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Canadian Lactation Consultants Association
Association canadienne des consultant(e)s en lactation

Take Another Look

at Breastfeeding



As Good For You As For Me!

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Breastfeeding - *Take Another Look*

Why Breastfeeding?

The Canadian Lactation Consultant Association urges all players and partners in health promotion to immediately begin to address the need for development of a comprehensive national strategy that will promote, support and protect breastfeeding in a way that benefits all mothers and babies in Canada. Breastfeeding is good for mothers, for babies and for society.

Breastfeeding offers health benefits that last a lifetime and cross every social, cultural and economic system. Exclusive breastfeeding for the first six months and continued breastfeeding with appropriate complementary foods to two years and beyond has the potential to create a positive impact on today's and future generations.

Breastfeeding:

- ensures food security and safety for infants and children.
- has a positive impact on family income.
- contributes to a stable eco-system.
- is a sustainable resource and increases the potential for optimal child growth and development regardless of a family's income or social status.

The Ottawa Charter for Health Promotion (1987) states that health promotion action "aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential."



Compelling evidence identifies the positive long-term effects that breastfeeding has on the health of mothers and babies across the socioeconomic, cultural and societal spectrum as well as the significant negative health risks experienced by mothers and babies who use artificial baby milk (formula).

The Ottawa Charter acknowledges that improved health at individual and population levels cannot be achieved by the health sector alone. Effective health promotion requires coordinated action by a range of players, including governments, health and other social and economic sectors, non-governmental and voluntary organizations, local authorities, industry and the media.

"Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it.

Health promotion action aims at making these conditions favourable through advocacy for health"

(Ottawa Charter for Health Promotion, 1987).

Making the Connection

At the end of the 1987 Ottawa Conference, the participants made a series of pledges for advancing health promotion efforts in their countries and internationally. A comprehensive and effective national breastfeeding strategy is essential to advancing Canada's health promotion efforts within the framework of these pledges. This would include:

Moving into the arena of healthy public policy and to advocate a clear political commitment to health and equity in all sectors. Counteract the pressures towards harmful products, resource depletion, unhealthy living conditions, environments and bad nutrition. Focus attention on public health issues such as pollution, occupational hazards, housing and settlements.

- Breastfeeding guarantees a safe, secure and nutritionally complete food source augmented by significant immunological protection to ensure optimal neurological development for infants and children regardless of their living conditions.

Responding to the health gap within and between societies and tackle the inequities in health produced by the rules and practices of these societies.

- Breastfeeding reduces the health gap between socioeconomic groups, providing optimal child growth and development regardless of parental income or social status.

Acknowledging people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being.

- A satisfying breastfeeding experience can be highly empowering for women, leading to increased self-esteem and feelings of competence, confidence and control.
- Breastfeeding provides optimum nutrition for infants at minimal cost to parents (the estimated cost of formula-feeding for one year ranges from \$1300 to \$2200 Canadian. This estimate does not include the cost of the equipment

required, or the cost of medications to treat illness that is more common in formula fed children).

- Employed breastfeeding mothers take fewer sick days due to child illness or maternal illness, benefiting employers and families.
- Employers who support breastfeeding employees may see increased loyalty, commitment and morale among those women. In turn, this may result in higher productivity.
- Women who do not breastfeed experience increased post partum depression.

Reorienting health services and their resources towards the promotion of health; and share power with other sectors, other disciplines and, most importantly, with people themselves.

- At the population level, increased rates of breastfeeding initiation and duration results in reduced incidence of many acute childhood diseases and chronic adult diseases regardless of economic status. Overall, this will decrease the burden of illness on the health system. Effective breastfeeding promotion, protection, and support needs to become part of standard health service provision.
- With adequate education and support, most women can breastfeed. Health promotion strategies that share power, engage multi-sectors, and that capitalize on the strengths of women are more likely to be effective.
- At a population level, high rates of breastfeeding initiation and duration produces measurable outcomes and significant cost reduction to the health care system.

Recognizing health and its maintenance as a major social investment and challenge; and address the overall ecological issue of our ways of living.

- Breastfeeding produces minimal environmental waste in production, delivery and disposal of product.
- Breastfeeding can provide natural child spacing or minimize contraception failure in the first six months.

Action Strategies For Canada

Breastfeeding and the Ottawa Charter for Health Promotion Build Healthy Public Policy

- Actively encourage and support the implementation of the World Health Organization/UNICEF Baby-Friendly Initiative in hospitals and communities.
- Actively encourage government implementation of the International Code of the Marketing of Breastmilk Substitutes and all subsequent World Health Assembly resolutions.
- Actively encourage governments to implement the Global Strategy(WHO initiative) for the Feeding of Infants and Young Children.
- Ensure secure funding for a national breastfeeding coordinating body such as the Breastfeeding Committee for Canada (BCC).
- Ensure wide-ranging input on any policies impacting women, children or families (e.g., consumers, La Leche League Canada, the Breastfeeding Committee for Canada, International Board Certified Lactation Consultants, Dietitians of Canada).

- Create and deliver social marketing messages that reinforce breastfeeding as a cultural norm.
- Collaborate with environmental organizations to promote breastfeeding.
- Collaborate with chronic disease groups in prevention research and public awareness campaigns (e.g. Obesity Canada, Crohn's and Colitis Foundation of Canada, Canadian Diabetes Association, Canadian Breast Cancer Foundation, MS Society of Canada, SIDS Association of Canada).
- Actively encourage the re-establishment of human milk banks in hospitals across Canada. As well, encourage the establishment of satellite centers to complement and help supply the milk banks.
- Encourage life insurance companies to provide incentives to women who practice extended breastfeeding.

