



**Breastfeeding Committee for Saskatchewan**  
**The Baby Friendly Initiative™: Protecting, Promoting and Supporting Breastfeeding**  
**Saskatchewan Doctors – How You Can Help**

### **Background**

In September 2010, Canada's health and healthy living ministers endorsed the Canada-wide *Curbing Childhood Obesity. A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights* (Public Health Agency of Canada, 2012) in young people. The Framework lists the provision of "baby-friendly" health settings in the top three evidence-based strategies influencing childhood overweight and obesity<sup>i</sup>: 1) the availability and affordability of nutritious food; 2) the accessibility of proper nutrition and support to mothers during pregnancy; and 3) "baby-friendly" health settings. A recent review of the evidence supports investing in best practices which protect, promote and support successful breastfeeding: this review not only found improvements in maternal and child health and reduction of obesity rates but also reduction of waste and resource savings to healthcare within a few years, possibly as little as one year (UNICEF UK, 2012a, 2012b)<sup>ii</sup>.

### **Your Role as a Doctor**

The provision of baby-friendly health settings must be a collective priority in Saskatchewan led by the Ministry of Health but supported by all healthcare providers and professionals who will champion this issue take appropriate action, and inform other sectors of Saskatchewan society. Nearly all births in Saskatchewan occur in hospital settings, and over 90% of Saskatchewan women are choosing to breastfeed their newborn babies (Statistics Canada, 2012). However hospital practices and policies in maternity settings can create barriers to supporting a mother's decision to breastfeed: practices which interfere with the normal initiation and establishment of exclusive breastfeeding in the first week after delivery result in weaning to substitutes (infant formula) and exposure to all the health risks associated with them.

The highest level of evidence-based medical practice is required to engage provision of baby friendly health settings. This in turn will mobilize all sectors of Saskatchewan society to protect, promote and support breastfeeding. Given the magnitude of the problem of childhood obesity<sup>iii</sup>, its profound impacts, and its society-wide roots, a collective effort is required to ensure baby friendly health care settings are available to all "*patients first*" (KPMG, 2009).

Saskatchewan doctors will champion this pressing public health issue by

1. Becoming active and visible catalysts for change aimed at accelerating the Baby Friendly Initiative™ in Saskatchewan within their respective departments (see policy and coordination proposals).
2. Becoming champions for horizontal action with their colleagues in other disciplines and departments to address factors that undermine breastfeeding and thereby contribute to childhood obesity including factors which lie outside the mandate of health (e.g. infrastructure, social support, and education).
3. Acting as mobilizers of societal-level engagement and support to inspire public, private, NGO and community leaders, policy and decision-makers with a view to changing environments and public policy in the protection, promotion, and support of breastfeeding for Saskatchewan infants and their mothers.

### **How Doctors Can Help – Your Role**

In Saskatchewan, most new mothers hope to breastfeed their babies<sup>iv</sup>. Breastfeeding can protect the lifelong health of mothers and their infants while saving healthcare dollars. With support from their families and communities, as well as from their doctors and other health care providers, mothers are more likely to be able to breastfeed their babies. You can take the following actions:

- Support and help mothers who want to breastfeed. As a doctor, you can be part of Saskatchewan- and Canada-wide efforts to support breastfeeding.
- Promote changes to health care systems that make it easier for women to start and keep breastfeeding.
- Make sure that breastfeeding is promoted and supported at every visit to a hospital, clinic, or doctor's office.
- Take part in writing health care standards, putting policies in place, and displaying leadership that supports mothers who want to breastfeed.
- Look at the selected actions recommended by Health Canada (2012) to make support for breastfeeding part of programs serving mothers and babies in your community.

By taking these actions, you can lead the way to improving the health of the Saskatchewan population, particularly breastfeeding mothers and their babies.

### **How You Can Help Mothers Breastfeed**

Leading health organizations in Canada (Health Canada, 2012) agree that most babies should be breastfed for at least 12 months and should have only breast milk for the first 6 months of life. For women who want to breastfeed, the support they get—or do not get—in the hospital can make the difference. As a Doctor and a health care leader, you can help make sure that Saskatchewan hospitals make it easier for mothers to breastfeed, and that Saskatchewan hospitals and facilities are baby friendly and put “patients first” (KPMG, 2009).

#### **Find ways to learn more about breastfeeding.**

You may need to talk with new mothers about how important it is to breastfeed and teach them how to do it. Most medical schools do not teach enough about breastfeeding. Look for ways to get more professional training, such as continuing education on how to help new mothers breastfeed.

