Comments on the second draft of the Health Canada revision of
Nutrition for Healthy Term Infants: Recommendations from birth to six months

General Comments

The Board of the BCC would like to commend the Joint Working Group and the Expert Advisory Group on the excellent work that has been put into the second draft of the NHTI document. This draft is a significant improvement on the first, including specifically the expanded recommendation supporting the Baby Friendly Initiative to improve breastfeeding initiation, duration and exclusivity rates. We are pleased that many of the important revisions were based on comments received during the first consultation. Following are some comments and recommendations for changes we feel will further strengthen this important document.

NHTI Draft	BCC comment/recommendation
Principles and recommendations for infant nutrition from birth to six months "Breastfeeding, exclusively for about the first six months, and sustained for up to two years or longer with appropriate complementary feeding, is important for the nutrition, immunologic protection, growth, and development of infants and toddlers."	Change to: "Breastfeeding, exclusively for the first six months, and sustained for up to two years or longer with appropriate complementary feeding, is important for the nutrition, immunologic protection, growth, and development of infants and toddlers." Our rationale for removing the word "about" has been more extensively covered in a previous letter to HC. We would also like to add that "about 6 months" gives the **baby food industry** permission to market food products to infants under 6 months.
1st Principle	
Breastfeeding is the normal and unequalled method of feeding	Change to:

infants. "Recommend exclusive breastfeeding for <u>about</u> the first six months of <u>life</u> with the introduction of complementary foods being led by the infant's signs of readiness."	"Recommend exclusive breastfeeding <u>for the first six months</u> of **<u>age</u>** with continued breastfeeding for up to two years and beyond with the introduction of appropriate complementary foods when the infant demonstrates signs of readiness." Remove the word "about" Replace the word "**life**" with "**age**" throughout the document as some might argue as to when life begins.
Rationale **1st sentence:** "Exclusive breastfeeding during the first…(IOM, 2006)	Add reference: *The Global Strategy for Infant and Young Child feeding, Geneva, World Health Organization, 2003*. As this is the key support document for the global recommendation for exclusive breastfeeding for the first 6 months. "Exclusive breastfeeding during the first…(WHO/UNICEF, 2003; IOM, 2006)."
Rationale Consider adding a 5th paragraph that describes more fully the importance of breastfeeding for mothers. While the 4th paragraph describes a couple of benefits with exclusive breastfeeding to 6 months specifically (as compared to 4 months), there are several very important other benefits that accrue with increasing duration of breastfeeding for mothers. These include **increased protection from breast and ovarian cancers,** the protection from which is dose responsive (i.e. the greater the number of months of breastfeeding over a woman's lifetime, the greater the protection). While it could be argued that this document is about infants only, the fact is that one cannot really separate maternal health from	The 5th paragraph could include: "Research studies confirm that breastfeeding is an important factor in reducing the risk of pre and post menopausal breast cancer (Zheng et al. 2000; Collaborative Group on Hormonal Factors in Breast Cancer 2002). The case for longer duration of breastfeeding as one protective effect against breast cancer is independent of age, country, ethnic origin, number of births, menopausal status and age when the first child was born. As for breast cancer, there is increasing evidence that the reduction in **ovarian cancer** risk comes in proportion to the cumulative lifetime duration of breastfeeding. That is, the more months or years a mother breastfeeds, the lower her risk of ovarian cancer (Danforth et al. 2007; Ip et al. 2007)" REFS: Collaborative Group on Hormonal Factors in Breast Cancer (2002). Breast cancer and breastfeeding: collaborative reanalysis of individual

