



Breastfeeding Canada

Newsletter Of The Breastfeeding Committee For Canada.

Issue 5: April 2008

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BCC Annual Report March 2008

The year 2008 has been an engaging and productive time for the Breastfeeding Committee for Canada (BCC). Transformation has been an underlying theme at the Board and Committee level as we have engaged in consultation and discussion with voting members, stakeholders, founding and past executive members, provincial and territorial representatives and the Public Health Agency of Canada. The overall purpose of this dialogue was to increase the capacity and effectiveness of the BCC as the national authority for the Baby -Friendly Initiative (BFI), while simultaneously building capacity for BFI Implementation and Assessment at the Provincial and Territorial (P/T) level. The consensus was that the BCC will continue the national work of the Canadian BFI authority.

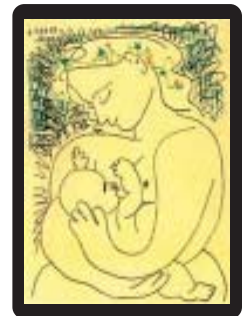
Thanks to the Public Health Agency of Canada (PHAC) , we have been able to communicate regularly and effectively by teleconference. Rosemary Sloan, PHAC representative on the BCC and longtime liaison and breastfeeding advocate, retired at the end of March 2008, handing over her portfolio to Jen Anderson. Jen has 15 years of combined experience with both Health Canada and PHAC. As a policy analyst, she has worked in many areas, primarily Maternal and Child Health, Early Childhood Development, Canada Perinatal Nutrition Program and First Nations and Inuit Health specific Issues. Jen is looking forward to working with the BCC.

In May 2007, the BCC Co-chairs were invited to meet with Dr. Sylvie Stachenko, Kelly Stone (Director) and Rosemary Sloan at PHAC in Ottawa. Breastfeeding has a role in both health promotion and chronic disease prevention, particularly diabetes and obesity. A national breastfeeding strategy was not being considered at that time, and there was no possibility of core funding from the federal government. Breastfeeding aligns with many other health strategies and we need to challenge ourselves to see how we can connect and use these opportunities.

Consideration will be given to including more breastfeeding data in surveillance tools over time. The BCC's links, internationally to WHO/UNICEF, and nationally to the CPS Nutrition Committee and other expert groups, CPNP and the F/P/T Group on Nutrition as well as links to the provinces and territories is seen as positive. The BCC has dual roles in BFI standards/ designation and BFI implementation. The BCC appreciates the support and interest of PHAC, demonstrated by regular communication and liaison.

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The BABY-FRIENDLY Initiative is gaining momentum in Canada. To see the most recent list of Baby Friendly Facilities, go to <http://www.breastfeedingcanada.ca>



The Breastfeeding Committee For Canada

Goal

Breastfeeding is the cultural norm for infant feeding in Canada

Mission Statement

To protect, promote and support breastfeeding in Canada as the normal method of infant feeding.

Objectives

- Provide a forum for addressing Canadian breastfeeding issues.
- Maintain ongoing communication with governments and organizations to protect, promote and support breastfeeding.
- Provide ongoing expert advice and recommendations on breastfeeding research, policy and program development and direction to governments and organizations.
- Develop partnerships and collaborative strategies to protect, promote and support breastfeeding.
- As the National Authority for the Baby-Friendly Initiative, oversee and facilitate the implementation of the Baby Friendly Initiative in Canada.

Membership

The group consists of individual experts and representatives of the following associations or organizations:

Aboriginal Nurses Association of Canada
 Association of Women's Health, Obstetric and Neonatal Nurses
 Canada Prenatal Nutrition Program
 Canadian Lactation Consultant Association
 Canadian Association of Midwives
 Dietitians of Canada
 Canadian Healthcare Association
 Canadian Institute of Child Health
 Canadian Nurses Association
 Canadian Pediatric Society
 Canadian Perinatal Regionalization Coalition
 Canadian Pharmacists Association
 Canadian Public Health Association
 College of Family Physicians of Canada
 Federal/Provincial/Territorial Group on Nutrition
 Health Canada
 INFACT Canada
 La Leche League Canada
 Ligue La Leche
 Society of Obstetricians and Gynecologists of Canada
 UNICEF Canada

Meetings

Held approximately once a year. Subcommittees work on identified issues on an ongoing basis.

Provincial/Territorial Baby- Friendly Initiative contacts may be accessed at
<http://www.breastfeedingcanada.ca/html/provterr.html>

Related BFI Websites

Breastfeeding Committee for Canada
www.breastfeedingcanada.ca

BC Baby-Friendly Network
www.bcbabyfriendly.ca

Ontario Breastfeeding Committee
www.breastfeedingontario.org

Alberta Breastfeeding Committee
www.breastfeedingalberta.ca

Manitoba Baby-Friendly
www.gov.mb.ca/health/nutrition/bfi2.html

Breastfeeding Committee for Saskatchewan
www.saskatoonhealthregion.ca/your_health/ps_bf_about_bcs.htm

Editorial Committee

Kathy Venter, Laura Prodanyk,
 Marilyn Sanders.

