



Ontario Breastfeeding Committee Newsletter

April 2008

Let's Dare To Share

The OBC is planning a BFI EXPO in September this year, to showcase the brilliant work being done to implement breastfeeding best practice in the context of the Baby Friendly Initiative in Ontario.

The idea came about as a result of work being done by the BFI in Community Health Services and BFI Hospital working groups as well as the networking between facilities and the BFI assessment teams at provincial and national levels. One only has to have the briefest exposure to these opportunities to appreciate the quality and variety of the resources and strategies being created and used to move BFI forward and facilitate successful breastfeeding for the families in our province.

The evaluations from previous BFI workshops indicated the need for further opportunities to network and to share practical ideas for implementation of the Baby Friendly Initiative as more facilities near the stage of engaging the formal designation process.

Ontario is forging ahead with 2 hospitals, a community health service and a community health centre already designated and a list of document reviews, pre-assessments and external assessments in progress. The experiences gathered by those along the journey are invaluable to other facilities in the process, and there is much support gladly offered by the staff of these facilities as well as from assessors/candidates who have received training and gathered

expertise on the designation processes itself and who have come to understand the true spirit of BFI.



We thought that to share some of the work being done by offering a workshop and networking event would help moves BFI forward. The EXPO will include presentations from key players in facilities already designated Baby Friendly, address practical issues and most of all, allow enough opportunity to examine beautiful and useful resources and to network, after all, Peer Support is the theme of this year's World Breastfeeding Week! Please plan to come! Register and book a table for displaying your resources or to illustrate your journey so far. We are also planning some extra-curricular fun activities – we'll keep you posted on that. ***(Click on the poster above for more info.)***

☺ Kathy Venter

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Infant swaddling: A benefit or a barrier?

(Extract from BCC Newsletter, Nov.07 issue.)

The 2nd International Congress of the Human Milk Banking Association of North America in Fort Worth, Texas last November, **included a presentation by Louise Dumas** from Québec on the effects of swaddling and mother/infant separation at birth. Louise presented parts of the Russian-Swedish longitudinal research project she is involved in, pertaining to perinatal practices at birth.

The results from this research clearly demonstrate how bad the practice of swaddling is for the newborn within the first hours after birth especially if the baby is also separated from the mother. In fact, skin-to-skin non separated groups rated higher on physiological and psychosocial variables such as: baby and mother temperatures, breastfeeding (early suckling, more episodes at the breast, more breastmilk, less supplements), faster weight gain, less feelings of “blues” for the mother, clearer early signs of attachment, and mothers softer in their interactions with their newborn.

After presenting such results, Louise attempted a comparison with data from an informal survey she conducted in Canada and USA last May-June as to our perinatal practices. She wanted to demonstrate that, as North Americans, we are not performing better than in Russia and as such, we should not appear too proud of our practices. In fact, the results of her survey show that the majority of newborns are placed skin-to-skin with their mother but only for a short period of time before being either swaddled or bundled. In fact, it seems that all reasons are good to separate mother and baby within the minutes from birth and without evidence-based reasons such as “baby will be too cold, mother is too tired, father needs to hold baby, mother had a caesarean section, there is a risk of infection in the recovery room, baby needs to be observed in the nursery, baby has to be measured and weighed, baby needs routine care, etc...” .



skin-
immediately at birth and to leave them together for at least one hour, as recommended in the 2006 WHO/UNICEF guidelines for Baby Friendly Initiatives. The problem is...why is it so difficult to convince health professionals at the bedside? Why don't we change our outdated practices?

Apart from being member of the BCC Board of Directors, Louise Dumas has been professor and researcher in Nursing sciences in Western Québec, Canada since 1988, after many years of clinical practice and nursing management positions both in hospital and community health settings. She is also a Lead-assessor of WHO/UNICEF Baby-Friendly Hospital Initiatives and active member of both Quebec Breastfeeding Committee and Breastfeeding Committee for Canada. She is associated with a Russian-Swedish research team at the Karolinska Institute in Stockholm, Sweden; this team, under the direction of Dr Ann-Marie Widström, works on the influence of perinatal practices on breastfeeding and mother-infant interaction.

Louise Dumas louise.dumas@uqo.ca



What's happening in Ontario?

