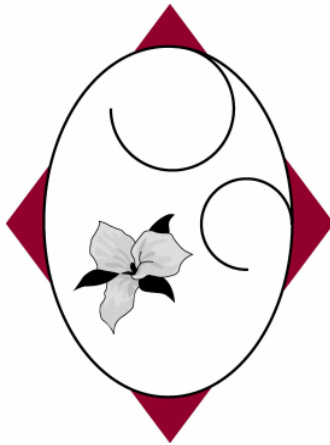


A Report to the Ontario Ministry of Health
on a Global Strategy to
Improve Breastfeeding Rates in Ontario.



Authored by The Ontario Breastfeeding Committee

A Report on a Global Strategy to Improve Breastfeeding Rates in Ontario.

Why is this report necessary?

Breastfeeding has been viewed by the World Health Organization and governments all over the world as an unequalled health promoting behaviour instrumental to the advancement of child health. This notion has produced several federal health programs in Canada to improve breastfeeding initiation and duration rates nationally. The federal “*Anytime Anywhere*” Breastfeeding campaign”¹ would be an example of the intent to make breastfeeding the norm in Canada. Similarly in the past, within public health units, the Ontario provincial government has sought to improve breastfeeding rates through directives within the *Mandatory Health Services Guidelines* to govern the initiatives used in health units provincially.

Though these programs and initiatives have had some good effect nationally and provincially, it has become evident that there exists some disconnect between the direct service being given to initiate breastfeeding currently in Ontario and the evidence about what creates breastfeeding success in broad populations. Because of this, all that can be done to improve breastfeeding rates provincially is not being done. This report is an attempt to create an understanding for the Ontario government on a proven effective strategy to improve breastfeeding rates in Ontario and how this can be accomplished.

Background Information

There are a number of reasons that the Ontario government would be prudent to examine and act on the issue of improving breastfeeding rates in Ontario. Improved breastfeeding rates impact heavily on the determinants of health for Ontarians. Health issues such as poverty and reliance on access to available health services are directly impacted by breastfeeding. Breastfeeding helps to equalize populations so that the effects of some of the determinants of health bear less weight on vulnerable populations.

Breastfeeding also helps to save valuable health care dollars for the health care system. For example, treating cases of gastro-intestinal infection or ear infection (two common ailments prevented by breastfeeding) in hospital emergency facilities could be greatly reduced. The cost of treating these and other preventable early childhood illness could be greatly reduced, thus making a huge savings for the health care system.²

It is a reality that the many health benefits gleaned from better breastfeeding rates are somewhat dependant upon early health care practices which will predict success with

¹ Health Canada publications, *Health Canada’s Breastfeeding Social Marketing Strategy*, La Leche League Canada and Health Canada, 1998.

² “*Reduced incidence of Infection*”, Nutrition for Health Term Infants, Statement of Canadian Pediatric Society, Dietitians of Canada and Health Canada, Minister of Public Works, and Government Services, 1998. page 12.

breastfeeding. To put this more simply it could be said that unless people begin to initiate and maintain breastfeeding successfully no possible health benefit can exist. Yet, there has not been to this point any intent from provincial governments to determine or ensure that the use of the best possible science based practice is occurring. This would be necessary to raise successful breastfeeding rates and thus to guarantee the predominance of breastfeeding for Ontario infants.

Reportedly, in Ontario 86.5% of women said they wanted to breastfeed or breastfeed while in hospital.³ To match this Statistics Canada reported that in Ontario 86.9% of women initiated breastfeeding while in hospital, yet surprisingly only 41% of women had managed to maintain this exclusively to 4 months. The rate of women further drops to 20.2% for those women exclusively breastfeeding to 6 months.⁴ (Health Canada recommends exclusive breastfeeding to 6 months for the optimal health benefits for the mother and child.) Based on these statistics the question becomes, “why are the rates of women breastfeeding continuing to decline after discharge from the hospital if the intent to breastfeed is present?”

What is known about establishing better breastfeeding rates

As early as 1989 it was first published in a World Health Organization/ UNICEF statement that breastfeeding was best promoted and protected in hospitals by a standard called *The Ten Steps to Successful Breastfeeding*.⁵ (See appendix) This series of steps was a document outlining measures that if taken by hospitals could greatly increase the numbers of mothers breastfeeding their babies in hospital and thereafter. These steps were based on evidence in research on breastfeeding practices collected by the world Health Organization. The campaign to promote this series of steps was then called “The Baby Friendly Hospital Initiative”™.

