Quintessence Foundation

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Breastfeeding Support: What does it really mean?

Over the last few decades the number of North American women initiating breastfeeding increased to initiation rates as high as 90 percent or higher (Stats Canada, 2005). On the other hand, duration rates have changed very little with few children receiving breast milk throughout their first year of life and beyond (Stats Canada, 2005). Women's decisions to breastfeed are affected by many factors including their motivation, education, skill and experience with breastfeeding (Heinig & Farley, 2001). One of the critical factors is effective support on the part of individuals, the health care system and the community through prenatal, birthing, postpartum periods and beyond (Heinig & Farley, 2001). In cultures where breastfeeding is valued breastfeeding initiation and duration rates are high (Grenier, 1993). Women are empowered to breastfeed by the recognition of the value of breastfeeding. In spite of increasing awareness of the benefits of breastfeeding North American culture does not truly value the breastfeeding relationship.

Prenatal

During pregnancy, active support of breastfeeding begins in the prenatal period (Fairbank et al 2000). Provision of information and encouragement by health care providers assists mothers and families to make informed choices about infant feeding and increase breastfeeding duration (McLeod et al 2002). It also encourages more realistic expectations regarding what breastfeeding is all about and the importance of non separation of mothers and infants . Encouraging fathers and families to take an active role in supporting the mother to breastfeed involves clearly outlining how to help the new mother. Undertaking household chores, caring for older children and caring for the mother so she can care for her infant are all important methods of support Gamble & Morse, 1993).

Research indicates that the father's attitude to breastfeeding is an important influence on the mother's decision to breastfeed (Scott et al 2001, Littman et al 1994, Pollock et al 2002, Shaker et al 2005, Wolfberg et al 2004). Fathers can be influential advocates for breastfeeding, playing a critical role in encouraging women to breastfeed their infants (Wolfberg et al 2004). The Texas WIC (Special Supplemental Nutrition Program for Women, Infants and Children) piloted a successful support program for fathers. The program involved providing education and training to peer fathers of breastfed infants enabling them to provide breastfeeding and parenting information to other WIC fathers (Stremler & Lovera, 2004). The evaluation indicated the participating fathers felt the information provided was "very important" and that they were better able to support their partners to breastfeed. The breastfeeding initiation rates increased at the clinics employing peer fathers.

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Opportunity Knocks!

Is pasteurized donor milk available when needed to the women and children in your community? If not, ensure YOU have the information needed to help lobby for this option. Woman cannot make truly infant feeding informed choices unless all the choices are presented and available. The Human Milk Banking Association of North America is holding its 1st International Congress on October 17th and 18th 2005 in Washington DC. The registration brochure is available at www.hmbana.org

To demonstrate our committement to donor milk banking, Quintessence Foundation has donated $2500 to HMBANA to sponsorship of this congress. In addition we are offering two or three bursaries of about $1000 to Canadian neonatologists or senior physicians to facilitate attendance at the Congress. Anyone interested please contact us at www.babyfriendly.ca

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

Birth

The healthy, newly born infant placed on his mother's abdomen, dried off and put skin to skin on his mother's chest, supports a positive breastfeeding relationship (Widstrom, Ransjo-Arvidson et al, 1987). Babies should be left undisturbed until completion of the first feeding. Assessments and checks can be completed with the baby remaining skin to skin. Delay washing the mother's chest and breasts until after this first feeding is completed to imprint the mother's smell on her newly born infant (Cox, 2005). In this early postpartum period, keeping mother and baby skin to skin, not bundling and not passing the infant from one relative to another is also respectful of beginning breastfeeding.

Postpartum

During the immediate postpartum period mother-baby togetherness, positive language, skilled assessment and assistance with breastfeeding are all important. Families are key in respecting the newly created family's need for rest and privacy as well as having their basic needs met through family help.

Effective support provided while in hospital is important to getting mothers off to a positive start with breastfeeding (Alikasifoglu, et al 2001). The Baby-Friendly Hospital Initiative involves many strategies to provide effective support for breastfeeding families. In Scotland, a recent study indicated that being born in a designated Baby-Friendly hospital increased the chance of exclusive breastfeeding at 7 days postpartum by 28% (Broadfoot et al 2005). Thus, one factor indicating level of effective breastfeeding support is evidence that a hospital has achieved or is working on international Baby-Friendly designation.