Statements and opinions expressed in this newsletter are those of the authors and not necessarily the opinion of the member organizations.

National BFI News

The Ontario Breastfeeding Committee (OBC) is planning an event

to celebrate the rich diversity of strategies and resources being created and used to further the implementation of breastfeeding best practice standards and the BFI in the province.

The BFI EXPO will take place in Oakville on September 23, 2008. Guest speakers from designated Baby Friendly facilities have been invited to share their experiences, but the primary focus of the EXPO is to provide an opportunity to network and gain valuable insight from the work of other facilities engaged in the BFI implementation process.

More information will be posted on the OBC website as it becomes available. www.breastfeedingontario.org



Ottawa Valley Lactation Consultants

The BCC wishes to publicly thank the 41 members of OVLC for their annual BCC associate membership fees. For the third year in a row, OVLC members have joined or renewed their memberships by adding \$25 to their annual OVLC membership payment. One cheque covering all memberships is then sent to the BCC. These memberships represent over \$1000 annual revenue for which the BCC is most grateful!

Newfoundland and Labrador

Congratulations to Janet Murphy-Goodridge on her recent appointment as Provincial Breastfeeding Coordinator in Newfoundland and Labrador. Janet is the former voting member representative to the BCC from the Canada Prenatal Nutrition Program (CPNP) and served on the BC Board of Directors. She was instrumental in the development of the BCC's BFI in Community Health Services program and documentation.

Send your examples of BFI in action to kventer1@cogeco.ca so that we can share our hard work and accomplishments.

The New Brunswick Baby-Friendly Initiative Committee is proud to announce the provincial web site:

English: <http://www.gnb.ca/0053/bfi/index-e.asp>

French: <http://www.gnb.ca/0053/bfi/index-f.asp>

The website was officially launched by Dr. Wayne MacDonald, Chief Medical Health Officer, on March 14th, 2008 during the Third Roundtable on Baby-Friendly New Brunswick. The site is hosted on the provincial Department of Health website and includes information about BFI, the provincial advisory committee, provincial newsletters, brochures, fact sheets, posters and checklists, information

for mothers, FAQ and some wonderful breastfeeding photos! The website is intended mainly for health professionals. It will keep expanding as the NB BFI Advisory Committee publishes future newsletters, reports, educational material and programs.

BCC Retires BFI in Community Healthcare document

The BCC's document entitled *The Baby-Friendly Initiative in Community Health Services: A Canadian Implementation Guide* has been officially "retired". The document, printed in English in 2002 and in French in 2003 is no longer being offered for sale by the BCC and the electronic version has been removed from the BCC website.

The BCC Board took this decision on advice from the BFI Assessment Committee which reported that parts of the document are now outdated and some confusion has resulted because the document is not consistent with the BCC's Practice Outcome Indicators for Community Health Services. However, the BFI Assessment Committee proposes to review the document with a view to reposting on the website some of the excellent contextual information about the BFI contained in the document.

The Ontario Public Health Association Draws Attention To Marketing Strategies Applied Through Doctors Offices

Submission For The SOGC Journal October 2007 (Not Published)

The reception areas of OB/GYN practitioners can be perfect locations for displaying health information. As they wait, expectant parents may peruse reading materials related to infant feeding. Naturally, patients would assume that the information received is from a credible and knowledgeable source, given that it is received in the domain of a physician's office. The knowledge acquired would contribute to informed decision making regarding how to feed their expected infants. But is this in fact what is occurring?

Consider this real testimony. A pregnant primiparous woman waits in her OB/GYN physician's reception area, and picks up a pamphlet from the office pamphlet file. The pamphlet about infant feeding resides with a variety of health information and community resources; however, this one is provided and restocked by the visiting pharmaceutical representative. As directed in the pamphlet, the woman fills out her personal information to be sent a free sample of formula. Before the baby is born, she is contacted repeatedly by a formula industry representative who offers contact numbers and offers to send generous amounts of powder and concentrated infant formula. The mother begins to breastfeed her newborn, but has some questions and doubts and so uses all the formula she has managed to save, since it was readily available to her. This is a scenario repeated countless times in Canadian homes. Manufacturers of breastmilk substitutes (formula) are acutely aware of the tremendous marketing opportunity afforded them by doctors' office waiting rooms, and are eager to provide literature for display in these areas. Unfortunately, physicians and their patients may not be aware that the 'health information' provided by manufacturers of formula is an important part of a comprehensive strategy for marketing their products. For years now public health professionals have tried to counter the powerful effects that marketing information has on the health education of Canadian women. With respect to breastfeeding promotion, this has been a frustrating and daunting task. Public health budgets cannot compete with multi-million dollar industries providing infant feeding products and information.