Similarly, there has been documented strategy developed called “*The Seven Point Plan*” (See Appendix) which provides the same evidenced based directives aimed at improving breastfeeding practices in community health services This resource was adapted from the UK Baby Friendly Initiative’s Seven Point Plan for the Protection , Promotion and Support of the Breastfeeding in Community Health Settings (1999).⁶

The Baby Friendly Initiative™ is a quality assurance standard that if employed will improve breastfeeding rates. This fact is evident in the literature and research studying this phenomenon in other industrialized countries, comparable to Canadian populations. In fact in one study babies born in those units that had been awarded Baby- Friendly™

³ Ontario Perinatal Partnership Committee report , March 2005

⁴ Statistics Canada, Canadian Community Health survey. Rates for Ontario 2003

⁵ WHO/UNICEF (1989) Protecting, Promoting and Supporting Breastfeeding: The special role of maternity services. Geneva: A Joint WHO/UNICEF statement.

⁶ Breastfeeding Committee for Canada (2203) The Baby Friendly Initiative™ in community health services: A Canadian implementation guide.

status were 28% more likely to be exclusively breastfed at 7 days postnatal age than those born in units with no initiative in place.⁷

In addition, duration rates can be increased using this initiative as proven in Belarus, an industrialized country. There it was shown that Baby Friendly™ Hospital guidelines increased the likeliness of breastfeeding at the age of 3, 6, and even 12 months.⁸

Ontario hospitals and health services could benefit from these breastfeeding rate increases because population health benefits increase when longer duration rates of breastfeeding occur.

The effect of The Baby Friendly Initiative™ (BFI) on Ontario breastfeeding rates

The effect of the adoption of the BFI™ for hospitals and communities is that people are engaged in the decision making process about the feeding of their infants and the reasons for making important feeding decisions. It also ensures that families will be guaranteed through transparent policies a standard of **consistency of care in hospital and in the community**, which is based on **evidence**. Historically, this has not been the case and sadly the care of breastfeeding mothers has been based on nurses' personal attitudes and beliefs and very little formal training or ongoing in-house education. This has largely been due to limited budgets for internal education in health institutions in the areas of maternal child health.

The main thrust of The Baby Friendly Initiative™ in hospitals and communities is to ensure a standard of care incorporating policy, a level of competent practice and a consistency of hospital to community support. The underpinnings of the initiative rely heavily on a commitment and responsibility by health infrastructures to develop appropriate policies as well as to educate the staff providing services.

A current picture of BFI in Ontario Hospitals and Community service agencies.

Since 2000, the Ontario Breastfeeding Committee has been in existence to promote and facilitate the adoption of the Baby Friendly Initiative in the province of Ontario. As part of this mandate the committee has kept statistics on the status of the Baby Friendly Initiative™ in Ontario hospitals and Community services. In January of 2004 the OBC conducted a survey of Hospitals and Community Health Services. A brief summary follows:

The Health Units and Hospitals responding to the survey were from Ontario.

⁷ Broadfoot, M., Britten, J. & Tappin, D.M. et al (2003). The Baby Friendly Hospital Initiative™ and breastfeeding rates in Scotland. Arch. Dis. Child. Fetal Neonatal Ed. 90, 114-16

⁸ Kramer, M.S., Chalmers, B. & Hodnett, H.D. et al. (2001). A Randomized trial in the Republic of Belarus Promotion of Breastfeeding Intervention Trial (PROBIT). JAMA 285, 413-20.

The number of births per year per respondent - 30 to 8750.

The number of responding hospitals and health service agencies - 37.

The number of hospitals responding - 16.

The number of community health services responding - 22.

Of the 75 agencies responding to the survey, 27 responded to say they were working on BFI. However many indicated that they did not fully understand BFI or that they confused this initiative with the breastfeeding friendly campaign, one which promotes breastfeeding in public. (SEE footnote 1.)

Barriers to adopting the Baby Friendly Initiative

In the 2004 survey by OBC the most commonly mentioned barrier reported by managers and decision makers in hospital and community settings was the lack of funding to educate staff. Since many professional curriculum models do not address the factors determining successful breastfeeding, many health care staff may rely on agency on the job training to address these aspects. However, when these are not provided learning gaps do occur when managing the care of new mothers and inconsistent care prevails.

An expressed concern by respondents of the 2004 survey was the absence of the Baby Friendly Initiative™ in the present Ontario Mandatory Service Guidelines. For those designing programs and creating policies and protocols in services this would be necessary in order to justify and uphold the changes suggested in the BFI™.

The lack of information and adherence to the WHO Code by health institutions to limit the extensive and powerful marketing of artificial baby milks to mothers who are attempting to breastfeed was another commonly held opinion in those responding to the survey. Government influence to restrain the marketing strategies used by formula companies has been used in other places. Massachusetts recently became the first state in the U.S.A to prohibit formula marketing in hospitals in December 2005.⁹

What have other provinces in Canada done to improve breastfeeding rates?