We want to hear from you!

Please send your news to
kventer1@cogeco.ca



Step by Step, Day-by-Day...

Point 5.

Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.



In a Baby Friendly community health setting, staff offer **ongoing anticipatory guidance and discussion for parents on sustaining breastfeeding** and discuss with them

- the benefits for mother and child of continued breastfeeding for two years and beyond
- the introduction of available and safe complementary foods from 6 months
- women's rights to accommodations in the workplace that support and sustain breastfeeding
- the value of continuation of co-sleeping (including bed sharing)
- contraception compatible with breastfeeding
- the normal course of weaning.

The facility engages in **ongoing data collection on breastfeeding duration** (to establish breastfeeding trends over time) which may be accomplished by

- conducting chart reviews
- reviewing telephone interviews
- reviewing interviews at immunization clinics, postpartum drop-ins, mother-infant groups
- collecting information from national, provincial or regional surveys.

This data is used to improve both service to families in the community and breastfeeding outcomes.

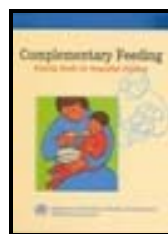
Within Canada's multi-cultural society, it is anticipated that the women and families using the CHS are a broadly representative, multi-lingual, multi-cultural sample of women, representative of the community at large. Where the CHS targets a specific population (e.g., an ethnic, religious or socio-economic group), there are strategies to reach all members of the client group.

At the time of reassessment, assessors will look for increased duration of breastfeeding in the community.

Excerpts from 'The Seven Point Plan and Practice Outcome Indicators For The Protection, Promotion and Support of Breastfeeding in Community Health Services (CHS) March 24,2004' which explain in detail the expected outcomes of the implemented BFI 7 Point Plan. **The full document may be accessed at** www.breastfeedingcanada.ca



Some useful resources on complementary feeding available from the following sites:



http://www.who.int/nutrition/topics/complementary_feeding/en/



http://www.beststart.org/resources/nutrition/pdf/feeding_baby.pdf

http://www.babyfriendly.org.uk/items/resource_detail.asp?item=497



A Letter From A Colleague - True Peer Support ...

"Someone mentioned you were feeling a bit discouraged. I work at a large tertiary care center and I truly understand! We have been working at this for 10 (and probably more - but I can't say this least you really get depressed) years. It was not until 2 years ago that our new management really got on board. Our stats are similar to yours - and on a bad day they can be really bad. I am not telling you this to depress you even more. Please take heart. If you look, I am sure you will see some of the small shifts in attitude that have come as a result of your efforts. But changing cultural norms, including institutional culture, takes a lot of time. I know you know all this. And trust me, I feel your pain. I have the good fortune to work with a woman of amazing humour and determination. When one of us feels discouraged the other can usually bring us around and find the humour in the situation.

Changes are happening in our institution and in yours. Its funny the things that keep you going. We did a rounds presentation for the OBs last week. We have now had two OBS stop us and compliment us on our presentation. They were surprised that we could present the "science" of mother baby togetherness (our topic 'stability of the newborn' - was chosen to actually get some of them to attend - we thought if we said the "B" word they wouldn't show up). What I learned is that we have a credibility problem. Even though we don't wear Birkenstocks (at least not at work) some of our colleagues seem to see us as a bit flaky. Breastfeeding is still seen by some as a nice, but not necessarily necessary, thing to do! Again, you know all this. My point is ... I know that our rounds presentation will not change the world at our hospital. But, possibly, one person at a time, it may shift, just a little. You probably don't have this particular challenge - I was not even aware of this one. As you know the work, sweat and anxiety that goes into doing one little presentation like this should be rewarded with huge gains - and it is the cruel reality that this is but one drop in the bucket of the work to be done. But what choice have we really? At the end of the day, I know that (Baby-Friendly aside) we just want the best for the families we care for and

for our own piece of mind we just have to keep moving a little further along on this journey towards best practice.

