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Appendix 1

Survey Replies from Municipal Pools in Canada

Question asked: "Does the city of ___ aquatics department have a policy or statement for its staff or the public regarding breastfeeding at its swimming pools, and if so, could you forward it to me? Thank you very much."

Calgary, Alberta (July 2001)

Our breastfeeding policy in the Aquatics Division is there is no breastfeeding around or in the immediate Pool area. Most of our facilities have family change rooms and quiet areas we would invite our patrons to use. There are also deck side chairs that can be used around the pool deck if necessary.

Charlottetown, P.E.I. (July 2002)

At the present time there are no policies in place re breastfeeding. It has honestly never been an issue as far as I am aware. We would have our lifeguards address the situation usually only if there was a complaint and either offer a more private area or ask for the individual to use a cover-up/more discreet approach.

Chilliwack, B.C. YMCA pools (city-owned) (August 2002)

We do not have a policy specific to breast feeding, there have been many women who have breast fed their children on the pool deck. The Chilliwack Family YMCA tries to accommodate people of all ages.

Edmonton, Alberta (September 2001)

The current research on RWI's (recreational water illnesses) indicates no specific reference to health problems for children who are breastfeeding while parents are partially immersed in pool water. . . . Capital Health (Community Care and Public Health, Environmental Health Section) . . . indicated there is no research to support the speculation that breast milk provides any greater risk of polluting the water than any other body fluids, (ie: sweat) and that standard levels of chlorine will provide adequate sanitation. In light of the foregoing our new standard of practice will leave it up to individuals to determine what is safe and comfortable for them and their children. . .

From this point, we will inform any patrons who complain that breast feeding is an acceptable practice in facilities and does not contravene any legislation. Our staff, as well, will inform patrons in appropriate cases, that there is no strong evidence of any health risk, to infants or to other users of the facility through people breastfeeding in the water. . .

The new policy provides for discussion with the person complaining, not the breastfeeding woman. We will also be directing staff to ensure this is dealt with from a customer service viewpoint, by being sensitive to the issue from both the mothers and other patron's perspective at all times.

Fort McMurray, Alberta (August 2002)

Thank you for your inquiry regarding breastfeeding at the pool. I can tell you that there is no official policy or statement for the staff or public regarding this. I discussed your inquiry with the acting pool supervisor and we agreed that there does not appear to be a requirement for a formal policy regarding breastfeeding. As far as we are aware the matter has never been a concern in the pool and as long as mothers handle the breastfeeding in a similar manner as they would elsewhere in public, by putting a towel or burping cloth over their shoulder and the baby it should not be a concern.

Grande Prairie, Alberta (July 2002)

We maintain a family facility and ask that discretion be used by covering up with a blanket so all patrons are comfortable while using our facility.

Halifax, Nova Scotia (July 2001)

I'm afraid we do not. If you do receive information, I would be interested in having it.

Hamilton, Ontario (June 2001)

Breastfeeding in Recreational Facilities

The Social and Public Health Services Department of the City of Hamilton recognizes that breast milk is the optimal food for healthy growth and development of infants. The Culture and Recreation Division supports this principle and wishes to provide a safe, healthy and supportive environment for breastfeeding of the infants in our recreation facilities. The goal of the Division is to provide a comfortable and enjoyable environment in which all members of the community may participate in the recreational and educational programs provided in our facilities.

Kelowna, B.C. (June 2001)

In response to your question about a policy regarding breastfeeding at City pools or beaches, the only one we have is an unwritten one. For the pools, it is to be done discreetly and only on the pool deck, not in the pool. Other than that it doesn't seem to have really been an issue in the community. Most mothers would be doing the breastfeeding as discreetly as possible anyway, so it hasn't been an issue.

Lethbridge, Alberta (July 2001)

. . . as a corporation we don't have a policy or bylaw restricting breastfeeding at our pools. So long as the person is doing it discreetly, then we don't have any objection to such natural act.

London, Ontario (July 2001)

I am afraid we have no etched in stone policy, however saying that our facilities are very much family facilities and we support children and Mom's to participate. We do allow breast feeding at our facilities. We acknowledge that some individuals are not as comfortable with this but we find most Mom's are discreet.

Markham, Ontario (July 2001)

POLICY STATEMENT

Women will be permitted to breast-feed children on the pool deck away from the water's edge.

PURPOSE

To assist staff in dealing with customer complaints that may result from a woman breast-feeding on the pool deck.

PROCESS:

- If a woman is breast-feeding on the deck away from the water's edge we are not to take any action.
- If a woman is breast-feeding on the pool side or in the water, we are to ask that they move to the deck area to prevent the possibility of a fouling if the infant were to spit up.
- If a staff member receives a complaint about a woman breast-feeding on the deck, staff should inform the patron complaining that it is the woman's right to breast-feed in public. If the patron remains dissatisfied they can be given the phone number of the Pool Supervisor or Aquatic Co-ordinator.
- If a staff member is uncomfortable guarding when there is a woman breast-feeding on the deck the Shift Supervisor will accommodate them by rotating guards or replacing the original staff member with another lifeguard until they are comfortable to return to the deck.

BACKGROUND

There have been other municipalities who have experienced severe customer service issues when staff did not understand breast-feeding policies.

Medicine Hat, Alberta (July 2001)

We have no formal policy. In terms of informal, it is not an issue, however we would ask mother to be discreet if necessary.

Moncton, New Brunswick (July 2001)

Although there does not exist a policy per se

.....
our on site staff at all recreation facilities are encouraged to not discriminate against anyone in terms of their personal behavior as long as it is in keeping with the facility rules and not offensive to the rest of the public utilizing the facility. We have not to my knowledge ever had anyone complain that they were offended that a person was breastfeeding at a recreation facility. Our staff are instructed to deal with issues re patron behaviour on an individual common sense basis. We certainly have no rules that prohibit an individual from breastfeeding, should someone be offended by it, they would report to our staff and we would deal with the issue on an individual basis.

Montreal, Quebec (July 2001)

There are no rules for breastfeeding at the swimming pools of the city of Montréal, because we have never had a problem with this. In many pools, we have family checkrooms.

Ottawa, Ontario (July 2001)

We do not have a policy on this issue but staff do recognize that there is no problem with breastfeeding an infant around City pools as it poses no health risk to mother, infant or others.

