

Quintessence Foundation

Winter 2001

5, 4, 3, 2, 1... Latch! Breastfeeding Challenge: a Big Success!

October 6, 2001 was exciting for 856 women and over 870 babies in 26 sites around British Columbia. The first annual "Breastfeeding Challenge 2001" sponsored by the Quintessence Foundation was held in British Columbia. The challenge was for a new Guinness World Record for the most mothers breastfeeding their children at one location simultaneously and for the most women breastfeeding their children simultaneously in a set geographic area, the province of British Columbia.

The idea was first put forward at a Quintessence Board meeting by Wah Wong. Wah had heard about a similar event, for the most women breastfeeding in one location simultaneously held in Australia in 1999. This was followed by an attempt in Quebec. The board was somewhat hesitant at the first discussion but soon caught Wah's enthusiasm for the idea. It was decided that World Breastfeeding Week, held each year in Canada October 1st to 7th provided a perfect venue. Wah felt this would provide a wonderful opportunity to celebrate breastfeeding and provide information to the wider community.

Quintessence started the process almost a year ago by sending invitations to every health unit in the province. The theme for World Breastfeeding Week this year was *Breastfeeding in the information age* which fit very well with the plans for *Breastfeeding Challenge 2001*. Posters, flyers, registration forms, participation certificates, information on World Breastfeeding Week, the BC Human Rights Commission statement on the right of women to breastfeed in British Columbia were all emailed/snail mailed to sites. This was followed up with the specific information from the Guinness World Record office.

By October 6th, word had spread and 26 communities responded. The proposed locations for the event were as diverse as the communities. Coffee shops, community health units, city hall, and an education/research centre were all used with great success. The Vancouver site at the Chan Centre for Research at Children's and Women's Health Center of British Columbia had the greatest number of breastfeeding participants and provided live entertainment and door prizes. Richmond held a baby fair and also had a terrific turnout. Parksville was very creative. They printed their participation certificates on bordered paper (sold at most discount stationary stores) and gave out name tags printed with *Breastfeeding the Gold Standard* and a small piece of gold ribbon attached to each tag. All participants, including mothers, children, siblings, and fathers received one. Nelson used the occasion to approach mall stores and provide information about being "breastfeeding friendly." Fort St John held a drop-in information day. Many other wonderful ideas were used to celebrate the day. The final results are posted on our website.

The planning for "Breast Challenge 2002" on October 5, 2002 has begun. All Canadian provinces and territories have been challenged to break the British Columbia record. The World Breastfeeding Week 2002 theme is ***Breastfeeding: Healthy Mothers, Healthy Babies.*** Join Quintessence Foundation in celebrating World Breastfeeding Week 2002.

Contact us and get involved in supporting this wonderful event. Mark October 5, 2002 on your calendar today!

Check out our Quintessence Foundation Website:
www.babyfriendly.ca

Quintessence Foundation on the web: www.babyfriendly.ca

We have been announcing it is "coming" for about a year so we are pleased to announce it is operating. Our web site address is www.babyfriendly.ca. We are posting our newsletters on our website and would like to save funds by only snail mailing to those who do not have access to a computer and the internet. Please email us at babyfriendly@canada.com if you are able to download the newsletter and we will stop snail mailing it to you. We have three newsletters a year and will email an announcement when a new one is posted.

The Wah Wong Memorial Fund

Thank you to those supporters of the Wah Wong Memorial Fund. The Board of the Quintessence Foundation has decided in consultation with Wah's wife Vivian to sponsor the Wah Wong Memorial lecture every year. The plan is to offer this lecture in June in Wah's memory as he was a strong advocate of education. The lecture will be open to both health professionals and members of the public. The first year the presentation will take place in Vancouver, but in subsequent years other communities in British Columbia are invited to put forth a proposal for a speaker to be brought to their community. Quintessence Foundation continues to accept donations to this fund.

Contact information:

If you would like to receive this newsletter let us know by email at: babyfriendly.canada.com.

Our website is: www.babyfriendly.ca.

If you do not have computer access, fill in the information on the last page and mail it in.

Can My Hospital Afford to Buy Formula?

In a word, yes! But how much will it cost? Well, if you are a hospital located in a low-income area with 1,600 deliveries a year, along with a 15-bed NICU having 320 admissions a year, the formula companies will tell you that it will cost anywhere from \$72,000 to \$100,000 a year - a great incentive, if true, for you to continue accepting free supplies! And indeed, these were the figures that the Boston Medical Center were quoted when the time came for them to work on compliance with the international Code of Marketing of Breast Milk Substitutes, a necessary precondition for attaining Baby-Friendly status in addition to WHO/UNICEF's Ten Steps to Successful Breastfeeding.

What happened next at BMC has been related by Barbara Phillipps M.D. to a rapt audience at the ILCA 2000 Annual meeting and conference. Full details were published in the Journal of Human Lactation November 2000 issue (pp. 279-282). The actual total? Under \$20,000; \$16,800 to be exact! This is one of the very few, if not the only published accounts of how a hospital succeeded in overcoming the issue of accepting "free" formula, and serves as an encouraging example for us in Canada since 80% of our hospitals hold an exclusive contract with one or other of the infant formula companies.

