



Ontario Breastfeeding Committee Newsletter

Volume 2: # 1: January 2003

The Codex Alimentarius Commission

was created in 1963 by World Health Organization (WHO) and the Food and Agriculture Organization (FAO) to develop food standards, guidelines and related texts such as codes of practice under the Joint FAO/WHO Food Standards Programme. The main purposes of this Programme are protecting health of the consumers and ensuring fair trade practices in the food trade, and promoting coordination of all food standards work undertaken by international governmental and non-governmental organizations.

Interesting history. Evidence from the earliest historical writings indicates that governing authorities were concerned with codifying rules to protect consumers from dishonest practices in the sale of food.

Assyrian tablets described the method to be used in determining the correct weights and measures for food grains, Egyptian scrolls prescribed the labeling to be applied to certain foods, in Athens, beer and wines were inspected for purity and soundness, and the Romans had a well-organized state food control system to protect consumers from fraud or bad produce. In Europe during the Middle Ages, individual countries passed laws concerning the quality and safety of foods and some of these ancient statutes still exist today.

The second half of the nineteenth century saw the first general food laws adopted and basic food control systems put in place to monitor compliance. Science had begun providing tools with which to disclose dishonest practices in the sale of food and to distinguish between safe and unsafe edible products.

Today Codex Alimentarius includes *general standards*, which have across-the-board application to all foods and are not product-specific. There are general standards or recommendations for food labeling; food additives; contaminants; methods of analysis and sampling; food hygiene; nutrition and foods for special dietary uses; food import and export inspection and certification; systems; residues of veterinary drugs in foods; pesticide residues in foods.

Ref: <http://www.fao.org/docrep/w9114e/w9114e00.htm>

Baby foods come under the scope of several standards relating to product composition and labeling.

For more information: <http://www.codexalimentarius.net>

The voice of the profit ...

“For every child that is exclusively breastfed for six months, an average of \$450 (U.S.) worth of infant food will not be bought” *INFACT Canada Newsletter summer'fall 2001*

On a global scale that means billions of dollars in profit will be lost.

It has been calculated that the annual value of commercial infant foods currently promoted for use by infants between the ages of four to six months is at least one billion U.S. dollars.

The industry has been pressing WHO Member States and Codex for a standard allowing labeling of complementary foods from “4 months” despite the scientific evidence of the risks associated with early complementary feeding. If the industry succeeds, it could attempt to argue that the Codex standard should prevail to protect existing sales, estimated to be worth \$1-billion (U.S.).

The industry might also attempt to use World Trade Organization rules (which look to Codex standards) to challenge the policies of the 61 countries which already promote exclusive breastfeeding until six months of age, to enable further expansion of sales.

It is hoped that the adoption of the World Health Assembly Resolution on exclusive breastfeeding, incorporating the recommendations of the Expert Consultation, sent a strong message to the UN Codex Alimentarius Commission.

Ref: *INFACT Canada Newsletter summer'fall 2001*

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.

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Step-by-Step, Day-by-day ...that's the Baby Friendly[®] way

Step #2: Train all health care staff in skills necessary to implement the policy.

“The staff of maternity wards and clinics for maternal and child health and family planning should receive appropriate basic and in-service training on the health benefits of breastfeeding and on lactation management. All other health workers should be made fully aware of the importance of breastfeeding.”

Protecting, Promoting And Supporting Breast-Feeding – The Special Role Of Maternity Services A Joint WHO/UNICEF Statement 1898

Once a breastfeeding policy has been created for a health facility, an orientation program to inform **all** staff (including residents and interns) should be developed and should include information on:

- the Baby Friendly[™] Initiative (The 10 Steps To Successful Breastfeeding)
- The WHO Code and subsequent WHA Resolutions
- Resources available for staff and parents.
- The role of staff in protecting, promoting and supporting breastfeeding.
- A record of attendance of new staff members at Baby-Friendly[™] clinical orientation programs.

Education of health care professionals may vary and should be relevant to the role. Those providing “front line” support include physicians, midwives, nurses and lactation consultants have the primary responsibility for supporting breastfeeding women and must be able to teach position and latch of newborns and hand expression and to help overcome related problems

Other staff including unit clerks, cleaning and maintenance staff should be well oriented to the breastfeeding policy to enable positive and supportive attitudes throughout the facility.

Documentation of all staff training and education is required for BFI assessment.

A lactation management education program of at least 18 hours of instruction time is strongly recommended and at least three hours of supervised clinical practice is required.

During assessment staff are carefully questioned and must be able to

- confirm that they have received the relevant described education
- correctly answer questions on breastfeeding management.
- demonstrate effective teaching of position and latch.
- describe effective hand expression of breastmilk.

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We want to hear from you!

- Does your community have a Breastfeeding Committee, Task Force, or Coalition?
- Is your facility working towards the Baby Friendly[™] Initiative?
- Would you like a copy of the Guidelines for Baby Friendly[™] Initiative in Canada?

Share your information by contacting Kathy Venter, Communication and Public Relations Officer
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The Breastfeeding Challenge 2002

took place across Canada on Oct 5th. Congratulations to the Yukon Territory contingent for winning the Challenge. Newfoundland was the first-runner up.

Ontario had 119 women at 7 sites. Can we do better next year?

Quintessence promotes and coordinates the Challenge nationally but the event's success is determined by hundreds of people across the country. Organizers from health and education groups plan, advertise and run the sites. The OBC will coordinate activities in Ontario so please contact the OBC if you plan to take part next year so that we can get a good overall picture of planned activities.

The Challenge 2003 will be extended to the entire US as well as Canada. This will take place on Oct. 4th, 2003! Information will be on the Quintessence site: www.babyfriendly.ca

Conferences etc.

INFACT Canada 13th Annual National Breastfeeding Seminar: June 5th & 6th, 2003.
For Information contact info@infactcanada.ca or see www.infactcanada.ca

Ottawa Valley Lactation Consultants in association with Canadian Lactation Consultants Association:
7th Annual Breastfeeding Conference: June 20 -21, 2003
For information contact: sheryl.hamilton@rogers.com or (613) 224-3528

Mt. Sinai Hospital 3rd Breastfeeding Conference
November 07 & 08, 2003
Metro Toronto Convention Centre, Toronto
For Information contact: jridge@mtsinai.on.ca or Tel (416) 586-3238

For more information about the Baby Friendly[™] Initiative in Canada see the BCC website www.breastfeedingcanada.ca or contact the OBC.

