



**August
2011**

Breastfeeding: let's talk about it!

The theme for World Breastfeeding Week 2011 is “**Talk to me! Breastfeeding a 3D experience.**” The theme is decided annually by WABA – World Alliance for Breastfeeding Action. Their promotional brochure explains that although breastfeeding is a normal physiological experience and breastfeeding rates continue to rise, many women do not reach their breastfeeding goals or the global recommendations of exclusive breastfeeding for six months with breast milk to remain in a child’s diet for two years and beyond. To truly promote, protect and support breastfeeding we all need to engage in all levels of communication to understand breastfeeding. How can each of us play a role? How best can we share information? How best can we truly support breastfeeding?

To communicate effectively about breastfeeding focus on the normalcy of breastfeeding. Breastfeeding is not the “best, ideal, optimal, perfect or special”. These adjectives imply that breastfeeding takes a special effort and not everyone can do it. In reality, the vast majority of woman breastfeed especially with appropriate support. Alternatives to breastfeeding and human milk are “less than normal” and therefore inferior choices.

Guilt does not work well to encourage women to breastfeed. Exploring what information they have, listening to their views, providing information in a respectful way and supporting mothers’ informed choices results in better outcomes rather than using guilt as the “stick”. Last, but certainly not least, focus on the relationship between mother and child not how many ounces of milk a child drinks. It is about more than milk! The empowerment breastfeeding brings to a mother helps her deal with raising her child and impacts a life long relationship. These are some of the key message WABA wishes to impart.

Basically, the WABA theme comes down to talking about breastfeeding. For those who have been working with breastfeeding women for ten, twenty or even thirty years it seems many things have changed in the infant feeding world. Certainly more women initiate breastfeeding and much more information is available including on the web. And yet, in many developed countries the majority of women do not meet their own breastfeeding goals or the global recommendations.

Recently, I had the privilege of visiting Scotland. It was a wonderful holiday spent hiking and visiting an array of towns and villages. The Scottish scenery and hiking are fabulous. Whereas we, as visitors, were bundled up in our coats and sweaters the locals viewed 6 degrees C as lovely summer weather! For many younger Scottish women, scooped-necked T-shirts and lots of cleavage are the fashion. It became very clear that, as in North America, displaying form versus function was the cultural norm.

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

We saw many bottle feeding babies but no breastfeeding until we got to the airport. A mother with a young baby breastfed her baby but in a rather strange manner. She placed a hooped drape contraption around her neck placed her crying child under it and struggled to see what she was doing as far as getting the baby latched on. The other adults in her group all pointedly looked in the opposite direction. It all seemed bizarre contrast to the exposed breasts of the previous three weeks. But it reflected cultures that do not truly support breastfeeding or accept breastfeeding as the normal way of feeding young children.

Who defines women's bodies and how they are to be used and presented? Obviously, women themselves have a strong role in the cultural acceptance of the functions of the female body. In 2001, the Quintessence Breastfeeding Challenge started with the idea of promoting information and education about the normalcy of breastfeeding. On October 1st 2011, the 11th annual global Quintessence Breastfeeding Challenge will be held. Is it really needed? Yes, definitely. Times have changed but cultural change is slow and takes ongoing effort. So yes, talk about breastfeeding and donor milk banking to anyone and everyone you know. It is normal and important for every mother and child. Consider attending or even organizing a Quintessence Challenge site. A site can be two mothers meeting over coffee! This year we would like the message to be clearer than ever so invite every breastfeeding mother you know to take part. Let's send a clear global message- breastfeeding is important and let's talk about it!

Breastfeeding Challenge 2011

Date: October 1, 2011
Place: of your choosing! Register a site at www.babyfriendly.ca
Time: 11am
Purpose: support breastfeeding families & donor milk banking

Do your part- register a site!

Calling all hospitals: enter the Quintessence Breastfeeding Challenge

Every hospital providing maternity care is encouraged to register as a site for the Quintessence Breastfeeding Challenge! It is a great opportunity to educate and provide a clear message of support for breastfeeding and milk banking.

BC Women's, the largest maternity hospital in Canada has taken part in the Quintessence Breastfeeding Challenge every year since 2001. In a hospital environment it is an incredibly easy event to do. We arrange for nursing student volunteers, gather some door prizes (often children books), print off the materials from the Quintessence website (registration sheets, client handout, most recent Quintessence newsletter and participation certificate), duplicate these materials, and, during the week before the event post signs to give the staff a "heads up."