One of the most effective methods of support is peer support, a concept that is not new (Dennis et al 2002, Dennis, 2002,) Anthropologist, Dana Raphael, described peer support using the term "doula" a Greek term meaning "a friend from across the street" (Raphael, 1973). Peer support means that a true peer of the breastfeeding woman, not a health professional, is involved as a support person. La Leche League has offered "peer support" for over 60 years. Their mission is to "help mothers world wide to breastfeed through mother to mother support, encouragement, information and education and to promote a better understanding of breastfeeding as an important element in healthy development of the mother and infant." In more recent years, LLL have been joined by a variety of types of "peer support" programs such as those offered in health units and WIC programs often offering programs focusing on those women who might not access LLL. A recent study demonstrated that peer support programs benefit both the mothers and their volunteer supporters (Dennis, 2002).

Low income women, a group with low breastfeeding rates in North America, benefit from a number of strategies. Peer support, particularly where the peers are paid a small stipend benefits both the breastfeeding woman and her supporter (Lawrence 2002; Pugh et al 2002)). Warm lines, particularly in urban populations with fewer resources, increase access to information and support (Chamberlain et al, 2005). Other strategies such as those developed through the "Best Start" program to address lack of information and negative attitudes towards breastfeeding have been demonstrated to be effective (Ryer, 2004).

Internet technology provides a whole new form of support for those with access to the internet. A Google search on breastfeeding support yields 1,840,000 hits. Numerous chat rooms and breastfeeding sites offer a plethora of information, some of it conflicting. The number of chat rooms and information sites indicates that this form of support is meeting some women's needs for support.

In the workplace, support for breastfeeding takes many forms. Mothers can explore options such as delayed return to work, part time or flexible hours and breastfeeding breaks during work hours. In B.C., employers are legally obligated to accommodate breastfeeding women to either breastfeed or express their milk at work. To do otherwise is discrimination. Much work remains to improve conditions at work for breastfeeding women - areas for milk expression and storage, breastfeeding counseling and policies that address all these issues (Rea et al, 2004). Importantly, employers *and* employees benefit when mothers are supported to continue breastfeeding primarily because breastfeeding babies are healthier resulting in less absenteeism by their mother (Cohen et al, 1995).

The most effective strategies that positively impact the initiation and duration of breastfeeding combine face-to-face information, guidance and support and are intensive and long term both during pregnancy and the postpartum period (de Oliveira et al, 2001). Research demonstrates the most effective strategies are prenatal group sessions and postpartum home visits with a combination of group sessions, home visits, and individual sessions for interventions spanning both periods (de Oliveira et al, 2001). A mother's decision to initiate and continue breastfeeding is a complex process that is affected by a multitude of factors (Shaker et al 2004). In order to encourage breastfeeding a combination of effective strategies produces a synergistic effect supporting the initiation and duration of breastfeeding. Changing cultural perspectives is a slow process with each one of us capable of making a difference. As more women initiate breastfeeding and breastfeed for longer periods, the perception of what is the "norm" will change. To make this our reality in our life times, we need to continue using effective strategies to support breastfeeding, working together throughout the breastfeeding continuum.

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Breastfeeding Support: Peer Support Through a Health Unit Program

By Kim Herrfort RN BScN PHN.

Every mother wants the best for her children. But not all mothers find it easy to breastfeed for the recommended length of time. So now all breastfeeding or soon to be breastfeeding mothers are welcome to attend the Breastfeeding Peer Group in Mount Forest. Mt. Forest, Ontario is located in North Wellington County which is North of Guelph, Ontario, Canada. The breast-feeding rates have been tabulated by one of our health promotion specialists and he reported that 60% of the respondents who are no longer breastfeeding, breastfed for longer than 6 months. This does not include the mothers who are still breastfeeding at time of survey. There is a need for support in the area to encourage breastfeeding on a long term commitment.

It became apparent that there was an interest in a support group for breastfeeding mothers in 2002. Women who had given birth that year completed breastfeeding questionnaires and returned them to the Health Unit. The group came together June 2003 and continues to meet bimonthly. New mothers are referred to the group after their first few contacts with a PHN (publich health nurse) from the Healthy Babies Healthy Children Program. The group often attracts women who do not have much support and answers for breastfeeding. The group will see the most dedicated breastfeeding women come on a consistent basis. Others come a few times and then never come again but have called me for advice on the telephone if needed.

