

Breastfeeding
Committee
for Canada



Comité
canadien pour
l'allaitement

Addressing racism: Opportunity for transformational change to infant and young child feeding in Canada

POSITION STATEMENT | DECEMBER 2023





Protect, promote, and support breastfeeding in Canada

The Breastfeeding Committee for Canada provides national guidance and collaborative leadership for the Baby-Friendly Initiative (BFI). Our mandate is to oversee the implementation, assessment, and monitoring of BFI in Canada, and to ensure compliance with the BCC's BFI standards in BFI designated facilities.

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Land Acknowledgement

This position statement was created on the traditional territories of the following Indigenous peoples: Coast Salish (i.e., Musqueam, Squamish, Tsleil-Waututh; Dakelh (i.e., Nadleh Whut'en and Stelat'en First Nations); Beothuk and Mi'kmaq (i.e., homelands of the Innu of Nitassinan, the Inuit of Nunatsiavut, and the Inuit of NunatuKavut; Treaty 7 (i.e., Blackfoot Confederacy comprised of Siksika, Piikani, and Kainai First Nations, Tsuut'ina First Nation, and Stoney Nakoda (including Chiniki, Bearspaw, and Goodstoney First Nations); and Métis Nation of Alberta Region 3.

The BCC acknowledges with gratitude the traditional lands and territories throughout Turtle Island (colonially known as Canada) in which our many contributors live, work, learn, and support care. We are committed to reconciliation and are grateful for the continued opportunity to work in partnership with Indigenous Peoples, who have cared for and nurtured these lands for all time.

Contributors

This position statement received feedback and input from various people who hold knowledge in breastfeeding, Baby-Friendly Initiative, perinatal and infant health, cultural safety and cultural humility, and anti-racism. We thank you all for your invaluable support, feedback, and wisdom.

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“Breastfeeding is a natural 'safety net' against the worst effects of poverty ... Exclusive breastfeeding goes a long way toward cancelling out the health difference between being born into poverty and being born into affluence ... It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.”

James P. Grant, Executive Director of UNICEF (1980-1995)

Addressing racism: Opportunity for transformational change to infant and young child feeding in Canada

There are persistent health inequities affecting racialized families all across Canada. Specifically for breastfeeding* rates, disparities exist between mothers/feeding parents who are white, compared to mothers/feeding parents who are Indigenous, Black, and Asian, as well as other people of colour. Breastfeeding rates among racialized families are lower, and not necessarily because families do not want to breastfeed.

Certainly, [determinants of health](#) play a role, such as income and social status; education and literacy; and social supports and coping skills. This leads to less favourable health outcomes for many infants and young children. To address these disparities, immediate attention is required from the Breastfeeding Committee for Canada (BCC), and all who support perinatal and infant health.

Purpose

Individual and systemic racism, discrimination, and oppression are present in all sections throughout Canada. This position statement serves four key purposes, which are to:

- Acknowledge that racism exists in perinatal and infant health care
- Aim to start a dialogue about meaningful solutions to end racism, discrimination, and oppression for many families who are affected
- Provide guidance for leadership and health professionals to address racial disparities, and to make important changes in practice around infant and young child feeding
- Recognize the resilience and leadership in communities and population groups whom face this adversity, and are collectively making a difference for many families¹



*BCC use the term “breastfeeding”, mainly for readability. To provide client- and family-centred, gender-affirming, inclusive care, it is important for front line health professionals to use language that families receiving care identify. Ask respectfully about mothers/birthing parents’ preferences, situations, and goals. Examples may include “chestfeeding” and “human milk feeding”.^{23, 24}

Responding as an Association

The BCC is the national authority for the Baby-Friendly Initiative (BFI) in Canada (except for the province of Quebec). We are committed to the protection, promotion, and support of breastfeeding to improve health outcomes for all families. This position statement responds to:

- Ongoing effects of colonialism for Indigenous, Black, and Asian people, as well as other people of colour who face racism, discrimination, and oppression
- Requests from provincial and territorial health organizations, seeking BCC leadership about how to address racial disparities in breastfeeding
- [Truth and Reconciliation Commission of Canada, Call to Action #22:](#)
 - *“We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients”.*



Worldwide, health experts recognize breastfeeding as a public health strategy for optimal population health. It is important for mothers/feeding parents, children, and society as a whole. Our hope is this position statement can act as a stimulus for transformational change to infant and young child feeding across Canada.

