



Ontario Breastfeeding Committee Newsletter

Volume 5: # 1: April, 2006

OBC is alive and well with the membership becoming more diverse, there is continued effort to encompass all those who support best practices to sustain and increase breastfeeding rates in Ontario. The goal is to see our membership grow even more in order to learn and draw from the collective minds of as many people and backgrounds as possible, as we garner the support of our politicians and Provincial Government. Breastfeeding, as a health, economic and family issue needs to be highlighted for decision makers. The Ontario Breastfeeding Committee continues to support the Breastfeeding Committee for Canada in its goal to seek governmental support for breastfeeding.

Critical Thinking

How do breastfeeding advocates react to the media and how does the media see and understand Breastfeeding?

Each article in the media either about research, in television commentaries or documentaries creates attention to some important issues

There may be a variety of different responses, especially challenging to those in support of better practices and knowledge around breastfeeding. It is in the interest of the preservation and support for breastfeeding that responses quickly occur.

In the written media, the reporter's view may be focused on the need to sell a product or story. This may create the tendency to be very selective about what is written which can initiate some controversy or responsive thinking on the part of its readers or viewers.

As readers or viewers how do we respond? Is our response helpful to our clients or their babies? Is the response helpful to furthering better best practices in the long term? Is the most recent evidence of research considered in the response? These are all important questions.

OBC will be looking at the issue of media relations some time in the future. If you would like to be involved in this project, contact us.

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"Step-by-Step, Day-by-Day ...that's the Baby Friendly way"

Step 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

according to the The Ten Steps and Practice Outcome Indicators For Baby-Friendly™ Hospitals, at the time of BFI assessment:

Postpartum mothers whose babies are not in a special care report that, to the best of their knowledge

- their infants have not been fed using bottles with artificial nipples
- have not been given pacifiers by the staff.

Observations:

- Mothers of babies (not in special care) observed using soothers** indicate they have
 - made an informed decision and
 - have been provided with information about feeding cues and
 - alternative methods of calming babies.**
- Documentation in patient's charts** should reflect that
 - breastfeeding assessment has been completed
 - information has been provided to parents regarding the use of artificial nipples.

Staff members providing direct breastfeeding care

- ❑ describe recommended alternatives for soothing infants, such as encouraging more frequent, effective breastfeeding, skin-to-skin cuddling, rocking and carrying, instead of the use of artificial nipples and pacifiers since soothers are not provided or recommended during the time of establishing breastfeeding
- ❑ information is available and can be provided to support alternate ways to soothe a fussy baby
- ❑ understand that nipple shields should be used only in extremely rare situations. If they are used, the rationale for their use should be documented, and the mother should be supported in weaning the baby off the shield
- ❑ relate knowledge that, when babies require any feeds in addition to breastfeeds, bottles and artificial nipples are not routinely recommended.

Important Notice

The recently revised WHO/UNICEF BFI materials are now available for download from the UNICEF website at

http://www.unicef.org/nutrition/index_24850.html

Materials currently available include:

Section 1: Background and Implementation

Section 3: Breastfeeding Promotion and Support in a Baby-friendly Hospital is a 20-hour course for maternity staff
Section 4: Hospital Self-Appraisal and Monitoring

Coming soon will be Section 2: Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers.

This was a message from Marilyn Sanders and the BCC.



"Early use of supplements or pacifiers is associated with an increased risk for early weaning." ILCA Clinical Guidelines for the Establishment of Exclusive Breastfeeding, June 2005. This publication is available on the ILCA website at www.ilca.org and contains references to support this statement, some of which are listed below.

We can look to the work of Michael Woolridge, Brian Palmer <http://www.brianpalmerdds.com> and many others for guidance in this issue. Thankfully we also have resources such as the International Lactation Consultant Association who have published the 'ILCA Response to Policy Statement by AAP Task Force on SIDS' [ILCA Response to Policy Statement by AAP Task Force on SIDS](#). This is the most useful document for helping one understand the complexities of the issues.

