



Ontario Breastfeeding Committee Newsletter

Volume 3: # 2: July 2004

The OBC requests a meeting with The Honourable George Smitherman, Minister of Health and Long Term Care for Ontario.

The Ontario Breastfeeding Committee would like to meet with the Honorable Minister at his earliest convenience to discuss strategies to improve the health of Ontarians.

There is substantive evidence that breastfeeding results in healthier babies, children and adults. For example, research into child health is indicating that breastfeeding is one of the key factors in optimal brain development. Breastfeeding and its effect on intellectual development affects school performance, health, and the quality of life with greater success in the labour market. Breastfeeding families use less health care resources with fewer visits to the doctor, fewer hospitalizations, and there is greater productivity in the workplace with less parental absenteeism because of ill children.

The OBC is a volunteer organization of health care professionals and consumers representing numerous organizations all committed to protecting, supporting, and promoting breastfeeding in the province of Ontario. The OBC is responsible in partnership with the Breastfeeding Committee of Canada (BCC) for the implementation of the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) Baby Friendly™ Initiative in Ontario. The BCC has the endorsement from the Government of Canada but Ontario is one of a few remaining provinces/territories that do not have provincial endorsement which is required to fulfill our role in the implementation of the Baby Friendly™ Initiative.

There is growing evidence that having Baby Friendly™ designated hospitals result in increased breastfeeding initiation and duration rates. Baby Friendly™ Community Health services is consistent with the principles of population health approach and provides a venue for supporting, protecting and promoting breastfeeding which results in life long health benefits.

The Ontario Breastfeeding Committee hopes to discuss in greater detail with the Minister how it can assist the Ontario government in joining the global community in supporting breastfeeding through the Baby Friendly™ Initiative.

Joyce Ridge RN, MN, IBCLC
Policy Officer & Interim President
The Ontario Breastfeeding Committee



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OBC thanks the Lactation Consultants Association of Southern Ontario

The Ontario Breastfeeding Committee would like to express gratitude for the generous donation of funds from the Lactation Consultants Association of Southern Ontario to help encourage the promotion of the Baby Friendly Initiative in our Province

Thank you



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.

Contact: Kventer1@cogeco.ca or Tel: 905-331-7922

Grand River Hospital Fundraiser Helps To Support Breastfeeding Education Programs.

As part of our commitment in our journey towards the Baby Friendly Initiative, the Breastfeeding Task Force decided to hold a fundraiser to support the staff education fund. On February 13, 2004 the Childbirth and Children's Program held a Valentine's Bake Sale in the main lobby of our hospital.

The nursing staff baked cookies, cakes etc. with a valentine's flair. We had many generous donations of fresh baked goods from local community bakeries. We also had a draw with prizes donated by local businesses.

Our fundraiser was a great success raising over \$1,400. This money is subsidizing the breastfeeding course that we are offering to our staff this spring. The fundraiser was so successful and a lot of fun, we would encourage other breastfeeding advocates to give it a try!

Jane Grisebach

Food for Thought

By now I am sure most of our readers have heard or read the FDA warning regarding the risks of Domperidone - a drug which is approved in Canada for gastric reflux and is used in pediatric dosages as well.

The FDA Talk paper written June 7, 2004, issues a warning against women using this unapproved drug. This paper speaks little of the actual research of why women or the healthcare specialist should be concerned about the drug. They write about the potential health risks which may be associated with Domperidone, based on several reports published a few decades ago, and report case studies of cardiac arrhythmias after fairly high doses per Intravenous use. The drug prescribing material that comes with the drug at this time does not even include these warnings. It was amazing how quickly this particular warning reached everyone far and wide. Some staff in Breastfeeding Clinics where told not to give out any more information about the galactagogue usage of this drug. I will not dwell on the many political reasons for the FDA's warning. This can be found on a number of websites including Dr Tom Hale's Breastfeeding Pharmacology site and other sites which have Dr Jack Newman's response.

Compare that to a very small blurb issued by the Canadian Inspection Agency in March, 2004 which issued a recall of infant formula; Enfalac Pregestimil Hypoallergenic infant formula powder. It contained the wrong size scoop, which meant, when mixed with water, the resulting formula would be over concentrated.

The Canadian Food Inspection Agency stated that this could result in severe medical problems, including diarrhoea and dehydration. They didn't even mention the possibility of its effect on the kidneys, especially if an infant is already compromised and needs this type of formula. Interestingly when I looked up the information on the website it seemed to

be no longer a concern because the page was no longer available.

I continued my search of other recalls and warnings by the FDA, and came across a May 14, 2004, alert that stated that some Children's Motrin, grape chewable tablets may mistakenly contain adult strength 8 hour extended release. And what about the juice flavoured Dimatapp popsicles, now available to give to children, so that parents get a better night sleep - have there been any recorded overdoses of children helping themselves because they think it tastes great? Both the American FDA and its Canadian counterpart have many alerts around food and drugs. We must continually read the updates. Some present examples include loaves of bread that might contain glass particles. Even as I was writing this I found a new alert which stated that "The Toxins found on Cows in Washington State pose no danger". The article does however go on to say that dairy cattle became ill and some died after being exposed to these toxins. They seem to imply that the fortunate part to this story is that they can compare results from other cattle also exposed, who did not become ill. They report further that, although research is still ongoing, initial findings detected that the levels of these toxins were acceptable, since they were equal to those allowed in drinking water. Even more reassuring is that all the contaminated milk is mixed and diluted 5,000 to 50,000 times when it is combined with milk from other dairy farms.