We request BCC members, all levels of government, health care leaders, and health professionals in all provinces and territories, to embrace cultural humility as a lifelong process. This essential step can allow us all to work collectively towards creating culturally safe environments for all families seeking infant feeding support in this country.

Baby-Friendly Initiative

In 2021, the BCC published the [Baby-Friendly Initiative \(BFI\) Implementation Guideline](#), a renewed practice document that adapts the WHO/UNICEF international standards to the Canadian context. Under **Diversity and Health Equity**, it states:



“A person and family-centred approach to care includes cultural safety, as well as trauma-informed and harm reduction measures. Cultural safety, an increasingly recognized concept within the Canadian healthcare system, encourages healthcare providers who work with families from different cultural backgrounds to communicate respectfully and without stereotyping.

These approaches to care are foundational work and are enhanced by supportive partnerships. Placing the unique needs and strengths of the client at the centre of care ensures full client and family participation in the planning of care. Staff, volunteers, and clients feel respected and safe from discrimination as they access healthcare services when there is a partnership between healthcare providers and clients, and informed decision making occurs”. ², page 4.

We continue to commit to the provision of perinatal and infant health services that meet the unique needs of all families. This position statement ensures the BCC will consider how BFI can further support the unique needs of racialized families in Canada.

Acknowledgements and Commitments

The following table ties acknowledgements to commitments, describing reforms and actions the BCC is committed to taking. We encourage our members to reflect on their personal biases. Implicit biases are prejudices and attitudes that influence the way people think and act, even without knowing it. Reflection promotes self-awareness and understanding of the unconscious biases people have, increasing cultural humility.

Acknowledgements	Commitments	BCC Actions
<p>1. The BCC Board does not fully represent the Canadian population.</p>	<p>1.1 The BCC Board will foster an organizational culture that embraces the diversity, equity, and inclusion of all people in Canada. The BCC will be a leader for our members and network with other organizations that support perinatal and infant health.</p>	<p>1.1.1 Create opportunities to increase diversity for BCC membership, on the BCC Board, and within BCC standing committees. We aim to increase diversity of Board members by 20% by 2025.</p> <p>1.1.2 Hold ourselves accountable through the BCC Racial Health Equity Working Group with regular reporting to the Board.</p>
<p>2. Historical trauma continues to influence racism, discrimination, and oppression against Indigenous, Black, and Asian people, as well as other people of colour. Harmful behaviours and mistreatment of these people exists in Canada (including in perinatal and infant health care).</p>	<p>2.1 The BCC members are committed to creating culturally safe spaces in practice. We will practice active listening when people share their perinatal and breastfeeding experiences and stories.</p>	<p>2.1.1 Build and promote anti-racism, cultural safety and cultural humility, harm reduction, and compassion-informed education and resources on the experiences of diverse populations, for our members and health professionals.</p>
<p>3. Race-related microaggressions and implicit biases occur in perinatal and infant health care. Examples include being ignored in a waiting room or receiving inadequate pain management.</p>	<p>3.1 The BCC Board will model inclusive behaviours and support our members to educate themselves about microaggressions. BCC members will actively listen to, seek to understand, and believe the concerns of families, especially when they voice experiences of racism, discrimination, and oppression.</p>	<p>3.1.1 Work to achieve greater diversity and inclusion in the BCC, by actively inviting under-represented members to enrich the BCC membership.</p> <p>3.1.2 Support our membership to actively and positively disrupt injustices they witness, by learning to engage in courageous conversations about racism.</p>