There is also an excellent discussion of the latest controversial question "Is Pacifier Use Protective Against Sudden Infant Death Syndrome?" by Donna J. Chaman, PhD, RD in the latest Journal of Human Lactation, Volume 22, Number 1, February 2006

Some useful references

Righard L, Alade MO. Breastfeeding and the use of pacifiers. Birth 1997;24(2):116-20.

Marques NM, Lira PI, Lima MC, da Silva NL, Filho MB, Huttly SR, et al. Breastfeeding and early weaning practices in northeast Brazil: a longitudinal study. Pediatrics 2001;108(4):E66.

Barros FC, Victora CG, Semer TC, et al. Use of pacifiers is associated with decreased breastfeeding duration. Pediatrics 1995;95:497-499.

Casiday RE, Wright CM, Panter-Brick C, Parkinson KN. Do early infant feeding patterns relate to breastfeeding continuation and weight gain? Data from a longitudinal cohort study. Eur J Clin Nutr 2004;58(9):1290-6.

Hill PD, Humenick SS, Brennan ML, Woolley D. Does early supplementation affect long-term breastfeeding? Clin Pediatr (Phila) 1997;36(6):345-50.

Howard CR, Howard FM, Lanphear B, Eberly S, deBlicke EA, Oakes D, et al. Randomized clinical trial of pacifier use and bottle-feeding or cupfeeding and their effect on breastfeeding. Pediatrics 2003;111(3):511-8.

Kramer MS, Barr RG, Dagenais S, Yang H, Jones P, Ciofani L, et al. Pacifier use, early weaning, and cry/ fuss behavior: a randomized controlled trial. JAMA 2001;286(3):322-6.

Ullah S, Griffiths P. Does the use of pacifiers shorten breastfeeding duration in infants? Br J Community Nurs 2003;8(10):458-63.

Victora CG, Barros FC, Ollinto MTA, Weiderpass E. Pacifier use and short breastfeeding duration: Cause, consequence, or coincidence? Pediatrics 1997;99:445-453.

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



Comment

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: Attie Sandink asandink@cogeco.ca

Breastfeeding Pocket Guide for Health Care providers.

Porcupine Health Unit Timmins, Ontario. 3rd Edition. Original author Marilyn F. Heath RN (EC) BScN, IBCLC.



A very useful little book containing basic breastfeeding information and an appendix of

references. Includes the WHO/UNICEF 10 Steps to Successful Breastfeeding to remind users of best practice and ring bound with enough white space to allow for notations.

For information contact Porcupine Health Unit; info4you@porcupinehu.on.ca
Tel: 705-267-1181

Reviewed by: Kathy Venter. RN.IBCLC

There is a lot going on in the Ontario breastfeeding world right now: BFI is alive and well and strong networks are forming between hospitals and community health services. Advocacy is happening at every level. People promote, protect and support breastfeeding in a variety of ways all of which are important and not mutually exclusive and make a difference to breastfeeding families.

The breastfeeding community of Ontario comes from diverse professions and personal backgrounds but we have in common a passion for helping women and babies to breastfeed. In the course of our efforts to achieve successful outcomes, we have to recognize that every dyad is unique and that immediate circumstances may dictate a path of action that might not seem to be ideal a day or two later.

Feeling tired and anxious, even a bit cynical at times, we might wish for a 'reset' or 'reboot' button so that every day could start with a clean slate and we could make decisions based on core values without being undermined by politics and the human mistakes we all make. Criticism and name bashing are destructive and unprofessional and weaken the common purpose.



The three wise monkeys hold an ancient lesson:
See no evil (in colleagues intent)
Hear no evil (about colleagues from others)
Speak no evil (lest it come about and bite you)

Let us continue to strengthen our bonds and network to protect, promote and support each other in the spirit of the Baby Friendly Initiative. Kathy Venter

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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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 2006: Amount: \$20.

Download a membership application from the OBC Website at www.breastfeedingontario.org