THE ETHICS OF INFORMED DECISION MAKING IN INFANT FEEDING

KATHY O’GRADY VENTER RN. IBCLC. 2012
“Informed consent is not a signature on a consent form. It is not a single event … it is a process of dialogue between the (health care provider) and the patient… continuing throughout the course of treatment.”

_Etalics kv._

WHAT DOES THAT MEAN?

An informed decision can be said to have been made based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action.

Wikipedia 2011
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Wikipedia 2011
Mothers Voices
Maternity Experiences Survey 2006-2007

Breastfeeding
Women who planned to, women who started and women who continued

- Plan to breastfeed: 90%
- Start breastfeeding: 90%
- Three months—some breastfeeding: 68%
- Three months—exclusive breastfeeding: 52%
- Six months—some breastfeeding: 54%
- Six months—exclusive breastfeeding: 14%
HOW TO MAKE AN INFORMED DECISION?

- Obtain expert/reliable information
- Ask questions
- List and weigh the pros and cons
- Discuss with support persons and trusted HCP's
- Review goals: ? Why
- Consider medical history
- Plan and follow up support.
5. Guidance is provided by the Health Care Consent Act, 1996 (Ontario) and the relevant case law concerning the types of information which should be provided by a health care practitioner during informed consent discussions. These include:

- The nature of the proposed treatment:
- The expected benefits of the proposed treatment
- The material risks and side-effects of the proposed treatment:
- Alternative courses of action:
- The likely consequences of not having the proposed treatment:
- The answers to any questions the patient may have regarding the proposed treatment.
Nurses are accountable for obtaining consent that "must be informed, be voluntary, not have been obtained through misrepresentation or fraud."

HEALTH CARE CONSENT ACT 1996 (ONTARIO)
“Client choice means self-determination and includes the right to the information necessary to make choices and to consent to or refuse care.”

College of Nurses of Ontario  Practice Standard: Ethics
Medical care is wrongful and a "battery" unless the patient has given consent to it. Health Care Consent Act 1996 (Ontario)

Informed Consent is Law in Canada.
NB. giving formula is not battery but giving it without consent may be deemed to be so.

Informed Consent is Law in Canada.
Decisions about infant feeding have both short and long term consequences for infants, mothers and the community. The Ontario Public Health Association (OPHA) Breastfeeding Promotion Working Group has expressed its position on informed decision making and infant feeding in this paper, which discusses ways to facilitate an informed decision, infant feeding choices, and decisions around artificial baby milk.

WHO MAKES AN INFORMED DECISION?

…the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts …
EXAMPLES OF INFORMED DECISION MAKING IN THE PERINATAL PERIOD:

- Type of prenatal care
- Birth plans
- Infant feeding decision
- Breastfeeding and Supplementation methods
- Parenting roles
- Support persons
- Choosing follow up care

- More examples … the process continues through life
BFI: INFORMATION REQUIRED TO MAKE AN INFORMED DECISION INCLUDES

- health outcomes
- risks and costs of breastmilk substitutes
- contraception compatible with breastfeeding
- Rights of women
- *The 10 Steps to successful breastfeeding*
- difficulty of reversing the decision once breastfeeding is stopped
Benefits of Breastfeeding

- Perfect nutrients
- Easily digested
- Efficiently used
- Protects against infection & chronic disease
- Optimal brain development

Photo courtesy of A. Ratsimandresy

Health outcomes
Benefits of Breastfeeding

- Helps bonding & development
- Helps delay a new pregnancy
- Protects mothers’ health
- Costs less than artificial feeding

Photo courtesy of R. Wyse
The consequences of not breastfeeding for baby

- heightened risk of allergies
- upper and lower respiratory infections and asthma
- deficient response to immunizations.
- increased risk of developing insulin dependent diabetes mellitus
- Increased risk for necrotizing enterocolitis for preterm babies
Consequence of not breastfeeding for mother

- Increased risk of postpartum hemorrhage - slower involution of the uterus
- Earlier return of fertility
- Increased risk of certain types of cancer
- Increased risk of osteoporosis
- Do not experience the same release of maternal hormones – adaptation postpartum
Contamination

Health Professional Advisory

Enterobacter sakazakii Infection and Powdered Infant Formulas

Background:

On April 9, 2002, the United States Food and Drug Administration issued an alert to US Health Care providers about Enterobacter sakazakii-associated infections among neonates and infants who consumed powdered infant formulas. A total of 15 small E. sakazakii outbreaks were reported in the United States, some associated with powdered milk-based formulas, possibly posing a hazard.

