



# BREASTFEEDING

CANADA

## Vision

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 independent 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

## Co-Chair

Rotating members elected to a two year term.

## Meetings

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

## Editorial Committee

Gisèle McCaie-Burke, Joanne Gilmore, Marilyn Sanders, Susan James

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

## IN THIS ISSUE

*Transition: a process or period in which something undergoes a change and passes from one state, stage, form, or activity to another.* This issue marks a number of transitions. The BCC has adopted a new Strategic Plan that confirms the Baby-Friendly™ Initiative as our primary mandate. The structure and function of the BCC will subtly shift to reflect this mandate. For example, new committees have been established to facilitate the implementation of the Baby-Friendly™ Initiative both in hospitals and community health services. A significant transition is financial: one set of funding grants we have received from Health Canada came to an end, others were awarded. However, we have to develop strategies for a future where funding may always be uncertain. The National Breastfeeding Conference in Moncton reflects a successful transition. This conference is an excellent example of how partnerships between the BCC and provincial and territorial groups can strengthen our ability to protect, promote and support breastfeeding! There are personal transitions as well: Janet Murphy Goodridge revisited Papua New Guinea, and we lost a good friend, Dr. Wah Wong. This will be the last print issue of the newsletter. BCC is going electronic!

**Susan James**

## In Memoriam Dr. Wah Wong 1926-2001

Breastfeeding advocates in Canada and around the world were deeply saddened to learn of the death of Dr. Wah Wong on July 7 2001 following a short battle with lung cancer. He leaves his beloved wife Vivian, two sons and their wives, Warren and Ruth; Michael and Cecile, and three grandchildren (all breastfed) Nicholas, Timothy and Elise.

In 2000, Dr. Wong was named an Honourary Member of the Breastfeeding Committee for Canada in recognition of his tremendous passion for and tireless commitment to the protection, promotion and support of breastfeeding and the Baby-Friendly™ Hospital Initiative.

I first met Dr. Wong in 1993, the year after I assumed the responsibility of Advisor, Baby-Friendly™ Hospital Initiative (BFHI) for UNICEF Canada. In the years that followed, which saw Dr. Wong rise through the volunteer ranks of UNICEF Canada to become National President (1996-1998) we became friends, united in our desire to see all hospitals in Canada embrace the principles of BFHI which defined, for him, the "gold standard" of care for mothers and babies.

He never missed an opportunity to remind the Canadian UNICEF family about the importance of the BFHI and to speak about BFHI during his travels.

I learned that he held a PhD in International Law and Relations and had devoted his entire working life to UNICEF, joining the organization in its infancy following World War II and serving in senior posts in Pakistan, Thailand, the Philippines and in the New York Headquarters.

After retiring to his hometown of Vancouver in 1984, Dr. Wong became active with UNICEF

British Columbia and, in 1991, was a founding member of the BC Baby-Friendly Network. He was co-chair of the BC Network's Baby-Friendly Subcommittee at the time of his death. In 1998 he also became a member of the Board of the Quintessence Foundation, which, at Dr. Wong's urging, sponsored "Breastfeeding Challenge 2001" on October 6, to challenge the Australian record for most women breastfeeding at one time. The Quintessence Foundation has established the **Wah Wong Memorial Fund** in honour of Dr. Wong.

Dr. Wong and his wife loved to travel and, during the last years of his life, their trips always included visits to hospitals, many of which had achieved BFHI designation. Dr. Wong also made presentations on BFHI wherever he went, ably assisted by Mrs. Wong in the role of official photographer. In November 1998 they visited Thailand, Penang and made a return visit to the Philippines, visiting six hospitals that had received BFHI designation. In November 1999, during a visit to Australia and New Zealand, they visited four Baby-Friendly™ hospitals in Australia. His reports back to me after each of these trips were filled with the enthusiasm he felt from seeing, first hand, the positive effects for mothers and babies of BFHI implementation. They were also filled with wonder at the commitment and dedication of those who work, day in and day out, to help mothers and babies breastfeed successfully. The introduction to his report on the 1999 trip concludes with these words:

"The more I learn about lactation, the more I know there is to know and I take my BFHI hat off to the front-line workers who deal with problems on a daily basis and continue to uphold the faith".

It was a great pleasure and a tremendous privilege to work with Dr. Wong over the last eight years. Like many others, I cannot believe he is gone.