Red Deer, Alberta (July 2001)

The City has no formal policy on this subject, however, the lifeguards are directed to request that mothers be very discreet, or preferably go to the change room; at the new Collicutt Centre the mothers are encouraged to go to the Family Change rooms for that purpose.

Regina, Saskatchewan (June 2001)

Although we do not have a written official policy in regards to breast feeding at the City of Regina pools....the general guidelines we have followed in the past are:

We have said that there is no problem breast feeding any where in the building...we do however have concerns with any feeding occurring in the pool water.

We try to communicate the following concerns we have with breast feeding or any type of feeding in the pool water:

1. A baby has a tendency to have a bowel movement during feeding. This could create a fouled pool situation requiring us to close the pool until the problem can be remedied
2. A baby also tends to spit up during feeding. This also can create a fouled pool
3. A baby feeding in the water may ingest the pool water and too much pool water is simply not in the baby's best interest. . . .

Participation in leisure activities is positively related to family satisfaction, interaction, and stability.
(Orthner & Mancini, 1990)

Saskatoon, Saskatchewan (July 2001)

In follow up to your question about whether or not the City of Saskatoon's Civic facilities have a policy or statement for the staff or the public regarding breastfeeding at the swimming pools -- we do not have a formal statement or a policy statement.

We do however, at our indoor facilities have signs (door stickers) that are posted to say that the facility is a breastfeeding friendly facility, and is therefore permitted in the facilities.

I believe the stickers were obtained from either the public health office or the human rights office and are just posted on the entrance doors of the facility.

To date, we have not had a problem with anyone abusing this privilege.

Thunder Bay, Ontario (July 2001)

We do not have a policy for breast - feeding at public pools, nor do we feel we should.

Toronto, Ontario (July 2002)

Parks and Recreation currently does not have a policy on breastfeeding for staff or the public. Participants who wish to breastfeed at our local pools are able to do so as long as it does not increase the risk of other children that they may be supervising.

Vancouver, B.C. (August 2002)

As discussed Breast feeding in public areas is not an issue. We regularly have members of the public who may be here with other family members or friends breast feed in the viewing bleachers.

My main concern is balancing the pool use such that one member of the public does not adversely impact another public members use of the facility. Breast feeding is discouraged in the water and in the dressing rooms as we do not allow eating or drinking in the water or in the change rooms. The primary issue is body fluids. Should a child vomit in the pool we are required to take proper measures to ensure compliance with the health act. As a result we may have to shut the pool down to deal with situation.

I will forward you a copy of the Blood & Body Fluid Exposure Procedures that was developed by our Employee Health & Safety H.R. group that our staff are expected to follow if there is an exposure. Note: you can also contact the Vancouver Health Board if you want to follow up on any additional health concerns and recommended procedures.

Here is the response that I sent out to a Pool Programmer from another municipality who made an enquiry on this subject:

Hi ____

This is an issue that we have dealt with in the following manner:

Breast milk is a "Body Fluid". Blood and body fluids may have viruses or bacteria which may cause infection. The most common exposure is hepatitis B. other less common exposures are: Hepatitis C and Human Immunodeficiency Virus (HIV). Through our Employee Health & Safety Program the City of Vancouver has developed "Blood & Body Fluid Exposure Procedures".

In Vancouver we do not allow eating or drinking in the pool or in the change rooms. We do allow breast feeding as long as it is not happening in the pool. Mothers are directed to use either the perimeter chairs or benches or if they want more privacy to use the family change room or the nursery room area.

We are continually trying to find a balance between patron requests and public and staff safety. I hope the information helps. If you want, provide me with your

mailing address and I will forward you a copy of our "Blood & Body Fluid Exposure Procedures" pamphlet.

The Vancouver response was accompanied by the City of Vancouver *Blood & Body Fluid Exposure Procedures* brochure. This pamphlet is intended:

For City employees exposed on the job to:

- Needle sticks
- Blood or body fluid (saliva/spit) splash in eyes, mouth or cuts
- Human Bites¹

Organisms of concern are listed as Hepatitis B and C, HIV, and tetanus. Nothing in the pamphlet specifically addresses aquatics facilities.

Victoria, B.C. (June 2001)

While we don't have a written policy, it has always been our policy to allow breastfeeding anywhere in our facility. We have not had a complaint or issue with this in some years, and the last issue was more of a concern voiced by our lifeguards rather than a complaint from another patron. The lifeguards were concerned that the woman in question was not paying due attention to her child as she was breastfeeding him while sitting on the steps of our small pools and the water was near his face.

I expressed our concern to her while stating that she was entirely welcome to breast feed anywhere in the facility. She adjusted her position and all was well. That's been the extent of this "issue". We don't have a designated place where women can go to breastfeed in private, nor do we have such an accommodation for our staff, but we would certainly find somewhere for them if it was requested.

¹ City of Vancouver. *Blood & Body Fluid Exposure Procedures*, July 2001

APPENDIX 2

Water Safety and Physicians' Organizations on Infant and Toddler Swimming

1. American Academy of Pediatrics, American Red Cross, and YMCA of the USA

The American Academy of Pediatrics (AAP) issued a statement in April 2000 titled "Swimming Programs for Infants and Toddlers". The article begins:

Drowning is the leading cause of unintentional injury and death in the pediatric age group . . . Other reported medical risks to infants and toddlers that involve being in water include hypothermia, water intoxication, and the spread of communicable diseases. *Serious consequences from these medical conditions are rare and can generally be reduced by following existing guidelines published by the American Red Cross and the YMCA.* [italics added]²

The discussion contained in the YMCA Guidelines is quite similar to the AAP statement: hypothermia, communicable diseases, and hyponatremia (a consequence of water intoxication) are covered, as well as other topics such as parental responsibilities and goals of swimming programs for children of this age. The most recent guidelines state:

[H]yponatremia . . . can occur when a child ingests water to a point where the body's electrolytes are diluted and the kidneys fail to filter out the excessive water effectively.³

To prevent this, the guidelines recommend limiting submersions, monitoring an infant's ingestion of water during the class, and limiting in-water sessions to a maximum of 30 minutes.⁴ The YMCA guidelines do not mention ingestion of water by breastfeeding children. Similarly, the American Red Cross considers its Infant and Preschool Aquatic Program to be consistent with the AAP guidelines.⁵

The remainder of the AAP policy statement is spent discussing infant and toddler swim programs and water safety. The statement concludes:

RECOMMENDATIONS

6. Hypothermia, water intoxication, and communicable diseases can be prevented by following existing medical guidelines and *do not preclude*

² "Swimming Programs for Infants and Toddlers". RE9940. *Pediatrics* 105(4): 868-870, April 2000. References omitted. <http://www.aap.org/policy/re9940.html>

³ YMCA of the USA Medical Advisory Committee. "Aquatic Program Guidelines for Children Under the Age of Three", in *YMCA of the USA Medical Advisory Committee Recommendations: A resource guide for YMCAs* (Chicago, IL: YMCA of the USA, Feb. 2001), p. 4.