E. sakazakii is a motile peritrichous bacterium of the family Enterobacteriaceae. This organism was previously described as a new species based on differences in colony morphology, pigmented Enterobacter cloacae"(Heyworth et al.). The organism is also known for its virulence, threats to neonates and children, and antibiotic susceptibility. In general, the report described the illness among newborns diagnosed with enterocolitis. In general, the report described the illness among newborns diagnosed with meningitis caused by E. sakazakii with cyst formation and severe necrotising enterocolitis.

There is still a paucity of information regarding the changes in the microbiota of infants who consume powdered infant formulas, which may be related to contamination by E. sakazakii. The high virulence of E. sakazakii and its ability to cause infections in infants and children are worrying.
FORMULA RECALLS

To see a current list of US formula recalls:

In Canada, see Health Canada’s Advisories
http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index-eng.php
## NEONATAL EMERGENCIES: TABLE 1. "THE MISFITS"

<table>
<thead>
<tr>
<th>Letter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>Trauma (nonaccidental and accidental)</td>
</tr>
<tr>
<td>H</td>
<td>Heart disease/hypovolemia/hypoxia</td>
</tr>
<tr>
<td>E</td>
<td>Endocrine (congenital adrenal hyperplasia, thyrotoxicosis)</td>
</tr>
<tr>
<td>M</td>
<td>Metabolic (electrolyte imbalance)</td>
</tr>
<tr>
<td>I</td>
<td>Inborn errors of metabolism: Metabolic emergencies</td>
</tr>
<tr>
<td>S</td>
<td>Sepsis (meningitis, pneumonia, urinary tract infection)</td>
</tr>
<tr>
<td>F</td>
<td>Formula mishaps (under or overdilution)</td>
</tr>
<tr>
<td>I</td>
<td>Intestinal catastrophes (volvulus, intussusception, NEC)</td>
</tr>
<tr>
<td>T</td>
<td>Toxins/poisons</td>
</tr>
<tr>
<td>S</td>
<td>Seizures</td>
</tr>
</tbody>
</table>

**Neonatal Emergencies CME/CE**

Tonia J. Brousseau, DO Ghazala Q. Sharieff, MD

Risks & costs

<table>
<thead>
<tr>
<th>Formula Feeding</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tin of Formula (40 bottles)</td>
<td>1 – 2 per week @ $25.00</td>
</tr>
<tr>
<td>BPA-free Bottles</td>
<td>$50.00 per 4 – pack @ 8 minimum</td>
</tr>
<tr>
<td>Liners</td>
<td>$7.00 per 50</td>
</tr>
<tr>
<td>Nipples</td>
<td>$8.00 per 4 – pack @ 8 every 2 months</td>
</tr>
</tbody>
</table>

+ unseen costs

Health outcomes
Medical care
> productivity
environmental impact
etc.
Can breastfeeding be used as a method of contraception?

Yes, breastfeeding can be used as a method of contraception but only if you follow these rules:

1. Your monthly periods have not returned.
2. Your baby is fully or nearly fully breastfed:
   - Fully breastfed means your baby gets all food from sucking at the breast.
   - Nearly fully breastfed means, in addition to breastfeeding, vitamins, minerals, juice, water or any other foods are given infrequently (no more than 1 or 2 mouthfuls a day).
3. Your baby is less than 6 months old.

This method of contraception is called Lactational Amenorrhea Method.

L = Lactational means breastfeeding
A = Amenorrhea means having no monthly period
M = Method

Can I use the Lactational Amenorrhea Method (LAM)?

If you answer “YES” to all of the four rules below, LAM may be a good method for you to use:

1. My monthly period has not returned.
2. My baby is fully or nearly fully breastfed.
3. I am breastfeeding often, at least every 4 hours, and not going longer than one 6 hour stretch between breastfeeding in 24 hours.
4. My baby is less than 6 months old.