#### **Talk with mothers.**

As a doctor, you can give mothers help and advice on how to feed their babies. Mothers may not know that breastfeeding can protect them and their babies from some health risks. You can talk with pregnant women about what to expect, and encourage them to ask for help with any problems.

#### **Make support for breastfeeding part of standard care.**

Clinical care practices can make it easier—or harder—for mothers to start and keep breastfeeding. For example, placing a healthy newborn in skin-to-skin contact with the mother rather than on an infant warmer and keeping the baby in the mother's room at the hospital both help mothers to breastfeed more easily. On the other hand, giving gift packs with infant formula samples to breastfeeding mothers can hinder successful breastfeeding.

#### **Develop teams to give mothers the skilled care they need.**

If mothers have trouble breastfeeding, they may need assistance from a health care team that includes professionals with special training in this area, such as an International Board Certified Lactation Consultant. IBCLCs have clinical experience and training in how to solve breastfeeding problems.

#### **Help mothers get support after they leave the hospital.**

If mothers get the support they need in the first 4 weeks of a new baby's life, they are more likely to keep breastfeeding. Mothers may need help finding people who are trained to help with breastfeeding problems after they leave the hospital. Without help, some new mothers may stop breastfeeding. When women do not keep breastfeeding, they and their babies may not be as healthy.

#### **Avoid serving as advertisers of infant formula.**

Infant formula companies often give posters, items with logos, coupons for formula and advertize in parenting magazines, and even samples of infant formula to doctors to give to patients. Displaying these items or

offering samples can make mothers think that you favor formula feeding over breastfeeding. Mothers who get free formula samples are less likely to breastfeed exclusively. The International Code of Marketing of Breast-Milk Substitutes can give you advice on how to avoid being an advertiser for infant formula.<sup>v</sup>

### **The Doctor's Role in Patient Support**

**Give mothers the support they need to breastfeed their babies.**

- Help pregnant women to learn about the importance of breastfeeding for their babies and themselves.
- Teach mothers to breastfeed.
- Encourage mothers to talk to their maternity care providers about plans to breastfeed.
- Support mothers to have time and flexibility to breastfeed.
- Encourage mothers to ask for help with breastfeeding when needed.

### **The Doctor's Role in Formula Marketing**

**Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.**

- Hold marketers of infant formula accountable for complying with the International Code of Marketing of Breast-Milk Substitutes.<sup>iii</sup>
- Take steps to ensure that claims about formula are truthful and not misleading.
- Ensure that health care clinicians do not serve as advertisers for infant formula.

### **The Doctor's Role in Care from Hospital to Community**

**Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.**

- Create comprehensive provincial networks for home- or clinic-based follow-up care to be provided to every newborn in Saskatchewan.
- Establish partnerships for integrated and continuous follow-up care after discharge from the hospital.
- Establish and implement policies and programs to ensure that mothers and babies have services in place before discharge from the hospital.

### **The Doctor's Role in Quality Clinical Care**

**Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, nurses, and pediatricians.**

- Define standards for clinical practice that will ensure continuity of care for pregnant women and mother-baby pairs in the first 4 weeks of life.
- Conduct analyses and disseminate their findings on the comparative effectiveness of different models for integrating skilled lactation support into settings where midwives, obstetricians, family physicians, nurse practitioners, nurses, and pediatricians practice.

### **The Doctor's Role in Lactation Care Teams**

**Ensure access to services provided by International Board Certified Lactation Consultants.**

- Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children.
- Provide reimbursement for certified lactation consultants independent of their having other professional certification or licensure.

- Work to increase the number of racial and ethnic minority certified lactation consultants to better mirror the Saskatchewan population.

## Conclusion

Saskatchewan breastfeeding initiation rates show that the public recognizes breastfeeding as a personal and family health priority. Baby friendly health care facilities in Saskatchewan will provide care that supports “Patient First” and “Patient- and Family-Centered Care” (KPMG, 2009, p. 198) and lean use of Saskatchewan healthcare dollars as well as evidence-based nursing care of mothers and children. Doctors’ recognition that breastfeeding must be protected, supported and promoted through baby friendly facilities and clinical medical care practices are necessary to optimize the health of our Saskatchewan population.