Notably, the Canadian Paediatric Society and Health Canada have recommended exclusive breastfeeding for the first six months, with the introduction of complementary foods thereafter, and continued breastfeeding for up to two years and beyond. It is expected that this recommendation will be relayed to expectant parents, and will impact infant feeding decisions made during the prenatal period.

In 1981, the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-Milk Substitutes (The Code) as a minimum requirement to protect infant health globally.¹ The Code is not a ban on artificial feeding products, but rather, ethical guidelines for appropriate marketing and distribution. In their Infant Feeding Policy Statement

(2004), The College of Family Physicians of Canada endorses the Global Strategy for Infant and Young Child Feeding, which includes adherence to this Code.

The Code includes the following provisions:

- No advertising of these products to the public
- No free samples to mothers
- No promotion of products in health care facilities (including no free or low-cost formula)
- No company representatives to advise mothers
- No gifts or personal samples to health workers
- No words or pictures idealizing artificial feeding, including pictures of infants on the labels of the products
- Information to health workers must be scientific and factual
- All information on artificial infant feeding, including the labels, must explain the benefits and superiority of breastfeeding, and the costs and hazards associated with artificial feeding
- Unsuitable products such as sweetened condensed milk should not be promoted for babies
- manufacturers and distributors should comply with the Code's provisions even if countries have not acted to implement the Code

Although WHA recommendations are not binding, they carry political and ethical weight as they constitute the judgement on a health issue of the collective membership of the highest international body in the field of health. Noting this, various health associations support the WHO Code, including the Canadian Paediatric Society, Canadian Healthcare Association, Canadian Medical Association, Canadian Nurses Association and the Canadian Public Health Association, to name a few.

In the past, Health Canada has requested the infant feeding formula industries to self-regulate according to the WHO Code, but it has generally not monitored or reprimanded violations of the International Code in Canada. However, as of January 8, 2007, the Canada Food Inspection Agency took an unprecedented first step. A formal letter was addressed to the infant feeding industry advising the industry to comply with the WHO Code.²

What does this mean for family physicians and obstetricians? When infant formula is marketed in physicians' offices, an endorsement by the physician is implied. In addition, these products are normalized, even in the face of broad public health messages promoting breastfeeding for clients. This particularly impacts on families with lower income and education, whose children are already at increased risk of poor health outcomes.

In the interest of infant and maternal health, the marketing of artificial feeding products via reception areas of physicians' offices must be addressed. Collaboration

The Baby-Friendly Initiative in Saskatchewan.

(From the website www.saskatoonhealthregion.ca)

In 2001 the Breastfeeding Committee for Saskatchewan identified the WHO/UNICEF Baby-Friendly Initiative as a primary strategy for the protection, promotion and support of breastfeeding. As such, it has focused its primary goal as implementing the Baby-Friendly Initiative in provincial health facilities (hospitals and public health).

In July 2002, the Breastfeeding Initiatives (BFI) Committee was established with the support of Leadership Council (CEO's of Saskatchewan Health Authorities). The mandate of the Committee is to make recommendations and develop a plan for moving breastfeeding initiatives forward in the province. The BFI Committee is made up of representatives of Saskatchewan Health, the Breastfeeding Committee for Saskatchewan, and management/policy makers from Health Regions.

Recently, the BFI Committee released a report entitled "Implementing Breastfeeding Initiatives in Regional Health Authorities in Saskatchewan". This report provides a framework and implementation strategies for increased promotion of breastfeeding in the Health Regions. The foundation of this framework is implementing the Baby-Friendly Initiative in a consistent fashion in the health regions. The report recommends:

- Creating an infrastructure in each health region to support the implementation of BFI.
- Health Regions develop a local implementation plan for the BFI in their region.
- Maintaining a provincial BFI Implementation Committee to oversee the implementation of BFI in Health Regions.

Dear BCC Members:

In order to continue the work of protection, promotion and support of breastfeeding and the implementation of the Baby-Friendly Initiative in Canada, we need you to renew your membership and to encourage colleagues to do the same. *Please send a cheque or money order payable to: Breastfeeding Committee for Canada.*

<http://www.breastfeedingcanada.ca>

This report has recently received endorsement from the Joint Committee on Community Based Services. Approval from the Joint Committee on Acute and Emergency Services is pending. Both of these committees report to the Leadership Council

As Saskatchewan moves into the implementation of the BFI strategy, SK Health is planning to continue with the BFI Committee, in collaboration with the Breastfeeding Committee for SK for technical expertise. The primary purpose of the committee will be to obtain and disseminate information of the progress health regions are making in the promotion of breastfeeding and to provide implementation support as required.

