



# Ontario Breastfeeding Committee Newsletter

Volume 4: # 4: Dec 2005

## OBC A successful year in review...

**It has been a busy and productive year with the ground swell of interest in BFI becoming a healthy wave. Thank you to all the hard working members of the Ontario Breastfeeding Committee all over the province and especially to the executive for many hours of work above and beyond the general bi-monthly meetings.**

**October/November 2004:** Best Start Baby Friendly Initiative (BF) Regional Workshops took place in Thunder Bay, Cornwall and Kitchener for those hospitals and community agencies working on BFI designation.

**November 2004:** the OBC website became operational

**January 2005 :** OBC subcommittee met with Brian Hyndeman from the Health Communication Unit in order to develop a logic model for OBC functions.

**May 2005:** CHS teleconference organized by Hannele Dionese, Algoma Health Unit, with great participation and networking generated. 23 Health units participated.

**September 2005:** Logic model presented at general meeting by Lori Levere.

**November 2005:** BFI workshop for administrators and policy makers held at St. Joseph's Healthcare in Hamilton. Good attendance and positive evaluations received.

### During 2005:

- BFI presentations delivered to health workers throughout the province
- Queries about BFI and Code issues are received on average of 3 times a month, replying to these requires research, referencing and networking with the BCC.
- The membership list is kept up to date with paid membership at 135 at this time: 30 additional contacts were made through the BEST Start list serve. Circulation of the newsletter goes to a much larger mailing list.
- The contact list (E-mail) was completely updated – this requires regular maintenance as this is the group's primary communication tool. It is vital that members notify us if their e-mail addresses change to avoid returned mail and duplicated postings.

- Provincial/Territorial teleconference mid year
- The display was taken to the conferences at Niagara Falls, Ottawa, Humber and Mt.Sinai .
- Lori Levere has completed a letter which may be adapted to send to local MPPs. This will be posted on the website.
- Lapel pins were commissioned and are now available  
*Respectfully submitted by Kathy Venter, Interim Chair*

## BFI update:

On Behalf of the Breastfeeding Committee for Canada I am pleased to announce another BFI designation in Canada.

**Mission communautaire du Centre de santé et des services sociaux La Pommeraie is the second community health service in Québec (and in Canada) to receive the Baby-Friendly™ designation.**

A three-person assessment team led by Ginette Bélanger (who represents Ligue La Leche on the BCC) undertook the external assessment in late September. The CLSC is headquartered in Cowansville QC which is the location of Canada's first Baby-Friendly™ Hospital, Brome-Missisquoi-Perkins Hospital, originally designated in 1999 and successfully re-designated in 2004.

Following a conference call meeting with the members of the assessment team and representatives of the CQA (Quebec Breastfeeding Committee), BCC Senior Chair, Susan James reported as follows: "The report was glowing - it is a great example of how having a hospital and community both working on baby friendly makes a huge difference in the breastfeeding culture!"

Congratulations to CLSC La Pommeraie for reaching the demanding standards required for BFI designation and becoming the second designated Community Health Service in Canada!!

The BCC's list of designated facilities will be updated shortly to include this latest designation, with information on how the CLSC can be contacted.

### In This Issue:

1. OBC a successful year in review..
2. BFI update
3. Education websites and Baby-led Latching: A 'intuitive' approach to learning how to breastfeed
4. TEGH's Baby Friendly Initiative – An Example for Others
5. Step 8. Encourage Breastfeeding on demand.
6. Canada Celebrates World Breastfeeding Week 2005—Quintessence Foundation stats
7. World Breastfeeding Week events in Halton
8. Ontario Breastfeeding Committee membership form

## Education:

Provincial Health Ethics Network  
<http://www.phen.ab.ca/index.html>

Mark your calendars! The 2006 Best Start Resource Centre conference is scheduled for January 16 -18, 2006 in Toronto. Details and registration go to [www.beststart.org](http://www.beststart.org)

On-line breastfeeding education  
<http://www.health-e-learning.com>

## Baby-led Latching: A “intuitive” approach to learning how to breastfeed

By: Mari E Douma, DO  
 Assistant Professor of Pediatrics  
 College of Osteopathic Medicines  
 Michigan State University

One of the most frustrating breastfeeding problems is the baby who just won't latch on. As we all know, you can lead a baby to the breast, but you can't make him drink. In this case, the baby is crying because his hunger is not relieved and the mother is often in tears because it seems like her baby is rejecting her. While the mother can always pump and bottle-feed, this is not usually a satisfactory solution.