This is where cow's milk based formula for babies comes from. This Formula will need to have water with acceptable levels of toxins in it, added to it.

I know the cynic in me may have gone a bit over board, but the reality is that we must always weigh the pros and cons, understanding the risks and benefits while we educate and update ourselves about the many warnings and recalls around food and drugs. With that knowledge we will counsel the clients we support. As breastfeeding advocates we must provide accurate information to enable parents to make an informed decision on behalf of their children.

Attie Sandink.

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 4. Help mothers initiate breastfeeding within a half-hour of birth.

(Extracts from The Ten Steps and Practice Outcome Indicators For Baby-Friendly™ Hospitals. October 14, 2003. Guidelines for WHO/UNICEF Baby-Friendly™ Initiative (BFI) in Canada)

The BFI Indicators document clearly explains what is expected of hospitals and community health services when implementing Step 4, for example:

- Babies are placed **skin-to-skin** with their mothers.¹ An unhurried environment and unlimited skin contact facilitate a successful first feeding. Mothers are supported to breastfeed in response to their babies’ cues.

- Mothers are given their babies to hold immediately after birth, with skin-to-skin contact, for at least 30 minutes:

Mothers (of a random sample including those with caesarean deliveries, at least 80% of those who are breastfeeding) indicate they were given their babies to hold immediately after birth (a medical emergency, as defined by the attending physician, delays this step)

- Placing the newly born infant on the mother’s abdomen is the first opportunity for skin-to-skin contact. Staff can support this practice by using positive language (e.g. telling parents we need to "clean baby up" suggests that baby is dirty)
- For caesarean births, epidural anaesthesia facilitates early skin-to-skin contact between mother and infant to establish breastfeeding. The placing of baby skin-to-skin and assistance with initiating breastfeeding is the same as described above for the vaginally delivered baby
- If procedures such as resuscitation are required, the baby is returned and placed skin-to-skin as soon as baby is stable
- Other procedures, such as weighing, are delayed until completion of the first feeding
- The environment should be unhurried, allowing mothers to terminate skin-to-skin contact when and if they wish. It is the staff’s responsibility to support and encourage mothers to hold their babies skin-to-skin for prolonged periods.
- If the mother terminates skin-to-skin contact before 30 minutes the hospital is not penalized. The assessor will assess whether the mother was fully informed regarding this choice.

If the mother must be transferred to a different area before the baby has completed this first feeding or the mother has

¹Skin-to-skin means the naked baby is dried after birth and placed on his/her mother’s naked chest. A warm blanket can be placed over both mother and baby.

not indicated she wishes to terminate skin-to-skin contact, transfer should be done by stretcher or wheel chair with skin-to-skin contact maintained.

The Ten Steps and Practice Outcome Indicators For Baby-Friendly™ Hospitals provide comprehensive guidelines for meeting the criteria for this step and may be accessed on the BCC web-site at www.breastfeedingcanada.ca

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

World Breastfeeding Week 2004

“Exclusive Breastfeeding: the Gold Standard--safe, sound and sustainable”

This year’s WBW aims to stimulate activity world wide to get more people to understand the importance of exclusive breastfeeding and to think of ways to enable mothers to do it. The context for this is the new Global Strategy which many people are beginning to implement.

More information is available on the WABA website at <http://www.waba.org.my/wbw/wbw04/wbw2004.html>

The 4th. Breastfeeding Challenge - October 2nd. 2004 – will be the largest and most exciting yet!

The Quintessence Challenge is for the **most children breastfeeding** at 11am on October 2, 2004 in one province or territory or state in Canada or the United States or other country based on the birth rate. In order to enable all provinces/territories/states to have a chance, the final numbers will be worked out as a percentage of live births divided into four categories (based on birth rates). Gold, silver and bronze designations for the “winners” will be awarded. In addition, the Challenge will also recognize the site with the most participants, the province/territory/state with the most participants (ie children) and the site with the largest increase in participants over the previous year. There will be three special effort certificates awarded by the Board of Quintessence based on materials submitted by the sites.

Health workers and educators with no advertising budget have found this event to be an amazing way to generate community attention. Every site that joins the challenge multiplies the efforts we all put in.

Don't hesitate to send any questions you have to <http://www.babyfriendly.ca>

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 January 2004: Amount: \$10.

Name:

Affiliation:

Address:

Postal Code:

Tel:

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E-mail:

Please indicate the following:

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

COMMUNICATION/PUBLIC RELATIONS

FUNDING & DEVELOPMENT

EDUCATION & RESEARCH

POLITICAL ACTION & POLICY

I PREFER A GENERAL MEMBERSHIP AT THIS TIME

Membership fee enclosed

Signed: Date: _____

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