⁴ See note 3.

⁵ <http://www.redcross.org/nh/nashua/ipapst.html>

*infants and toddlers from participating in otherwise appropriate aquatic experience programs. [italics added]*⁶

No mention is made of either breastfeeding or the ingestion of pool water specifically. Presumably if the act of breastfeeding in the water were any more dangerous than the act of participating in an infant or toddler swim program, the American Academy of Pediatrics would say so.

2. Canadian Paediatric Society

Similarly, the Canadian Paediatric Society, in its February 2001 statement entitled “Swimming Instructions for Infants”, states:

Children less than three years old are most vulnerable to drowning and organized efforts to reduce the toll are indicated . . . in recent years some emphasis has been placed on teaching younger children to swim, even during the first year of life . . . The Committee . . . makes the following recommendations:

1. If a parent wishes to enroll his/her infant in a water adjustment and swimming programme, it should be on a one-to-one basis with a parent or responsible adult.⁷

None of the five recommendations by the CPS that follow this one concern breastfeeding or ingestion of pool water. Again, we would assume that the CPS would mention breastfeeding in the water if it were a particular concern.

3. Canadian Red Cross Society

In an unpublished study of swimming programs for babies done for the Canadian Red Cross Society, three physicians looked at “voluntary water intoxication”, hypothermia, and infection. They concluded that, “. . . well supervised infant water experience programmes provide a safe water experience.”⁸ The study involved from zero to 12 submersions per child, and in the 31 out of 80 test weights done showing a weight gain after the water experience,⁹ the mean gain was only 50 grams, equivalent to 50 ml, or $\frac{1}{2}$ of a cup of water.¹⁰ We can reason that a breastfeeding child, who is never intentionally submerged, would ingest less water than this, if any.

⁶ See note 2.

⁷ Canadian Paediatric Society. *Swimming Instructions for Infants. Position Statement IP81-01*. Sports and Recreation Committee, Canadian Paediatric Society. Ottawa, 1981. Reaffirmed Feb. 2001. <http://www.caringforkids.cps.ca/Pointofview/pointofview.htm#Swimming>

⁸ Keely, K.L.; N.E. Macdonald, and W.J. Ferris. *Medical Safety of Infant Water Experience Programmes* (Ottawa: Department of Pediatrics, Children’s Hospital of Eastern Ontario, [undated]), p. 2. Available from the Canadian Red Cross Society.

⁹ The remainder showed a weight loss (28 children) or no change in weight (21 children).

¹⁰ See note 8, p. 4.

Citing this research, the Canadian Red Cross Water Safety Services Instructor Manual states:

Children participating in parent and tot programs are exposed to no more health risks than in other group activities for children, whether in a daycare facility, a play group, or school. . . Children participating in parent and tot programs do not ingest large amounts of water, even if they are submerged as part of program activities. However, both parents/caregivers and the instructor must be alert for *unintentional* submersions.¹¹

The manual makes no mention of breastfeeding or the possibility of unintentional submersions while breastfeeding.

4. Australian Council for the Teaching of Swimming and Water Safety

Finally, a recent book by the Australian Council for the Teaching of Swimming and Water Safety on infant and preschool aquatics raises the same safety concerns as the previously mentioned authorities and in a similar fashion, makes no mention of ingestion of pool water while breastfeeding. Regarding pool-acquired infections, the authors state:

Contamination of the pool with either vomit or faeces must be regarded as a serious threat to the health of all participants and requires immediate action. . . All participants must evacuate the affected area for approximately 30 minutes, to allow the area to become disinfected.¹²

On the subject of water intoxication, they state:

Cases of water intoxication are very rare. However, forcible or repeated submersions increase the risk.¹³

¹¹ Canadian Red Cross Society. *Canadian Red Cross Water Safety Services Instructor Manual* (Toronto: Mosby Lifeline, 1996), pp. 40-41.

¹² Cesarik J, Gage R, King M et al. *Teaching Infant and Preschool Aquatics: Water Experiences the Australian Way*. (Windsor, Ontario: AUSTSWIM Inc./Human Kinetics, 2001), p. 28.

¹³ See note 12, p. 26.

APPENDIX 3

International Instruments Signed by Canada to Protect, Promote and Support Breastfeeding

A Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects

Appendix A (excerpt)

Health Canada: Canada Prenatal Nutrition Project (CPNP). *A Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects* (Ottawa: Minister of Public Works and Government Services Canada, 2002), p. 20: <http://www.hc-sc.gc.ca/hppb/childhood-youth/cbp/pdf/BFWorkbook.pdf>

Relevant Resolutions of the World Health Assembly

WHA Resolution 39.28 (1986)

- Any food or drink given before complementary feeding **is nutritionally required** may interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period.
- The practice being introduced in some countries of providing infants with specially formulated milks (so-called follow-up milks) is not necessary.

WHA Resolution 47.5 (1994)

- Member States are urged to “foster appropriate complementary feeding **from the age of about six months.**”

WHA Resolution 49.15 (1996)

- Member States are urged to “ensure that complementary foods are not marketed for or used in ways that **undermine exclusive and sustained breastfeeding.**”

WHA Resolution 54.2 (2001)

- Member States are urged to “strengthen activities and develop new approaches to protect, promote and support **exclusive breastfeeding for six months.**”
- Member States are urged to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and all subsequent relevant WHA resolutions regarding labelling, and all forms of advertising and commercial promotion in all types of media, and to inform the general public on progress in implementing the Code and subsequent, relevant WHA resolutions.