For more information, see the Breastfeeding Committee for Saskatchewan at <http://www.thebcs.ca/><sup>vi</sup>

## References

- Health Canada. (2000). *Family-centred maternity and newborn care: national guidelines*. Ottawa: Minister of Public Works and Government Services. Retrieved from <http://www.pentafolio.com/portefolio/images/FCMC.pdf>
- Health Canada. (2012). *Nutrition for Healthy Term Infants - Recommendations from Birth to Six Months The Joint Statement of Health Canada, Canadian Paediatric Society, Dieticians of Canada, Breastfeeding Committee for Canada*. Retrieved from [www.healthcanada.gc.ca/infantnutrition](http://www.healthcanada.gc.ca/infantnutrition)
- Kaiser Permanente. (2013a). *Kaiser Permanente delivers on breastfeeding commitment with Partnership For A Healthier America*. Retrieved from <http://xnet.kp.org/newscenter/pressreleases/nat/2013/041613-pha-breastfeeding-toolkit.html>
- Kaiser Permanente. (2013b). *Improving breastfeeding hospital support implementation toolkit*. Retrieved from [http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&cad=rja&ved=0CDcQFjAB&url=http%3A%2F%2Fkpcmi.org%2Fwp-content%2Fuploads%2F2013%2F03%2Fkaiser-permanente-breastfeeding-toolkit.pdf&ei=WRYFUtr-MMidrAHgmoHQCA&usg=AFQjCNFpfCAve6UEMNv\\_cuujefnzU8pbWw&sig2=rWzRgmFFC5YmGeyhvntFCQ&bvm=bv.50500085,d.aWM](http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&cad=rja&ved=0CDcQFjAB&url=http%3A%2F%2Fkpcmi.org%2Fwp-content%2Fuploads%2F2013%2F03%2Fkaiser-permanente-breastfeeding-toolkit.pdf&ei=WRYFUtr-MMidrAHgmoHQCA&usg=AFQjCNFpfCAve6UEMNv_cuujefnzU8pbWw&sig2=rWzRgmFFC5YmGeyhvntFCQ&bvm=bv.50500085,d.aWM)
- KPMG. (2009). *The need for more effective patient- and family-centered care. Detailed research findings of the patient experience component of the Saskatchewan Patient First Review, p. 198. KPMG: Patient First*. Retrieved from <http://www.health.gov.sk.ca/adx/asp/adxGetMedia.aspx?DocID=21252c45-e338-4811-9c16-9296ce7e2075&MediaID=3458&Filename=detailed-research-report-patient-first-web.pdf&l=English>
- Ontario Healthy Kids Panel. (2013). *No Time to Wait: The Healthy Kids Strategy*, pp. 26-28. Retrieved from [http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy\\_kids/healthy\\_kids.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf)
- Public Health Agency of Canada. (2012). *Curbing childhood obesity. A federal, provincial and territorial framework for action to promote healthy weights*. Retrieved from <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php>

Public Health Agency of Canada. (2012). Canadian hospitals maternity policies and practices survey, p. 215. Ottawa: Author. Retrieved from <http://www.aphp.ca/pdf/CHMPPS%20report.pdf>

Statistics Canada. (2012). *Breastfeeding initiation in Canada: key statistics and graphics: Canadian Community Health Survey 2009-2010*. Retrieved from <http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/prenatal/initiation-eng.php>

UNICEF UK. (2012a). *Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK*. Retrieved from [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Research/Preventing\\_disease\\_saving\\_resources.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf)

UNICEF UK. (2012b). *Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK: policy document*. Retrieved from [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Research/Preventing\\_disease\\_saving\\_resources\\_policy\\_doc.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources_policy_doc.pdf)

U. S. Department of Health Services. (2011). *The Surgeon General's call to action to support breastfeeding, pp44-4*. Retrieved from <http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

U. S. Department of Health Services. (n.d.). *Healthcare leaders in action*. Retrieved from [http://www.cdc.gov/breastfeeding/pdf/actionguides/Health\\_Care\\_Leaders\\_in\\_Action.pdf](http://www.cdc.gov/breastfeeding/pdf/actionguides/Health_Care_Leaders_in_Action.pdf)

Yamakawa, M.; Yorifuji, T., Inoue, S., Kato, T., Doi, H. (2013). Breastfeeding and obesity among schoolchildren: a nationwide longitudinal survey in Japan. *JAMA Pediatrics*, 2013(). doi:10.1001/jamapediatrics.2013.2230

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<sup>i</sup> Medscape Medical News reports "**Breast-feeding Associated With 45% Less Obesity in Japan**". Yet another study, this time conducted in Japan, has shown that babies who are breast-fed have a lower risk for obesity when they are older. At age 7 years, children who were breast-fed for 6 months were 45% less likely to be obese than those who received formula, report Michiyo Yamakawa, MHSC, from Okayama University Graduate School of Medicine and Dentistry and Pharmaceutical Sciences, Okayama, Japan, and colleagues in their study, published online August 12, 2013 in *JAMA Pediatrics*. The results indicate that it is important to encourage breast-feeding, even in developed countries, they note.