There is hope, though. Over the last few years, Christina Smillie, MD, IBCLC has presented her research on infant-led latching at meetings of the International Lactation Consultants Association, the Academy of Breastfeeding Medicine, and the American Academy of Pediatrics. Dr. Smillie is a pediatrician whose Connecticut practice consists solely of breastfeeding medicine since 1996. In her practice, she has had great success in helping babies with latch-refusal happily find their way to the breast.

### A New Approach:

Many babies have learned to breastfeed just fine using the standard approach of mother offering her breast with one hand and bringing the baby onto it with the other hand. Many of us have also seen this approach fail. Dr. Smillie's approach of baby-led latching recognizes that the infant is born with reflexes that facilitate breastfeeding. Her method is based on facilitating the normal neonatal neuro-behavioral and neuro-endocrine responses.

Basically, the infant comes equipped with reflexes that help it find and attach to the breast:

- Getting to the breast: stepping and crawling motions
- Finding the breast: searching and rooting
- Attaching: rooting and opening
- Sucking: stimulated by the presence of the nipple at the palate

When the infant is placed on the mother's chest, with skin-to-skin contact, studies have shown that temperature, heart

rate, respiratory rate, and oxygen saturation are more stable and normal.

Skin-to-skin contact on the mother's chest stimulates the tactile and olfactory senses as well as providing vagal stimulation. This stimulation leads to initiation of feeding behaviors in babies (rooting, searching, sucking, etc.).

Separation from the mother usually leads to infant distress: agitation and protest. This stressful response releases adrenaline and cortisol that decrease feeding behaviors in the newborn (shut-down or frantic crying).

A calm, attentive state also promotes feeding behavior and increases the newborn's likelihood of successfully feeding. There are a couple of ways to enhance a calm, attentive state in the newborn. One involves inhibiting the intrusive newborn startle reflex. The other involves an unconscious action most of us already do: hold the baby vertically versus horizontally.

When the newborn's neck is supported (at the neck and shoulders, not by pressure on the head), intrusive reflexes are inhibited (Moro or startle). When this occurs, the newborn becomes more alert and is able to attend to its environment. With this neck support, the motor skills of the newborn are significantly enhanced.

While neck support is often crucial, it is also important to assure that the baby's bottom half is secure, too. Postural stability promotes feeding behavior. According to Dr. Smillie, based on occupational therapy literature, “you need pelvic girdle stability in order to have shoulder girdle stability in order to have jaw stability.”

Interestingly, holding a newborn vertically is much more calming for the baby than to be held horizontally. Think about how you calm a crying baby. Besides “shushing,” swaddling, and swaying, you likely place the baby up at your shoulder.

Because the MOST important aspect of successful latching is a calm, relaxed mother AND baby, it really is up to the mother to find a position that works for her and her baby. Our job is to point out that many babies calm well when placed vertically between the mother's breasts. If the mother prefers to position her baby differently, that's OK. An alternative mentioned by Dr. Smillie would be to have the baby rest her head on mom's breast while the baby faces her mom.

Dr. Smillie's approach relies on placing the newborn in a receptive and capable position for finding the breast and latching on. This involves using the combination of:

- skin-to-skin placement on the mother's chest, vertically positioned  
 (promoting feeding behaviors)
- neck and rump support  
 (leading to attentive and capable motor behavior)

For a successful feeding, it is important for the baby and mother to be: calm, alert, and comfortable. If either one or the other isn't calm, then the anxiety will be communicated to the other. This tension can sabotage the feeding attempt.

It is possible that allowing the baby to take the lead will work great the first time it is tried. It is likely, though, that this will take a while. In Dr. Smillie's words, mom and her helpers need to be on "baby-time." An anxious baby who has learned to resist the breast will probably need lots of patience. Mom and her helpers need to know this up-front. Let the baby set the pace. If the baby wants to sleep on mom's chest, let the baby sleep. It is really important that mom be relaxed. If mom has a sense of urgency or concern about her, the baby will pick up on this and be more fretful and unwilling to latch.