This group is facilitated by a PHN from the Palmerston Office of the Wellington–Dufferin–Guelph Health Unit in Mount Forest, Ontario. Mothers and their children meet on the first and third Wednesday of every month. The group is informal and members have a chance to discuss issues and support each other. Handouts are provided and breastfeeding books are available at each meeting. A baby weigh scale is set up for mothers to use if they choose.

Some of the topics discussed are:

- Breast milk: The perfect Nutrition
- Coping with little sleep & breastfeeding
- Starting solid foods at 6 months of age
- Breastfeeding & Teething
- Breastfeeding & Illness
- Coping with diminishing family support
- Weaning: making the transition back to work

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Evaluations show that this group has been a valuable support network for women who otherwise could not see themselves breastfeeding for the recommended length of time of exclusive breast-feeding for six months with introduction of family foods at about this time and breastfeeding to continue for as long as mother and child wish. The Health Unit promotes this recommen-dation but the peer support makes the difference. Mothers comment that this group gets them out of the house and provides them with a connection to other women who share common experiences. This group connection helps them feel that they are making a difference in their child's well being by continuing to breastfeed.

At this point there have not been plans for other units to adopt this kind of group. The local hospital does not provide breastfeeding clinic services in Mt. Forest so mothers have to go out of town to other hospital clinics. This group some-what replaces this need where others hospital have community clinics and may not see the same need as I do.

If you have questions about the group please contact PHN Kim Herrfort at the Public Health Unit in Palmerston at 1-866-919-9001. She would like to hear from you.

World Breastfeeding Week 2005: Breastfeeding and Family Foods: Loving and Healthy

Exclusive breastfeeding is recommended for six months with family foods introduced at about this time. Breast milk should remain in a child's diet for two years and beyond. The theme for this year's World Breastfeeding Week focuses on continued breastfeeding and giving of other foods after six months of age. It aims to raise awareness of exclusive breastfeeding for 6 months and to help make the transition from fully breastfeeding to breastfeeding and eating with the rest of the family in a loving and caring way.

As the WABA website states:
Breast milk continues to be an important source of nourishment for children after the first six months of life, particularly when mothers continue breastfeeding while giving other foods. On average, babies of 6-8 months obtain 70% of their energy needs from breast milk, 55 percent at 9-11 months and 40 percent at 12-23 months. Breast milk is also a major provider of protein, vitamins, minerals and essential fatty acids. Breast milk is a nutrient-rich and energy–rich food, providing more calories and nutrients per ml than most other foods. The challenge is how to feed other foods so that they add to the nutritional contribution of breastmilk, rather than replace…. After six months…the foods given should 'complement'…make complete – the nutrient provided by breast milk. Optimal complementary feeding needs to be

- ✓ ***Timely****- started at the right time, so it doesn't lessen the benefits of breastfeeding*
- ✓ ***Nutritionally adequate****– provides the energy and nutrients needed by breastfed babies over 6 months*
- ✓ ***Safe****- hygienically prepared and fed*
- ✓ ***Responsively fed****- given in a way which is sensitive to what the child needs to achieve effective feeding*

Between 6 -24 months children are growing rapidly but their stomach sizes are still relatively small.

More details are available on the WABA website at http://www.waba.org.my/

Breastfeeding Challenge 2005

It's rolling around to time for the Breastfeeding Challenge – October 1st is this year's date! For those of you who have had sites in previous years or attended a site you will know that this is a fun way to celebrate breastfeeding. For those of you who have not gotten involved in previous years this is the year to join in!

What is it?

The Quintessence Breastfeeding Challenge 2005 is a terrific way to celebrate breastfeeding and focus attention on this year's World Breastfeeding Week theme – *Breastfeeding and Family Foods: Loving and Healthy. The Quintessence Breastfeeding Challenge is health promotion in action!* It involves inviting women, their families and their breastfeeding children to gather at a pre-registered site and "latch on" at 11am local time on October 1st. The area with the largest number of breastfeeding children "wins." There are three categories divided by number of births. In 2004, there were 141 sites with 2,307 babies participating in Canada and the United States and with your support the number will increase this year.

Why do it?

The Quintessence Breastfeeding Challenge provides a reason to talk about breastfeeding information and to reach out to breastfeeding women in your community in a fun way to acknowledge that by breastfeeding, mothers are doing something important for their children that does make a difference.

