



Breastfeeding Committee for Saskatchewan Position Statement

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

Breastfeeding is a critical public health issue

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 (Hauck, Hall and Jones, 2007). These facts are reported in the Public Health Agency of Canada (PHAC) *Canadian Hospitals Maternity Policies and Practices Survey* (2012).

Breastfeeding is complex health behaviour (Parkinson, 2010). Skilled support for breastfeeding women increases the initiation and duration of breastfeeding (UNICEF UK, 2012a, 2012b; Chung et al., 2008). Population health can be improved by bringing the behaviour of healthcare workers and health services into line with evidence-based research (UNICEF UK, 2012; Michei, Fixen, Grimshaw, and Eccles, 2009). Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada have been collaborating since 2000 to provide the policy frameworks and professional practices standards to comply with the Baby Friendly Initiative™ (BFI)™ in Canada.

Three decades of research clearly indicate that exclusivity and duration of breastfeeding are important factors in the health outcomes of both the infant and mother (Canadian Pediatric Society, 2012; WHO/UNICEF, 1981, 2009). A recent review of the evidence that supports investing in best practices which protect, promote and support successful breastfeeding shows:

- Low breastfeeding rates lead to an increased incidence of illness that significantly increases cost to health services;
- Investment in effective services to increase and sustain breastfeeding rates is likely to provide a return within a few years, possibly as little as one year; and
- Research into the extent of the burden of disease associated with low breastfeeding rates is hampered by inadequate or total lack of data collection methods (UNICEF UK, 2012a, 2012b).

Conclusion

Saskatchewan breastfeeding initiation rates show that the public recognizes breastfeeding as a personal and family health priority. Saskatchewan's own *Patient First Review* (KPMG, 2009, p. 198) mandates "Patient- and Family-Centered Care": for childbearing women and their infants this indicates that policy implementation and administrative leadership are necessary for adequate levels of protection, promotion, and support of breastfeeding to meet both patient needs and public health priorities. The Breastfeeding Committee for Saskatchewan recommends that the Saskatchewan Ministry of Health endorse the implementation of the Baby Friendly Initiative™ as a provincial population health strategy consistent with other provinces and with national standards to optimize the health of the Saskatchewan population.

Background

The Canadian Paediatric Society (2012) has stated that “Breast milk is species-specific, offering a unique bioactive matrix of compounds that cannot be replicated by artificial formulas. It contains the live cellular components, immune-reactive substances and hormones, and other nutritional components needed for optimal growth, health and development in the newborn.” Any substitution can result in significant adverse consequences for both mother and baby (Spatz & Lessen, 2011).

Breastfeeding is both the biological and physiological norm for both human infant and maternal health. Breastfeeding has a mediating effect on the social determinants of health, reducing inequities among population groups (WHO, 2008). Breastfeeding is an issue affecting food security for infants which is jeopardized when breastfeeding is undermined.

Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada (2012) have issued a joint statement that breastfeeding is the normal and unequalled method of feeding infants for the nutrition, immunologic protection, growth, and development of infants and toddlers.

Health Canada, Canadian Paediatric Society, Dietitians of Canada, and the Breastfeeding Committee for Canada (2014), based on scientific evidence and best practice, recommend:

- **Breastfeeding exclusively for the first six months, and sustained for up to two years or longer with appropriate complementary food.**
- **Breastfeeding initiation and duration rates increase with active protection, support, and promotion.**
- **Implementing the policies and practices of the Baby-Friendly Initiative™ (WHO/UNICEF, 2009) for hospitals and community health services.**

Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada (2014) also state:

- Breastfeeding is rarely contraindicated.
- Most medications are compatible with breastfeeding.
 - Advise taking a case-by-case approach when a mother is using medications or drugs. Recommendations on the use of breastmilk substitutes
- Some infants may not be exclusively breastfed for personal, medical, or social reasons.
 - Their families need support to optimize the infant's nutritional well-being.
 - The International Code of Marketing of Breast-milk Substitutes (WHO, 1981) advises health professionals to inform parents about the importance of breastfeeding, the personal, social, and economic costs of formula feeding, and the difficulty of reversing the decision not to breastfeed.
 - Individually counsel those families who have made a fully informed choice not to breastfeed on the use of breastmilk substitutes.

Breastfeeding Committee for Saskatchewan Recommendations

These best practice statements and evidence from research provide urgency for action and accountability for promoting, protecting and supporting breastfeeding in Saskatchewan.