child health completely, especially as it relates to breastfeeding.	data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease. Lancet Jul 20;360(9328):187-95 or **http://www.ncbi.nlm.nih.gov/pubmed/12133652** Zheng,T et al. Am. J. Epidemiol. (2000) 152 (12): 1129-1135. or http://aje.oxfordjournals.org/content/152/12/1129.short) Danforth et al. (2007). Breastfeeding and risk of ovarian cancer in two prospective cohorts. Cancer Causes Control. Jun;18(5):517-23.
Rationale **Paragraph 2:** "To support optimal growth, the balance of nutrients in breastmilk fluctuates during feedings and over time as the infant matures (refs)."	Change to: "To support optimal growth, the balance of nutrients in breastmilk **changes** during feedings and over time to **meet the infant's changing growth and developmental needs**."
Paragraph 2: "Beyond nutrients, breastmilk's unique and complex composition includes bioactive factors, such as anti-infective immunoglobulins and white blood cells (Riordan & Wambach, 2010). It also contains factors that aid in the digestion and the absorption of nutrients (Hamosh, 1996; Sheard, 1988)."	Add (see bolded words): "Beyond nutrients, breastmilk's unique and complex composition includes bioactive factors, such as anti-infective immunoglobulins, white blood cells, **hormones and growth factors** (Riordan & Wambach, 2010). It also contains factors, **such as enzymes**, that aid in the digestion and the absorption of nutrients (Hamosh, 1996; Sheard, 1988**). "**
Paragraph 3: "For example, breastfeeding is associated with enhanced cognitive development, and **appears to** protect against gastrointestinal infections, acute otitis media, respiratory tract infection, and sudden infant death syndrome…"	Remove the words "appears to". The evidence is well grounded and conclusive that breastfeeding does protect against these infections.
Paragraph 3: **"**Observational research also points to the protective effect of breastfeeding**…"**	To be more accurate and strengthen, change to: "**Observational cohort studies and systematic meta-analyses** also point to the protective effect of breastfeeding…"
Paragraph 3: The importance of feeding *at the breast,* rather than feeding breastmilk	Suggest adding at the end of the third paragraph where obesity is mentioned: "Studies suggest that infants who are fed by bottle, whether

by bottle is important for many reasons, including self-regulation. The AAP 2012 statement highlights this also under "obesity" (p. e830)	formula or expressed breastmilk, will self-regulate their intake less well and have excessive weight gain in late infancy compared with infants who nurse only from the breast (Li et al, 2008 and Li et al, 2010)." Refs: Li R, Fein SB, Grummer-Strawn LM. Association of breastfeeding intensity and bottle-emptying behaviors at early infancy with infants' risk for excess weight at late infancy. *Pediatrics.* 2008;122(suppl 2):S77-S84 Li R, Fein SB, Grummer-Strawn LM. Do infants fed from bottles lack self-regulation of milk intake compared with directly breastfed infants? *Pediatrics*. 2010;125(6).
Paragraph 3: We need to include a statement on the long term effect of breastfeeding on reducing the risk of DIABETES in children, adults and breastfeeding mothers. Both obesity and diabetes are significant public health concerns in Canada.	Add to the end of paragraph 3: "Observational research also points to the protective effect of breastfeeding against Type 1 and Type 2 diabetes in later in life." Many refs, including several reviews: http://www.ajcn.org/content/84/5/1043.full http://www.jacn.org/content/24/5/320.short http://www.ncbi.nlm.nih.gov/pubmed/21348815
Between Paragraphs 4 and 5 Add a paragraph highlighting the importance of infant nutrition as a **public health issue, the risks and costs of not breastfeeding**.	The Rationale needs strengthening. Add a paragraph that states: (Adapting the quote from the 2012 AAP statement): "Given the documented short- and long-term health, immunity and developmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not just a lifestyle choice" (Cohen, 2012). The Ontario Public Health Association (2007) in fact recognizes breastfeeding as having a mediating effect on the determinants of health, helping to reduce health inequities among population groups. It is therefore important that parents be made aware of the risks and costs (Bartick and Reinhold, 2010; McNeil et al, 2010) of not breastfeeding before making an informed decision regarding infant feeding. " Refs: Cohen, RS (2012). American Academy of Pediatrics policy statement: Breastfeeding and the use of human milk.