The Breastfeeding Committee for Saskatchewan has also developed a complementary strategic plan in which the goal is to focus on implementing the Baby-Friendly Initiative in our province. The synergistic and collaborative work of these two committees, along with the local BFI Implementation Committees, will create a Baby-Friendly environment for mothers and babies in our province. ♦



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between public health promotion professionals and physicians will contribute to improved health outcomes for all. ♦

¹ *International Code of Marketing of Breast-milk Substitutes. Document WHA34/1981/REC1.Annex3. WHO, Geneva 1981*

² *Letter to Industry: Requirements Related to Nutrition Information and Health Claims for Infant Formula, dated January 8th 2007, Canadian Food Inspection Agency, Carla Barry Acting Director Consumer Protection Division Canadian Food Inspection Agency*

Insights into BFI

Q: What is the plan for increasing the number of BFI Assessors in Canada? Do we need to have assessors on our staff to become Baby-Friendly?

A: Current assessor candidates are invited to participate, as volunteers, in the assessment process.

However, as the number of assessments in Canada is limited, we are trying to find strategies to increase the assessment skills of the assessor candidates. The most important preparation for assessors is being very familiar with the Practice Outcome Indicators. The actual assessment documents are confidential (as per UNICEF) and are reviewed with assessor candidates during the assessment. The BCC and the provincial committees are struggling with two issues. The first is developing a core group of assessors to confirm “Baby-Friendly” practices in hospitals and community facilities. This we are working on as the opportunities arise. However, the assessment is not the difficult piece of the Baby-Friendly puzzle. The second, more difficult issue is *creating* Baby-Friendly facilities.

There are numerous strategies for facilities to actually *become* Baby-Friendly. Becoming an assessor is not the only or best way, of accomplishing this goal. The Practice Outcome Indicators provide direction. However, facilities still need to take the indicators, review the literature supporting best practice, identify their own barriers and develop strategies geared to their individual situations. It may be helpful to visit some of the designated facilities to see *Baby-Friendliness* in action. Thus, being very conversant with the indicators and seeing the practices, policies and systems in place (e.g. charting and data collection) may be more effective at creating the practice changes you are looking for. The hard part is for facilities to create an environment that embraces change so that they are open to the practice changes based on the evidence embodied in the Baby-Friendly Initiative.

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Q: Is there an approved “Baby-Friendly” education curriculum for staff?

UNICEF has a 20 hour program available. In Canada, Europe and the US, most educators have modified the content to reflect practice available (based on best evidence). Although there is not an approved curriculum for Canada, you will probably find the Practice Outcome Indicators for the BFI helpful. These are available on the BCC website (www.breastfeedingcanada.ca).

A National Breastfeeding Conference to be held in Vancouver BC.

This Conference is a 10-year follow-up to the *Stepping into Baby-Friendly* conference held in Vancouver in 1998.

The conference will focus on the following areas in achieving best practices in breastfeeding promotion, and support for improving duration including the Baby-Friendly Initiative – policy, ethics, evidence, celebrating successes, issues and challenges.

**Mark your calendar
February 18 to 20th 2009!**

Refer to the BC Perinatal Health Program website www.bcphp.ca for further information as it becomes available.

The Questions and Answers were taken from the files of the BCC Assessment committee.

Step by Step

Step 3. Inform pregnant women and their families about the benefits and management of breastfeeding.

The BFI Indicators document clearly explains what is expected of hospitals and community health services when implementing Step 3, for example:

- ◆ Prenatal education should cover the importance of exclusive breastfeeding for 6 months,
- ◆ the benefits of breastfeeding,
- ◆ the hazards of not breastfeeding,
- ◆ the risks of artificial feeding,
- ◆ infant feeding cues, and basic breastfeeding management, including the value of 24 hour rooming in, early skin-to-skin contact and cue-based feeding.
- ◆ Breastfeeding counseling should be given to all pregnant women using the facility. If no prenatal clinic or service exists, links with the community prenatal programs should be recorded.
- ◆ Prenatal women hospitalized longer than 48 hours should be provided with breastfeeding information.

In a Baby-Friendly hospital, the manager responsible for client programs or services (or alternate) provides:

- ◆ A **written description** of the minimum requirement for prenatal education
- ◆ A **record** showing that both group instruction and opportunities for one-to-one discussion on the above curriculum are provided to pregnant women and families using these services
- ◆ **Samples** of all written educational materials made available to women on breastfeeding which are current, accurate and separate from information on the feeding of breastmilk substitutes.
- ◆ These educational materials are available in the languages spoken by clients, are reviewed on a regular basis, have clear graphics or pictures and **acknowledge original authors**.