**Marilyn Sanders**

## RE-VISITING PAPUA NEW GUINEA

BCC Board member Janet Murphy Goodridge traveled to Papua New Guinea (PNG) in May and June of this year with her husband, four children and another family from Newfoundland. Janet had worked as a CUSO co-operant in New Ireland, a small island just south of the equator in the early 1980's. Her interest in breastfeeding was a result of her experiences with mothers and families in this truly breastfeeding friendly culture. During her time in PNG as a nurse tutor in a rural community health centre and at a larger government hospital, breastfeeding was indeed the norm. It would have been an extremely rare occurrence to observe anyone bottle-feeding a baby during her time there. It may have been different if the National government had not taken steps to prohibit the advertising and promotion of breast-milk substitutes and related feeding products. Feeding bottles were obtained only with a prescription from a registered health worker. This legislation was introduced after the formula industry moved into PNG in the 1970's with devastating effects –breastfeeding rates declined and there was increasing morbidity and mortality from diarrheal diseases.



After 17 years, Janet is pleased to report that breastfeeding continues to be the norm for most Papua New Guinea women and children. In her family's travels through rural villages, public markets, health centres and hospitals, breastfeeding mothers were visible everywhere. On only two occasions, in larger urban centres, she observed babies being fed artificially, both with substances other than infant formula or expressed breastmilk. Papua New Guinea has one of the highest breastfeeding initiation rates in the world, however, there is increasing concern about the decline in exclusive breastfeeding. The prevalence of bottle-feeding among mothers in urban centres and in paid employment is growing. Even with strong legislation there are still opportunities for breastfeeding to be undermined. Dialogue



*Literal Translation:  
Mother's milk is the number one-best-food for all little children. Baby bottles are forbidden for they can strike little children down severely*

with health workers in government hospitals suggest that one of the biggest obstacles is physicians in private clinics and pharmacy owners who do not adhere to the legislation. Interestingly, the Pediatric Society of Papua New Guinea has been a strong advocate of breastfeeding and has put forth several recommendations to protect breastfeeding.

On a lighter note, the most popular member of Janet's family was her youngest child, Noel William, who was 19 months at the time. He was an avid nurse, breastfeeding in every market, village, public bus, and boat, only taking an occasional break to shout out a few newly acquired Pidgin words. The local people, especially the women, were impressed to see this toddler at the breast---sadly most Papua New Guineans expect white women to bottle-feed!!

(Look for a more in- depth analysis of the breastfeeding situation in Papua New Guinea in the Winter 2002 INFACCT Canada newsletter)

## ONTARIO PROVINCIAL COMMITTEE

The Ontario breastfeeding Committee is pleased to announce that the group is up and running as the Ontario partner to the BCC in the implementation of the Baby-Friendly™ Initiative. The first Committee Chair is Joyce Ridge, Clinical Nurse Specialist at Mt. Sinai Hospital in Toronto.

The Committee is currently exploring funding options and seeking to expand its membership. A newsletter is in production through which it is hoped to make contact with people across Ontario interested in membership on one of the committees or in being a local contact.

More information about the OBC can be obtained by contacting [ontariobreastfeedingcommittee@hotmail.com](mailto:ontariobreastfeedingcommittee@hotmail.com) or by writing to the OBC Secretary: Ste. 8, 2915 Headon Forest Dr., Burlington, ON L7M 3Z6.

## BABY FRIENDLY™ VIDEO AVAILABLE

UNICEF Canada has announced that a new video on the Baby-Friendly™ Initiative is now available in Canada. Copies of this video are available at a cost of \$70.00 CDN (which includes postage, handling and GST). The 20 minute video provides an introduction to BFI and a practical guide to implementing each of the Ten Steps.

To order send a cheque or money order for \$70.00 payable to UNICEF Canada to: UNICEF Canada, Canada Square, 2200 Yonge St, 11<sup>th</sup> Floor, Toronto, Ontario, ON M4S 2C6. Note, UNICEF Canada is not able to accept purchase orders or credit card payment for this video.

## Janet Murphy Goodridge

## BFHI COORDINATORS MEETING

Coordinators from western Europe, Australia, the USA and Canada met for three days in June in London, England to share experiences, discuss challenges and celebrate successes in the implementation of the WHO/UNICEF Baby-Friendly™ Hospital Initiative.

A total of 32 participants representing 18 countries attended the meetings. Marilyn Sanders, National BCC Coordinator, represented Canada. The meetings were organized by the UK UNICEF Baby-Friendly Initiative with funding from the World Health Organization in Geneva and Copenhagen. *(continued page 3...)*

## NEW FUNDING!!

The BCC was awarded funds for two new projects this year:

- Breastfeeding, Healthy Eating and Active Living: Natural Tools for Diabetes Prevention.** The BCC is carrying out this 2 year project in partnership with the Canadian Diabetes Association and the Canadian Prenatal Nutrition Programme. The study will take place in two communities: Thompson, Manitoba and Miramichi, New Brunswick. More information can be found on the BCC website. Funding was provided by the Diabetes Strategy Funding of Health Canada.
- The Baby-Friendly™ Initiative in Community Health Services: Implementation and Evaluation.** This project is funded by the Health Canada Population Health Fund. This 2 year project will provide the resources for the BCC to develop an evaluation plan, train assessors and provide education regarding BFI in the community.