The Baby-Friendly™ Initiative in Community Health Services: A Canadian Implementation Guide

Appendix 11

The Breastfeeding Committee for Canada. *The Baby-Friendly™ Initiative in Community Health Services: A Canadian Implementation Guide* (Toronto: Breastfeeding Committee for Canada, March 2002), pp. 70-71. <http://us.share.geocities.com/HotSprings/Falls/1136/pdf/webdoc50.pdf>

Medical Reasons for Using Breastmilk Substitutes

Fortunately, there are only a few situations where infants cannot, or should not, be breastfed. The choice as to the best alternative to breastfeeding depends on the nature of the circumstances, and for this reason it is useful to distinguish between infants who cannot be fed at the breast but for whom breastmilk remains the food of choice; infants who should not receive breastmilk, or any other milk, including the usual breastmilk substitutes; and infants for whom breastmilk is not available, for whatever reason.

Situations related to maternal health

Severe illness

Severe incapacitating illness, while not in itself a contraindication to breastfeeding, may make breastfeeding difficult or impossible.

Medication

A small number of medications are contraindications to routine breastfeeding. These include anti-metabolites, radioactive iodine and some anti-thyroid drugs. Other drugs that may cause side-effects may be substituted or avoided. Only occasionally is breastfeeding contraindicated.

Social circumstances

Even in tobacco, alcohol and drug use, breastfeeding remains the feeding method of choice for the majority of infants. Where hard-drug users are concerned, decisions should be made on a case-by-case basis. If the mother is absent, efforts should be made to find a wet-nurse or to obtain heat-treated breastmilk from a breastmilk bank. Breastfeeding is not recommended for mothers who are intravenous drug users.

HIV-Positive mothers

Mothers who have been counseled and tested for HIV should be provided advice to enable them to make an appropriate decision about infant feeding mode. If they are able to provide a replacement feed safely, they should be encouraged and supported

accordingly. If they are unable to do so, they should be encouraged and supported to breastfeed exclusively.

Other infectious diseases

In the case of herpes simplex lesions found on the breast, temporary interruption of breastfeeding is recommended until all active lesions have been resolved. For most other maternal infections, including tuberculosis, hepatitis B, mastitis and breast abscess breastfeeding is not contraindicated.

Situations related to infant health

Inborn errors of metabolism

Infants with galactosemia, PKU and maple syrup urine disease may require partial or complete feeding with a breastmilk substitute, which is appropriate to their specific metabolic condition.

Sick infants in intensive care

These infants require an individualized feeding plan, and breastmilk should be used to the extent possible. Efforts should be made to sustain maternal milk production by encouraging expression of milk, and relactation when the infant has recovered.

Severe dehydration and malnutrition

This incorporates infant feeding in emergencies. Such circumstances may require temporary feeding with a breastmilk substitute while breastmilk production is re-established.

References

Health factors which may interfere with breastfeeding in: *Infant feeding: the physiological basis.* Supplement to Vol. 67, 1989 of WHO bulletin. World Health Organization, Geneva, 1990.

Annex to the Global Criteria. *The Global Criteria for the WHO/UNICEF Baby Friendly Hospital Initiative,* In: *Baby Friendly Hospital Initiative, Part II. Hospital level implementation.*

New Data on the Prevention of Mother-to-Child Transmission of HIV and their Policy Implications: Conclusions and Recommendations. Who Technical Consultation on Behalf of the UNFPA/UNICEF/WHO/UNAIDS Inter-Agency Task Team on Mother-to-Child Transmission of HIV. Geneva, 11-13 Oct. 2000.

Breastfeeding and Maternal Medication: Recommendations for Drugs in the Eighth WHO Model List of Essential Drugs. WHO/CDR/95.11

Source: WHO & UNICEF (2001)

The Baby-Friendly™ Initiative in Community Health Services: A Canadian Implementation Guide

Appendix 13

The Breastfeeding Committee for Canada. *The Baby-Friendly™ Initiative in Community Health Services: A Canadian Implementation Guide* (Toronto: Breastfeeding Committee for Canada, March 2002), pp. 74-76. <http://us.share.geocities.com/HotSprings/Falls/1136/pdf/webdoc50.pdf>

Encourage Sustained Breastfeeding Beyond Six Months with Appropriate Introduction of Complementary Foods

Exclusive breastfeeding to six months, and sustaining breastfeeding for two years or beyond, is presently not the cultural norm for the majority of Canadian families. Encouraging this style of breastfeeding as the cultural norm – consistent with World Health Organization and UNICEF recommendations – will require the education and support of health care providers in order to address knowledge, beliefs and attitudes about sustained breastfeeding. Health care providers need access to the scientific body of knowledge and experiential knowledge of breastfeeding mothers that supports sustained breastfeeding. There are a growing number of Canadian mothers who have continued breastfeeding when they have returned to employment outside the home. As well, La Leche League International is an excellent resource on sustaining breastfeeding beyond six months. Web site: <http://www.lalecheleague.org/>

Infant readiness for complementary foods

There is good evidence that the healthy full-term infant should be exclusively breastfed from birth, and will be developmentally ready to begin complementary foods at six months or a little beyond (Brown, Dewey, & Allen, 1998; Naylor & Morrow, 2001). When complementary foods are introduced at about six months, special transitional foods (foods with semi-solid consistency and adequate energy and nutrient densities) are recommended. The early introduction of non-breastmilk foods and fluids may result in a displacement of breastmilk since infant demand is the primary determinant of maternal milk production. Moreover, the use of non-breast milk foods such as infant cereals may interfere with the bioavailability of key nutrients such as iron and zinc (Brown et al., 1998, p. 19).