## Baby-led latching: So what does the mother need to do?

Dr. Smillie: I tell moms their job is not to "make" the baby latch, but simply to "allow" the baby to latch.

### Start with a calm (even sleeping) baby:

- Start with the baby either sleeping or in a quiet, alert state.
  - If baby is really hungry, feed the baby some milk first (1/2 to 1 oz to take the edge off)
  - If sleeping, let the baby wake up on the mother's chest on her/his own
- Place the baby vertically between the mother's breasts skin-to-skin (baby wearing only a diaper and mother's bra off). If mom prefers another position, this is fine as long as mom and baby are both calm and relaxed. One option could be using the breast as a pillow: baby faces mom while resting her head on the breast.
- Calm the baby with gentle touching and soft, soothing, encouraging words and skin-to-skin contact to promote useful "searching" behaviors. Make eye contact with the baby if baby desires.
- Support the baby's neck and shoulders. This decreases unhelpful reflexes (the Moro or startle reflex). It is critical to focus on supporting the neck and not the head. Most babies will arch their heads backwards when pressure is placed on the back of their heads.
- Support the baby's rump, too. Mom can use the crook of her elbow and her arm to support the baby's rump and legs.

### Follow the baby's lead!

- As the baby gets hungry, the baby will start to search for the breast.
- When the baby starts to search (bobbing the head around), support the baby's neck/shoulders as the baby's head goes towards the breast. Allow the baby to move the head freely.
- Support the baby's rump with the other hand. Keep the baby's tummy snug to mom's chest. Support the baby's body so the legs don't flail around.

- Continue to talk to the baby to calm and encourage the baby.
- When near the nipple, help baby line up with the nose to the nipple and the chin in close contact with the breast. This will likely just naturally happen as the baby locates the nipple. The baby's head should slightly tilt backwards as she/the nipple as she/he nuzzles and tastes and opens for latching. These are normal newborn behaviors at the breast. As babies get older, they tend to become more to-the-point about breastfeeding, but newborns are curious and trying to figure it all out still. So be patient and give them time to investigate the breast and nipple.

### Be patient, especially when the baby gets frustrated and upset:

- Calm the baby by talking in soothing tones ("shhh" sound and soothing words are helpful).
- Bring baby back to the vertical, midline position.
- When baby calms, then start again.
- If baby is too hungry to try again, then feed a small amount of milk to the baby via cup, spoon, syringe, or finger-feeding tube (which ever baby prefers).

### Contact information for Dr. Christina Smillie:

2505 Main Street, Suite 223  
Stratford, Connecticut 06615  
smillie@erols.com

### References:

Condon W, Sander L. Neonate movement is synchronized with adult speech: interactional participation and language acquisition. *Science*. 1974;183:99-101

Klaus M, Klaus P. *Your Amazing Newborn*. Reading MA: Perseus Books; 1998

Klaus MH, Kennell JH, Klaus PH. *The Doula Book*. 2nd ed: Perseus Publishing; 2002

Righard L, Alade M. Effect of delivery room routines on success of first breast-feed. *Lancet*. 1990;336:1105-1107

Widström A-M, Ransiö-Arvidson AB, Christensson K, Matthiesen A-S, Winberg J, Uvnäs-Moberg K. Gastric suction in healthy newborn infants: effects on circulation and developing feeding behaviour. *Acta Paediatr Scand*. 1987;76: 566-572

## TEGH's Baby Friendly Initiative – An Example for Others

Almost three years ago, a team of TEGH staff and physicians came together to establish the Baby Friendly Health Initiative (BFHI) Committee to work towards meeting the World Health Organization (WHO) guidelines

for designation as a breastfeeding friendly hospital. Obtaining this 'Baby Friendly' status requires meeting stringent criteria such as: extensive and ongoing breastfeeding education for all staff; a review of literature and posted materials to ensure there are no displays or references to artificial feeding; using only purchased formula (i.e. no contracts with formula producers); and maintaining a minimum level of 75% of all new mothers who are breastfeeding when discharged home.

TEGH has made great strides towards best practice in this area and others are now looking to us as a place to acquire knowledge. On Tuesday, August 16<sup>th</sup> the BFHI committee hosted visitors from the Peterborough Hospital and Public Health Unit, who came to gain information about our breastfeeding friendly journey that they can transfer to their own community.