Create Supportive Environments

- Improve breastfeeding knowledge and skills for all health care practitioners.
- Ensure that care provided is best practice and is evidence based.
- Promote the use of the internationally diverse growth charts recently developed by WHO.
- Create spaces in workplaces and post-secondary institutions for mothers to breastfeed or pump their milk.
- Encourage breastfeeding education components in all post-secondary health programs, tailored to field of practice.
- Promote the use of international breastfeeding symbol in public buildings (e.g., airports, government buildings).

Strengthen Community Action

- Encourage funding at all government levels to implement the Baby-Friendly Initiative in hospitals and community health services.
- Actively encourage and enhance funding for new and existing community support groups such as La Leche League or other peer programs.
- Recognize breastfeeding-friendly public locations.
- Actively promote World Breastfeeding Week activities and the Quintessence Breastfeeding Challenge as national events.
- Encourage the incorporation of breastfeeding information in school curriculum.

Develop Personal Skills

- Provide evidence-based breastfeeding education for all healthcare professionals that work with families.
- Provide breastfeeding education for parents-to-be that focuses on breastfeeding and parenting self-efficacy and confidence.
- Educate and support mothers to breastfeed exclusively for six months and then, with the addition of appropriate complementary foods, continue breastfeeding for 2 years and beyond.

Reorient Health Services

- Fund breastfeeding clinics and education initiatives.
- Generate and coordinate national breastfeeding data collection based on standardized breastfeeding definitions.
- Generate reports on annual estimated cost savings to the health care system based on breastfeeding initiation and duration rates.
- Fund the development of education materials reflective of the norms of breastfed babies in areas such as growth and development, eating and sleeping patterns.
- Fund the work of organizations such as INFACT Canada to provide the public with current and accurate information on the infractions of the (WHO) International Code of the Marketing of Breastmilk Substitutes.

Resources

Academy of Breastfeeding Medicine

<http://www.bfmed.org/index.asp>

Agency for Healthcare Research and Quality

<http://www.ahrq.gov>

Breastfeeding Committee for Canada (BCC)

<http://www.breastfeedingcanada.ca/>

Canadian Lactation Consultant Association: Association canadienne des consultants en lactation (CLCA/ACCL)

<http://www.clca-accl.ca>

Canadian Pediatric Society: BF Position Papers

<http://www.cps.ca/english/publications/Nutrition.htm>

Canadian Public Health Association

<http://www.cpha.ca/>

Centers for Disease Control & Prevention - US

<http://www.cdc.gov/breastfeeding/>

Cochrane Collaboration: Healthcare Evidence

<http://www.cochrane.org>

Environmental Risks & Infant Feeding

<http://www.cewh-cesf.ca/en/publications/RB/v3n2/page7.shtml>

Human Milk Banking Association of North America

<http://www.hmbana.org/>

INFACT Canada

<http://www.infactcanada.ca/>

Innocenti Declaration

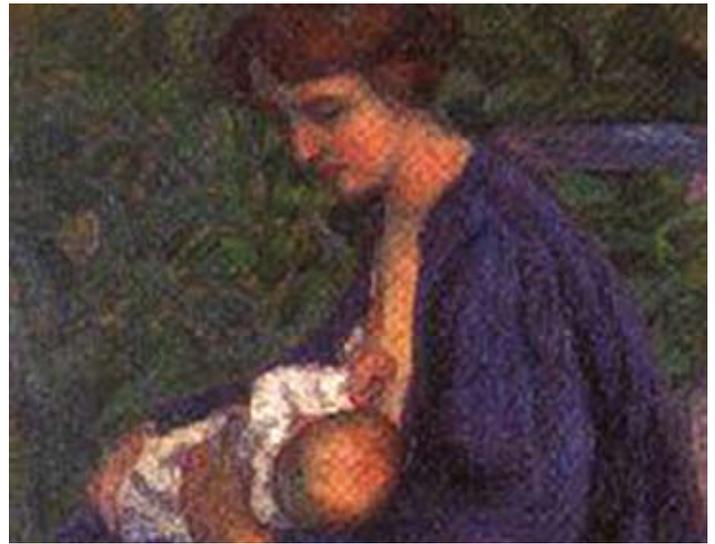
http://www.unicef.org/nutrition/index_24807.html

International Baby Food Action Network (IBFAN)

<http://www.ibfan.org>

International Lactation Consultant Association (ILCA)

<http://www.ilca.org>



La Leche League Canada

<http://www.lllc.ca>

La Leche League International

<http://www.lalecheleague.org>

Public Health Agency of Canada

http://www.phac-aspc.gc.ca/new_e.html

Quintessence Foundation: Breastfeeding Challenge

<http://www.babyfriendly.ca/challenge/index.php>

Social Determinants of Health: WHO

http://www.who.int/social_determinants/en

United Nations Children's Fund: UNICEF

<http://www.unicef.org/>

<http://www.unicef.org/french/>

World Alliance Breastfeeding Action (WABA)

<http://www.waba.org>

World Health Organization (WHO)

http://who.int/child-adolescent-health/publications/NUTRITION/ISBN_92_4_159523_0.htm

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