**THANK YOU Health Canada!!**



Continued from page 2

Presentations by coordinators and small group discussions covered a wide variety of topics including evaluation of BFHI, collection of breastfeeding statistics, BFHI assessment and re-assessment and extending BFHI principles beyond the maternity services. Randa Saddeh of WHO Geneva presented a draft Global Strategy on Infant and Young Child Feeding which will be presented for approval to the World Health Assembly in May, 2002.

The meeting identified key barriers to BFHI implementation in developed countries which included lack of funding and lack of recognition from governments and/or National UNICEF Committees for the BFHI in many countries. Staff shortages, the influence of the infant feeding industry, lack of recognition of the need for or motivation for change among healthcare providers and difficulty of maintaining BFHI standards once achieved were also identified as barriers to success. Coordinators also shared successful strategies which have resulted in almost half of the countries represented having at least 25 BFHI designated hospital.

The meeting developed a number of recommendations to both UNICEF and WHO relative to future support for and promotion of the BFHI. Participants also agreed to establish a network to assist with ongoing communication and collaboration between BFHI Coordinators in various countries. Although the primary focus will be on industrialized countries, the network will be open to BFHI coordinators in all countries. The UK BFI will coordinate the network in the first instance, assisted by the BFHI coordinators in the USA, Ireland, Germany and Canada.

Marilyn Sanders

## BREASTFEEDING NOW

The National Breastfeeding Conference in Moncton was a great success. Conference committee Chair Gail Storr, BCC Chair Gisèle McCaie-Burke (pictured below with Dr. Jack Newman) and their hardworking committee are to be congratulated on a job well done. They will be submitting an article for the next issue of the newsletter.



## BCC LAPEL PINS

A reminder that the BCC has brass lapel pins available which you might like to consider offering for sale at meetings, conferences and other events at which breastfeeding is "on the agenda". The pins sell for \$5.00 each and can be obtained from the BCC office in Toronto. Please try to give Marilyn a little notice if you need pins so she can try to ensure they reach you before you need them.

**New BCC EMAIL:**  
**bfc.can@sympatico.ca**

## NEW RESOURCE FROM CPNP

The Canada Prenatal Nutrition Program (CPNP) has recently produced a new breastfeeding resource "A Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects." This resource was developed to inform and guide project staff and partners in ways to encourage a climate that nurtures successful breastfeeding. Other community based prenatal programs may find this workbook helpful in their efforts to establish breastfeeding friendly practices. The document is available in PDF at:

[www.hc.gc.ca/hppb/childhood-youth/cbp/cpnp/](http://www.hc.gc.ca/hppb/childhood-youth/cbp/cpnp/)

Janet Murphy Goodrich

## CONGRATULATIONS TO...

The province of Québec for publishing provincial breastfeeding guidelines. Suzanne Dionne and Pierre Levesque (both members of BCC) were involved in the development of these guidelines. The main objective of this 70 page document is that by 2007, breastfeeding rates upon discharge from hospital will be 85%, at 2 months 70%, at 4 months 60%, at 6 months 50% and at 1 year 20%. The document in French is available at

<http://www.msss.gouv.qc.ca/f/documentation/publicaune.htm>

The City of Toronto for establishing a work-place breastfeeding policy for city employees.

The many public swimming pools across Canada that have amended their policies to be more breastfeeding friendly!

## BABY-FRIENDLY™ IN COMMUNITY HEALTH SERVICES

A major project of the BCC in 2001 has been the development of a process for implementing the Baby-Friendly™ Initiative in the community. A committee has adapted the UK Seven Point Plan to address the Canadian context. A implementation guide containing information about how to work toward and be assessed as Baby-Friendly™ is available from the BCC. An order form is included in your newsletter. This will also be available in PDF to download from the BCC website.

Members of the committee presented an overview of the Baby-Friendly™ Initiative in Community Health Services plan at the Canadian Public Health Association Conference in Saskatoon, October 2001. Participants at the session were supportive of the initiative and identified a number of opportunities and challenges for the BCC in implementing it across Canada.

## STRATEGIES FOR CHANGE

One of the common concerns BCC hears is how to change the long standing traditions of receiving free formula. A group of Canadian researchers may have uncovered an important strategy. The attitudes and behaviours of two groups of physicians – one who had no contact with pharmaceutical company representatives during their residency, and one who did – were compared. The physicians who had no contact as residents were less likely to use pharmaceutical company representatives as a source of information for influencing their practice.

