

**RECOMMENDATIONS FOR A  
PROVINCIAL BREASTFEEDING  
STRATEGY FOR ONTARIO**

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**Developed by a collaboration of  
stakeholders in Ontario**

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## RECOMMENDATIONS FOR A PROVINCIAL BREASTFEEDING STRATEGY FOR ONTARIO

Breastfeeding provides optimal nutritional, immunological and emotional benefits for the growth and development of infants (Health Canada, 2004; College of Family Physicians of Canada (CFPC), 2004; Canadian Paediatric Society (CPS), 2005). Breastfeeding also improves maternal health and confers economic benefits to the family, health care system, and workplace (Satcher D, 2006). As a result, breastfeeding has a mediating effect on the determinants of health, reducing health inequities among population groups (Ontario Public Health Association, 2007). The adoption of a provincial breastfeeding strategy has the potential to improve individual, family, and community health by addressing broad systemic factors that impact health such as discrimination and by improving health care services (RNAO, 2009).

### Background:

- Breastfeeding is the norm for infant and young-child feeding and the foundation for a healthy life.
- Breastfeeding promotes optimal growth and development, including cognitive development, protects against childhood obesity and reduces infant mortality (Health Canada, 2004; College of Family Physicians of Canada (CFP), 2004) & Canadian Paediatric Society (CPS), 2005).
- *Not* breastfeeding increases the risk of childhood illness and of hospitalization related to a wide range of acute and chronic diseases such as respiratory and middle ear infection, diabetes, obesity and sudden infant death syndrome (Ip Chung & Raman, 2007).
- Mothers and babies form an inseparable biological and social unit (World Health Organization (WHO), 2003).
- Breastfeeding and skin to skin holding in the first hour after birth are part of the normal birthing process (Health Canada, 2004; Society of Obstetricians and Gynaecologists of Canada (SOGC) et al, 2008).
- The international, national and provincial standard for feeding of infants and young children is exclusive breastfeeding for the first six months, the addition of iron-rich complementary foods at about 6 months, with continued breastfeeding to two years and beyond, as recommended by the *WHO/UNICEF Global Strategy for Infant and Young Child Feeding* (WHA, 2003; Health Canada, 2004 ).

- Statistics from the Canadian Perinatal Health Report (Public Health Agency of Canada (PHAC), 2008) demonstrate that current breastfeeding duration and exclusivity rates in Ontario fall short of these objectives.

Year	Initiation	Exclusive at 6 months
2005	88%	15.8%
2003	87.2%	14.5%
2000/01	82.8%	N/A

- According to the Ontario Breastfeeding Committee's "Ontario Progress Report 2009", breastfeeding data collected at the local level indicate a significant decline in breastfeeding duration and exclusivity (Ontario Breastfeeding Committee (OBC), 2009).
- There is currently no mandatory, long-term, standardized, provincial data collection system for tracking breastfeeding duration and exclusivity in Ontario.
- Provincial government leadership is essential to influence the increase in breastfeeding initiation, duration and exclusivity rates and thus improve the nutrition and health of infants, children and mothers in Ontario.
- With the implementation of a provincial breastfeeding policy in Quebec (Breastfeeding in Quebec: September 2001), rates of initiation and exclusivity have increased more than in Ontario.

Province	Percentage Increase in Breastfeeding Rates		
	Initiation 2001 - 2003	Increase in Initiation 2003 - 2005	Increase in Exclusivity 2003 - 2005
Ontario	5.4%	0.8%	1.4%
Quebec	3.7%	5.9%	3.4%

- Development of a comprehensive, co-coordinated and resourced approach to the protection, promotion and support of breastfeeding is needed in Ontario so that pregnant women and new families receive the education and support they need to make informed decisions about infant and child feeding. Such an approach is the Baby-Friendly Initiative (BFI) which is an evidence-based, global program that improves breastfeeding outcomes for mothers and babies by improving the quality of their care (Kramer, Chalmers, & Hodnett, 2001).