Babies are able to regulate their intake of breastmilk in response to their need for fluids as well as calories. Many mothers find that breastmilk alone can continue to supply their infant's need for fluids even when complementary foods are added to the diet. Soft, non-dairy and locally available foods are offered to initially top up and complement breastfeedings during the 6-9 month period. Care must be taken to ensure that these foods do not replace breastmilk or breastfeeding. When introducing complementary foods, breastfeed first then offer foods. This is followed by a gradual increase in complementary foods that includes dairy foods to approximately 50% of the daily caloric

need during the 9-11 month age period. Mothers should be encouraged to offer frequent breastfeeds between small meals of other foods in order to maximize their infant's intake of breastmilk. The six to eleven month period is a vulnerable time because infants are just learning to eat and must be fed soft foods frequently and patiently. For older infants and toddlers, breastmilk continues to be an important source of energy, protein and micronutrients. Therefore breastfeeding should continue through 24 months and beyond. From 12-24 months there is a gradual change to family meals and nutritious snacks topped up by breastfeeding (LINKAGES & the SARA Project, 1998).

La Leche International recommends the following progression for introducing complementary foods: . . .

Rationale for sustained breastfeeding beyond the first year of life

Evidence provided by Brown et al., 1998, suggests that breastfeeding continues to be an important nutritional and health contribution well beyond the first year of life:

- breastmilk provides one-third to two-thirds of the average total energy intake towards the end of the first year
- breastmilk is relatively high in fat, so it is a key source of energy and essential fatty acids
- breastmilk helps in the prevention of vitamin A deficiency between 12 and 36 months
- breastmilk intake usually continues during episodes of diarrhea and fever when appetite for other foods decreases, thus preventing dehydration and providing essential nutrients for recovery
- morbidity and mortality rates remain lower in children who continue to be breastfed up to 2-3 years
- many of the anti-microbial constituents of human milk, e.g. secretory IgA, are still present in considerable amounts in the second year of lactation
- breastfeeding for at least a year has been associated with better oral development in children
- breastmilk gives additional protection for children with food sensitivities
- a longer duration of breastfeeding is associated with a delay in natural fertility (Labbok, 2001)
- as duration of breastfeeding increased, the risk for hip fractures in the mother decreased in a dose-related relationship (Riordan & Auerbach, 1999)
- sustained breastfeeding supports weight loss and healthy weight achievement in mothers (Riordan & Auerbach, 1999)

And most importantly...

**Breastfeeding provides
comfort and emotional stability
for the growing child**



Innocenti Declaration
On the Protection, Promotion and Support of Breastfeeding.
1 August, 1990
Florence, Italy

[See <http://www.geocities.com/HotSprings/Falls/1136/innodec.htm> and
<http://www.waba.org.br/inno.htm>]

RECOGNISING that

Breastfeeding is a unique process that:

- Provides ideal nutrition for infants and contributes to their healthy growth and development;
- Reduces incidence and severity of infectious diseases, thereby lowering infant morbidity and mortality;
- Contributes to women's health by reducing the risk of breast and ovarian cancer, and by increasing the spacing between pregnancies;
- Provides social and economic benefits to the family and the nation;
- Provides most women with a sense of satisfaction when successfully carried out; and that

Recent research has found that:

- these benefits increase with increased exclusiveness (1) of breastfeeding during the first six months of life, and thereafter with increased duration of breastfeeding with complementary foods, and
- program interventions can result in positive changes in breastfeeding behaviour;

WE THEREFORE DECLARE that

As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breastmilk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner.

Attainment of this goal requires, in many countries, the reinforcement of a "breastfeeding culture" and its vigorous defense against incursions of a "bottle-feeding culture". This requires commitment and advocacy for social mobilization, utilizing to the full the prestige and authority of acknowledged leaders of society in all walks of life.

Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behaviour towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.

Measures should be taken to ensure that women are adequately nourished for their optimal health and that of their families. Furthermore, ensuring that all women also have access to family planning information and services allows them to sustain breastfeeding and avoid shortened birth intervals that may compromise their health and nutritional status, and that of their children.

All governments should develop national breastfeeding policies and set appropriate national targets for the 1990s. They should establish a national system for monitoring the attainment of their targets, and they should develop indicators such as the prevalence of exclusively breastfed infants at discharge from maternity services, and the prevalence of exclusively breastfed infants at four months of age.

National authorities are further urged to integrate their breastfeeding policies into their overall health and development policies. In so doing they should reinforce all actions that protect, promote and support breastfeeding within complementary programs such as prenatal and perinatal care, nutrition, family planning services, and prevention and treatment of common maternal and childhood diseases. All healthcare staff should be trained in the skills necessary to implement these breastfeeding policies.

OPERATIONAL TARGETS

All governments by the year 1995 should have:

- Appointed a national breastfeeding coordinator of appropriate authority, and established a multi sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;
- Ensured that every facility providing maternity services fully practices all ten of the Ten Steps to Successful Breastfeeding set out in the joint WHO/UNICEF statement "Protecting, promoting and supporting breastfeeding: the special role of maternity services" [\(2\)](#);

- Taken action to give effect to the principles and aim of all Articles of the [International Code of Marketing of Breastmilk Substitutes](#) and subsequent relevant [World Health Assembly resolutions](#) in their entirety; and
- enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

We also call upon international organizations to:

- Draw up action strategies for protecting, promoting and supporting breastfeeding, including global monitoring and evaluation of their strategies;
- Support national situation analyses and surveys and the development of national goals and targets for action; and
- Encourage and support national authorities in planning, implementing, monitoring and evaluating their breastfeeding policies.

REFERENCES

1. Exclusive breastfeeding means that no other drink or food is given to the infant; the infant should feed frequently and for unrestricted periods.
2. World Health Organization, Geneva, 1989.

The Innocenti Declaration was produced and adopted by participants at the WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative, co-sponsored by the United States Agency for International Development (A.I.D.) and the Swedish International Development Authority (SIDA), held at the Spedale degli Innocenti, Florence, Italy, on 30 July - 1 August 1990. The Declaration reflects the content of the original background document for the meeting and the views expressed in group and plenary sessions.