A core group of us volunteer our time on the day of the event. We use the occasion to not only support breastfeeding women but to educate student nurses about breastfeeding and recognize our staff for their support of breastfeeding. We have coffee and cookies for our staff in our front lobby. For mothers who are able to bring their babies to the lobby, they gather there. For the others, we use our student volunteers to count the participants in the various care areas. With the help of the student nurse volunteers we canvass all areas of the hospital. We are fortunate as we have a maternity and children's hospital all on the same site so most years we have mothers and children in both hospitals (located in one large building) as well as some staff members who bring their breastfeeding children onsite to be "counted in".

In the last few years we have made a special effort to work with the mothers in our NICU. For mothers whose babies are able to go to breast we encourage them to breastfeed. For those whose infants are not physically able to breastfeed, we encourage them to express at the bedside and receive a participation certificate and possibly a door prize. We have found that mothers of NICU babies are particularly pleased to be included with all the other breastfeeding mothers.

BC Women's will never "win" the highest number of participants. Our number usually ranges from

55-65 children each year. But we feel strongly that participation in the Challenge gives a clear message of support for each mother and baby and the community at large about the importance of breastfeeding and milk banking.

Breastfeeding Challenge 2010 Kamloops, BC



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Answering Parents Questions on Safe Sleep Environments

One of the more difficult issues for healthcare providers is answering questions about infant sleep. Fortunately, here in British Columbia Perinatal Services BC (PSBC – formerly BCRCP) has just released a Safe Sleep Environment Guideline. Not only does this document outline specific care issues for health care providers, but it provides insight into the controversy about where babies should sleep. Here is a brief summary- however we highly recommend that health care providers read the whole document to fully understand the complexities of giving information to parents. As with most parenting issues, there are few hard and fast rules. The complete document is available the Perinatal Services BC website:

http://www.perinataleservicesbc.ca/sites/bcrp/files/Guidelines/Health_Promotion_and_Prevention/Infant_Sleep_Environment.pdf...

Key Messages:

Every sleep counts! Babies may sleep in many different places not just their cribs - whether it is their car seat, infant carrier or adult bed. Every time an infant is placed down sleeping or to sleep, parents want to ensure that the environment is safe.

Safe sleep practices

Research supports the following seven safe sleep practices:

- Place baby on his/her back to sleep
- Breastfeed exclusively for the first 6 months
- Keep babies close including sleeping in the same room as the parents/caregivers (room sharing)
- Provide a tobacco free environment for the fetus and the baby
- Avoid infant overheating Ensure a firm sleep surface free of pillows and other soft hazards
- Cribs, cradles and bassinets should meet safety standards.
- Car seats and other infant carriers are not designed to intentionally put infants to sleep in.

A sleep environment inconsistent with these practices increases babies' risks (i.e. prone sleeping, formula feeding, sleeping alone in a separate room, exposure to smoke – directly or second- hand, overheating.) Additionally, it is recognized that a high percentage of parents will sleep with their baby either by plan or accident (for example, if they fall asleep while settling a baby). It is therefore prudent to provide information to parents:

“Parents need to have information to reduce the risk of sharing a sleep surface with their infant.”

What about babies sleeping with their parent?

The guideline working group acknowledged the contentious nature of this discussion. As they point out, “No sleep environment is completely risk free.” Breastfeeding initiation and continuance is an important risk reducing factor. Frequent night time feedings support breastfeeding and bed sharing facilitates frequent nighttime feedings. “Based on a comprehensive review of the evidence, the majority of the guideline working group felt that the evidence of harm from bed sharing in the absence of risk factors did not support a blanket recommendation for or against bedsharing when no risk factors are present.”

Modeling counts

Practices common in hospitals, when continued at home that put babies at risk include:

- Swaddling or tightly wrapping babies – studies have shown numerous risks and few benefits to the practice of swaddling. Encourage families to use one piece sleepwear or a blanket tucked firmly under the mattress with the infant's arms free.
- Indoor use of infant toques or hats after the newborn's temperature is stable after birth
- Placing preterm or sick infants in side lying or prone positions and the use of “head huggers”. Well before discharge, parents should see their babies transition to supine sleeping positions.

“Parents cannot be expected to follow best practices in the home setting if alternate practices are observed in the hospital setting.” Modeling of practices such as these which place babies at risk should not occur in the hospital setting.

Milk sharing: what is the key question?

Milk sharing has occurred throughout human history. Prior to the late 1800s, if a baby did not receive human milk, either its own mother's or someone else's, the baby

died. By the late 1800s, technical advances and increased knowledge of nutrition enabled the production of a replacement that could keep at least some babies alive when human milk was not available.

By the middle of the 20th century, marketers of human milk substitutes were so successful that in many countries human milk feeding was replaced by substitutes. These replacements became the cultural norm. Even during this time, wet nursing and milk sharing continued. As the understanding and knowledge about human milk has increased, the desire for human milk feeding has increased and more mothers strive to feed their children the biological norm – human milk.