- The goal of the Baby-Friendly Initiative (BFI) is to increase breastfeeding initiation and duration rates by protecting, promoting and supporting breastfeeding (Breastfeeding Committee for Canada (BCC), 2009).
- Through the Baby-Friendly Initiative (BFI), all parents receive accurate and unbiased information and support across the continuum of care to enable them to make informed decisions about infant and young child feeding (BCC, 2002).
- A Baby-Friendly environment is one where a mother's informed decision is supported, respected and encouraged (BCC, 2002; RNAO, 2007).
- The Baby-Friendly Initiative (BFI) has been endorsed by Health Canada and many other professional organizations in Ontario and Canada (Health Canada (2004); Registered Nurses Association of Ontario (RNAO), (2008); Ontario Public Health Association, 2007; (Canadian Paediatric Society) The Baby-Friendly Initiative (BFI) has been implemented in over 20,000 hospitals and community services worldwide. However, in Canada as of September 10, 2009, there are only 12 hospitals and 15 community health services with Baby-Friendly designation [3 hospitals in Ontario, 2 in BC and 7 in Quebec; 4 community health services in Ontario and 11 in Quebec] (BCC, 2009).

## KEY COMPONENTS OF A PROVINCIAL BREASTFEEDING STRATEGY

- A Provincial Breastfeeding Strategy would require inter-ministerial collaboration. However, one ministry may be better positioned to lead in establishing a breastfeeding strategy for Ontario.
- Human resources and funding are required to implement and sustain a Provincial Breastfeeding Strategy.
- A Provincial Breastfeeding Strategy will address the following four key areas:
  1. **Leadership and Policy Development**
  2. **Service Delivery**
  3. **Surveillance, Research and Evaluation**
  4. **Capacity Building**

## 1. Leadership and Policy Development

- **Provincial Breastfeeding Policy** - Develop a written provincial breastfeeding policy based on the elements contained in this document that is endorsed by all levels of provincial government. The policy will provide leadership for the protection, promotion and support of breastfeeding, improve the health status of mothers and babies by increasing breastfeeding initiation & duration in Ontario and support the implementation of the Baby-Friendly Initiative. (Nova Scotia Health, 2006)
- **Provincial Coordinator** – Designate a coordinator at the provincial level to develop and co-ordinate the strategy through the establishment of a provincial committee with participation from key stakeholders (e.g. Ontario Breastfeeding Committee (OBC), Ontario Public Health Association (OPHA) Breastfeeding Promotion Workgroup, Registered Nurses Association of Ontario (RNAO), Ontario Lactation Consultants Association) (RNAO,2008; Province of Manitoba, 2006; Nova Scotia Health, 2006).
- **Baby-Friendly Initiative** – Determine the process to ensure the implementation of the WHO/UNICEF Baby-Friendly Initiative (BFI) in Ontario. Set requirements for hospitals, public health units, and other community health services to begin the process towards Baby-Friendly designation. Support the International Code of Marketing of Breastmilk Substitutes (The Code)\* and relevant World Health Assembly Resolutions.

### \* **International Code of Marketing of Breastmilk Substitutes** -

Advocate for federal legislation and/or regulation of the marketing of breastmilk substitutes and other artificial feeding products and the establishment of sustainable enforcement mechanisms to prevent and/or address non-compliance with The International Code of Marketing of Breastmilk Substitutes (The Code) and subsequent relevant World Health Assembly Resolutions (Note: Canada was signatory to The Code in 1981, has endorsed all subsequent relevant resolutions, and adopted a voluntary, self-regulatory approach to the implementation of The Code (INFACT Canada, 2009).