Return to the [International Code and Subsequent Resolutions](#)

FIFTY-FOURTH WORLD HEALTH ASSEMBLY WHA54.2

Agenda item 13.1 18 May 2001

Infant and young child nutrition

[See <http://www.ibfan.org/english/resource/who/whares542.html> and more recently <http://www.ibfan.org/english/resource/who/whares5525.html>]

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;

Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world, because more than one-third of under-five children are still malnourished – whether stunted, wasted, or deficient in iodine, vitamin A, iron or other micronutrients – and because malnutrition still contributes to nearly half of the 10.5 million deaths each year among preschool children worldwide;

Deeply alarmed that malnutrition of infants and young children remains one of the most severe global public health problems, at once a major cause and consequence of poverty, deprivation, food insecurity and social inequality, and that malnutrition is a cause not only of increased vulnerability to infection and other diseases, including growth retardation, but also of intellectual, mental, social and developmental handicap, and of increased risk of disease throughout childhood, adolescence and adult life;

Recognizing the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right;

Acknowledging the need for all sectors of society – including governments, civil society, health professional associations, nongovernmental organizations, commercial enterprises and international bodies – to contribute to improved nutrition for infants and young children by using every possible means at their disposal, especially by fostering optimal feeding practices, incorporating a comprehensive multisectoral, holistic and strategic approach;

Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognizes, inter alia, the need for access to and availability of both support and information concerning the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding for all segments of society, in particular parents and children;

Conscious that despite the fact that the International Code of Marketing of Breast-milk Substitutes and relevant, subsequent Health Assembly resolutions state that there should be no advertising or other forms of promotion of products within its scope, new modern communication methods, including electronic means, are currently increasingly being used to promote such products; and conscious of the need for the Codex Alimentarius Commission to take the International Code and subsequent relevant Health Assembly resolutions into consideration in dealing with health claims in the development of food standards and guidelines;

Mindful that 2001 marks the twentieth anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes, and that the adoption of the present resolution provides an opportunity to reinforce the International Code's fundamental role in protecting, promoting and supporting breastfeeding;

Recognizing that there is a sound scientific basis for policy decisions to reinforce activities of Member States and those of WHO; for proposing new and innovative approaches to monitoring growth and improving nutrition; for promoting improved breastfeeding and complementary feeding practices, and sound culture-specific counselling; for improving the nutritional status of women of reproductive age, especially during and after pregnancy; for alleviating all forms of malnutrition; and for providing guidance on feeding practices for infants of mothers who are HIV-positive;

Noting the need for effective systems for assessing the magnitude and geographical distribution of all forms of malnutrition, together with their consequences and contributing factors, and of foodborne diseases; and for monitoring food security;

Welcoming the efforts made by WHO, in close collaboration with UNICEF and other international partners, to develop a comprehensive global strategy for infant and young child feeding, and to use the ACC Sub-Committee on Nutrition as an interagency forum for coordination and exchange of information in this connection,

1. THANKS the Director-General for the progress report on the development of a new global strategy for infant and young child feeding;

2. URGES Member States:

(1) to recognize the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right and to call on all sectors of society to cooperate in efforts to improve the nutrition of infants and young children;

(2) to take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child, in order to ensure every child's right to the highest attainable standard of health and health care;

(3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programmes and projects aimed at new initiatives and innovative approaches;

(4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;

(5) to support the Baby-friendly Hospital Initiative and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure maintenance of standards and the Initiative's long-term sustainability and credibility;

(6) to improve complementary foods and feeding practices by ensuring sound and culture specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous nutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health workers and community leaders on this subject, and to the integration of these messages into strategies for health and nutrition information, education and communication;

(7) to strengthen monitoring of growth and improvement of nutrition, focusing on community-based strategies, and to strive to ensure that all malnourished children, whether in a community or hospital setting, are correctly diagnosed and treated;

(8) to develop, implement or strengthen sustainable measures including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification, through recommended feeding practices that are culture-specific and based on local foods, as well as through other community-based approaches;

(9) to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly

As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

resolutions, with regard to labelling as well as all forms of advertising, and commercial promotion in all types of media, to encourage the Codex Alimentarius Commission to take the International Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines; and to inform the general public on progress in implementing the Code and subsequent relevant Health Assembly resolutions;

(10) to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding, and the need for independent research in this connection; to strive to ensure adequate nutrition of infants of HIV-positive mothers; to increase accessibility to voluntary and confidential counselling and testing so as to facilitate the provision of information and informed decision-making; and to recognize that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free from commercial influences;

(11) to take all necessary measures to protect all women from the risk of HIV infection, especially during pregnancy and lactation;

(12) to strengthen their information systems, together with their epidemiological surveillance systems, in order to assess the magnitude and geographical distribution of malnutrition, in all its forms, and of foodborne disease;

3. REQUESTS the Director-General:

(1) to give, greater emphasis to infant and young child nutrition, in view of WHO's leadership in public health, consistent with and guided by the Convention on the Rights of the Child and other relevant human rights instruments, in partnership with ILO, FAO, UNICEF, UNFPA and other competent organizations both within and outside the United Nations system;

(2) to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;

(3) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on

optimal duration of exclusive breastfeeding, the provision of safe and appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;

(4) to continue the step-by-step country- and region-based approach to developing the new global strategy on infant and young child feeding, and to involve the international health and development community, in particular UNICEF, and other stakeholders as appropriate;

(5) to encourage and support further independent research on HIV transmission through breastfeeding and on other measures to improve the nutritional status of mothers and children already affected by HIV/AIDS;

(6) to submit the global strategy for consideration to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly (May 2002).

Seventh plenary meeting, 18 May 2001 A54/VR/7

As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4)

APPENDIX 4

Breastfeeding-Rights Cases and Policy Statements (in chronological order)

1. Quebec

In 1995, the Quebec Human Rights Commission (Commission des Droits de la Personne et des Droits de la Jeunesse) recommended that Westmount Square mall in Montreal and a security firm pay Ann Martin a total of \$2500 as compensation for being asked to cover up or leave while breastfeeding at the mall, or further legal action would be taken. The mall and security firm complied.¹⁴

2. Ontario

In 1999, the Ontario Human Rights Commission revised their *Policy on Discrimination Because of Pregnancy* to include a section on discrimination due to breastfeeding. The policy was developed as part of the settlement of the case of *Rock v. Hound and Heather et al*, a complaint related to breastfeeding in a restaurant. The policy, now titled *Policy on Discrimination Because of Pregnancy and Breastfeeding*, states in part:

2. Background

Anti-discrimination legislation seeks to address and remove unfair disadvantages that result from the fact that a person belongs to a group identified under the *Code*. Child-bearing benefits society as a whole, and therefore women should not be disadvantaged as a result of being pregnant.[1] The Supreme Court of Canada has recognized that the financial and social burdens and the cost associated with having children should not rest entirely on women.[2]

Several international agreements and conventions to which Canada is a party contain provisions with respect to the pre-natal and post-natal periods. Article 10(2) of the *International Covenant on Economic, Social and Cultural Rights* provides that special protection should be accorded to mothers during a reasonable period before and after childbirth. During such a period, working mothers should be accorded paid leave or leave with adequate social security benefits. *The Convention on the Elimination of All Forms of Discrimination Against Women* states that women shall have appropriate services in connection with pregnancy and breastfeeding. . . .

