



## **Breastfeeding Committee for Saskatchewan**

### **The Baby Friendly Initiative™: Protecting, Promoting and Supporting Breastfeeding**

## **Saskatchewan Public Health Professionals – 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 Public Health Professional**

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 success rate among mothers who want to breastfeed can be greatly improved through active support from their families, friends, communities, clinicians, health care leaders, employers and policymakers. Given the importance of breastfeeding for the health and well-being of mothers and children, it is critical that action is taken to mobilize all sectors of Saskatchewan society to protect, promote and support breastfeeding. Furthermore, 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).

### **Saskatchewan Public Health Professionals 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 Public Health Professionals Can Help – Your Role

In Saskatchewan, most new mothers hope to breastfeed their babies<sup>iii</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 Public Health Professionals and other health care providers, mothers are more likely to be able to breastfeed their babies. You can take the following actions:

- Make sure communities and hospitals support and help mothers who want to breastfeed. As a public health professional, you can be part of national efforts to support breastfeeding.
- Promote changes to health care systems that make it easier for women to start and keep breastfeeding.
- Support efforts to teach mothers and their families about the benefits of breastfeeding.
- Take part in writing health care standards, putting policies in place, and displaying leadership that supports breastfeeding.
- 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 Public Health Professional and a health care leader, you can help make sure that Saskatchewan hospitals make it easier for mothers to breastfeed, and that Saskatchewan hospitals, healthcare facilities, and publicly funded healthcare services are baby friendly and put “patients first” (KPMG, 2009).

### **Talk with mothers.**

As a public health professional, 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.

### **Set up programs for new fathers and grandmothers.**

New mothers rely on their partners and their own mothers for help and advice on how to feed their babies. Family members need up-to-date information so they can help mothers make decisions about breastfeeding. They may not know that breastfeeding can protect both mothers and their babies from some health risks.

### **Work to ensure support for breastfeeding in the hospital.**

For women who want to breastfeed, the support they get—or do not get—can make the difference. As a public health professional, you can work with hospital leaders to improve their policies and practices and make it easier for mothers to breastfeed.

### **Strengthen mother-to-mother support.**

Talking with other women who are breastfeeding can help mothers decide to start and keep breastfeeding. You can work with hospitals and community health groups to connect breastfeeding mothers with each other.

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

Without help, some new mothers may stop breastfeeding. Set up provincial networks for newborn care. Encourage partnerships between hospitals and health care providers so that mothers can find needed follow-up care, including breastfeeding support.

### **Work with community groups to support breastfeeding.**

As a public health professional, you can work with nonprofit community service organizations, early childhood education programs, peer support organizations, and health care clinics to help mothers in your community have an easier time with breastfeeding.

### **Help employers set up lactation support programs that work.**

Public health professionals can help employers make it easier for women to keep breastfeeding their babies when they go back to work. You can help employers give mothers time and a private place to express breast milk.

### **The Public Health Professional'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 Public Health Professional's Role in Programs for Families**

**Develop programs to educate fathers and grandmothers about breastfeeding.**

- Launch or establish campaigns for breastfeeding education that target a mother's primary support network, including fathers and grandmothers.
- Offer classes on breastfeeding that are convenient for family members to attend.

### **The Public Health Professional's Role in Mother to Mother Support**

**Strengthen programs that provide mother-to-mother support and peer counseling.**

- Create and maintain a sustainable infrastructure for mother-to-mother support groups and for peer counseling programs in hospitals and community health care settings.
- Establish peer counseling as a core service available to all women.

### **The Public Health Professional's Role in Community Based Organizations**

**Use community-based organizations to promote and support breastfeeding.**

- Support and fund small nonprofit organizations that promote breastfeeding in marginalized communities.
- Integrate education and support for breastfeeding into public health programs that serve new families.
- Ensure around-the-clock access to resources that provide assistance with breastfeeding.

### **The Public Health Professional's Role in Maternity Care**

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

- Accelerate implementation of the Baby-Friendly Hospital Initiative™.
- Establish transparent, accountable public reporting of maternity care practices in Saskatchewan.
- Establish a new advanced certification program for perinatal patient care.
- Establish systems to control the distribution of infant formula in hospitals, clinics, offices, and publicly funded ambulatory care facilities.

### **The Public Health Professional'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 all mothers have services in place.

## **The Public Health Professional's Role in Lactation Support at Workplaces**

**Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees.**

- Develop resources to help employers to provide the time and a place for nursing mothers to express breast milk.
- Design (the business case) and disseminate materials to educate employers about the benefits of providing more comprehensive, high-quality support for breastfeeding employees.
- Develop and share innovative solutions to overcoming the obstacles to breastfeeding that women face when returning to work in non-office settings.
- Promote comprehensive, high-quality lactation support programs as part of a basic employee benefits package.

### **Conclusion**

Any effective provincial public health program requires the basic coordination and monitoring of services. Within Saskatchewan, numerous agencies have developed programs on breastfeeding, and others have programs that affect breastfeeding indirectly: these efforts have largely been small and unfunded. Although the work of each of these agencies is valuable, introduction of a provincial policy with leadership of a provincial coordinator could enhance coordination and collaboration across agencies to improve protection, support and promotion for breastfeeding.

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 care of mothers and children. Public Health Professionals’ recognition that breastfeeding must be protected, supported and promoted through baby friendly facilities and health care services, and concomitant actions in the role of Public Health Professionals 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>iv</sup>

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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

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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.

<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> 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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