Poster from The Australian Breastfeeding Association
<http://www.breastfeeding.asn.au/>

- ◆ These educational materials do not promote the use of breastmilk substitutes or any products covered under *The Code* and are not produced by companies whose products are covered under *The Code*.

Written materials (such as booklets, leaflets, handbooks and text books with general information on pregnancy, parenting, infant feeding and child care) should not be given to women prenatally if they contain information on the feeding of breastmilk substitutes. This information should be provided in a separate document only to those specific women who have made an informed decision not to breastfeed.

Women and their families who have made an informed decision not to breastfeed will have available to them written materials on the feeding of breastmilk substitutes that are:

- ◆ current, appropriate and separate from breastfeeding information
- ◆ free of promotional material that does not comply with *The Code*.

Information about the assessment process as well as the self-appraisal tool and the Practice Outcome Indicators are available at www.breastfeedingcanada.ca

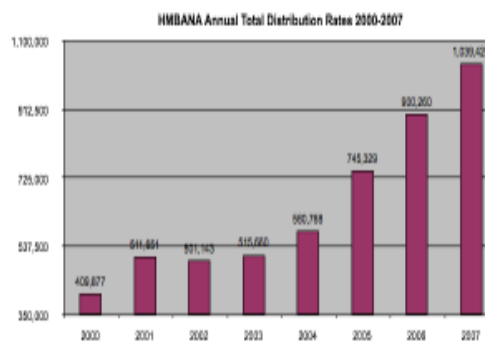
Milk Banking in Canada

The history of Canadian milk banking dates back to early in the 20th century when technical advances resulted in the development of refrigeration, allowing for safe storage of milk over time. The interest in milk banking in Canada grew aided by the high profile Dionne quintuplets born in the 1930s, who received donor milk for the first few months of life. Milk banking reached its peak in the early 1980s with 23 banks functioning across Canada. The development and marketing of specialty formulas and the awareness of CMV and HIV/AIDS resulted in the rapid closing of all Canadian banks with the exception of the BC Women's Bank in Vancouver. The Vancouver bank was run by a pediatric gastroenterologist who had opened the bank in 1974 to help his young patients and others. As he was closely associated with the bank and understood the storage, handling and processing, as well as saw the results, he was very comfortable to keep the bank functioning. The BC Women's milk bank has operated continuously for thirty-four years.

In the 21st century, BC Women's bank has changed with regard to funding and requests for milk. Until about 2003, milk was provided at no cost to hospital and community recipients. At that time it was decided to institute a processing fee for community recipients to partially cover the cost of screening both milk and donors to ensure the bank would continue to operate. The milk bank has no dedicated funding and is funded through donations and processing fees (not applied to recipients in BC Women's & Children's Hospitals). Although, there was some concern that processing fees would decrease demand, the opposite has occurred. There has been an ever increasing demand for pasteurized donor milk. Whereas the number of recipients in 1999 was thirty-three, by 2007 the number of recipients has grown to 1,035 (with additional requests for milk being refused). BC Women's Hospital where the bank is located is the largest single site tertiary maternity hospital in Canada. The BC Children's hospital is located on the same campus and pasteurized milk is provided in both hospitals to premature and ill children. In addition, pasteurized milk is offered in BC Women's as the "house formula" when breastfed babies need supplementation for medical indications. This approach supports ethical practice by health care providers as all options are provided to families and it gives families a clear message about the irreplaceability of human milk. Community recipients are mainly from the Vancouver area and other parts of British Columbia with milk occasionally being shipped to other parts of Canada (when available).

Milk Banking in North America

BC Women's milk bank, one of ten distributing non profit milk banks in North America, is a member of the Human Milk Banking Association of North America. (HMBANA). In 2007 HMBANA celebrated its 22nd anniversary and hosted the Second International Congress of Milk Banking in Fort Worth, Texas. Delegates from Australia, Britain, Canada, Italy, New Zealand, Norway and the United States were present. Topics included donor milk use, fortification of human milk, growth issues with preterm infants, milk composition and pasteurization, unique methods of pasteurization, and ethics of donor milk banking, specific case studies in North America (Chylothorax, SMA, adult cancer patients), informed choice. Dr. Audelio Rivera, Director of St. David's Medical Center's NICU of Austin Texas and President of the Mothers' Milk Bank at Austin, developed a mathematical model of how much donor milk we will need to meet the needs of all NICU's in North America. The staggering conclusion is roughly 8.9 million ounces per year. For other children who are ill or if all hospitals provided pasteurized milk as "house formula", there has never been an estimate developed. It is clear from the HMBANA statistics, the demand for donor milk is growing in North America.