### ***What's happening in Ontario? We want to hear from you!***

Please send us news of your activities or tell us about your challenges/victories on the road to becoming Baby Friendly (real names and places can be excluded) so we may network and learn from each other.

We would also like to know what is happening in breastfeeding promotion in all parts of Ontario. We would like this to be your newsletter to communicate the great work which is happening throughout the province.

Contact: [marcia.annamunthodoallen@region.york.on.ca](mailto:marcia.annamunthodoallen@region.york.on.ca)  
or Tel: 905-762-1282 ext 4679

#### **The Ontario Breastfeeding Committee:**

The Provincial Contact for the Breastfeeding Committee for Canada –the National Authority for the WHO/UNICEF Baby Friendly™ Hospital Initiative in Ontario.

#### **For information contact:**

Kathy Venter  
2915 Headon Forest Drive, Suite 8,  
Burlington ON  
L7M 3Z6  
Tel: 905-331-7922  
E-mail: [kventer1@cogeco.ca](mailto:kventer1@cogeco.ca)

**Baby-Friendly™ Hospitals provide detailed information about implementation of each of the 10 Steps. We continue to include excerpts and encourage further perusal of this essential document.**

#### **Step 8. Encourage Breastfeeding on demand.**

This step encourages baby-led or cue-based feeding.

According to the Indicators:

“ There should be no restrictions placed on the frequency or length of breastfeeds. Staff should be aware of the importance of frequent breastfeeding and encourage mothers to breastfeed according to their baby's cues.

Mothers of healthy, term babies (of a random sample including those with caesarean deliveries, at least 80% of those who are breastfeeding)

- Relate that no restrictions have been placed on the frequency or length of their baby's breastfeeds (assuming the baby is breastfeeding effectively) a minimum number of feedings can be suggested (i.e. at least 8 in 24 hours) but not a maximum.
- Relate the knowledge that they may initiate a breastfeed by awakening their babies during periods of light sleep (babies awakened from deep sleep may not feed properly) since frequent breastfeeding can enhance effective latching and minimize the likelihood of normal breast fullness becoming engorgement.
- Relate the knowledge that recommendations are to breastfeed their babies whenever they are hungry or as often as the baby wants
- Relate cue-based feeding

Cue-based feeding – frequent, unrestricted feedings based on the baby's cues. Babies nurse best “on cue” before they reach the crying state, and for as long and as often they are interested. The infant “cues” for [initiating] feeding include: rapid eye movements, waking, stretching, stirring, hand-to-mouth activity and oral activities such as sucking, licking, rooting.

**For information or to obtain copies of the Ten Steps and Practice Outcome Indicators For Baby-Friendly™ Hospitals contact Marilyn Sanders BCC at [bfc.can@sympatico.ca](mailto:bfc.can@sympatico.ca)**

Further information and support is available from:  
the BCC at [bfc.can@sympatico.ca](mailto:bfc.can@sympatico.ca)  
or the OBC via [kventer1@cogeco.ca](mailto:kventer1@cogeco.ca)

**CANADA CELEBRATES WORLD  
BREASTFEEDING WEEK 2005**

The following results are taken from the Quintessence Foundation website:

<http://www.babyfriendly.ca/>

**PARTICIPATION**

**2745 babies; 143 sites; 23 regions**

## 2005 CHALLENGE WINNERS

scaled scores are based on babies-participating/babies-born

### ~ Category A Regions ~

*more than 50,000 births per year*

(1) Quebec, Canada	9.2
(2) Ontario, Canada	5.5
(3) Arizona, US	0.2

### ~ Category B Regions ~

*10,000 to 50,000 births per year*

(1) British Columbia, Canada	5.3
(2) Alberta, Canada	1
(3) Saskatchewan, Canada	0.9

### ~ Category C Regions ~

*less than 10,000 births per year*

(1) Yukon, Canada	3.2
(2) North West Territories, Canada	1.9
(3) Newfoundland and Labrador, Canada	0.7

