

Quintessence News

This year's World Breastfeeding Week with the theme "Breastfeeding: It's your Right" was celebrated throughout BC from October 1st to October 7th. The Quintessence Foundation marked this special week by cosponsoring along with the BC Baby-Friendly Network and C & W Hospitals the "BFHI Working Group." Participants from twelve hospitals in the Greater Vancouver area were invited to attend a meeting at C & W to discuss the Baby-Friendly Hospital Initiative and share ideas as to the progress being made on the BFHI in the various institutions. Eleven out of the invited twelve hospitals were represented as well as individuals from the Vancouver/ Richmond Health Board, RNABC, HABC, Capital Health Region, Breastfeeding Committee for Canada, Trinity Western University, and Langley Health Department. Over a four-hour period on October 6th the group reviewed some basic materials supplied in the "Catch the Spirit" Binder and discussed the "Ten Steps" and successful strategies that had been employed.

One of the major challenges is providing education - both to staff and the public. A number of interesting ideas emerged. Lions Gate Hospital has an education fund which is the result of every nurse contributing one dollar from her pay cheque, with the hospital contributing \$50 per staff member. This fund then allows nurses to apply for educational funding. St Paul's is using "Clinical Issues", a short written discussion of issues such as feeding cues which are posted in a variety of areas including staff washrooms. BC Women's offers breastfeeding classes for families expecting multiples. These are but a few of the examples mentioned during the discussion of successful strategies.

WHO/UNICEF's Step Four gave rise to some discussion over skin to skin contact immediately after birth and what that truly means. The lunch break provided time for individuals from different agencies to connect and discuss clinical issues.

The meeting was a success, and a follow-up meeting is planned for February 16th, 2001 at C & W. If you have suggestions regarding additional participants please contact us at the Foundation address. We look forward to this "BFHI" working group truly "catching the spirit" and then assisting other hospitals throughout BC.

Getting Started or Restarted on the Baby-Friendly Initiative

In these times of fiscal restraint with health care professionals feeling stretched to the limit, the issues of how to start or how to restart the BFI often seems overwhelming. The good news is that there is much more interest than a few years ago, so this is a good time to "get the ball rolling." Depending on where you work and how many of the "players" you know may determine where to start.

The Breastfeeding Committee for Canada has a number of documents that are most helpful. There is a package of documents on the Baby-Friendly Hospital Initiative. Included with these materials is the "Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Care Settings". This document, adapted from the UK Baby-Friendly Initiative, provides guidance to community agencies about how to become designated as a Baby-Friendly facility.

Often the first step is to form a committee within the agency to review the appropriate documents and consider what steps need to be addressed and who outside of the agency needs to be invited to join the committee. It is important that the committee is multidisciplinary with a wide range of representation. Usually one of the first steps of the BFI committee is to review the "Ten Steps" or "Seven Steps", focusing on the meaning of each step and the current practices in hospital or community agency. The committee then needs to decide which step or steps on which to take action. Although not addressed directly in the "Ten Steps", any hospital wishing to be designated "Baby-Friendly" must purchase their formula. Often as the agency works through the "Ten Steps" the usage of formula decreases and the ethical issues related to purchasing formula become better understood and more easily achieved. Please let us know how your BFI committee is progressing.

World Breastfeeding Week 2001

Our Australian friends succeeded in making the Guinness Book of Records by having the largest number of women simultaneously breastfeeding their babies in one place: 388! Not to be out-done by the folks “down under”, a group of Quebecers decided to challenge the Aussies on the occasion of WBW 2000. Although the folks in Quebec did not out-do the Aussies, they did have fun and received a lot of media attention. Hey: 237 is not bad, eh!

In pondering our goal of providing education and increasing public awareness of the benefits of breastfeeding, an idea blossomed. Why not have all the BC maternal child health agencies sponsor a breastfeeding celebration on the Saturday of Breastfeeding Week next year? The goal would be to have the greatest number of women in one province breastfeed their babies at the same time. We could challenge the record in the Guinness Book of Records for this accomplishment. The Quintessence Foundation would organize the registration etc but we need to know whether there is any interest out there in British Columbia. We think this could be a wonderful community event throughout BC. Please let us now what your thoughts are regarding this tentative plan and we will begin making arrangements for organizing the event.