	Pediatrics. 129(3), e827-841). Ontario Public Health Association (OPHA) (@))&). Breastfeeding position paper Retrieved from http://www.opha.on.ca/our_voice/ppres/papers/2007-03_pp.ppdf http://pediatrics.aappublications.org/content/early/2010/04/05/peds.2009-1616.abstract http://onlinelibrary.wiley.com.normedproxy.lakeheadu.ca/doi/10.1111/j.1523-536X.2009.00378.x/full
Paragraph 4: "Her weight loss is more rapid after birth and there may…"	Change to: "Her **return to pre-pregnancy weight** is more rapid…"
Paragraph 5: By about six months of age, infants are developmentally ready for other foods (Naylor & Morrow, 2001). The signs of physiological and developmental readiness include: • Better head control • Ability to sit up and lean forward • Ability to let the caregiver know when they are full (i.e., turns head away) • Showing an interest in food when others are eating (Grenier & Leduc, 2008)	See change in bold: By about six months of age, infants are developmentally ready for other foods (Naylor & Morrow, 2001). The signs of physiological and developmental readiness include: • Better head control • Ability to sit **unsupported** and lean forward • Ability to let the caregiver know when they are full (i.e., turns head away) • Showing an interest in food when others are eating (Grenier & Leduc, 2008) A baby can't lean forward if he can't first sit unsupported. NOTE: Re the reference used, Naylor & Morrow, 2001: The article concludes for 2 out of 4 aspects reviewed as to when the infant is developmentally ready for other foods: *GI development and exclusive breastfeeding: "* This review provides objective evidence supporting the recommendation that infants should be exclusively breast-fed up to the sixth month of life." p. 18 *Infant Oral development as it relates to exBF:* "These reports combined with extensively reported clinical experience from specialists in infant oral motor development and therapy provide strong indication that under normal circumstances, oral motor function is developmentally ready for the introduction of semi-solid and solid foods and thereby the discontinuation of exclusive breastfeeding between six and nine months of age. While infants can be offered such foods at an earlier age, their oral anatomy, reflexive responses and resulting oral motor function indicate that this is developmentally premature and

	may increase the risk of aspiration." *P. 24*
2nd Principle	
Breastfeeding initiation and duration rates increase with active protection, support, and promotion. Under Rationale, last paragraph, last line	Add, after "Breastfeeding Committee for Canada": **(BCC)**.
Under Rationale, 3rd paragraph: "The WHO/UNICEF Baby Friendly Hospital Initiative (BHFI) was created to improve breastfeeding outcomes for infants and their mothers (WHO/UNICEF, 2009)."	Change to: The WHO/UNICEF Baby Friendly Hospital Initiative (BHFI) was created to improve breastfeeding outcomes for infants and their mothers **while benefiting all families and their infants beyond promoting breastfeeding** (WHO/UNICEF, 2009)**.** This statement helps to clarify that the BFI has important benefits for <u>all</u> mothers and infants, including those who do not breastfeed.
Title of Integrated steps document	Change title to: BCC BFI Integrated Ten Steps Practice Outcome Indicators and WHO Code for Hospitals and Community Health Services: Summary (the interpretation for Canadian practice)
Integrated 10 Steps document	***The Integrated 10 steps document **should be reproduced in its entirety**. *** Presently only half the document is presented. The complete document more clearly illustrates the Canadian interpretation as it relates to the WHO 10 Steps
The 10 Steps and the Integrated 10 steps	These will best be presented in 2 separate tables. A link to these tables is **not** recommended such that these documents are seen as an integral part of the NHTI document. The inclusion of all of these is excellent. The 10 Steps /Integrated 10 Steps are listed however with no further description or context. This section needs to be expanded and should include some elaboration on aspects that are well done in Canada and where we need improvement. See suggestions below.
Summary of the International Code…	This is also probably best presented in another table but **not as a link**.
WHA Resolutions 47.5 (1994)	The actual section of this resolution reads and should be changed to:

Member states are urged to "foster appropriate complementary feeding from the age of about six months."	Member states are urged to "foster appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods;"
WHA Resolution 54.2 (2001) As for the other WHA resolutions, there are several numbered points under each resolution. In the present draft, points (9) and (4) were chosen and combined.	Point (9) reads: "to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions, with regard to labelling as well as all forms of advertising, and commercial promotion in all types of media, to encourage the Codex Alimentarius Commission to take the International Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines; and to inform the general public on progress in implementing the Code and subsequent relevant Health Assembly resolutions;" Suggest that point (4) under this resolution be used in addition to <u>or instead of</u> (9) as it is more in keeping with the focus of this document: (4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, (note 1) and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;
WHA resolutions	Under WHA resolution 54.2 (2001) add: "**WHA resolution 55.25 (2002):** Member states are urged (4) to ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace, or undermine support for the sustainable practice of, exclusive breastfeeding and optimal complementary feeding" This item speaks to both the 0-6 and the 6-24+ parts of the NHTI document.
WHA resolutions	Under WHA resolution 55.25 (2002) add: **"WHA resolution 58.32 (2005):** "Member states are urged (2) to ensure that nutrition and health claims are not permitted for breast-milk substitutes, except where specifically provided for in national legislation; and (4) to ensure that financial support and other incentives for programmes and health professionals working in infant and young-child health do not create conflicts of interest"