Other Wonderful Accomplishments

### 2005 LARGEST SITE

number of participating babies

(1) Ottawa	179
(2) Montréal (CRAM)	118
(3) Victoria	99

### 2005 LARGEST REGION

number of participating babies

(1) Ontario, Canada	729
(2) British Columbia, Canada	711
(3) Quebec, Canada	672

### 2005 SITE COUNT

number of participating sites

(1) British Columbia, Canada	31
(2) Ontario, Canada	28
(3) Newfoundland and Labrador, Canada	19

## World Breastfeeding Week events in Halton

World Breastfeeding Week took place from Saturday, October 1 through Friday, October 7, 2005. World Breastfeeding Week involves over 170 countries and is endorsed by UNICEF and the World Health Organization. Breastfeeding is normal and natural, and breast milk is the ideal food for babies. Research has shown that breastfeeding decreases a child's risk of developing asthma, allergies, diabetes, obesity, infections and some cancers. Breastfeeding also provides many benefits to mothers by reducing the risk for breast cancer, ovarian and uterine cancer and osteoporosis (brittle bones).

Two events were held in Halton to celebrate World Breastfeeding Week. On Saturday, October 1 at 11 a.m.,

local mothers and babies joined others across Canada to set the record for the greatest number of babies breastfeeding at one time. The winners of the competition will be the province or territory with the most babies participating as a percentage of the birth rate. Last year, Ontario placed second to British Columbia with the largest number of participating sites. Canada also had a strong showing internationally, beating the Australian record set in August 2004.

There were four sites within Halton that participated in the Breastfeeding Challenge:

- Oakville - Ontario Early Years Centre, Oakville Parent-Child Centre, 337 Kerr Street
- Oakville - Oak Park Moms and Tots, Starbucks, 330 Dundas Street East
- Burlington – Ontario Early Years Centre Lakeside, Burlington Family Resource Centre, 5353 Lakeshore Road
- Milton - Ontario Early Years Centre, North Halton, Milton Community Resource Centre, 917 Nipissing Road

The second event, took place on Tuesday, October 4, is the launch of the Halton Baby Friendly™ Initiative by the HBCI Community Action Group. The group is trying to make Halton the first World Health Organization-designated Baby Friendly™ community in Canada. The Community Action Group brings together community organizations, service providers and consumers with the mission of protecting, promoting and supporting breastfeeding in our community. The launch took place at the Halton Region Administrative Building auditorium, 1151 Bronte Road in Oakville. The keynote speaker was Dr. Margaret Cawkwell, a family physician from Oakville and mother of three, who spoke about the many benefits of breastfeeding and the value of community supports. The launch was open to any service providers or community members interested in finding out more about the Baby Friendly™ Initiative.

For more information, please call the Halton Baby Friendly™ Initiative at 905-825-6000 ext. 2910, toll free 1-866-442-5866, TTY 905-827-9833.

We would like to hear from you as to how you celebrated WBW 2005. By sharing your efforts, others will get ideas for WBW 2006. We are also interested in ideas for WBW 2006. Please send your event summaries to: Kathy Venter at [kventer1@cogeco.ca](mailto:kventer1@cogeco.ca) and your ideas will be included in the next newsletter.

# Ontario Breastfeeding Committee Membership Form

## Ontario Breastfeeding Committee

**Vision:** Breastfeeding is the norm for infant feeding in Ontario

**Goal:** To facilitate the implementation of "Baby-Friendly™ Initiative" (BFI) in Ontario by:

- Developing partnerships and collaborative strategies with health care organizations, health care providers, consumers, and multisectorial organizations with an interest in breastfeeding
- Advocating for breastfeeding in Ontario
- Act as a resource centre for BFI in Ontario
- Delineating breastfeeding educational needs and encouraging breastfeeding research
- Provide expert advice and recommendations for policy and guideline development and implementation

**Membership:** Multidisciplinary health care providers, multisectorial organizations and consumers from across Ontario who have an interest in breastfeeding.

**Annual Membership Fee due June 2005: Amount: \$20.**

**Name:**

**Affiliation:**

**Address:**  **Postal Code:**

**Tel:**

**E-mail:**

**Please indicate the following:**

**I am interested in the work of the following sub-committee:**

**Membership fee enclosed**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to: OBC, 2915 Headon Forest Drive, Suite #8, Burlington, ON L7M 3Z6**