn. While it is known that breastfeeding offers many health benefits to the newborn, how about the health benefits of breastfeeding to the mother. Indeed, breastfeeding is a continuous process usually lasting up to two years during which time the mother is exposed to a hormonal profile that is different if the mother decides not to breastfeed. Therefore it is important to establish whether breastfeeding provides health benefits to the mother. Breast cancer is the most diagnosed cancer in women. In Canada it is estimated 23,200 women will be diagnosed with breast cancer and 5,300 will die of it in 2010. One in 9 women is expected to develop breast cancer during her lifetime and one in 28 will die of it (The Canadian Cancer Society Research Institute). The question becomes whether breastfeeding impacts breast cancer development and progression.

Epidemiological studies have suggested that early pregnancy may provide lifetime protection for the mother against breast cancer. Whether or not breastfeeding also provides protection for the mother against breast cancer is becoming more evident. Epidemiologic evidence to date, while certainly not conclusive, has suggested that prolonged breast-feeding is protective against breast cancer risk ¹. As well, a significant study by the Collaborative Group on Hormonal Factors in Breast Cancer ² comparing 50 302 women with invasive breast cancer and 96 973 controls found that there is a significant 4.3% decrease in the relative risk of breast cancer for every 12 months of breastfeeding and a decrease of 7.0% for each birth. These protective effects of breastfeeding against breast cancer were found to be independent of age, menopausal status or ethnic origin. It was indicated that women in developed countries who in general have no or short lifetime duration of breastfeeding makes a major contribution to the high incidence of breast cancer in these countries. The potential protective effects of breastfeeding against breast cancer was also acknowledged in guidelines to physicians advising women regarding the impact of pregnancy and lactation on risk of breast cancer provided by the Society of Obstetricians and Gynaecologists of Canada ³. Among their findings, there is good evidence that the risk for premenopausal breast cancer is reduced with lactation. Moreover, women with familial risks could potentially benefit most from breastfeeding. There is no evidence that breastfeeding increases the risk of breast cancer recurring or of a second breast cancer developing, nor that it carries any health risk to the child. Women previously treated for breast cancer, who do not show any evidence of residual tumour, should be encouraged to breastfeed their children. While these studies point to the potential protective effects of breastfeeding against breast cancer other studies were inconclusive. It was suggested that more studies should address this issue taking into account various confounding variables that may interfere with interpretation of the data ⁴.

The molecular mechanisms of lactation protection against breast cancer to date are not well understood and have been largely ignored. Therefore, it is essential to define at the molecular level how breastfeeding produce these protective effects. These studies may help find new avenues for prevention and treatment against breast cancer. One mechanism by which breastfeeding was suggested to protect against breast cancer is the differentiation hypothesis ⁵. Indeed, breast tissue during breastfeeding undergoes complex morphological and functional changes that allows the mammary epithelial cells to become terminally differentiated to produce and secret milk fluid. This extended state of differentiation induced by breastfeeding makes the breast tissue more resistant to carcinogenesis. Prolactin hormone is one principal hormone regulating breastfeeding. The main site of secretion of prolactin is the pituitary gland located at the base of the brain. A Large body of evidence indicate that prolactin is required for mammary gland development, terminal differentiation of mammary epithelial cells and for synthesis of milk proteins (i.e. for lactation). The role of prolactin in breast cancer is not fully investigated and remains inconclusive. This lack of knowledge about the role of prolactin in breast cancer may discourage physicians from promoting breastfeeding to their patients. While studies may have highlighted prolactin as a promoter of breast cancer, accumulating evidence are also pointing to the potential effects of prolactin as a suppressor of breast carcinogenesis. Specifically in my laboratory we are interested in characterizing the role of prolactin hormone in breast cancer development and progression. We have found that prolactin may suppress the process of EMT (epithelial-mesenchymal-transformation), an important process in cancer progression to a metastatic disease ⁶. Furthermore, we have also shown that mammary epithelial cells exposed to PRL are resistant to the proliferative effects of epidermal growth factor, a growth factor implicated in breast cancer development ⁷. Other evidence in the literature also support our findings and implicate prolactin as a suppressor of



breast carcinogenesis. For example, expression/activation of a prolactin effector molecule in mammary cells, designated as Stat5a was associated positively with increased levels of histologic differentiation of breast cancer tissues and distinguishes breast cancer patients with favourable prognosis and response to endocrine therapy⁸⁻¹². Other studies showed that proteins synthesized in mammary cells during lactation for example whey acidic protein to inhibit tumorigenesis and invasion of breast cancer cells¹³⁻¹⁴. Together, these studies suggest that prolactin hormone, an important hormone regulating breastfeeding, may have breast cancer suppressive effects.

Many questions however, remain unanswered. For example, what are the mechanisms by which PRL induces differentiation of mammary cells? What are prolactin target genes and how do they regulate mammary differentiation and what is their contribution to breast cancer etiology? How do these mechanisms and target genes make mammary cells resistant to the effects of growth factors implicated in breast cancer development? As well, further studies should be aimed at defining how prolactin blocks the migration and invasion capacity of breast cancer cells. Moreover, now that studies have defined 5 different subtypes of breast cancer with distinct clinical outcome, luminal A, luminal B, HER2, basal-like, and normal breast-like, how does PRL regulate development and progression of these molecularly different breast cancer subtypes?

Breastfeeding is a fundamental activity that women worldwide are engaged in for the benefit of their newborn. It seems that breastfeeding may also be beneficial to the mother against breast cancer. However, still more knowledge needs to be generated to ascertain this conclusion. Moreover, breastfeeding is a modifiable behaviour, and an understanding of its contribution to the development/progression of breast cancer is necessary and should be a public health priority. Finally, because of the clear implication of prolactin in lactation/breastfeeding it is important to further characterize its role in mammary gland development and its carcinogenesis.

Contact Dr. Suhad Ali, PhD at suhad.ali@mcgill.ca www.hcrumcgill.ca

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Health Canada Posts New Surveillance Info

The Office of Nutrition Policy and Promotion (ONPP), Health Canada, is pleased to announce the posting of new surveillance information on breastfeeding practices in Canada

<http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/prenatal/overview-apercu-eng.php>

This posting includes:

- a brief overview of the Canadian Community Health Survey's Maternal Experiences - Breastfeeding (MEX) module;
- statistics on breastfeeding initiation, duration of exclusive breastfeeding and supplementation of vitamin D for breastfed infants in Canada in 2007-2008; and
- trend data from 2001 - 2007/08 on breastfeeding practices.

If you have any questions or comments, please contact nutrition@hc-sc.gc.ca

The New BCC Website will be launched in 2011 - exciting, professional and interactive!

Members will be able to:

- Join BFI forums of interest
- Access resources & organizational information
- Share information
- Pay memberships on-line
- See video clips & photo albums related to BFI
- File interim reports directly to the Assessment Committee
- **And more? Let us know what you want**



Contact Kathy at info@breastfeedingcanada.ca



About the Breastfeeding Committee for Canada

Goal

Breastfeeding is the 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.

Breastfeeding Canada Newsletter

Editorial Committee: Kathy Venter
Lyndsay Grant

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