Where to have a site - anywhere!

In previous years some communities held their events with one or two women and their children at the health unit whereas others had over 100 participants in a central downtown square. The sites and style of the celebration depends on the community

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and the needs of the women. Some sites have served lunch, others held fairs, had raffles, given gifts and generally had fun. Breastfeeding women have invited one or two friends to meet up in a local coffee shop or in their homes to take part in the Challenge.

No time? The Challenge is for you

Although planning any event takes time, becoming part of the Quintessence Breastfeeding Challenge is easy as all forms are available on our website at no cost. It can be as easy as inviting a few breastfeeding women to take part and registering online! After the Challenge, each site submits their numbers and watches the website for the final tally. Each site receives a site participation certificate and the "winners" are announced. The success of the Challenge depends on the participation of sites across Canada and the United States (and elsewhere). Help Quintessence make a difference and as an individual make a difference for the women in your community – register a site today at www.babyfriendly.ca

Ideas for the Breast-feeding Challenge from previous organizers

- Regarding the golden bows, I put a gold bow with the words "World Breastfeeding Week 2004" on address labels and I've printed them out to give out in the libraries, at the challenge and at our health unit. It saves some money for buying ribbon and you can print out lots of them quickly!! I am making real ribbon bows for the participants at our challenge some of which are back for their second year! (It is only our second year of particip-ation). From Laura Prodanyk RN Thunder Bay Ontario
- With bracelets being the current rage the sites in BC will have plastic gold bracelets with the words Breastfeeding = Love & Health. This idea actually came from the Durham Region in Ontario!

Taking the Challenge in St. John's Newfoundland - a Report from Oct. 2004

By Lorraine Burrage, Program Director Newfoundland and Labrador Provincial Perinatal Program

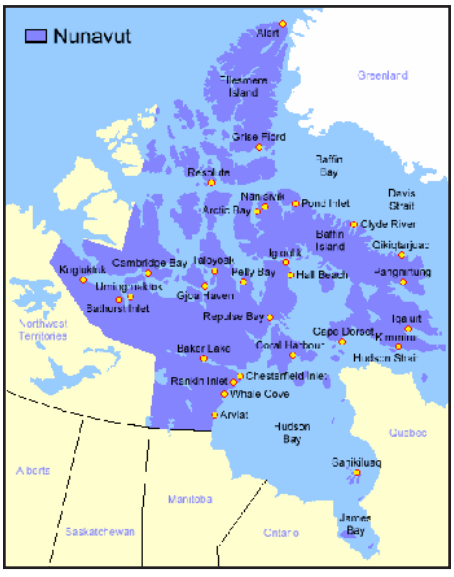
We were delighted with 3rd place for births under 10,000 (in 2004). We held our challenge in a different place. We had a nice large spacious room to hold all moms, babies and supporters, with refreshments, prizes and live music. Feedback from the moms was very positive. The site was the Women's Health area of the Health Sciences Center. Additionally, we wanted to enlarge on our breastfeeding celebration. As you can appreciate, with the breastfeeding initiation rate being lower in Newfoundland and Labrador (58%) than the national average, we try to take every positive opportunity to promote breastfeeding. In addition to simply celebrating breastfeeding, we wanted to reach out to others. The new site of the Challenge was chosen (and worked well) as we felt we could achieve a higher public profile. Additonally, an all-day prenatal education program was being conducted in an adjacent room and we hoped this Challenge would provide an incentive for those expecting mothers to choose breastfeeding as their feeding choice for baby.

Along with the Challenge, we held a breastfeeding fair with booths from different retailers, La Leche League, etc to promote breastfeeding. This was set up outside the Challenge room, in a very wide foyer/corridor, to promote breastfeeding.

Breastfeeding in Nunavut Territory

For several years, there have been a number of sites for the Breastfeeding Challenge in Canada's newest territory – Nunavut. These sites have included Arctic Bay, Arviat, Baker Lake, Cambridge Bay, Cape Dorset, Chesterfield Inlet, Clyde River, Coral Harbour, Hall Beach, Igloolik, Iqaluit, Kimmirut, Pangnirtung and Pond Inlet, Living in the "south" we felt compelled to look at a map and check out where exactly these Nunavut sites are located as well as update our knowledge on Nunavut. Here's what we learned.