Save this date:

June 7th & 8th, 2001

**“Human Milk:
Cutting Edge Research”**

**Sponsored by HMBANA
At the Best Western, Richmond**

**Great speakers, great information,
great location - great opportunity!**

Breastfeeding in public: a human right even in Canada?

Remember Michele Poirier and her human rights complaint about being asked not to breastfeed at a business location? She won her case but the problem is definitely not resolved. Another mother has launched a human rights complaint after she was requested last June at a British Columbian pool not to nurse her baby. She was told that no eating or drinking was permitted on the deck and that she would have to nurse her baby in the change room. On further discussion the manager expressed concern that babies tend to spit up. The manager indicated throwing up on the deck requires bleaching; in the pool, evacuation and drainage of the pool. The day after this incident the Environmental Health Officer confirmed that there is no health regulation prohibiting breastfeeding on pool decks and there is no public health risk from babies spitting up. With further discussion the pool owner expressed concerns about other patrons being upset at the sight of a baby breastfeeding.

It is truly amazing that in the year 2000 public breastfeeding would be an issue and it is a sad comment on the value placed on breastfeeding and mother’s milk and its importance to children. Women who pursue human rights complaints are to be commended as it is only through this public process that public understanding and education will take place. Health professionals need to encourage and support mothers to undertake complaints in order to change attitudes in British Columbia. As the federal government has stated on their posters “Breastfeeding. Anytime. Anywhere”... except of course in one BC pool on one June day... but that will soon change due to one woman’s efforts.

Breastfeeding in public: not in the British Commons or the UN?

Apparently there was a recent ruling to ban breastfeeding in the English House of Commons. The English midwives passed a motion to take action, with one commenting “I call on midwives to strive for emancipation of breastfeeding mothers and their babies everywhere”. As if the situation wasn’t distressing enough, the Winnipeg Free Press reported that last June a Winnipeg delegate attending the UN “Beijing + 5” Women’s Conference was asked to leave the meeting because she was breastfeeding her 5-month old baby. Hedy Fry, the Federal Minister for Women, was heading the Canadian delegation so would be a good contact for further information on this issue. It seems that the time is right for the “emancipation of breastfeeding mothers and their babies.”

Human Milk Banking: screening donors

Occasionally an inquiry is made about screening donors as one mother wishes to be “a wet nurse” for a child other than her own. The health professional making the inquiry often wants reassurance that using the criteria for human milk banking will make the situation “safer” for all concerned. Unfortunately, it doesn’t quite work that way. Screening potential donors for donor milk banking is an expensive and labour intensive process. It is not something you can do in a home environment with a friend or close relative.

When a potential donor expresses interest in becoming a donor to the milk bank a number of steps are involved. These steps have been defined by the Human Milk Banking Association of North America and are set out in their guidelines. All dispensing banks in North America are members of HMBANA and follow their mandatory guidelines.

On the first contact the prospective donor is provided with some general information regarding the process. This includes: the need to complete a verbal screening, a written screening, contact with their family physician, and blood tests. The milk bank is looking for mothers who will donate a minimum of 100 ounces. This is due to the cost of screening which for blood tests alone costs over \$100. If the woman agrees to complete the screening process we complete the verbal screening and then mail her the written screening, the consent to contact her doctor and some additional information. The screening forms review the woman’s health, her lifestyle, whether she is at risk for exposure to illness (such as having lived in Britain for 6 months or longer) and the health of her family.

Once the potential donor returns the written screening forms her physician is contacted. After receiving the completed physician form arrangements are made for the blood work to be done. This blood work can be done at a community lab close to the mother’s home. All blood samples are sent to Children’s Hospital and forwarded on to the provincial lab. The blood tests screen for HIV 1 & 2, HTLV 1 & 2, hepatitis B & C and syphilis. The testing must be done within six months of the mother donating so blood tests done in pregnancy are usually not applicable. Once the blood work is completed and the file reviewed by a nurse, arrangements are made to get the frozen milk to the milk bank. The mother is requested to label each bottle or container of milk with her name and month and year the milk was pumped. Next edition: Pasteurizing milk.