Milk Banking Globally

The IMBI (International Milk Banking Initiative www.internationalmilkbanking.com) was developed in 2006 by UKAMB and HMBANA. Its goals include: promoting safe, ethical and accountable human milk banking around the globe, promoting donor milk as the optimal choice for preterm and sick infants when mother's own milk is not available, facilitating international links between national milk banking associations and between individual banks, mapping milk banking globally and promoting ethical research into

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Baby-Friendly Implementation

The BCC Provincial and Territorial Baby-Friendly Committee, co-chaired by Kathy Inkpen and Claudette Landry, has provided invaluable feedback, perspectives and insights into the transformation discussions. With the goal of capacity building and education, a survey was done to determine the needs and interests of members, in order that the bimonthly meetings can be effectively utilized. Guest presenters have been invited to share their expertise. In addition, committee members share strategies and resources, ensuring peer support for Baby-Friendly Initiative implementation at the provincial and territorial level. Of particular note is the increasing number of provincial governments endorsing, supporting and funding the BFI as an evidence-based strategy to establish and sustain best practice provincially.

Baby-Friendly Designation and Monitoring

The number of Baby-Friendly designated facilities has grown from eleven to eighteen since the 2007 Annual General Meeting. There are now 9 hospitals/ birthing centres and 9 community health services.

Hospitals and Birthing Centres

Pre-assessments are underway in Quebec, Ontario and British Columbia, and one hospital is preparing for reassessment. Sincere thanks to Marina Green and the BCC BFI Assessment Committee for the countless hours of volunteer work contributed reviewing documents, providing information and guidance and supporting facilities on their BFI journeys. This committee is currently revising the BCC Practice Outcomes Indicators, with the goals of streamlining and combining the hospital and community health services indicators into a more user-friendly format. In addition, a document outlining BCC & P/T Committee Assessment Strategy/Responsibilities is in draft form, soon to be posted on the website. Guidelines for data capture and reporting breastfeeding statistics are to be developed in consultation with an epidemiologist and front line staff. A strategy has been devised to enhance the skills and confidence of assessor candidates and to engage as many as possible in BFI assessment teams.

The WHO/ UNICEF Meeting for BFHI Coordinators in Industrialized Countries provides a forum for BFI updates from WHO & UNICEF, and for discussions on strengths, challenges and opportunities regarding the implementation and assessment of the BFI. The information and discussions will be invaluable as we revise the indicator document to ensure compliance with international standards. Marianne Brophy, Marina Green and Louise Dumas will attend this meeting in Geneva, June 2-5, 2008. They are currently seeking funding to cover costs. Canada has played a key role in the planning of this meeting.

Optimizing and supporting breastfeeding duration

In support of Health Canada's goal of exclusive breastfeeding for the first six months, and extended nursing after the introduction of complementary foods, the Infant Nutrition Committee has worked enthusiastically and steadily on complementary feeding guidelines and clinical standards. Particular attention has been directed to the support for women to meet their breastfeeding goals. The draft of this document is scheduled to be ready for peer review by the end of May, or early June. There is considerable interest in this work from around the world, in the light of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. We would like to thank Chair Johanna Bergerman and her committee for their commitment, which has extended to arranging face-to-face meetings at their own expense.

Communication

As we have not been able to meet face-to-face this year, other forms of communication are vital. Kathy Venter and the Communications Committee have produced three very popular issues of *"Breastfeeding Canada News"* this year. Thanks to PHAC, two newsletters have been translated into French. The BCC was contracted by PHAC to update two Health Canada resources important for communicating breastfeeding information to the public. Kathy spearheaded the revision of the *10 Valuable Tips for Successful Breastfeeding* and the *10 Great Reasons to Breastfeed*. We would like to express our thanks to Kathy and the Communication Committee.

The BCC website is another important communication interface. This past year, the BCC website has had 265, 597 hits (approximately 22, 133 per month, or 734 per day, or 31 per hour). The new BCC posters are available for download from the website, or for loan from the BCC office. Thanks to Emmy Maten and Roberta Hewat for the creation of these posters. The Annotated Bibliography has been revised and is posted on the website. We are delighted that the authors, Perle Feldman and Francesca Frati have made this available to such a wide audience. The BCC would like to thank our webmaster, Jason DiMichele for extending our reach into cyberspace.

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As the BCC Coordinator, Marilyn Sanders has done an excellent job of setting up teleconferences, producing detailed minutes, and serving as a conduit of information between various committees. Marilyn is an editor and proof reader with an eagle eye. Thank you Marilyn, for keeping internal communication clear and timely.

Collaboration

The CPS Nutrition Committee is very supportive of breastfeeding and has several initiatives underway to communicate key messages to pediatricians across Canada. Thanks to Joanne Gilmore and Susan James for representing the BCC at these meetings.

The World Alliance for Breastfeeding Action (WABA) 3rd International Global Forum may be hosted by the Quebec Public Health Association in 2010. Emmy Maten attended a planning meeting, and Susan James and Marianne Brophy met with Susan Siew, WABA Co-director and others by teleconference. Louise Dumas attended planning meetings in her role with the BFI in Quebec. WABA has also consulted with PHAC and key breastfeeding organizations.