- Nunavut became Canada's third Territory on April 1, 1999
- the territory of Nunavut (which means "*our land*") stretches some 1.9 million square kilometres and is nearly one-fifth the size of Canada. (Canada is 9,970,610 sq km, Greenland is 2,175,600 sq km)
- 1999 population was about 27,500 – of these 21,000 are Inuit.
- Population per square kilometre in the Nunavut area is 0.01 (Canada is 2.9, Germany 220)
- The capital is Iqaluit
- Iqaluit is at 64°, Rankin Inlet 63° and Grise Fiord 77°
- the Nunavut Land Claims Agreement is the largest Aboriginal land claim settlement in Canadian history. When the Agreement was signed, legislation was also passed leading to the creation of a new territory called Nunavut on April 1, 1999.
- the new territory has a public government serving both Inuit and non-Inuit.



Yes, You can Breastfeed at the Ainsworth Hotsprings, Nelson, BC!

In February, 2005, a human rights complaint involving the right to publicly breastfeed was settled. The two parties issued a statement agreeing that the Ainsworth Hotsprings Resort confirms that its policies permit nursing mothers to breastfeed in any area that is customarily available to the public including the Ainsworth Hotsprings Resort pool. In addition, the ban against Jocelyn Porter from attending the Ainsworth Hotsprings Resort has been lifted.

This settlement brings to an end four and a half years of effort by women in the community to protect their right to breastfeed in public. Mary McAlister laid the first human rights complaint in June, 2000. That complaint was settled when the Hotsprings agreed to "allow for breastfeeding in any area which is customarily available to the public."

Ainsworth Hotsprings broke that agreement two years ago when Jocelyn Porter breastfed her child in the pool and staff asked her to stop. Porter was subsequently banned from Ainsworth Hotsprings when she insisted that she had a right to breastfeed in any public area. This incident lead to public protest, legal action by McAlister, and finally a second human rights complaint by Jocelyn Porter.

Mary McAlister said, "This issue is settled with Ainsworth Hotsprings and it is also settled in the larger arena of public opinion. Employers and business owners are getting the message that they need to accept women breastfeeding on their premises." Jocelyn Porter pointed out "…we know deep in our bones why this is so important but it's worth it to say again and again that breastfed children are healthier children. And if we want women to breastfeed their children then we can't say stay at home to do it. Women should never be breastfeeding in a toilet stall. We should be at our seat in the restaurant, or on the bus, on the plane, in the mall. And you better believe that when it's an icy January day, we won't be sitting out on a windy bench to breastfeed, we'll be sitting in the pool."

Thank you!

A special thank you to Janet Petryshyn of Ajax, Ontario for her donation to the Quintessence Foundation. The good news is that other than some secretarial services which we pay for, the rest of the work to operate our Foundation is all donated services. All funds raise go towards breastfeeding education! The next time you are having a latte consider making a donation to Quintessence – we would like to use all those "latte" funds to promote, protect and support breastfeeding and donor milk banking!

Never Separate Mother & Baby: Nils Bergman's Message

Recently, in Duncan BC, Nils Bergman, MD presented an all day workshop at the conclusion of his cross Canada speaking tour. He spoke again in July at the ILCA International Conference in Chicago. His message is a simple one – *never* separate a mother and her infant.

Like many who challenge the status quo, Nils freely describes that he presents a different paradigm. He challenges the commonly accepted practice of separating mothers and their premature and high risk infants to place the infants in incubators. Nils describes much of the commonly seen behaviours (hyperarousal – dissociation), with physiological instability in these children as evidence of their reaction to being placed in plastic bins away from their mothers. He challenges those who use incubators to provide evidence that this is "best practice."

His evidence comes form a randomized control trial of 35 mother-infant dyads conducted between February, 2001 and September, 2002. The study was terminated half way through after interim analysis. The study involved premature infants (between 1200g and 2200g) who were randomized to receive conventional care (incubator) or skin-to-skin care on mother. The infants received identical standard care for the first six hours with set criteria being measured. All the skin-to-skin babies stabilized within the first six hours whereas the incubator group showed no trend towards stabilization.

An exploratory sub-analysis of the infants between 1200g and 1800g (i.e. the smaller babies) showed even greater numerical differences, and statistically significant results despite the smaller numbers. Nils concluded that "the results of this study show that for low birth weight newborns, skin-to-skin contact from birth is not just safe, it is superior and safer than incubator care."