If you answer “NO” to any of these statements, begin another method of contraception. Keep breastfeeding as often as you can for your baby’s health.

To use LAM effectively, you need additional detailed information. For more information on LAM and other methods of contraception, call:

Toronto Health Connection
416-338-7600

AIDS & Sexual Health InfoLine
416-392-2437
or
1-800-668-2437

www.toronto.ca/health

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In Ontario, women are legally protected from discrimination and harassment because of sex, including pregnancy and breastfeeding.
TEN STEPS TO SUCCESSFUL BREASTFEEDING

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 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. Practise 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.
SUPPLEMENTATION FOR MEDICAL REASONS

Acceptable medical reasons for use of breast-milk substitutes

Infant reasons

&

Maternal reasons

Unicef: Acceptable medical reasons for the use of breastmilk substitutes.
Infants who should not receive breast milk or any other milk except specialized formula:

- Infants with classic galactosemia: a special galactose-free formula is needed.
- Infants with maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed.
- Infants with phenylketonuria: a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring).

Infants for whom breast milk remains the best feeding option but who may need other food in addition to breast milk for a limited period:

- Infants born weighing less than 1500 g (very low birth weight).
- Infants born at less than 32 weeks of gestational age (very pre-term).
- Newborn infants who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand* if their blood sugar fails to respond to optimal breastfeeding or breast-milk feeding.
Maternal conditions that may justify permanent avoidance of breastfeeding

- HIV infection: if replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS)

Maternal conditions that may justify temporary avoidance of breastfeeding:

- Severe illness that prevents a mother from caring for her infant, for example sepsis.
- Herpes simplex virus type 1 (HSV-1): direct contact between lesions on the mother’s breasts and the infant’s mouth should be avoided until all active lesions have resolved.
- Maternal medication:
  - sedating psychotherapeutic drugs,
  - anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available
  - radioactive iodine-131
  - cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy.
In addition ...

infants who have not regained birth weight at two to three weeks of age or who have insufficient weight gain, when increased breastfeeding cannot provide adequate intake.
PARENTAL INFORMED DECISION (NON-MEDICAL REASON)

Maternal Reasons
- Cultural
- Personal life/work/family/
- Lack of support
- Lack of confidence

Women who make an informed decision to use AMB must be supported to do so safely and appropriately.

Alerts:
- Powdered/liquid formula
- Mixing/diluting correctly
- Appropriate amounts
- Responsive, cue based feeding
- Signs that baby is getting enough food
Staff members providing direct breastfeeding care (from a random sample of at least 80%)

- have a clear understanding of the medical reasons where supplements are required (see Acceptable Medical Reasons for Supplementation on page 19)
- recommend supplementing with the mother's own breastmilk, or donor human milk (where available) wherever possible
- document the rationale when supplements have been recommended, including medical reason and evidence of parental consent
- effectively help breastfeeding mothers of fussy babies by encouraging more frequent, effective breastfeeding, skin-to-skin cuddling, rocking and carrying
- are able to articulate the benefits of exclusive breastfeeding during the first 6 months from birth, the benefits of continued breastfeeding for 2 years and beyond and the risks of feeding supplements to breastmilk.
- inform mothers of the above benefits and risks, with emphasis on ensuring that families make informed decisions. (BFI Assessors will not penalize the hospital or community health service when families have made a truly informed decision to use supplements)
- do not distribute breastmilk substitutes, products or promotional items that fall within the scope of The Code.
QUESTION TO SELF

“There is a real health difference between babies who are breastfed and babies who are (bottle) formula fed.”  
(Martens, 1997)

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

![Bar chart showing responses to the question. The bar for 'Neutral' is the tallest, indicating the most agreement.]
QUESTIONS NURSES CAN ASK THEMSELVES

(decision-making process)

• Am I presenting the information in a balanced manner?
• Am I presenting all the options under consideration?
• Am I presenting my personal opinion?
• Am I pressuring the patient to decide on a particular option?
WHO MAKES AN INFORMED DECISION?

We all do!