I really appreciated hearing what you were working on during the conference call. I found it reassuring to hear from you that you were experiencing the same kinds of frustrations that we are. Misery loves company? Excuse me, this is supposed to be uplifting - not depressing! However, I think of myself as a realist. It is depressing sometimes. That's why I need to have friends and colleagues who can look at our reality and still laugh and celebrate our small successes (occasionally swear at some of our 'interesting' challenges). And then, of course, wine helps ... so, for that matter, does a little 'whine' from time to time

Like you, we have a huge immigrant population. For years, we have heard statements like, "..... women don't breastfeed", "..... women won't breastfeed until they go home" etc. It has been a huge challenge to help our staff understand that it is pretty racist to assume all of any group does any one thing and that we have a responsibility to provide health education regardless of perceived cultural norms. After all, Bangladesh is changing the cultural practice in Bangladesh! Culture is not a static thing. Even in our institution some of these attitudes are *slowly* changing. To try to get our docs to do some education during pregnancy is an amazing challenge - however we remain hopeful that some of our physician leaders can help shift them.

So, I hope this doesn't sound patronizing. I really do know how frustrating it is when you have a goal and you just don't have the power to achieve the goal as quickly as you want to (I am the leader of the team working on Step 6 - truly the hardest step!!!) I don't have any easy answers for you. I guess we just keep going because it is the right thing to do.

From my heart, I really wish you well as you and your colleagues keep plugging along. I know our hospital is going to get there - and I know your hospital will too."

Where does this baby belong?



Skin to Skin Posters From British Columbia

A set of beautiful posters has been created by the Fraser Health Breastfeeding Practice Council. For information contact Grace Banks at Grace.Banks@fraserhealth.ca

Poster # 3. Where does this Baby Belong? Skin to Skin with Dad and Mom

◆ For Visitors

The value of skin to skin (STS) continues throughout the early newborn period. All parents, including parents who do not intend to breastfeed, should be encouraged to cuddle their babies STS.

Like mothers, fathers also experience hormonal release and the development of care giving behaviours when STS with their babies. Encouraging fathers to hold their infants STS enables them to experience the pleasure of close intimacy with their own babies, and gets parenthood off to an optimal start. Babies love tactile closeness with their parents. Dad's chests are as varied as mother's chests; babies do not critique the amount of hair. They are content with their own fathers.

Furthermore, STS is a very safe place from which visitors can view them. When babies are wrapped up like little footballs, they get passed about like little footballs, and exposed to more pathogens than if they stayed with their parents. Visitors can be encouraged to view babies as they stay

within the safety and security of their parents' arms.

Thus STS facilitates the bonding babies and parents experience for one another. The power of this attachment enables mothers and fathers to make the many sacrifices necessary for their infants.

References:

1. Bergman, Nils. "Restoring the Original Paradigm for Infant Care". Conference, June 23, 2005.
2. Chetwynd, E. *The First 48 Hours of Life – Hormones after Birth*. www.bcbabyfriendly.ca.
3. Anderson, G.C., Moore, E., Hepworth, J., Bergman, N. E. (Cochrane Review, 2007). *Early skin-to-skin contact for mothers and their healthy newborn infants*. www.cochrane.org/reviews/en/ab003519.html
4. Lawrence, R.A., Lawrence, R.M. (1999). *Breastfeeding. A Guide for the Medical Profession (Fifth Edition)*.
5. Moore, E.R., Cranston, Anderson. G. (2007). *Randomized controlled trial of very early mother-infant skin-to-skin contact and breastfeeding status*. *Journal of Midwifery & Women's Health*, 52 (2), 116-125.

The Menace of Committees

By Unknown Author

"Biology you studied well and know it for a fact

That committees too have skeletons with bones and all of that.

Which bone are you when all is said?

Take care and think a while

Then let this little ditty bring a knowing smile....

FIRST is the WISHBONE: The members in this group wish we would do this and wish we would do that.

SECOND is the JAWBONE whose members sit around and jaw, getting nothing done and usually comprise a large group of members.

THIRD is the KNUCKLE BONE: This is the group that knocks everything that is done.

FOURTH and final bone is the BACKBONE, and this is the minority group of workers who put their back into what is going on. "



Breastfeeding Buddies – A breastfeeding support program provided by Oshawa Community Health Centre

Oshawa Community Health Centre is now offering “Breastfeeding Buddies”, a peer led breastfeeding support group for pregnant and nursing moms. The group presently runs twice a week and offers a casual, drop in format where moms can relax, enjoy a snack, meet other parents and participate in informal conversation. Participants are also able to receive information and resources related to breastfeeding and parenting. Older siblings and support people are welcome to attend. Breastfeeding Buddies is staffed by two trained peer leaders, a lactation consultant and a childcare assistant.