Bergman, N.J, Linley, L.L., Fawcus, SR. (2004). Randomized controlled trial of skin-to-skin contact from birth versus conventional incubator for physiological stabilization in 1200-to 2199 gram newborns. *Acta Peds 93*, 779-785.

Powder formula What WHO recommends

The joint meeting of the Food and Agriculture Organization (FAO) and the World Health Organization on Enterobacter sakazakii and other micro-organisms in powdered infant formula concluded that:

- intrinsic contamination of powdered infant formula with E sakazakii and Salmonella had caused cases of infection and illness in infant, including severe disease, and could lead to serious developmental sequelae and death.
- neonates (up to 4 weeks of age), particularly preterm, low birthweight, or immunocompromised babies, were considered to be at greatest risk of E sakazakii infection. Infants of HIV positive mothers were also at risk because they may require infant formula and may be more susceptible to infection.
- people caring for infants at high risk of infection should be warned that powdered infant formula is not a sterile product and should be encouraged to use commercially sterile liquid formula or formula that has undergone an effective decontamination procedure, such as using boiling water to reconstitute formula or heating reconstituted formula.

E sakazakii has been implicated in outbreaks causing meningitis or enteritis. In the few outbreaks reported, the death rate among infants who contracted the disease ranged from 20% to over 50%, while some survivors experienced severe lasting complications. The bacterium has been detected in a range of foods, but only powdered infant formula has been linked to outbreaks of disease. Its prevalence is unknown, but the US FoodNet 2002 survey (www.cdc.gov/foodnet/surveys/pop_cov.htm) found the rate of invasive E sakazakii infection in infants under 1 year of age was 1 per 100,000.

A summary report of the joint FAO/WHO workshop on E sakazakii and other micro-organisms in powdered infant formula is www.who.int/foodsafety/micro/meetings/feb2004/en/

Resources

From HMBANA:

Two documents:

1. **Guidelines for the Establishment and Operation of a Donor Milk Bank 2005.**
2. **NEW: *Best Practice for the Expressing, Storing and Handling Human Milk in Hospitals, Homes and Child Care Settings*. 2005.**

Each document is $US 40.

Can be ordered from www.HMBANA .org

Special offer to Canadians: buy direct from Quintessence Foundation $40 Canadian for each document. Makes cheques payable to Quintessence (available while current supply lasts).

From Australia: BFHI Australia: You may wish to subscribe to the Australian BFHI electronic bulletin - no cost - just go to http://www.bfhi.org.au/text/bfhi_bulletin.html

Previous issues can be accessed from here too.

From Australia: Federal health report on evidenced based practice among physicians.

The full report is at: http://www.nicsl.com.au/
"Despite government guidelines recommending that babies be fed exclusively on breast milk for at least the first six months, a recent national survey found there was not a single case of a six-month old infant that had only consumed breast milk. The problems arose because many doctors were not keeping up with the latest "evidence-based best practice" when treating ailments…"

From Saskatchewan, Canada: The Breastfeeding Committee for Saskatchewan current newsletter is available at:

http://www.saskatoonhealthregion.ca/pdf/BCSnewsletterNo17Spring2005Final.pdf

Previous newsletters are posted on the website at: http://www.saskatoonhealthregion.ca/your_health/ps_bf_bcs_newsletters.htm

Also the Saskatoon Health Region, a BFI poster that is available at: http://www.saskatoonhealthregion.ca/pdf/BCSBrstfeedPoster1.1.pdf

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From The College of Family Physicians of Canada: a new Infant Feeding Policy Statement which can be found on the College website at:
http://www.cfpc.ca/local/files/Communications/Health%20Policy/Final_04Infant_Feeding_Policy_Statement.pdf

The statement concludes as follows:
The College of Family Physicians of Canada endorses: The WHO Global Strategy on Infant and Young Child Feeding and recognizes that this builds on documents previously endorsed by CFPC, i.e. The Baby-Friendly Hospital Initiative (1991), the International Code of Marketing of Breastmilk Substitutes (1981) and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (1990).

From the Canadian Pediatric Society
In March, 2005, the CPS recommended exclusive breastfeeding for the first six months of life. This statement can be found at www.cps.ca/
Look under alphabetical listing of position statements under Nutrition for healthy term infants. Update March 2005.