Acknowledgements	Commitments	BCC Actions
<p>4. Cultural genocide, racism, and violence have created intergenerational trauma. We see the effects today in how families are able to parent their children. The following examples have destroyed families, and interfere with relationships today: Colonization of Indigenous families and culture (i.e., residential schools, Indian hospitals, Sixties Scoop); enslavement of Black people; challenging experiences of immigrants and refugees into Canada.</p>	<p>4.1 The BCC members will advocate for and be a leader in the delivery of culturally safe, compassion-informed, harm reducing, and gender-affirming quality care, free from racism, discrimination, and oppression. Practicing cultural humility will be vital to change biases about power relationships and people's rights.</p>	<p>4.1.1 Seek to collaborate with members of underrepresented groups, to amplify their voices in forums where leaders and health professionals hear and respect their stories.</p>
<p>5. Indigenous and Black families have higher rates of preterm births and lower rates of breastfeeding than other population groups in Canada. Inconsistent data collection and limited breastfeeding supports have contributed to society's inability to address these disparities for racialized families.</p>	<p>5.1 The BCC will actively raise the consciousness of our membership about the double disparities faced by Indigenous and Black families. We will advocate for the scaling up of BFI in Canada to improve breastfeeding rates and health outcomes of infants and young children.</p>	<p>5.1.1 Encourage perinatal and infant health care organizations and facilities to collect race-based data, reflect on the disparities within the populations they serve, and create action plans to address these disparities.</p> <p>5.1.2 Scale up BFI Implementation in Canada (except Quebec) through various strategies.</p>

Recommendations

The BCC is responding to the call to action from the Canadian Public Health Association to implement the following recommendations. We are now calling on all provincial and territorial breastfeeding committees, and organizations involved in the provision of perinatal and infant health services, who support families with infant and young child feeding, to join us to:

- Adopt a formal statement condemning racism
- Undertake system-wide reviews of their regulations, policies, processes and practices to identify and remove any racist systems and approaches
- Implement assessment methodologies to identify and remove racist laws, regulations, procedures, and practices
- Provide system-wide anti-racism and anti-oppression training for all staff and volunteers within their organizations
- Enhance public health surveillance systems by collecting and analyzing race and ethnicity data in an appropriate and sensitive manner
- Monitor their organizations for stereotyping, discrimination, and racist actions and take corrective actions

Further, the following resources and processes can help leaders and health professionals to achieve the above recommendations:

1. Implement the BFI Step 3: Prenatal education to support pregnant women/people with informed decision-making, guided by a culturally safe, compassion-informed, and harm reducing approach, free from racism and discrimination.
2. Explore existing complaints process. Create safe avenues and supports for individuals and families to bring forward culturally unsafe, racist complaints, and concerns. Ensure there is a safe reporting system and that the data is protected and reviewed annually.
3. Initiate your own learning about how and why implicit biases occur. Address them through the lifelong practice of cultural humility. Explore the following courses and resources about Indigenous cultural safety, cultural humility, and anti-racism:
 - [San'yas Indigenous Cultural Safety Online Training](#)

- [University of Alberta Indigenous Canada](#)
 - Canadian Nurses Association's (CNA's) [First National Summit on Racism in Nursing and Health Care – Fireside Chat with the Honorable Murray Sinclair: Tackling Racism in Organizations and Practice Settings](#)
 - CNA's [First National Summit on Racism in Nursing and Health Care – Nursing Roundtable Discussion: Lived experiences of nurses in Canada](#)
 - Northern Health Indigenous Health [Animated video on compassion-informed care helps promote respect, resilience, and trust](#)
4. Seek out tools and training to support individual action and personal growth to have difficult conversations. Start with the Government of Canada's [Guide to courageous conversations on racism and discrimination](#).
 5. Use of the new [Anti-Racism Data Act](#) introduced in British Columbia on May 2, 2022 to explore the collection of race-based breastfeeding data.
 6. Address [Anti-Black racism](#) by learning about institutional discrimination and inequities in health. Review the evidence about institutional discrimination towards Black Canadians, understanding their lived experiences in education, employment, and housing. Further explore the national inequities in health and determinants of health impacting Black Canadians, specifically for:
 - Education
 - Income and employment
 - Housing
 - Food security
 - Health and health behaviours
 7. Address [Anti-Asian racism](#) by:
 - Learning about pan-Asian diversity
 - Challenging stereotypes
 - Showing solidarity
 - Being an ally
 - Interrupting unconscious biases
 8. Encourage and support the development of inclusive resources that accurately reflect the population receiving care. This may include the use of images on client resources such as brochures, posters, and websites. Offer translated resources in different languages beyond English and French, and breastfeeding support services with trained interpreters available.
 9. Take the opportunity to bring awareness to different cultural groups by celebrating and observing awareness days, weeks, and months such as:

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- [Black History Month](#) (February)
- [International Day for the Elimination of Racial Discrimination](#) (March 21)
- [Asian Heritage Month](#) (May)
- [National Indigenous History Month](#) (June)
- [National Indigenous Peoples Day](#) (June 21)
- [World Breastfeeding Week](#) (August 1 to 7)
- [Indigenous Milk Medicine Week](#) (starts the second Sunday of August)
- [Asian American Native Hawaiian and Pacific Islander Breastfeeding Week](#) (third week of August)
- [Black Breastfeeding Week](#) (August 25 to 31)
- [National Day for Truth and Reconciliation](#), colloquially known as [Orange Shirt Day](#) (September 30)
- [National Breastfeeding Week](#) (October 1 to 7)

Glossary of Terms

Allyship: “is a lifelong process of working to advance inclusion through intentional, positive, and conscious actions within one’s sphere of influence. A person who takes action, listens to, builds trust with, advocates for, and amplifies the voices of marginalized people and group may be recognized as an ally. As a label, the term “ally” cannot be self-applied; one can only become an ally by having their efforts recognized as such by the marginalized person(s) they strive to uplift”.²⁸

Antisemitism: “is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions, and regional facilities.”¹⁴

Chestfeeding: is a gender inclusive term for non-binary and transmasculine people that represents the act of sharing human milk with a baby.²⁶

Compassion-informed care: is a strength-based approach to care that considers peoples’ experiences to help provide the best possible care. Recognizing that people may bring a history of trauma with them into a health care interaction, a compassion-informed approach emphasizes their safety, choice, and control over their own care.¹⁶

Cultural safety: is when all people feel respected and safe when they interact with the health care system. Culturally safe health services are free of racism and discrimination. People are supported to draw strengths from their identity, culture, and community.⁸

Cultural humility: is a lifelong journey of self-reflection and learning to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.⁸

Health equity: “is achieved when everyone, regardless of sex, gender, income, race, or other socio-demographic characteristics, has the fair opportunity to reach their optimal health. In Canada, differences across population subgroups (or inequities) are significant for a range of health care indicators and are generally persisting or worsening over time”.⁶

Implicit bias: also known as unconscious bias, are the beliefs someone holds on an unconscious or subconscious level, shaping the way they view the world and people around them.²⁹

Indigenous peoples: refer to the First Nations, Inuit, and Métis peoples of Canada.¹⁵

Informed decision-making: is the process whereby pregnant women/persons and mothers/birthing parents receive evidence-informed information and support to make infant feeding decisions, which include:

- the opportunity for women/birthing parents to discuss their concerns
- the importance of breastfeeding for babies, mothers/birthing parents, families, and communities
- the health consequences for babies and mothers/birthing parents of not breastfeeding
- the impact and cost of human milk substitutes
- the difficulty of reversing decisions once breastfeeding is stopped²

Microaggressions: are brief and commonplace verbal, behavioural, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults towards people of colour. They are a form of interpersonal (or relational) racism.²⁰

Person- and family-centred care: “is an approach to health care that respects the control role of family in a patient’s life.” It includes the following core concepts: family strengths, respect, choice, information sharing, support, flexibility, collaboration, and empowerment.³

Race: A social construct, racism combines learned prejudice and power. It is racism and not race that impacts health outcomes.⁹

Systemic racism: is embedded in the health care system and in all public institutions, including education, justice, and the media. It is the proactive and repeated oppression of racialized groups through unfair requirements, conditions, practices, policies, and processes. This creates unequitable social, economic, and political advantages for others, enabling and reinforcing social norms of colonized societies over generations.⁸

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The BCC is committed to reviewing this document every two years.

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