



Breastfeeding Committee for Saskatchewan
The Baby Friendly Initiative™: Protecting, Promoting and Supporting Breastfeeding
Saskatchewan Nurses – 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 Nurse

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.

Evidence-based nursing practice will engage the 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 obesityⁱⁱⁱ, 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 nurses 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 Nurses Can Help – 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 nurses 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 nurse, you can be part of both 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 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 nurse 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 nursing 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 nurse, you can help mothers decide 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.

Refer mothers for help 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.

The Nurse'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 Nurse'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 Nurse's Role in Knowledge and Skills
Provide education and training in breastfeeding for all health professionals and healthcare providers 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 Nurse'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 (see *BCS Factsheet: Care of Pregnant Women and Mother-baby Pairs*).
- 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 Nurse's Role in Lactation Care Teams
Ensure access to services provided by International Board Certified Lactation Consultants.

- Include support for lactation as an essential nursing 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.

The Nurse'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^v.
- 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.

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. Nurses’ recognition that breastfeeding must be protected, supported and promoted through baby friendly facilities and clinical nursing 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/>^{vi}

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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 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).

^{iv} World Health Organization. International Code of Marketing of Breast-Milk Substitutes. www.who.int/nutrition/publications/code_english.pdf

^vBreastfeeding 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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