An accompanying editorial states that the study is "a novel and helpful addition to the literature," not least because "it is one of the first to explore the issue in an Asian population." The study adjusts for many potential confounding issues, and still the association remains strong, say editorialists Marit L. Bovberg, PhD, MS, from Oregon State University, Corvallis; Carolina Amador, MD, MPH, from Community Health Centers of Benton and Linn Counties, Corvallis, Oregon; and Adrienne E. Uphoff, IBCLC, from the School of Medicine, Virginia Commonwealth University, Richmond.

But, they wonder, would it not be better to stop spending research dollars on the breast-feeding/obesity question, given that "causality will never be proven, because it is unethical to randomize women to a formula-feeding arm"? There is no question that "breast is best, for so many reasons," they observe. So would money not be better spent ...trying to improve the "abysmal job of caring for postpartum women?" they suggest. "Imagine the potential improvements in population health if we instituted a system of 'well-mother' checks... Such a system would not only prioritize breast-feeding promotion and problem solving but also would include parenting support...nutrition counseling, and other forms of preventive care."

**Breast-feeding Most Protective Against Obesity** The Japanese researchers used a large nationwide data set (the Longitudinal Survey of Babies in the 21st Century) and assessed breast-feeding behavior at six months' postpartum. It included a total of 43 367 singleton children born after 37 weeks, for whom information was available with regard to feeding during infancy.

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<sup>ii</sup> The cost savings of the Baby Friendly Initiative™ are recognized worldwide as the previously cited research from the United Kingdom clearly indicates. Cost savings of baby friendly care in both the private and public health systems is also extensively recognized In the United States of America: Kaiser Permanente, a private integrated managed care consortium, believed a healthy beginning with breastfeeding sets the stage for the total health of patients and communities, has recognized the cost-savings of Baby Friendly hospitals, and has announced that by 2013, all Kaiser Permanente hospitals will meet baby friendly standards (12 of 14 of which have already been designated as BFI), and additionally, as part of its commitment with the Partnership for a Healthier America, created a publicly-available “toolkit” consolidating strategies and cost savings data designed to provide hospitals and health care systems with information and resources to promote exclusive breastfeeding when moms leave the hospital (Kaiser Permanente, 2013a,b). Meanwhile both the Surgeon General and the Center for Disease Control cite support of breastfeeding through baby friendly care as critical to both healthcare system savings and advancement of population health (U. S. Department of Health Services, n.d., 2011).

<sup>iii</sup> Over 90% of Saskatchewan women are choosing to breastfeed their newborn babies (Statistics Canada, 2012). Yet many women fail to initiate and establish exclusive breastfeeding in the first week after delivery and consequently wean to infant formula prematurely. Consequently many of these women are disappointed in their lack of breastfeeding success. Present practices in the labor and delivery room and on postpartum wards in Saskatchewan that fall below the standards of best practices as outlined by Family-Centred Maternity and Newborn Care: National Guidelines (2000) are contributing to this lactation failure rate. These practices, lack of skilled support, conflicting advice and inaccurate information from healthcare providers have a detrimental effect on mothers who chose to breastfeed. These facts are reported in the Public Health Agency of Canada (PHAC) Canadian Hospitals Maternity Policies and Practices Survey (2012).

<sup>iv</sup> World Health Organization. International Code of Marketing of Breast-Milk Substitutes.  
[www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

<sup>v</sup> Breastfeeding Committee for Saskatchewan. (2013). *Position Statement on The Baby Friendly Initiative™: Protecting, Promoting and Supporting Breastfeeding; Breastfeeding is a critical public health issue*. Retrieved from [http://www.thebcs.ca/documents/BCS\\_Position\\_Statement\\_BFI\\_\(Final\\_Feb\\_11\\_2013\).pdf](http://www.thebcs.ca/documents/BCS_Position_Statement_BFI_(Final_Feb_11_2013).pdf)

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