Recently, a number of online groups were established to facilitate milk sharing. The main differences to the long history of milk sharing is that the process is facilitated by the web and more likely to involve strangers rather than families and friends. The “risk” of sharing milk compared to the risk of formula has been hotly debated. Many agree that it is important that families, whether donor or recipient, make informed decisions about the process of milk sharing. Informed decisions include information about appropriate storage and handling of the donor milk and the health of the donor mother.

Two additional issues have been overlooked in the debate about milk sharing.

One issue is the potential decrease of milk available for at risk babies- those who currently receive milk from nonprofit human milk banks. These banks, operating under the Human Milk Banking Association of North America (HMBANA), provide much of their milk to the tiniest and sickest recipients. These premature infants are the children at highest risk of morbidity and mortality if not fed human milk. If milk is given to healthy children through milk sharing sites and not to the milk banks who will provide this life saving nutrition to these premature infants? Whereas, a healthy term or older baby will probably survive when fed formula, research clearly demonstrates that premature infants who do not receive human milk are at significant higher risk for the devastating bowel condition necrotizing enterocolitis (NEC) resulting in a life changing illness or death. This population, at high risk for infection, needs mother’s own milk, ideally, or pasteurized donor milk.

Pasteurized donor milk is expensive but nonprofit milk banks do not “make money” from human milk. They charge a partial recovery fee to cover the cost of screening donors and handling and processing the milk. The rest of

the cost is covered from donations and grants.

The second issue is the most important. Why are so many women “unable” to breastfeed their own children and therefore seeking human milk? The vast majority of mothers should be able to breastfeed their children. Evidence suggests that over 90% of mothers can physically make enough milk for their babies.. What is it about women’s experience of breastfeeding in North America that gets in the way?

In some cases mothers are not aware of the ways in which the system “sabotages” their success with breastfeeding. Poor information, separation of mother and baby, inappropriate supplementation, lack of good assessment, lack of paid maternity leave are just a few ways in which the system defeats breastfeeding success. The normal way for infants and young children to be fed is their mother’s own milk. Nothing can provide the same benefits to mother and child. Let’s not lose sight of the key question: how can we make changes in our communities to enable women to succeed with breastfeeding?

Interesting Websites

1. Looking for an idea regarding breastfeeding promotion? Check out these cards – Right to Breastfeed. Free download (you’ll need to scroll down) available on <http://portalbernisbreastfeedingchallenge.wordpress.com/>
2. Available online at no cost with some lovely pictures of skin to skin: http://collections.stfx.ca/abigelow/skin_to_skin/skin_to_skin.parents.mp4
3. State to state Laws: where breastfeeding is at in the USA: <http://theafa.typepad.com/theafablog/2010/09/the-us-department-of-health-and-human-services-has-just-issued-an-updated-state-by-state-guide-on-breastfeeding-laws-m.html>
4. Youtube
Breastfeeding in public
<http://www.youtube.com/watch?v=OD1b9kqt-oE&playnext=1&list=PL9260BEB42FEF10A0>

A flash mob in support of breastfeeding in United States

<http://www.youtube.com/watch?v=ZSxWAM1Qdvo>

Here’s one from England – the stats are amazing...

<http://www.youtube.com/watch?v=36GDuLxX0II>

And a flash mob in Canada
<http://www.aolnews.com/2011/01/27/breast-feeding-canadian-moms-create-flash-mob-at-mall/>

Breastfeeding promotion
<http://www.youtube.com/watch?v=7SM7Hvjqny4>

And a breastfeeding promo with a sense of humour!
<http://www.youtube.com/watch?v=X9PDqLpKcAs&feature=share>

From the Journals

From the Journals

In some settings hand expression is overlooked in favour of breast pumps when babies are breastfeeding ineffectively or not at all. Flaherman et al found that mothers of full term infants who were feeding poorly taught hand expression shortly after birth were more likely to be breastfeeding at two months. Morton et al found hand expression taught to mothers whose babies were premature combined with pumping resulted in greater milk production. Check these studies out!

Morton, J. et al. (2009) Combining hand techniques with electric pumping increases milk production in mothers of preterm infants.

J Perinatol. Nov;29(11):757-64.
<http://www.ncbi.nlm.nih.gov/pubmed/19571815>

Flaherman, V. et al. (2011). Randomized trial comparing hand expression with breastpumping for mothers of term infant feeding poorly.
<http://fn.bmj.com/content/early/2011/06/09/adc.2010.209213.abstract?ct=ct>

Calling all Quintessence Breastfeeding Site Organizers & Participants

We would love to publish your stories about your experiences with the Challenge.

Please send them to us!

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.

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