See: McCormick B, et al. (2001). Effect of restricting contact between pharmaceutical company representatives and internal medicine residents on posttraining attitudes and behaviours. JAMA, 286, 1994-9.



## GROWTH CHARTS

What is the best growth chart to use for breastfed infants? Right now, there is not a "Canadian" growth chart that is based on breastfeeding growth patterns. Work is being done by a number of groups including the Dietitians of Canada, the Canadian Pediatric Society and WHO. There is an American chart that has not been endorsed by Health Canada and is available at:

[www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts)

## WABA GLOBAL FORUM

**Nurturing the Future: Challenges to Breastfeeding in the 21<sup>st</sup> Century**  
**WABA Global Forum 2, Arusha, Tanzania, 23-27 September 2002**

The goals of this forum are to discover new ways of looking at the issues of nurturing and challenges to breastfeeding. One theme will be an exploration of community-based breastfeeding support and promotion as a way of increasing the incidence of exclusive breastfeeding. WABA hopes to develop a Global Breastfeeding Charter as an outcome of the forum. Other topics include: HIV and breastfeeding, chemical contamination of breastmilk, breastfeeding as a human right, breastfeeding as a women's issue. For information:

<http://www.waba.org.br/>

## BREASTFEEDING AND ASTHMA

A Canadian study of the relationship between breastfeeding and childhood asthma suggests that longer term breastfeeding protects children from developing asthma. The study compared the incidence of asthma and wheezing in children aged 12-24 months among groups who were breastfed for less than 2 months, 2-6 months, 6-9 months and more than 9 months. Significant differences were found when babies were breastfed 9 months or longer. The researchers suggest that these findings support a need for initiatives that increase initiation and duration of breastfeeding.

Dell, S., To, T. (2001). Breastfeeding and asthma in young children. Findings from a population based study. Archives of pediatric and adolescent medicine, 155, 1261-5.

## ASSOCIATE MEMBERS

The BCC Board is finalizing the new strategic plan. As we move into a focus on the Baby-Friendly™ Initiative and search for sources of funding, there will be opportunities for Associate Members to be involved in the work of the BCC. **Our next newsletter will be only available electronically via the BCC website.**

## DURATION OF EXCLUSIVE BREASTFEEDING

What is the recommended duration for exclusive breastfeeding? 4 months? 6 months? 4-6 months? The recommendations have varied resulting in confusion for healthcare providers and for mothers. On May 18, 2001, the 54<sup>th</sup> World Health Assembly adopted Resolution WHA 54.2 which clarifies the question of exclusive breastfeeding duration:

*"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, 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."*

This recommendation is based on extensive review of research literature and consultations with breastfeeding experts. The strength of the work done to formulate this recommendation will assist healthcare professionals who are attempting to make policy changes and meet resistance from colleagues. The World Health Assembly acknowledged that while steady increases have been noted, the actual incidence of exclusive breastfeeding to six months remains relatively low.

This recommendation sends a strong message to the manufacturers of supplementary baby food, who currently market the use of their products beginning at the age of 4 months.

The second important message in the recommendation is the need for social and nutritional support for lactating women. While changes in Canadian parental leave policies will assist many women who wish to breastfeed exclusively, there are still many gaps in support for extended breastfeeding.

To find the whole World Health Assembly document:

<http://www.who.int/inf-pr-2001/en/note2001-07.html>

### Permission to use the Ten Steps

When including references to the Ten Steps in papers, handouts, slides, etc. you must credit the World Health Organization because they hold the copyright. For information how to show credit, visit their website <http://www.who.int> (search for copyright) or email them at [permissions@who.int](mailto:permissions@who.int)  
**Jennifer Peddlesden**

## BECOME AN ASSOCIATE MEMBER OF THE BCC

- Yes I would like to become an Associate Member. The cost is \$10 yearly.
- English
- French

- I would like to join a working group.
- My areas of expertise/interest:

- NO I DO NOT wish my name sold as part of the BCC mailing list.

**I enclose a \$10 cheque or money order**

### BCC Documents

I want to receive:

- The Breastfeeding Statement (\$3)
- The Sponsorship Guidelines (\$5)
- English
- French

### BCC Pins

- Antique brass lapel pin (\$5)
- Sterling silver lapel pin (\$40)

Please add 15% for postage and handling.

I enclose a \$\_\_\_\_\_ cheque or money order.

**Mail to: Breastfeeding Committee for Canada,  
P.O. Box 65114, Toronto, ON, M4K 3Z2**

**Name:** \_\_\_\_\_

**Organization/Association/Agency:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_

**Fax:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