In New Brunswick, as part of its Wellness Strategy, The Government of New Brunswick will promote, support and protect breastfeeding by adopting the evidence-based Baby Friendly Initiative™. In 2005-06, \$100,000 will be invested in this initiative. All hospitals, Community Health Centres and Public Health services providing services to women, infants, young children and their families will undertake steps toward achieving Baby Friendly Initiative™ designation.¹⁰

⁹ Cochrane Data Base Systematic Review. 2000; 2: CD002075

<http://www.massbfc.org/news/Formula>

¹⁰ New Brunswick Wellness Strategy, A Provincial Health Plan Initiative, Province of New Brunswick publication, January 2006.

In Quebec great strides have occurred to share the responsibility for ensuring improved breastfeeding rates. As a result they have created an increasing number of BFI™ designated health care facilities. This is outlined in *Breastfeeding in Quebec: Guidelines 2001* (see appendix) In it the responsibilities of Quebec's Department of Health and Social Services (MSSS) is outlined.

“The MSSS holds a firm and unequivocal position in favour of breastfeeding and makes known its position both within the network as well as in the general population. Such an affirmation provides a fundamental point of reference for on-site practitioners.

It has taken priority measures to:

- State its positions on breastfeeding, in conformity with perinatal policy, and make them known and applied at every level. To this end, the department has committed to:
 - appoint a person to be in charge of the breastfeeding portfolio at the provincial level;
 - integrate breastfeeding into all government programs relating to child health;
 - ensure that information on breastfeeding and infant feeding is harmonized and updated in provincial documents or services to which parents and professionals refer, by instructing the organizations responsible (e.g., Info-Santé, *Mieux vivre avec son enfant* [Living Better with Your Child]);
 - add information on breastfeeding, including the department's position, to its website;
 - ensure the creation and updating of a directory of tools relating to breastfeeding and ensure that it is distributed throughout the healthcare system.
- Establish a breastfeeding publicity strategy aimed at the general population.
- **Promote the implementation of the Baby-Friendly Initiative (BFI)** by encouraging the establishment of a provincial committee whose mandate would include:
 - making known the *Ten Steps to Successful Breastfeeding* and the *Seven Step Plan for the Protection, Promotion and Support of Breastfeeding in Community Health* to health care facilities;
 - seeing that the BFI is put into place (providing documentation, logistical assistance and, if necessary, the support of a person specialized in breastfeeding);
 - assuming responsibility, in collaboration with the organizations concerned (e.g., WHO, UNICEF, the Breastfeeding Committee for Canada, etc.), for the certification of baby-friendly facilities and for recommendations made to the department for the granting of the designation.

- Encourage the application of the *International Code of Marketing of Breast-milk Substitutes*, which implies:
 - including in policy relating to ministerial publications, both written and audio-visual, the obligation to respect the Code, while emphasizing that breastfeeding is the appropriate way to feed a baby. Images representing bottle-feeding, baby bottles, nipples or commercial infant feeding formula (artificial milk) should not be used unless absolutely necessary;
 - ensuring that policies relating to governmental publications are respected, and using influence on other departments to ensure that the Code is respected.
- Develop training tools and activities, and support regional authorities in implementing training.
- Ensure that social policies (interdepartmental and cross-sectoral) that promote breastfeeding are maintained and improved.
- Encourage all professional bodies to ensure that universities and vocational colleges offer students who will be future health professionals an adequate theoretical and practical training in the area of breastfeeding.
- Distribute to facility administrators appropriate information concerning programs aimed at protecting, promoting and supporting breastfeeding (e.g., BFI)
- Put into place the conditions (time, space and support) necessary to facilitate breastfeeding among its employees.
- Ensure a follow-up of the breastfeeding situation at the provincial, regional and local levels with regard to breastfeeding rates when leaving the hospital or birthing centre and at 2, 4 and 6 months, and with regard to the number of facilities that have been designated baby-friendly, which implies:
 - including in the provincial computer system the data and information necessary to do a follow-up of the breastfeeding situation, that is, at least including information on the prevalence of breastfeeding when leaving the hospital or birthing centre (e.g., the live birth registration, schedule SP-1);
 - providing for the collection, in the short term, of the data necessary to follow up on the rates of exclusive and partial breastfeeding when leaving maternity services and at 2, 4, 6 and 12 months, for each region. It will also be necessary to provide for the systematic collection, in the medium term, of information at the time of vaccination in order to know the rates of exclusive and partial breastfeeding at 2, 4, 6 and 12 months, using the “Vaccination” application of local community health centres’ “Intégration CLSC” software package, *Guichet santé*,¹¹ or any

¹¹ [Translator’s note]: Guichet Santé is a subsidiary of Logibec, the developer of the Intégration CLSC software, and provides support and upgrades to the local community health centres using this system.

other means that will provide an overview of the situation of breastfeeding in Quebec;

- gathering figures on the number of baby-friendly facilities (hospitals, birthing centres and local community health centres) as well as those that have initiated steps towards obtaining the designation.