Rationale **First paragraph** **Consider strengthening as a guideline for HCPs**	Consider adding the following sentence to the end of the first paragraph to further inform and guide health professionals: " Those most at risk of not breastfeeding and thereby needing further support (LINK) include younger mothers (particularly adolescents), Aboriginal mothers and mothers who are less educated and of lower socio-economic status (Health Canada 2010, Thulier & Mercer 2009)."
Rationale **This document is aimed at HCPs and the addition of this information is important.**	Consider adding the following paragraph (adapted from the first NHTI draft) between the first and second paragraphs: "Support from health professionals strongly impacts breastfeeding initiation and duration. Inconsistent, unfavourable, and even neutral attitudes towards breastfeeding on the part of health professionals are negatively associated with breastfeeding duration (Thulier & Mercer 2009). On the other hand, positive support is related to improved duration and exclusivity of breastfeeding. Results from the PROBIT demonstrate the importance of adherence to UNICEF's BFHI practices by health professionals in helping women to breastfeed (Kramer 2001)."
Rationale Consider strengthening the rationale by addressing two factors that **have an important impact on breastfeeding exclusivity and duration**: 1) Skin-to-skin care immediately after birth 2) Supplementation of newborns in hospital and during the first weeks for non-medical reasons.	Suggest incorporating into the second sentence of the third paragraph the following: "BFHI practices, **such as early skin-to skin contact, rooming in and avoiding the use of non-medically indicated supplemental feeds**, have been shown to improve the initiation and duration of breastfeeding (Moore et al. 2009, Thulier & Mercer, 2009; DiGirolamo et al. 2008, Merten et al. 2005, Pincombe et al. 2008 Declercq et al. 2009). Place a link for "Accepted medical reasons for supplementation" and for the list see: The Academy of Breastfeeding Medicine Protocol Committee. ABM Clinical Protocol #3: Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate, Revised 2009. BREASTFEEDING MEDICINE Volume 4, Number 3, 2009
4th Principle	
First complementary foods should be iron-rich.	Change to: **"First complementary foods should be nutrient-dense and iron-rich**. " While iron is an important nutrient, so are others. We

	should cover our bases and not neglect the rest!
Recommend meat, meat alternatives, and iron-fortified cereal as an infant's first complementary foods.	Change to: "**Recommend meat, meat alternatives and other nutrient dense <u>family</u> foods as the infant's first complementary foods**". Remove "iron-fortified infant cereal" Iron-fortified cereal is a highly processed food, not a family or whole food, with very few nutrients except the added iron. It is the type of food that we would not recommend to an older child or an adult (HIGH GLYCEMIC INDEX). For an adult it is the equivalent of the highly processed iron-enriched white bread. We normally recommend whole grain cereal and whole foods. We educate children and adults about healthy eating and encourage the avoidance of highly processed foods, so we wouldn't want to recommend a highly processed food for infants. There is no doubt that pablum / infant cereal has been entrenched in our culture, thanks to very effective marketing by infant food manufacturers and to its recommendation by health professionals. There is research showing that the foods that infants are introduced to at an early age influence their acceptance and preference of other foods later in life (Gillian Harris, University of Birmingham). We now have several generations of kids and adults who equate bland, white food as comfort food (read mashed potatoes, chips, white rice, white pasta, white bread, etc—all the things we want our overweight/obese and diabetic clients to reduce or eliminate. (Some adults still love pablum!)
Rationale: 2nd paragraph: "At this stage, iron-rich foods, such as meat, meat alternatives and iron-fortified cereals, are important to help meet…"	Alter as follows: "**At this stage, iron-rich <u>family</u> foods, such as meat, meat alternatives, egg yolks and <u>other nutrient-dense foods</u>, are important to help meet…"** *ESPGHAN **does not** recommend iron-fortified cereal as a first food and therefore should not be used as a reference for the above statement.* From ESPGHAN (2008) (P. 104): In a randomized trial of pureed beef versus iron-fortified cereal given to breast-fed infants as <u>the first complementary food</u> between 5 and 7 months, significantly higher behavioral indices were reported at 12 months in the meat group (48). Meat is a rich source of some micronutrients (iron and zinc) and arachidonic acid (the major LCPUFA of the n-6 series, well represented in brain), and these findings are consistent with a