¹⁴ *INFAC* Canada Winter 96 Newsletter, "Women's Rights! Victory in Montreal"
<http://www.infactcanada.ca/InfactHomePage.htm>

As well, women who are breastfeeding often face negative attitudes from employers, and when using services or facilities. They may experience difficulty in securing appropriate accommodation that will allow them to nurse their children. . .

3. MEANING OF PREGNANCY

The right to equal treatment without discrimination because of sex includes the right to equal treatment without discrimination because a woman is, was or may become pregnant or because she has had a baby. "Pregnancy" therefore includes the process of pregnancy from conception up to the period following childbirth and includes the post-delivery period and breastfeeding.^[3] The term "pregnancy" takes into account all the special needs and circumstances of a pregnant woman and recognizes that the experiences of women will differ.

Special needs can be related to circumstances arising from: . . .

- Breastfeeding . . .

5. BREASTFEEDING AND DISCRIMINATION

As noted above, pregnancy includes the post-natal period, which includes breastfeeding. Breastfeeding is a natural part of child-rearing, and so is integrally related to the ground of sex, as well as to family status. Numerous studies have demonstrated the benefits of breastfeeding for mothers, children, and their communities, in terms of physical and emotional health and development. Women should not be disadvantaged in services, accommodation or employment because they have chosen to breastfeed their children.

Breastfeeding includes pumping or expressing milk, as well as nursing directly from the breast.

Sometimes women are discouraged by others from breastfeeding in public places because of concerns that it is indecent. Breastfeeding is really a health issue, and not one of public decency. Women should have the choice to feed their baby in the way that they feel is most dignified, comfortable, and healthy. . .

10. SERVICES, GOODS AND FACILITIES (section 1)

. . . The *Code* prohibits discrimination in "services, goods and facilities" against women who are breastfeeding. This means that women have a right to nurse undisturbed, and cannot be prevented from breastfeeding a child in, for example, a public area or restaurant. They also cannot be asked to move to a more "discreet"

area to breastfeed a child, or to “cover up”. Complaints from other persons will not justify interfering with a woman’s right to breastfeed.¹⁵

The OHRC website contains a fact sheet for the public explaining the policy, part of which says:

Pregnancy and Breastfeeding: Your Rights and Responsibilities

WHAT ABOUT BREASTFEEDING?

You have rights as a nursing mother. For example, you have the right to breastfeed a child in a public area. No one should prevent you from nursing your child simply because you are in a public area. They should not ask you to "cover up", disturb you, or ask you to move to another area that is more "discreet".¹⁶

3. Nova Scotia

The Nova Scotia Human Rights Commission also developed a policy in the aftermath of a complaint from a woman who was asked not to breastfeed in a retail store.¹⁷ The policy was issued in February 2000 and is as follows:

Breastfeeding Policy

Approved by the Nova Scotia Human Rights Commission

Under the Human Rights Act women are protected from discrimination and harassment because of sex, which includes pregnancy, and family status, which means being in a parent-child relationship. In Nova Scotia it is illegal to discriminate because a woman is or was pregnant, because she may become pregnant or because she has had a baby. This includes a woman's right to breast-feed her child.

1. The Human Rights Act prohibits discrimination in the area of "the provision of or access to services and facilities". Women have the right to breast-feed a child in public areas, including restaurants, retail stores and shopping centres, theatres and

¹⁵ Ontario Human Rights Commission. *Policy on Discrimination Because of Pregnancy and Breastfeeding* (revised); October 9, 2001: <http://www.ohrc.on.ca/english/publications/pregnancy-policy.shtml>; Revised OHRC Policy on Pregnancy Now Includes the Right to Breastfeed in Public; Oct. 4, 1999: http://www.ohrc.on.ca/english/news/e_pr_pregnancy.shtml; *Breastfeeding is a human right: new campaign launched*, October 2, 2000: http://www.ohrc.on.ca/english/news/e_pr_breastfeeding.shtml

¹⁶ *Pregnancy and Breastfeeding: Your Rights and Responsibilities*
<http://www.ohrc.on.ca/english/guides/pregnancy-breastfeeding.shtml>

¹⁷ Elizabeth Smith was asked to leave Chintzy’s, a fabric store in Amherst, Nova Scotia. See Brian G. Johnston, Q.C. *File Assessment of Intervention and Investigation into Breast Feeding Complaint*; August 23, 2000 at p. 4. <http://www.gov.ns.ca/humanrights/pdf/assessmt.pdf> and “Nova Scotia defines breastfeeding status as a human right”, *INFACT Canada Summer/Fall 2000 newsletter* <http://www.infactcanada.ca>

so forth. Women should not be prevented from nursing a child in a public area, nor asked to move to another area that is more "discreet."

2. The Human Rights Act prohibits discrimination in the area of employment against women who are breastfeeding. Employers have a duty to accommodate employees who are breastfeeding. This duty is limited only if the accommodation would create an undue hardship. Accommodation could include allowing the employee to have the baby brought into the workplace by a caregiver for feeding, and arranging a quiet place to breast-feed. The onus is on the employer to show an undue hardship if a request for accommodation related to breastfeeding is refused.