The BFI launch 10th Anniversary Best Practice Conference will be held in Vancouver in February 2009. Barbara Selwood of the BC Perinatal Health Program (BCPHP) has convened a planning committee. BCPHP has invited the BCC, the BC Baby -Friendly Network and Quintessence Foundation to partner in planning this conference.

Financial matters

From suggesting investment in a GIC to dealing with new tax regulations that require filing returns for the past six years, Emmy Maten has proven to be a Treasurer *Extraordinaire*. We would like to thank Emmy, and are most appreciative that she has agreed to another term as treasurer.

BCC Governance Transformation

At the 2006 AGM, the BCC voting members tasked the BCC Board with the mandate to restructure the BCC to be more accountable to and inclusive of the provinces and territories by acknowledging the responsibility of the provinces and territories to implement the BFI, and thus to increase the BCC capacity and effectiveness.

Process: The BCC Transition Task Force (TTF) was struck with the objectives of identifying the strengths and concerns with the current structure of the BCC and to review alternate models. Consultations were conducted with multiple stakeholders. Findings and recommendations were presented to the BCC Board in September 2007, and discussed with the BCC P/T Committee in November 2007.

Key issues identified:

1. The BCC, as National Authority on BFI, supports implementation at P/T level.
2. Capacity and sustainability
Voting members who are strategically placed to make policy decisions in provincial/ territorial governments/ committees/ hospital services are key. Each province needs to be represented in a way that is most beneficial to the province.
3. National standards/ Assessment of the BFI
Access to BFI experts for consultation and guidance is essential in adopting best practice.
Capacity building at the P/T BFI Committee/ Coalition level will be addressed by providing resources, education and information regarding BFI standards/ best practice and BFI assessment tools.
4. Professional Bodies/ Organizations
The involvement of professional bodies from the days of the Health Canada Expert Working Group on Breastfeeding has raised the profile of breastfeeding and the BFI in Canada and within the member associations/organizations. As voting members of the BCC, professional representatives have been limited in their capacity to engage in day-to-day BCC work. When discussing the proposed model, these representatives indicated their willingness to liaise and consult with the BCC in the future. New stakeholders identified are keen to get involved. The BCC plans to develop sustained partnerships with national professional associations for key stakeholders, including visibility during their national conferences through displays and speakers.
5. Communication is vital. Teleconferencing and translation of the newsletters into French has been made possible through PHAC support. Stakeholders requested to be kept informed of the transformation progress.

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Recommendations: The consensus was that the BCC will continue the national work of the Canadian BFI authority and build capacity at the P/T BFI Committee/ Coalition level, by providing education and information regarding BFI standards/ best practice and BFI assessment tools.

For leverage and legitimacy with policy and decision makers at the P/T level, of particular value are:

- the BCC link to WHO/ UNICEF and other BFI initiatives in industrialized countries
- the BCC link to PHAC and the federal government
- the BCC link to professional bodies and organizations that are able to influence best practice standards and policy
- the national standards for assessment and designation of Baby-Friendly facilities

To facilitate the practical aspects of BFI implementation at the P/T level, and to maintain a consistent national standard, of particular value are:

- access to BFI experts
- the opportunities to network and share achievements and strategies
- the development of useful tools such as the breastfeeding definitions, to move their surveillance work forward.

Models: The model recommended enables us to move forward, addressing some of the capacity issues at the P/T level, and conserving our highly valued volunteers.

By-laws: The by-laws were revised to reflect the recommended changes to the BCC governance by the co-chairs, with the help of Kathy Inkpen, co-chair of the BCC P/T Sub-committee, , and circulated to the Board members. The revised by-laws will be submitted at the 2008 Annual general Meeting for approval.

Appreciation: The BCC would like to thank PHAC for the support we receive for regular teleconferencing calls, and for the face-to-face meetings in the past that have helped us to reach the point where most of the provinces and territories are actively engaged in implementing the BFI. We would like to thank the representatives of professional organizations for their support, diligent work, and for creating a platform for breastfeeding within their organizations. We look forward to

Milk Banking in Canada Cont. from page 9.

donor human milk. The next international milk banking conference is being held in Milan Italy on October 17th the day before the 23rd International Neonatal Symposium.

Role of the BCC with Donor Milk Banking

Donor milk fits well within the concepts of the BFI. Canadians need education about donor milk and donor milk banks. The endorsement of donor milk found in the BCC position statement on breastfeeding is excellent. Raising the profile of donor milk banking through the BCC newsletter or even a separate position paper would also be beneficial. Every region in Canada should have donor bank so that all Canadian children in need could have their needs met - not just the select few at British Columbia.