	food-related beneficial effect on cognitive outcome related to specific micronutrients. 48. Krebs NF, Westcott JE, Butler N, et al. Meat as a first complementary food for breastfed infants: feasibility and impact on zinc intake and status. J Pediatr Gastroenterol Nutr 2006;42:207 – 14. Iron-fortified cereals are not nutrient dense.
Rationale: 2nd paragraph: "At about six months of age, iron stores are depleted and breastmilk alone can no longer meet all of the infant's nutrient requirements…"	This is a negative statement. Change to a positive statement: **"Exclusively breastfed infants have adequate iron stores for the first six months of age. After six months, to meet their increasing growth and development requirements, additional iron-rich and nutrient-dense family foods are needed."**
Rationale: 3rd paragraph: "Infants should be offered iron containing foods two or more times each day."	Alter as follows: **"Infants should be offered iron containing family foods two or more times each day."**
NOTE: **Preventing Iron deficiency** This could be added between the second and third paragraphs.	**"There is very good evidence to indicate that delayed cord clamping helps to ensure adequate iron stores in the newborn through to 4 to 6 months of age without an increase in neonatal hyperbilirubinemia."** Andersson, O., et al., Effect of delayed versus early umbilical cord clamping on neonatal outcomes and iron status at 4 months: randomized controlled trial. BMJ 2011; 343;d7157. Mcdonald, S.J. and Middleton, P. (2009). Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes. Cochrane Database of Systematic reviews, 1. Accession number 00075320-100000000-02969
5th Principle	
"**Feeding changes are unnecessary for most common health conditions in infancy**."	This title sounds odd to most who haven't worked on the document and doesn't state as well as it could what we want providers to know right off the bat. Suggest: "**Continued breastfeeding is recommended for common health conditions in infancy**."
2nd bullet:	

"Educate about the wide variation in normal bowel function, noting that true constipation is rare**."**	True constipation is very rare in **exclusively** breastfed infants. If an infant is getting even just one bottle of formula per day (other than breastfeeding) you can't be sure that reduced stooling frequency is normal or constipation or, in an infant less than 4 to 6 weeks old, due to inadequate intake. Therefore, to be accurate, change to: " Educate about the wide variation in normal bowel function, noting that true constipation **in exclusively breastfed infants** is rare."
Under Constipation: **First paragraph**: "After that, the stools become lighter. "	Change to: "After that, the stools become lighter and should be yellow **by no later than 5 days of age**." (an important marker for breastfeeding adequacy everyone should know)
Under Constipation: **First paragraph**: "Some babies may have stooling with each feeding."	Awkward wording-change to: "**Some babies may stool with each feeding."**
Under Constipation: **First paragraph**: "Following the first four to six weeks of life, some healthy infants fed breastmilk may have bowel movements as infrequently as…"	Change to: "Following the first four to six weeks of ~~life~~ **age**, some healthy exclusively breastfed infants may have bowel movements as infrequently as…" If a baby is **not** exclusively breastfeeding, the infrequent stooling is not necessarily normal (see above).
Under Constipation: **Second paragraph**: "While breastfed infants receiving adequate milk may experience infrequent stools, constipation is extremely rare."	As above: Change to: "While exclusively breastfed infants receiving adequate milk may…"
Under Constipation: **Third paragraph**: "Reassure the caregiver that bowel	Awkward wording: Change to:

function is within normal variants if the infant is growing normally and there are no signs of obstruction or enterocolitis ( )"	"Reassure the caregiver that bowel function is normal if the infant is growing normally and there are no signs of obstruction or enterocolitis ( )"
Principle #7:	
"Breastfeeding is rarely contraindicated"	Propose: Title change to: **Breastfeeding in special circumstances**
"Breastfeeding is rarely contraindicated"	The flow of this section is awkward and doesn't highlight (in the bulleted section right under the principle) the most common concerns for the average health care practitioner - such as smoking and alcohol use. To find out more about breastfeeding and alcohol or smoking, one has to go to the "In-practice section" – therefore not seen immediately. Smoking and alcohol use and breastfeeding is much more common in Canada than the incidence of HIV in postpartum mothers. Proposed bulleted statements: • **Breastfeeding is rarely contraindicated.** • **Advise that most medications are compatible with breastfeeding. Take a case-by-case approach when a mother is using medications or drugs.** • **Advise mothers who smoke to breastfeed as it will mitigate some of the negative effects of smoking on the infant.** • **Advise mothers that occasional moderate alcohol intake is compatible with breastfeeding.** • **Recommend an acceptable alternative to breastfeeding for mothers who are HIV infected. (see comment below re HIV)** • **Advise that breastfeeding is a food security measure. During emergencies or circumstances when there is a lack of access to food or potable water or lack of dependable electricity, breastfeeding will continue to provide a safe source of nutrition and fluids while protecting from infections. (**or this bullet could stand alone in an additional section**)** **Under "Rationale",** for the first bullet, list circumstances where breastfeeding **is contraindicated** (galactosemia, herpes lesion on