As an evidence-based, global program that improves breastfeeding outcomes for mothers and babies, the Baby Friendly Initiative™ can serve as the basis for a comprehensive approach to protecting, promoting, and supporting breastfeeding in Saskatchewan. Leadership from each health region is essential to ensure implementation of the Baby Friendly Initiative™ in all health care facilities delivering services to families with young children. To that end, the Breastfeeding Committee for Saskatchewan recommends the following:

- 1. The Government of Saskatchewan work to protect, support, and promote breastfeeding initiation, duration and exclusivity rates, given that breastfeeding confers important health, immunological, emotional and cognitive benefits for infants and young children.**
 - a. Ministry of Health implements a long-term, standardized data collection system for tracking breastfeeding initiation, duration and exclusivity rates of breastfeeding.
 - b. Regional Health Authorities each develop options to provide Banked Donor Human Milk for infants whose mothers are not able to provide their own milk.
- 2. All health care facilities and providers caring for mothers, infants and children adhere to Baby Friendly Initiative™ practices, which are proven to increase the initiation, duration and exclusivity of breastfeeding.**
 - a. The Saskatchewan Ministry of Health mandate the development of a strategy for the implementation of the Baby Friendly Initiative™ in all health care facilities providing maternal/child health services, including hospitals, public health units, community health centres and physicians' offices. A provincial coordinator hired and assigned to develop and coordinate the provincial Baby Friendly Initiative™ strategy.
 - b. A provincial breastfeeding education strategy implemented for all health care providers, managers and volunteers working in hospitals and community services that care for mothers and children.
- 3. All Saskatchewan health care facilities and health care providers are made aware of and strictly adhere to the International Code of Marketing of Breast-milk Substitutes (WHO, 1981) and relevant World Health Assembly Resolutions as part of regional accountability agreements.**
 - a. Health professionals are advised to inform all parents about the importance of breastfeeding, the personal, social, health, and economic costs of formula feeding, and the difficulty of reversing the decision not to breastfeed.
 - b. Individually counsel those families who have made a fully informed choice not to breastfeed on the use of breastmilk substitutes.

Implementation of Baby Friendly Initiative™ by Saskatchewan Health would achieve population health benefits, as well as health-system cost-savings through protecting, promoting, and supporting breastfeeding.

References

- Canadian Pediatric Society. (2012). *Position Statement: The Baby-Friendly Initiative: Protecting, promoting and supporting breastfeeding. Position statement and practice points*. Retrieved from <http://www.cps.ca/documents/position/baby-friendly-initiative-breastfeeding>
- Chung, M., Ip, S., Yu, W., Raman, G., Trikalinos, T., DeVine, D., Lau, J. (2008). Interventions in primary care to promote breastfeeding: an evidence review for the U.S. Preventative Services Task Force. *Annals of Internal Medicine*, 149 (8)565-W111. Retrieved from <http://www.annals.org/content/149/8/565.full.pdf+html>
- 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, Canadian Pediatric Society, Dietitians of Canada, & Breastfeeding Committee for Canada (2014) *Nutrition for Healthy Term Infants from 6 to 24 months*. Retrieved from <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months/6-24-months.html>
- 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>
- Michie, S., Fixen, D., Grimshaw, J., Eccles, M. (2009). Specifying and reporting complex behaviour change interventions: the need for a scientific method. *Implementation science*, 2009, 4: 40. doi:10.1186/1748-5908-4-4
- Parkinson, J. (2010). The role of mother-centered factors influencing the complex social behaviour of breastfeeding: social support and self-efficacy. *Australian and New Zealand Marketing Conference: Doing More With Less (ANZMAC 2010)*, 29 November - 1 December 2010, Christchurch, New Zealand. Retrieved from <http://eprints.qut.edu.au/40864/> and <http://anzmac2010.org/proceedings/pdf/anzmac10Final00349.pdf>
- Public Health Agency of Canada. (2008). *Canada perinatal health report, 2008 edition*. Ottawa: 2008. Retrieved from <http://www.phac-aspc.gc.ca/publicat/2008/cphr-rspsc/pdf/cphr-rspsc08-eng.pdf>
- 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>
- Spatz, D., Lessen, R. (2011). *Risks of not breastfeeding*. Morrisville,NC: International Lactation Consultant Association.
- 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
- WHO (1981). *International code of marketing of breast-milk substitutes*. Geneva: World Health Organization. Retrieved from <http://whqlibdoc.who.int/publications/9241541601.pdf> http://www.who.int/nutrition/publications/code_english.pdf
- WHO. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final report, World Health Organization Commission on the Social Determinants of Health*. Geneva: WHO Press. Retrieved from http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf
- WHO/UNICEF. (2009). *Baby-Friendly Hospital Initiative: Revised, updated and expanded for integrated care. Section One Background and Implementation*. Retrieved from http://whqlibdoc.who.int/publications/2009/9789241594967_eng.pdf