What is the situation in your hospital? How would you compare it with BMC's experience? Start with considering how formula in your institution is used. Many hospitals, while taking "free" formula over use and waste great quantities. Often the actual needed amount is a fraction of what is brought into the hospital under the company's donation. Many hospitals fear buying formula will break the bank when in fact the opposite is true: breastfeeding saves money.....in the long run.

Request from the Breast-feeding Committee for Canada: re hospital contracts

The Breastfeeding Committee for Canada wishes to develop a list of hospitals/health regions across Canada which have terminated their contracts for free formula with the infant formula companies and are now purchasing formula. They would also like to obtain information about the ways in which hospitals/health regions were able to build commitment to accomplish this. They are requesting this information as they are often asked for information on hospitals/health regions which have terminated their contracts and how they have managed this. The Breastfeeding Committee for Canada wish to be able to assist institutions working toward ending free and low cost supplies of infant formula to network with institutions which have already done this.

From a child's perspective:

Several mothers indicated that they kept breastfeeding their children because they wanted to take part in the *Breastfeeding Challenge 2001*. But Tomas's story made us smile. Tomas and his mother sat in the theatre where the event was held and at first Tomas wanted to know when "the show" started. His mother explained it was a kind of game where all the children had "nummies" together. When asked if he would like "nummies" he said "NO." But after a deal was made, Tomas agreed to nurse at the appointed hour if he could have a special balloon. He climbed onto his mother's lap and cooperated at the 11 am latch on. He took a few sucks, his head popped up and he asked "is everyone done?" As his mother put it "I think he figured he'd won the game!"

Resources

Gill, S. (2001). The little things: perceptions of breastfeeding support. *JOGNN* 30(4): 401-409.

This ethnographic study done in Florida examines breastfeeding support from the nurse's and mother's viewpoint. It concludes that nurses provide information and interpersonal support whereas mothers want information, encouragement and interpersonal support. The author states that health care providers need to provide the type of support desired by the mothers to be effective.

Ransjo-Arvidson, A.B., Mattiesen, A.S., Lilja, G., Nissen, E., Widstrom, A.M., Uvas-Moberg, K. (2001). Maternal analgesia during labour disturbs newborn behaviour: effects on breastfeeding, temperature and crying. *Birth* 28(1):5-12.

The authors videotaped newborns placed skin-to-skin immediately after birth. The video recordings compared types of analgesia and the resulting infant behaviours including breastfeeding movements, crying and skin temperature. The authors concluded that the types of analgesia given affect newborns' spontaneous breast-seeking behaviours and increase newborns' temperature and crying.

Sword, W. Watt, S., Krueger, P., Soon-Lee, K., Sheehan, D., Roberts, J. Gafni, A. (2001). *Canadian Journal of Public Health* 92 (3) 196-200.

Outlines the results of the Ontario Mother and Infant Survey (TOMIS) focussing on infant readmission rates. The authors concluded that newborn readmission rates varied from 2.4% to 6.7% and the number of admission days was variable across five sites. They also noted that length of stay was not a predictor of newborn readmission. Findings suggest a complex relationship between infant health needs, family resources and health provider practices that results in site-specific readmission practices. Also noted was "although other studies have reported major morbidity outcomes such as severe breastfeeding malnutrition and hypernatremic dehydration, these are so rare even the sample size as large as that of TOMIS may not be sufficient to detect such outcomes."

Milk Banking in Norway

Information summarized from the United Kingdom Association for Milk Banking (UKAMB) News, October 2001. Article written by A. Grovslie, Oslo, Norway. Used with author's permission.

The first milk bank opened in Norway in 1941 and there are now 15 banks. The National Board of Health is currently writing milk banking guidelines. The milk bank at University Hospital, Oslo uses fresh frozen milk. (In North American milk banks, all milk is pasteurized). Upon receipt the frozen milk is thawed for a short time in order that a few drops can be poured off and sent to the lab for bacterial testing. The milk is kept frozen until the lab results are returned. Normal skin flora is permitted (100,000 per ml) but no potential pathogens (e.g. Staph etc.) On average there are 50-60 donors per year donating about 1200 liters of milk of which about 120-140 litres is discarded because of high bacterial

Milk Banking in Norway cont'd

counts. All donors are tested for HIV, hepatitis B & C, and CMV. CMV positive donors' milk is only given to children over 1500 grams. No formula is given to premature babies. Supply is great enough to provide milk for sick and premature babies, pre and post operative babies and older children with severe gastro intestinal problems. Wouldn't it be wonderful in Canada if we offered donor milk to this same group of children?

Funding

Funding for Quintessence 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.

If you would like to receive this newsletter please fill in the following information. We would also like to receive information or suggestions for future newsletters. We would prefer to e-mail our newsletter where possible.

Please print legibly!

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