	breast, HIV, etc). **For the smoking and alcohol bullets, use info under "In-Practice" section.**
Under: "**Maternal infections** Re: HIV	To give a more realistic perspective on the risk of transmission of HIV during breastfeeding, the first paragraph should be altered as follows: "The principal source of HIV infection in infants and young children is transmission during pregnancy, labour and delivery. HIV can also be transmitted from an infected mother to her infant during breastfeeding (WHO, 2008). The risk of HIV transmission continues as long as the infant is breastfed (WHO, 2009). The WHO's most current guideline (WHO 2010) recommends that national health authorities should decide whether health services will principally counsel and support mothers known to be HIV infected to either: • Breastfeed for 6 months and receive ARV interventions or, • Avoid all breastfeeding, as the strategy that will most likely give infants the greatest chance of HIV-free survival. They also advise informing mothers known to be HIV-infected about infant feeding alternatives, including heat treatment of expressed breastmilk. This is in light of the evidence that antiretroviral (ARV) interventions to either the HIV-infected mother or HIV-exposed infant can significantly reduce the risk of postnatal transmission of HIV through breastfeeding (WHO 2010)."
Under "Medications and Illicit Drugs" 4th paragraph	At the end of this paragraph add: "Women using methadone for treatment of opioid dependence should not be discouraged from breastfeeding." http://www.womensmentalhealth.org/posts/methadone-and-breastfeeding/ http://www.motherisk.org/prof/updatesDetail.jsp?content_id=892
"Recommendations on the use of breastmilk substitutes"	When breastfeeding and formula feeding recommendations are presented together, the subtle implication is that these are equal alternatives-which of course, they are not. Thus we recommend that this section be presented in a separate document.
"Recommendations on the use of	To strengthen the statement under this principle as follows:

breastmilk substitutes" On page 2: Intro part of the document; the paragraph under this recommendation – last sentence: "Individually counsel those families who have made a fully informed choice not to breastfeed on the use of breastmilk substitutes."	Change to: "Individually counsel those families who have made a fully informed choice not to breastfeed on the **safe use and preparation** of breastmilk substitutes.
Rationale **First paragraph**	Add to the end of this paragraph (and/or at the end of the paragraph under the same title at the start –page 2) of the document): **"Infants and young children who are not breastfed should be considered immune-compromised and need to be closely monitored by their health care provider."**
Fourth Paragraph **"Breastmilk from appropriately screened donors…"** "Hospitalized infants who will get the most benefit have highest priority for this milk (CPS, 2010). Despite the limited access to human milk banks, this statement does not endorse the sharing or use of unprocessed and unscreened human milk (Health Canada, 2010a)."	It is important to identify that breastmilk from a milk bank is not an option for the majority of mothers whose infants need supplemental or replacement feedings. Access to alternative sources in the community can be safe with appropriate guidelines on donor screening and the knowledge of how to pasteurize donor milk at home. Suggest the following wording: **"Hospitalized infants who will get the most benefit have highest priority for this milk (CPS, 2010). Because of the limited access to human milk banks, some mothers are sharing their milk using community based screening and home pasteurization methods. -Health Canada does not endorse the sharing of human milk outside of milk banks operating under the HMBANA Guidelines (Health Canada, 2010a).**
Fifth Paragraph "Commercial formula may be the most feasible alternative if…"	Change to: **"Commercial formula can be used as replacement feeding if it is not possible for an infant…"**
Background **First paragraph**	Add to the end of the first paragraph: "**Food additives in infant formulas cannot be tested for safety for infants below the age of 12 weeks. Although Codex Member States note that there should be no additives in foods for infants below**