## 2. Service Delivery

- Recommend and support strategies, in collaboration with key stakeholders, that ensure that all Ontario maternity services implement the *Ten Steps to Protect, Promote and Support Breastfeeding* and that all Ontario community health services implement the *Seven Step Plan for the Protection, Promotion and Support of Breastfeeding in Community Health*, so that all new parents have access to skilled, evidence informed counseling and support for breastfeeding (e.g. telephone, in-home and clinic services).
- Support and promote the continued development of community-based support networks (e.g. peer support) as an integral component of service delivery to breastfeeding families (Murphy Goodridge, 1999).

- Establish a provincial breastfeeding social marketing strategy aimed at the general population to facilitate progress towards establishing breastfeeding as the cultural norm for feeding infants and young children (Murphy Goodridge, 1999; Nova Scotia Health, 2006).
- Ensure that the rights of breastfeeding mother and baby dyads are observed in all situations, according to the Ontario Human Rights Commission's ***Policy on Discrimination because of Pregnancy and Breastfeeding*** (Ontario Human Rights Commission, 2008).
  - Establish a provincial Human Milk Bank according to the Human Milk Banking Association of North America (HMBANA) guidelines to allow sick, preterm and vulnerable infants access to human milk when not available from their own mothers. This will reduce the cost of specialty infant formula and provide numerous health benefits and protection from severe illnesses such as necrotizing entero-colitis and septicemia (Wight, 2001; Singhal et al.,2004; Ronnestad et al.,2005 and Bisquera, Cooper, & Berseth ,2002).

### **3. Surveillance, Research and Evaluation**

- Establish target rates for increased breastfeeding initiation, duration and exclusivity (RNAO, 2008; Murphy Goodridge, 1999).
- Collect breastfeeding initiation, exclusivity and duration rates using the Breastfeeding Committee for Canada's standardized definitions and timelines. (BCC, 2009; RNAO, 2008; Province of Manitoba, 2006; Murphy Goodridge, 1999; Nova Scotia Health, 2006). Use these rates to evaluate progress and to guide strategic planning.
- Develop and implement systematic evaluation of programs and policies to ensure progress towards established targets.
- Allocate resources to identify gaps and priorities in research.
- Ensure policies and practices are based on best evidence (RNAO, 2008).
- Monitor progress towards achievement of the Baby-Friendly Initiative (BFI) in hospitals and community health services in a systematic manner (Nova Scotia Health, 2006).

### **4. Capacity Building**

- Advocate for universities, community and vocational colleges to offer future health care professionals and social service providers adequate attitudinal, theoretical and practical education and training regarding breastfeeding best practices and approaches inclusive of the principles of the Baby-Friendly Initiative (BFI) and The Code. Advocate for government-funded lactation medicine and management programs within the province (Murphy Goodridge, 1999; Nova Scotia Health, 2006).
- Encourage and support the training of all health care professionals, social service providers and volunteers who are currently working with families according to their role and scope of practice. This training should address the attitudes, knowledge and skills necessary to support pregnant women and mothers in the initiation and continuation of breastfeeding and be consistent with the most current and evidenced-based practice (Murphy Goodridge, 1999; Nova Scotia Health, 2006).

- Recognize the International Board Certified Lactation Consultants as regulated professionals within Ontario and support their role as an integral part of the healthcare team within the breastfeeding continuum and the Baby-Friendly Initiative (BFI).
- Recognize and support the role of mother to mother peer counselors within the Baby-Friendly Initiative (BFI) and towards a breastfeeding supportive culture.
- Provide continuous learning and networking opportunities for health care professionals related to emerging breastfeeding research and progress towards the Baby-Friendly Initiative (BFI).

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## **Endorsement**

**The following organizations endorse the “Recommended Components for a Provincial Breastfeeding Strategy for Ontario”.**

Association of Ontario Midwives

The Breastfeeding Committee for Canada (BCC)

Canadian Lactation Consultant Association (CLCA)

Health Nexus

INFACT Canada

La Leche League Canada

Ontario Breastfeeding Committee (OBC)

Ontario Lactations Consultants Association (OLCA)

Ontario Public Health Association Breastfeeding Promotion Workgroup

Registered Nurses Association of Ontario (RNAO)