From ILCA: www.ilca.org
An education sheet for mothers that can be copied and distributed freely. Check out "Exclusive breastfeeding: isn't some breastfeeding good enough?"

From the journals

Kull I., Almqvist C., Lilja G., Pershagen G., Wickman, M. (2004). Breast-feeding reduces the risk of asthma during the first 4 years of life. *J Allergy Clin Immunol., 114,* 4, 755-60.

A birth cohort of 4089 children was followed with exposure data collected at 2 months and 1 year of age. The total dose of breast milk was estimated by combining periods of exclusive and partial breast-feeding. Outcomes data was collected at 1, 2, and 4 years of age. The response rate at 4 years was 90%, and 73% participated in a clinical investigation, including blood sampling for analysis of specific IgE and lung function testing. Exclusive breast-feeding for 4 months or more reduced the risk of asthma at the age of 4 years, irrespective of sensitization to common allergens. Breast-feeding reduces the risk of asthma during the first 4 years of life.

Isaacs, Charles E., (2005). Human milk inactivates pathogens individually, additively, and synergistically. *Journal of Nutrition 135(5),* 1286-1288.

Breastfeeding can reduce the incidence and the severity of gastrointestinal and respiratory infections in the suckling neonate by providing additional protective factors to the infant's mucosal surfaces. The antimicrobial activity in human milk results from protective factors working not only individually but also additively and synergistically. The total antimicrobial protection provided by human milk appears to be far more than can be elucidated by examining protective factors individually.

Newburg, David S. (2005). Innate immunity and human milk. *Journal of Nutrition, 135* 1308-1312.

Human neonates are born with an immature and naive acquired immune system and many of the innate components of mucosal immunity are not fully developed. Thus, the innate immune system of human milk is an important complement to the mucosal barrier of the developing gut. The nursing mother provides her infant many protective agents through milk. In addition, many potent protective agents are not found in milk until digestion releases antimicrobial agents such as fatty acids and peptides. Some protective components had remained underappreciated because of technical challenges in their isolation and testing.

Chiu, S.H., Anderson, G.C., Burkhammer, M.D. (2005). Newborn temperature during skin-to-skin breastfeeding in couples having breastfeeding difficulties. *Birth. 32*(2),115-21

Addressed concern regarding babies remaining skin to skin with their mothers during breastfeeding and found infants reached and remained at the thermoneutral range during breastfeeding in skin-to-skin contact.

Svensson, K., Matthiesen, A.S., Widstrom, A.M. (2005). Night rooming-in: who decides? An example of staff influence on mother's attitude. *Birth 32*, 99-106.

In this study, mothers whose babies were in the nursery at night felt the staff believed their babies should be in the nursery. This endorsement of separation meant that staff believed mother baby togetherness was not important.

Continued on page 9...

Klement, E., Chen, R.V., Boxman, J., Joseph, A., Reif, S. (2004). Breastfeeding and the risk of bowel disease: a systemic review with meta-analysis. *Am J Clin Nutr 80,* 5,1342-52.

Concluded that although studies with large sample sizes and good methodology are needed, this meta analysis concluded that breastfeeding is associated with decreased risk of Crohn's disease and ulcerative colitis.

Pisacane, A., Continisio, P. (2004). Breastfeeding and perceived changes in the appearance of the breasts: a retrospective study. *Acta Peds, 93,* 1396-1348.

The authors interviewed 500 first time mothers with babies between the ages of 1 and 2. The conclusion was that there were no difference in perceived breast changes between breast feeding women and non breastfeeding women.

Chong, Y., Liang, Gazzard, G., Stone, R., Saw, S. (2005). Association between breastfeeding and likelihood of myopia in children. *JAMA, 293*,24,3001-3002.

Cross sectional study done in Singapore indicates an association with decreased risk for myopia and having been breastfed. Due to the study's limitation, authors view this study due to its limitations as hypothesis generating.

Words to Ponder...

Doctors will get off their pedestals when patients get off their knees.

BMJ 330 12 Feb 2005 p 349.

Only breast milk contains 190 different fatty acids, not just DHA and ARA

ILCA's Inside Track, a resource for breastfeeding mothers.

QF Contact information

If you would like to get this newsletter or make suggestions please check our website: www.babyfriendly.ca

Contact us at: babyfriendly@canada.com
Write to us at: Quintessence Foundation, Suite 501-4438 West 10th Ave., Vancouver, B.C. V6R 4R8

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