



Breastfeeding Education

Promote Interdisciplinary Knowledge Sharing

Meeting Objectives

1. Provide breastfeeding education in an effort to promote the provision of consistent information to all patients and families
2. Participants demonstrate an improvement of breastfeeding knowledge and awareness.
3. Inform participants of the Baby-Friendly Initiative (BFI)
4. Share the improvements made possible by the Grant

Breastfeeding History

- Once upon a time... all infants and young children were breastfed or received breastmilk.
- WWII
- Between 1920 and 1960 the majority of Canadian women abandoned breastfeeding. When the increase in feeding cow's milk resulted in higher infant mortality rates, scientists worked at improving the artificial baby milk rather than increasing breastfeeding rates.
- In the 1970's...
- In developing countries...
- World Health Organization/UNICEF International Meeting
- The 1981 International Code of Marketing of Breast Milk Substitutes
- Breastfeeding is a population health strategy that must be protected, supported and promoted to optimize the health of our entire population

Promotion of Breastfeeding

Dangers of Formula

Early on and life long

Pacifiers/artificial nipples/bottles

- Poor latch and inefficient sucking resulting in:
 - Sore nipples!
 - Lower milk supply!
 - Low weight gain!
- Introduction of bottles too early can increase the chances of complete breast refusal
- It is recommended that pacifiers and artificial nipples are avoided, as least initially, until a good breastfeeding routine has been established.

Promotion of Breastfeeding

Effect of formula and other advertising

Health Care Facility

Health professionals are unique in their obligation to be an objective source of information to the public and need to be able to provide information that is current, evidence based and reflective of best practices.

Social/Media

Advertisement and provision of artificial baby milk and artificial nipples negatively affect breastfeeding rates

WHO Code – No advertising to public, no gifts or free samples to mothers, no promotion of products in health care facilities, no words or pictures idealizing artificial feeding, including pictures of babies on the labels of the products, information to health workers should be scientific and factual only, all information on artificial infant feeding including the labels should explain the benefits of breastfeeding and the costs and hazards associated with artificial feeding.

Promotion of Breastfeeding

Formula Samples and Gifts

- Not to be distributed to pregnant women and new mothers
- Pregnant women and their families need to know about the health, nutritional and financial costs of NOT breastfeeding before deciding how they are going to feed their babies. If women think that a supply of formula is available free, it has been shown to affect their choice of feeding methods.
- There is an association between the use of supplements and premature cessation of breastfeeding (Ibid. Evidence for the Ten Steps to Successful breastfeeding, WHO 1998)

Consideration of Other Populations

- For foster parents, or those who medically are unable to breastfeed, other options are available, and include: Donor breastmilk, community resources, offer free food coupons to help alleviate the financial burden

Promotion of Breastfeeding

Effect of Inconsistent Information- For All Staff In a Healthcare Setting

- It is vital to be well versed in current available breastfeeding information and ensure there is consistency between staff members (Busch et al., 2014; CDC, 2013).
- Inconsistent and inaccurate information from health care providers causes confusion for mothers and leads to premature weaning. (Ministry of Health, 2012; Guise et al., 2003).

Queen Square is a team and we all need to be playing the same game to help the next generation win!

WHO Recommendations

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth.

Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond


Breastfeeding Basics

It's important to remember: everyone can breastfeed!

Most problems can be resolved with appropriate support, such as coming into a breastfeeding clinic!

Key points:

- Breastmilk supply
- Baby tummy size
- Effect of supplementation
- Supplementation methods
- Good latch
- Common Breastfeeding Issues
- Importance of timely access to support
- Supporting patient breastfeeding goals despite challenges



**8 or more
in 24**

BFI: Baby Friendly Initiative

Baby-Friendly Hospital Initiative (BFHI)

- A global program initiated in 1991 by the WHO and UNICEF
- Encourages and recognizes hospitals that offer an optimal level of care for mothers and infants
- Focus on needs of newborn and helps families give the best possible start in life
- Over 15, 000 hospitals worldwide have received the Baby-Friendly designation

2002 – new guidelines for community health care services to achieve designation (BFI)

10 Steps to become BFI designated

1. Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers
2. Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy
3. Inform pregnant women and their families about the importance and process of breastfeeding
4. Assist mothers to breastfeed and maintain lactation should they face challenges
5. Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated
6. Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods
7. Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers
8. Provide a seamless transition between the services provided by the hospital, community health services and peer support programs.

Improvements made possible by the Grant

- Breastfeeding Data Collection
- Prenatal Awareness and Education
 - Updated OB packages with promotional materials
 - Posters for prenatal and post-natal breastfeeding support
 - Prenatal Breastfeeding Workshop
 - Physician Tool

Breastfeeding Data Collection

Rationale:

- Monitoring the intake of human milk is an important health indicator
- Useful in planning and implementing services/programs
- Evaluating the prevalence and duration of breastfeeding and thus the health of our infant population

Intentions:

- To facilitate data collection that is consistent and can be used to compare breastfeeding practices between regions and provinces/territories
- Required for BFI designation and to show an increase in breastfeeding rates over time

Our Role:

- Collect infant feeding data at all well baby visits
- Physician and front staff working together!

Prenatal Breastfeeding Workshop

Best Start for Baby

Offered to all pregnant women 24 weeks+ gestation

The workshop is offered quarterly

Topics:

- How Breastfeeding Works
- How to Breastfeed
- Common Concerns and Management
- Myths and Misconceptions

Our goal is to promote breastfeeding initiation and overall success by offering education and support in the prenatal stage – evidence shows that this is when mothers make their infant feeding decision!

Physician Tool

Purpose: to provide physicians with a visual reminder to discuss breastfeeding with their patients at existing prenatal visits

What:

- The tool is comprised of an evidence-based breastfeeding question or key point specifically chosen for that prenatal visit
- There are 12 questions/key points in total starting at 8 weeks, all the way to 40!
- To further aid in the discussion with your patients, we have added the detail/summary or answer to the question on the back!

Forms of Tool:

Ring: small laminated cards on a metal ring

Single page: laminated list of key points and discussion points

Poster in physician's room: to help patient facilitate discussion with their physician

Evidence shows that breastfeeding education from a family physician has a significant impact on the decision to breastfeed, especially when introduced prenatally

Feedback and Discussion

- Challenges with data collection
- Suggestions of how to improve data collection
- Questions regarding tool
- General Breastfeeding “How to”
- Baby-Friendly Initiative
- Breastfeeding Program, including Prenatal Workshop

Thank you for your participation

Kindly fill out your questionnaires

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