Oshawa Community Health Centre is a non-profit charitable organization and a leader in community health services and programs. Its mission is to empower residents to improve their physical, emotional and social well-being. The centre, which is presently celebrating 25 years of achievements, is dedicated to building a stronger and healthier Oshawa through its key message of “Your Wellness, Our Mission”.

The health centre’s high quality services are free and include a family centred medical practice, clinical therapy and a variety of health promotion groups and activities, which support children, youth and women.

For more information about “Breastfeeding Buddies” please call Melanie at **905 723-0036 Ext. 241.**

www.breastfeedingontario.org

The OBC website has been on-line for some years now and we aim to continue developing this resource for the Baby Friendly Initiative in Ontario.

As with all OBC work, the website was created by a volunteer and is managed by an

information technology expert, largely with volunteer hours. We would like the site to become an essential tool in the effort to nurture BFI in Ontario and to this end a member’s only section has lately been added. This section contains many resources offered by facilities implementing BFI, which may provide inspiration and direction, and perhaps even, with permission, save some ‘re-inventing of the wheel’!

Members are given the password to enter this area when they renew membership (it is a different password every year), and the expectation is that members will seek permission to use or adapt material directly from the source. Members are encouraged to send new resources or information which will help others on their journey.

2008 sees the introduction of a new membership category – a group rate of \$40 for agencies that may need to have more than one OBC contact person at a time.

Suggestions to improve the website are always welcome and may be discussed at the OBC meetings or e-mailed to bfi@breastfeedingontario.org

**Please renew your membership
and invite your colleagues to join
us too!**

**We have a new rate for
organizations!**

**Download a membership form
from the website**

www.breastfeedingontario.org

OBC NOTICE BOARD

Thursday May 1 & Friday May 2, 2008

Breastfeeding Management: Clinical and Ethical Concerns

Speakers: **Liz Brooks and Marsha Walker**

Ottawa Valley Lactation Consultants (OVLC) in association with Canadian Lactation Consultants Association / Association canadienne des consultantés en lactation (CLCA/ACCL)

The Travelodge Hotel Ottawa West, 1376 Carling Avenue, Ottawa, ON Canada

Contact information: Sheryl Hamilton (registrar)
sheryl.hamilton@rogers.com or www.ovlc.net

The Ontario Baby Friendly *Hospital* group extends an invitation to network with other hospitals working on BFI: This group meets to network and share strategies for implementation of the Baby Friendly (Hospital) Initiative.

For more information contact
Kathy Venter kventer1@cogeco.ca or
Hiltrud Dawson h.dawson@beststart.org

The Ontario Baby Friendly Initiative in Community Health Services (Ont. BFI in CHS) offers opportunities for representatives of community health services to share and problem solve various aspects of implementing the *7-Point Plan* in their local health service agencies to meet the goals for BFI.

For more information contact Hannele at
Telephone (705) 942-3103 ext 244
Fax (705) 541-7308
Hannele_Dionisi@ahu.on.ca

Breastfeeding Week October 2008

***Start thinking about the
Breastfeeding Challenge!***

Keep a look-out for info on
<http://www.babyfriendly.ca>

- The Niagara Region Breastfeeding Coalition and the Hamilton Regional Lactation Committee present their 3rd joint conference:

Breastfeeding: Beyond the Latch - A New Way of Addressing an Old Problem.

Thursday & Friday, May 8th & 9th, 2008
Renaissance Fallsview Hotel. Niagara Falls, Ontario

With Kathleen Kendall-Tackett, Nikki Lee and an interactive ethics workshop with a panel moderated by Janet Matthews. CERPS including E-CERPS will be awarded. For more information contact:
karen.seliske@regional.niagara.on.ca

**The OBC annual
general meeting is
moving to coincide with
the National
Breastfeeding
Conference.
Date: May 21st. 2008
Best Start office
Toronto at 6.15pm
(teleconferencing available)**