Supporting the C & W Milk Bank

Over the last ten months the media has reported that the C & W Milk Bank is threatened with closure due to tight financing in the health care system. The Board of the Quintessence Foundation feels the C & W Milk Bank is an important resource for children in British Columbia. Its continued functioning will not only provide service to its current and future recipients but will also provide the opportunity for further much needed research on the benefits of using donor milk. Quintessence Foundation has made a donation to the C & W Milk Bank and encourages others to do the same. As the only milk bank in Canada the C & W Bank provides a unique opportunity to contribute to infant and child health. Donations should be sent to the BC Women’s Foundation marked for the C & W Milk Bank at B327, 4500 Oak Street, Vancouver, BC, V6H 3N1.

Treating HIV- infected breast milk

Reuters Health reports that a solar powered device to pasteurize breast milk has been developed in Denmark. It pasteurizes the milk at 60 degrees for 30 minutes and can be operated by the mother herself. The device is cost effective and inactivates HIV as well as pathogenic bacteria while preserving the antibodies in the milk. Apparently, about 120 women in the Mahimbili Medical Center in Dar es Salaam are pasteurizing their milk either for their own babies or others. This report holds promise for the development of a method which is usable in developing countries where alternate methods of feeding pose the risk of death for children. The specialist working on this project notes the pharmaceutical industry has not been supportive in promoting the pasteurizing concept. Thank you to Audrey Trenholme for the information about this device. Further information is available at <http://womenshealth.medscape.com/26853.rhtml>.

Funding

Funding for Quintessence Foundation comes from charitable donations. The Foundation abides by the principles of the International Code of Marketing of Breast Milk Substitutes and will not accept funding from any sources who do not support the Code. To make a donation please send a cheque to our listed address and a tax receipt for donations over ten dollars will be provided.

Resources

Hobbie, C., Baker, S., & Bayerl, C. (2000) Parental understanding of basic infant nutrition: misinformed feeding choices. Journal of Pediatric Health Care, 14. 26-31.

This survey of 546 mothers revealed that thirty-seven percent believed a low milk supply is best treated by switching to formula. In response to the question about the best time to wean, thirty percent indicated weaning should occur when the baby began to develop teeth. Thirty percent also thought fruit juice was a necessary part of a baby's diet. The questions which asked about a variety of infant nutrition issues resulted in an additional 21 to 39% of respondents not answering or indicating they did not know the answer.

Labbock, MH. (1999) Health sequelae of breastfeeding for the mother. Clinics in Perinatology, 26. (2)491-503. This article reviews the literature on the positive health benefits of breastfeeding for mothers. These include: reduced pp blood loss, reduces the risk of pp blood loss, reduces the risk of premenopausal breast cancer, reduces the risk of ovarian cancer, reduces menstrual blood loss, may reduce severity or rate of infections, may reduce risk of hip and spinal fractures postmenopause, and others. The article includes a brief summary of points related to assessing research and why research often conflicts.

Website: WABA: <http://bbs.elogica.com.br/waba/>
This World Alliance for Breastfeeding Action website has information on World Breastfeeding Week 2000 (& the previous four years). It also has a new WABA campaign outlined called "10 Links for Nurturing the Future." This campaign provides a framework for action for the 21st century to help link breastfeeding with broader developmental issues. These include: human rights & responsibilities, food security, women's empowerment, Baby-Friendly cultures, community participation, integrity, international Code, capacity building, advocacy, & networking. Have a look at the site for further information.

Helpful Contacts

BC Baby-Friendly Network
Suite 191-4438 West 10th Ave
Vancouver, B.C. V6R 4R8

Breastfeeding Committee for Canada (BCC)
Box 65114, Toronto, Ontario M4K 3Z2
Fax: 416 465 8265 ♦ email: bfc@istar.ca
<http://www.geocities.com/HotSprings/1136/>

Canadian Human Rights Commission
Canada Place
344 Slater Street, 8th Floor
Ottawa, ON K1A 1E1
Tel: 613 995 1151 ♦ Fax: 613 996 9661
Toll free: 1 888 214 1090
www.chrc-ccdp.ca ♦ info.com@chrc-ccdp.ca

British Columbia Human Rights Commission
844 Courtney Street, 2nd Floor
Box 9209, Stn. Prov Govt
Victoria, BC V8W 9J1
Tel: 250 387 3710 ♦ Fax: 250 387 3643
Toll free: 1 800 663 0876
www.bchrc.gov.bc.ca ♦ commission@ag.gov.bc.ca

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