Frances Jones, President, HMBANA. Coordinator, BC Women's Milk Bank April 2008.

Baby Friendly Facilities Create Beautiful Resources

'Breastfeeding, Bringing The Baby To The Breast'

Louise Dumas

I would like to introduce to you a wonderful teaching tool I have discovered, produced in Quebec in 2007 and distributed by mothers' groups of the Greater Quebec region. I use it for parental teaching as well as class teaching with nursing students. It is available both in French and in English. I like this tool since I can stop it to show its very visual aspects such as the lighter area of the baby's neck when he is swallowing. This is very helpful for parents and for professionals.

I use here parts of the description offered with the video to present it to you:

One of the best ways to prepare for breastfeeding is to see other women nursing their babies. Teaching parents how to breastfeed is much easier when they can be shown clear pictures of the latching on process.

In order to produce a video to serve as a teaching tool, 22 mothers and their babies, aged from newborn to one year old, kindly accepted to be filmed. Most of the babies range from a few hours to three days old.

This video addresses two points:

- mother should not feel any pain
- mother should know how to make sure that her baby is receiving enough milk to ensure proper growth

This video is 22 minutes long and is divided in 4 parts which could be viewed separately or in continuity:

- signs of hunger
- positioning mother and baby
- bringing baby to the breast
- swallowing

There is also a 7 minutes information on the following:

- breastfeeding right after birth
- bringing baby to the breast with and without help
- when mother's milk comes in
- breast massage
- hand expression
- breastfeeding positions
- breast compression.

This video is based on the booklet *From Tiny Tot to Toddler*, produced by the Institut national de santé publique du Québec and distributed free to all new mothers in Québec via government funds.

Video is available in VHS and DVD formats at \$80 (\$50 for community groups) at <http://www.videoallaitement.org/english.html>



WABA: Ten Links for Nurturing the Future

- 1. HUMAN RIGHTS AND RESPONSIBILITIES** Ensure that the human rights to and the responsibility for food security, for good health and a safe environment, particularly for women and children, are fully observed in order to protect, promote and support breastfeeding, and sound infant and young child nutrition.
- 2. FOOD SECURITY** Enable all women to practise exclusive breastfeeding from birth to about six months of age. Enable continued breastfeeding and appropriate complementary foods for up to two years of age or beyond, contributing to household food security. Strengthen government and citizens' actions that ensure adequate maternal nutrition and food security for all | Encourage production and use of appropriate indigenous complementary foods.
- 3. WOMEN'S EMPOWERMENT** Develop innovative social support systems for all mothers, including adequate maternity legislation. Strengthen women's role in decision-making at all levels and provide accurate information about infant and young child feeding.
- 4. COMMUNITY PARTICIPATION** Encourage the development of community support groups, including mother-to-mother support groups. Involve fully the community, including citizen groups, religious leaders and policy makers in educational partnership processes that empower all people to improve infant and young child nutrition, and thereby their own lives.
- 5. BABY-FRIENDLY CULTURES** Ensure that the practices recommended in the 'Ten Steps to Successful Breastfeeding' as elaborated in the Baby Friendly Hospital Initiative (BFHI) are implemented throughout the health care system and by traditional birth attendants. Expand the "baby-friendly" concept to antenatal clinics, primary health care services, work places and communities, creating an environment where every mother can naturally and easily breastfeed.
- 6. INTEGRITY** Refuse any gifts, sponsorship or support from manufacturers of infant feeding products and accessories. Condemn advertising that exploits women's bodies and the use of products that cause waste and harm the environment.
- 7. INTERNATIONAL CODE** Push for the implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions through the adoption and enforcement of strong national legislation or regulations. Protect consumers and healthworkers from misleading commercial promotion, free trade excesses and misinformation about Codex Alimentarius provisions.
- 8. CAPACITY BUILDING** Develop the capacity of health and childcare workers, nutritionists, government officials, social workers, citizen groups and the community in general to understand breastfeeding and sound infant and young child nutrition needs. Ensure that primary health care staff, nurses, midwives, doctors, specialists and other health workers have adequate training in breastfeeding and sound infant and young child nutrition and support the International Code of Marketing of Breastmilk Substitutes, related resolutions and other appropriate international instruments.
- 9. ADVOCACY** Advocate for the implementation of sound national infant and young child feeding policies which include the promotion, protection and support of breastfeeding and the timely use of appropriate complementary foods. Involve the media and citizens groups in creating social pressure for behavioural change towards supporting breastfeeding and sound infant and young child nutrition. Influence policies and an economic, social, political and physical environment that nurtures sustainable human development.
- 10. NETWORKING** Contribute to the creation of local and national networks of organisations, individuals and government agencies working for sound infant and young child feeding, and broader issues of child care. Link and integrate these networks with regional and international movements from all sectors of civil society that seek to nurture a sustainable future.