	12 weeks of age for practical reasons and "history of use" they are accepted (28th Session Codex Committee on Nutrition and Foods for Special Dietary Uses Alinorm 07/30/26). Canada does not have separate standards limiting food additives in infant formulas marketed for infants below the age of 12 weeks and those marketed for infants older than 12 weeks of age.
Second paragraph	Add to the end of the second paragraph: "**Under the Food and Drugs Regulations Health claims are not permitted on foods for children under two years of age, including infant formulas."**
Under: **"Formula based on partially hydrolysed cow milk protein"** **2nd paragraph -1st line** "The only potential benefit of formulas containing partially hydrolyzed protein as the sole source of protein may be…"	Change to: **"**The only potential **effect** of formulas containing partially hydrolyzed protein as the sole source of protein may be…"
Under: **Thickened infant formula** "Infant formulas are available which have been slightly thickened with rice starch. They may be labelled as suitable for infants who spit up frequently"	**Change to:** "Infant formulas are available which have been slightly thickened with rice starch. They may be labelled as suitable for **formula fed** infants who spit up frequently
Under: **Essential fatty acids in formula: last paragraph** "However, evidence is inconclusive on the benefit of including DHA and ARA in formula for healthy, term infants (Simmer, Patole, & Rao, 2008)."	Change to: "However, evidence is inconclusive on the benefit **or harm** of including DHA and ARA in formula for healthy, term infants (Simmer, Patole, & Rao, 2008)."
Under Nucleotides: "Human data is lacking on their benefits to infant health (ESPGHAN, 2005)."	Change to: "Human data is lacking on their benefits **or harm** to infant health (ESPGHAN, 2005)."

Under Live microorganisms "However to date, the evidence for clinical benefit from infant formulas supplemented with probiotic bacteria is equivocal (Lee & Seppo, 2009)."	Change to: "However to date, the evidence for clinical benefits **or harm** from infant formulas supplemented with probiotic bacteria is equivocal (Lee & Seppo, 2009)."
Under: **Infant formula with extensively hydrolyzed protein** **2nd paragraph-last line** "More research is needed to determine whether the benefit of using a formula with hydrolyzed protein extends beyond early childhood (AAP, 2008)."	Change to: "More research is needed to determine whether **there is harm or** benefit of using a formula with hydrolyzed protein extend**ing** beyond early childhood (AAP, 2008)."
Under: Liquid formula "Ready-to-feed infant formula is the safest choice for higher-risk infants who are formula fed, including low birth weight…"	Change to: "Ready-to-feed infant formula is the safest choice for higher-risk infants who, **when medically indicated**, need to be formula fed, including low birth weight…"
Under: Powdered formula **"**Powdered infant formula is not sterile. It has been linked to outbreaks of *Cronobacter sakazakii* and *Salmonella enterica* mainly in high-risk infants (WHO, 2006). If liquid fomula is not available, powdered infant formula can be used if it is properly prepared."	Change to: Powdered infant formula is not sterile. It has been linked to outbreaks of *Cronobacter sakazakii* and *Salmonella enterica* ***infections resulting in menigitis*****, sepsis, necrotising enterocolitis and even death (*C. sakazakii)* and diarrheal disease (*S. enterica)*,** mainly in high-risk infants (WHO, 2006). If liquid formula is not available, powdered infant formula **should only** be used if it properly prepared."
"In practice: Talking to families about infant nutrition"	
Under: "How can I use points of contact with expectant and new mothers to educate and support them to breastfeed?" **Under:** "At the mother's first post-partum visit" "…arrange for a skilled practitioner to observe the infant breastfeeding. Offer	Change to: **"...**arrange for a skilled practitioner to observe the infant breastfeeding**. Offer anticipatory guidance around breastfeeding frequency, night feedings, expected frequency of stooling and expected number of wet diapers per day. Mothers should be counseled on how to tell their baby is breastfeeding well and when to seek further breastfeeding support or medical help."**

counseling about what to expect in terms of normal infant growth and increases in breastfeeding demand."	
Under "Do infants under six months need iron supplements?"	Add as the 3rd paragraph: "**There is very strong evidence that delayed cord clamping at birth increases infant iron stores and is an effective means to prevent iron deficiency and the potential for anemia at a later age. Delayed cord clamping at birth is a safe, no cost measure that can reduce the potential need for more costly screening and use of supplements.**" (see refs above)

Thank you for the opportunity to provide this additional feedback.

Respectfully submitted by

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for the Board of the Breastfeeding Committee for Canada