



Breastfeeding Committee for Saskatchewan
The Baby Friendly Initiative™: Protecting, Promoting and Supporting Breastfeeding
Saskatchewan Healthcare Leaders – 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). The Framework lists the provision of “baby-friendly” health settings in the top three evidence-based strategies influencing childhood overweight and obesityⁱ: 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)ⁱⁱ.

Your Role as a Healthcare Leader

The provision of baby-friendly health settings must be a collective priority in Saskatchewan led by the Ministry of Health, Health Promotion Unit-Primary Health Services, but supported by all leaders who will champion this issue and encourage shared leadership and joint and/or complementary action from all government departments and other sectors of Saskatchewan societyⁱⁱⁱ. 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 healthcare leadership in Saskatchewan and the Saskatchewan Ministry of Health 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, 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).

The Government of Saskatchewan, the Ministry of Health, the Health Promotion Unit-Primary Health Services, and healthcare leaders will champion this pressing public health issue in the following ways by

1. Becoming active and visible catalysts for change aimed at accelerating the Baby Friendly Initiative™ in Saskatchewan within their respective departments or ministries (see policy and coordination proposals);
2. Becoming champions for horizontal government action with their colleagues in other departments or ministries to address factors that undermine breastfeeding and thereby contribute to childhood obesity, factors which lie outside the mandate of health (e.g. infrastructure, social support, and education); and
3. Acting as mobilizers of societal-level engagement and support to inspire public, private, NGO and community leader children and youth, 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.

Leadership Actions – Your Role

In Saskatchewan, most new mothers hope to breastfeed their babies^{iv}. 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 government and health care leaders, mothers are more likely to be able to breastfeed their babies. You can take the following actions:

- Make sure Saskatchewan hospitals support and help mothers who want to breastfeed.
- 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 Saskatchewan healthcare facility: hospital, clinic, or doctor’s office.
- Take part in writing health care standards, putting policies in place in all departments, 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 all mother-baby care.

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 health care leader, you can help make sure that Saskatchewan hospitals make it easier for mothers to breastfeed, and that Saskatchewan hospitals are baby friendly and put “patients first” (KPMG, 2009).

Help healthcare professionals and providers learn more about breastfeeding.

Healthcare providers may need to talk with new mothers about how important it is to breastfeed and teach them how to do it. Most medical, residency, and nursing programs do not teach students enough about breastfeeding. You can provide training and continuing education programs so that clinicians know more and are more confident about giving advice on breastfeeding. Make sure mothers get quality breastfeeding care.

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, keeping the baby in the room with the mother at the hospital, and not giving samples of infant formula to breastfeeding mothers are practices that help mothers to breastfeed more easily.

Develop teams to give women the skilled care they need.

If women have trouble breastfeeding, they may need the support of a health care team that includes professionals with special training such as an International Board Certified Lactation Consultant (IBCLC). Hospitals can involve IBCLCs as core members of lactation care teams. Because some ethnic minority groups have lower rates of breastfeeding, hospitals should recruit and train more IBCLCs from these groups.

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 assist 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.

The Healthcare Leaders' Role in Maternity Care

Ensure that maternity care practices throughout Saskatchewan are fully supportive of breastfeeding.

- Accelerate implementation of the evidence based, cost-saving Baby-Friendly Hospital Initiative™.
- Establish transparent, accountable public reporting of maternity care practices in Saskatchewan.
- Provide Donor Human Milk Banking services for infants whose mothers are unable to provide their own milk^v.
- Establish systems to control the distribution of infant formula in hospitals, health care facilities, and offices which receive public funding.

The Healthcare Leaders' 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.

- Resource the necessary comprehensive provincial networks for home- or clinic-based follow-up care to be provided to every newborn in Saskatchewan.

The Healthcare Leaders' Role in Knowledge and Skills

Provide education and training in breastfeeding for all health professionals who care for women and children.

- Improve the breastfeeding content in undergraduate and graduate education and training for health professionals.
- Establish and incorporate minimum requirements for competency in lactation care into health professional credentialing, licensing, and certification processes.
- Increase opportunities for continuing education on the management of lactation to ensure the maintenance of minimum competencies and skills.

The Healthcare Leaders' Role in Quality Clinical Care

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

- Define standards for clinical practice that will ensure continuity of care for pregnant women and mother-baby pairs in the first four weeks of life.
- Conduct analyses and disseminate findings regarding the comparative effectiveness of different models for integrating skilled lactation support into settings where midwives, obstetricians, family physicians, nurse practitioners, nurses, and pediatricians practice.
- Ensure access to services provided by International Board Certified Lactation Consultants.

The Healthcare Leaders' Role in Lactation Care teams

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

- 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. Administrative recognition of breastfeeding as a population health strategy that must be protected, supported and promoted through baby friendly facilities is necessary to optimize the health of our Saskatchewan population.

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

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
- 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=rWzRgmFFC5YmGeyh_vntFCQ&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
- 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

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

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

ⁱ 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.

ⁱⁱ 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).

ⁱⁱⁱ Saskatchewan lags behind Ontario's provincial recommendation in 2011 that Local Health Integration Networks deliver baby friendly maternity and pediatric care. A recent report from Ontario's Healthy Kids Panel (2013, pp. 26-28) further reinforced baby friendly health care facilities, baby friendly healthcare providers and baby friendly care to support breastfeeding is a crucial part of Ontario's obesity prevention strategy.

^{iv} 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).

^v Breastfeeding Committee for Saskatchewan. (2013). *Position Statement on donor human milk banking*. Retrieved from http://www.thebcs.ca/documents/BCS_Position_Statement_DHMB_May_1.pdf

^{vi} 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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