3. The Nova Scotia Human Rights Commission will accept complaints of discrimination based on sex and/or family status related to breastfeeding, and will deal with them in accordance with the above policies.¹⁸

4. British Columbia

Following the case of *Poirier v. British Columbia (Ministry of Municipal Affairs, Recreation and Housing)*, (1997) 29 C.H.R.R. D/87 (B.C. Trib.), the B.C. Human Rights Commission released the following policy on breastfeeding:

The BC Human Rights Commission

Policy and Procedure Manual

Sex discrimination - breastfeeding and expressing milk

1. Discrimination because a woman is breastfeeding or expressing breast milk^{*} is sex discrimination.
2. Employers have a duty to accommodate lactating employees.
3. Accommodation will usually require, at a minimum, providing work schedule flexibility, including scheduling breaks, to allow time for breastfeeding or milk expression.
4. Time required for breastfeeding breaks or daily reduction of work hours shall be counted as working time and remunerated as such.¹ If the mother requires more time to breastfeed or express milk than her regularly scheduled paid breaks allow, her breaks with pay shall be extended as required.
5. If a work-related meeting conflicts with a woman's breastfeeding schedule, then the woman may breastfeed during that meeting unless to do so would be unduly disruptive (eg: if the baby is unduly noisy).² No employer may refuse to allow a

¹⁸ Nova Scotia Human Rights Commission. *Breastfeeding Policy*; Feb. 18, 2000:
<http://www.gov.ns.ca/humanrights/whatsnewwithpolicy.htm>

- woman to breastfeed during a work meeting only because of negative reactions from other participants (e.g. an offended sense of decency).
6. Accommodation may also involve:
 - advising all employees, through the use of appropriate signage (e.g. breastfeeding friendly workplace stickers) or through clearly stated policy, that breastfeeding / expressing breast milk is permitted;
 - providing a suitably furnished private space in which a woman can either breastfeed or express milk. This can either be the woman's office space, if she has a private office already, or another suitable private space, other than a toilet stall, located near the woman's work area (e.g. a first aid station);
 - providing access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment as well as access to a fridge for storing bottled milk;
 7. Entities that provide public services/facilities customarily available to the public also have a duty to accommodate lactating women.
 8. For those women who wish to breastfeed / express milk in public accommodation includes:
 - allowing mothers to breastfeed / express milk on public benches such as may be found in shopping malls, museums, hospitals, public parks, restaurants, etc.;
 - allowing mothers to breastfeed their babies while walking in stores, etc.;
 - and
 - allowing mothers to breastfeed / express milk in the regular passenger areas on ferries or buses.
 9. For those women who wish to breastfeed / express milk in private accommodation includes:
 - providing a private location, other than toilet facilities, where such locations already exist, for a woman to breastfeed / express milk. For example, a mall or other public building with a first aid room should make it available to lactating women upon request. However, where no such location exists, the service provider does not have to build one.

*Expressing milk is the process by which a lactating woman uses a breast pump to bottle her milk to feed her baby at a later time.

Authority:

1. Maternity Protection Convention, 2000, online: International Labour Organization Homepage, <http://www.ilo.org/public/english/standards/relm/ilc/ilc88/com-matd.htm>
2. Poirier v. British Columbia (Ministry of Municipal Affairs, Recreation and Housing), (1997) 29 C.H.R.R. D/87 (B.C. Trib.)

Policy approved: August 1, 2000¹⁹

¹⁹ B.C. Human Rights Commission. *Sex discrimination: Breastfeeding and expressing milk*; Aug. 1, 2000. Available at: <http://www.bchrc.gov.bc.ca>; from home page scroll down to and click on Commission Policy, click on Breastfeeding.

5. Manitoba

In December 2000, the Manitoba Human Rights Commission ruled that mothers have a right to breastfeed while shopping, even if other customers are offended, and that store owners must make reasonable accommodations for the nursing mother and child. The decision reads, in part:

The question of whether third parties are affected by an accommodation is sometimes a relevant consideration. The Court in *Renaud* commented, (again in the context of a complaint of discrimination in employment) that:

The reaction of employees may be a factor in deciding whether accommodating measures would constitute undue interference in the operation of the employer's business. In *Central Alberta Dairy Pool*, supra, Wilson J. referred to employee morale as one of the factors to be taken into account. It is a factor that must be applied with caution. The objection of employees based on well-grounded concerns that their rights will be affected must be considered. On the other hand, objections based on attitudes inconsistent with human rights are an irrelevant consideration.

Here the Complainant testified that the Respondent stated, as his explanation for suggesting she go into the courtyard, that other customers might be offended by her breast-feeding her child. Wall denied this. For the purposes of reaching a decision in this case, it is not necessary for me to conclude whether the comment was made. It is worth noting, however, that *such a consideration would be an improper basis for refusing accommodation, being nothing more than an archaic view that comes within Justice Sopinka's description of "an attitude inconsistent with human rights"*.²⁰ (italics added)

6. Alberta

In June 2002, the Alberta Human Rights and Citizenship Commission released an interpretive bulletin entitled *Rights and Responsibilities Related to Pregnancy, Childbirth and Adoption*, which mentions breastfeeding mostly in the context of employment. There are a few remarks which are important to the issue of breastfeeding in public, however:

In Alberta, the Human Rights, Citizenship and Multiculturalism Act protects people from discrimination on the basis of gender. This includes protection from discrimination because of pregnancy and breastfeeding.

²⁰ *Morriseau v. Paisley Park*. Manitoba Human Rights Commission; Dec. 12, 2000: <http://www.gov.mb.ca/hrc/english/publications/morriseau.html>. Manitoba permits breastfeeding in stores, CBC News WebPost; Dec. 17, 2000: <http://cbc.ca/cgi-bin/templates/view.cgi?category=Canada&story=/news/2000/12/17/breastfeeding001217>

The right to equal treatment without discrimination because of gender, including pregnancy and breastfeeding, applies in all of the areas protected by the *Act*:

. . . goods, services, accommodation or facilities customarily available to the public (for example, restaurants, stores, hotels or provincial government services)
. . .

How does human rights law protect pregnant women?

In Alberta, it is contrary to the [Alberta Human Rights, Citizenship and Multiculturalism Act](#) to:

- treat women differently or create conditions that discriminate against women or make them feel unwelcome because of their pregnancy or breastfeeding²¹

²¹ Alberta Human Rights and Citizenship Commission. *Rights and Responsibilities Related to Pregnancy, Childbirth and Adoption: Interpretive Bulletin*; June 2002:
http://www.albertahumanrights.ab.ca/publications/Bull_pregnancy.asp and
http://www.albertahumanrights.ab.ca/publications/Bull_pregnancy.pdf