Responsibilities of public health administrations and regional authorities in Quebec include priority measures that:

- Implement the MSSS's positions on breastfeeding, and take steps to see that they are adopted by the board of the facility and made known to the partners concerned, which implies:
 - appointing a person to be in charge of the breastfeeding portfolio, whose role will be to launch and support the operations of a regional cross-sectoral committee on breastfeeding, responsible for defining the mobilization and intervention strategies for the region or, if applicable, working with a pre-existing perinatal committee and incorporating into it a component related to breastfeeding;
 - establishing a profile (by region or local community health centre) of existing resources and services relating to the protection, promotion and support of breastfeeding, in order to draw up a plan for developing resources and organizing services adapted to needs.
- Ensure leadership in setting up the BFI program in healthcare facilities and support implementation and development strategies in the region, which implies:
 - providing support to facility administrators;
 - allocating the necessary financing for the training of staff and for the purchase of commercial infant feeding formula (artificial milk) in the case of maternity services that become baby-friendly;
 - supporting, coordinating and evaluating liaison and discussion mechanisms among facilities and organizations with a view to carrying the program to completion;
 - ensuring the availability of a specialized resource person (e.g., international board certified lactation consultant [IBCLC] or specialized nurse clinician) able to respond to the needs of hospitals, birthing centres, local community health centres, support groups and

community organizations in matters relating to the training and support offered to practitioners as well as the development of tools.

- Ensure that breastfeeding is integrated into all regional programs relating to child health.
- Put a mechanism into place to ensure that Circular 1999-007 concerning the purchase of commercial infant feeding formula (artificial milk) is respected, until measures are implemented to respect the *International Code of Marketing of Breast-milk Substitutes* in its entirety.
- Ensure that the Code is followed in health facilities (hospitals and local community health centres).
- Put into place the conditions (time, space and support) necessary to facilitate breastfeeding among the employees of public health administrations and regional authorities.
- Ensure a follow-up of the breastfeeding situation in the region, which implies:
 - collecting data on breastfeeding practices (rates and duration) in the region as well as on the progress of BFI/BFHI program implementation;
 - ensuring that results are distributed to the partners concerned on a regular basis.”¹²

What is needed in the Province of Ontario to improve breastfeeding rates

Using the Quebec example as a template, this report recommendation would be for the Ontario Health Ministry to recognize the **Ontario Breastfeeding Committee** as the provincial authority on the Baby Friendly Initiative™ and to consult with this committee in order to bring the Baby Friendly Initiative™ to Ontario. This committee would require endorsement and fiscal support to bring about its mandate.

The needed strategies will target many levels of community and governmental supports, but this will enable better education for hospital and community health care workers, improved policies governing the care mothers receive and better preparation of professionals to support breastfeeding women.

All of this will require leadership from a provincial coordinator designated to bring about the Baby Friendly Initiative™ at all levels. Governmental support can be shown by the

¹² *Breastfeeding in Quebec: Guidelines 2001* English Translation of:
L'Allaitement maternel au Québec: lignes directrices du Ministère de la santé et des services sociaux. Dépôt légal, Bibliothèque nationale du Québec, 2001,
Bibliothèque nationale du Canada, 2001, ISBN 2-550-38046-0.

inclusion of the BFI™ in Mandatory Core Services Guidelines as well as mandated services policies and protocols for hospitals in Ontario.

All of the measures proposed in this report, including the certification of Baby-Friendly™ facilities, are a proven way to enhance and protect the health and development of our children and of reaching the objective of increasing the rate and duration of breastfeeding in Ontario. Let us all take on this challenge with confidence together.

APPENDIX



Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborns should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers to initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

From: Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services. A joint WHO/UNICEF Statement.



***The Seven Point Plan for Successful
Breastfeeding in Community Health
Settings***

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.
2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to establish and maintain exclusive breastfeeding to six months.
5. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote collaboration between health care providers, breastfeeding support groups and the local community.

COPY

BREASTFEEDING IN QUEBEC:

GUIDELINES

September 2001

English Translation of:

L'Allaitement maternel au Québec: lignes directrices du Ministère de la santé et des services sociaux.

Dépôt légal, Bibliothèque nationale du Québec, 2001,
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