



Quintessence

F O U N D A T I O N

January
2011

Congratulations! Another successful year for the Quintessence Breastfeeding Challenge!

There were 4,373 children at 213 sites in 18 countries. This was appreciated as we had a number of challenges including site registration. This year's website redevelopment took longer than first estimated. Registration opened for the Challenge about a month before the event.

Even though we recognize "winners" we realize that the terrific part of the Quintessence Breastfeeding Challenge is that every mother and child taking part "wins". Breastfeeding provides benefits that last a lifetime for both mother and child and by raising the profile of breastfeeding and milk banking through an event like this, we reach out to support women with their breastfeeding goals. Media attention gleaned by holding the Quintessence Breastfeeding Challenge raises the profile of breastfeeding in communities and provides an opportunity to educate and change attitudes. The Quintessence Breastfeeding Challenge will not change cultural attitudes in one event but over the years it has contributed to public discussion and the provision of education to communities throughout the world.



Amersfoort, Netherlands



The largest sites globally:

- 1st place:** Amersfoort, Netherlands: 158 children
- 2nd place:** Ottawa, Ontario: Billings Bridge Shopping Centre, Canada: 141 children
- 3rd largest site:** Mahon Point Shopping Centre, Ireland: 106 children
- 4th largest site:** British Columbia: Chilliwack Heritage Park, Canada: 102 children
- 5th largest site:** Quebec: St-Eustache/Thérèse-de-Blainville, Canada: 85 children
- 6th largest site:** Quebec: Brossard,Sty-Lambert,St-Hubert, Canada: 81 children
- 7th largest site:** Quebec: Ecole secondaire-jeunesse, Canada: 81 children
- 8th largest site:** Nicosia Cyprus, Cyprus: 79 children
- 9th largest site:** North Central Baptist Hospital, United States: 70 children
- 10th largest site:** Puerto Rico Lacta, Puerto Rico: 68 children

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

Country with the most participating children:

1. Canada: 3162
2. United States: 484
3. Netherlands: 158
4. Cyprus: 125
5. Ireland: 106

Country with the most sites:

1. Canada: 159
2. United States: 34
3. Cyprus: 4
4. Japan: 2
4. Japan: 2
4. United Kingdom: 2

North American Sites: how they rated (limited to sites in North America)

2010 Category A: more than 50,000 births per year

1. Quebec, Canada
2. Ontario, Canada
3. Alberta, Canada
4. Arizona, United States
5. Kentucky, United States

2010 Category B: 10,000 to 50,000 births per year

1. British Columbia, Canada
2. Manitoba, Canada
3. Saskatchewan, Canada
4. Iowa, USA
5. Oregon, USA

2010 Category C: less than 10,000 births per year

1. Nunavut, Canada
2. North West Territories, Canada
3. Yukon, Canada
4. Newfoundland & Labrador, Canada
5. New Brunswick, Canada

2010 marks the tenth anniversary of the Quintessence Breastfeeding Challenge. It started when a BOD member of the non profit Quintessence Foundation suggested, after a trip to Australia, that we offer a breastfeeding challenge similar to the one done in Australia the previous year. At first, a number of board members were less than enthusiastic but a date was selected and the agreement was to try it in one Canadian province. The first year in British Columbia was an amazing success.

For those of us lucky enough to be present, we saw the power of peer group support. At the largest site in BC, at BC Women's Hospital, a multicultural group of women from all walks of life with children from newborns to toddlers, "latched on". There were many happy tears and a wonderful feeling of community. Although entertainment was provided, it was clear that the sharing of their stories with each other and the mothers of newborns seeing toddlers and older children breastfeeding was the most important feature. It was truly an eye opening experience.

The reaction of the media was also gratifying. Without having financial resources to launch a media campaign the coverage of the event that first year brought the issue into the public forum. As the saying goes – the rest was history! Over the last ten years the issues have not changed a great deal but the Quintessence Breastfeeding Challenge has ensured that the importance of breastfeeding and donor milk banking has received media attention and mothers in a wide variety of settings have felt supported to make informed decisions about infant feeding.

Over the years, we have received site registrations from mothers as individuals who shared with us that they knew *no one* else who was breastfeeding. We have heard from grandmothers who cheered us on saying that they wished there had been better support when they nursed their babies. And we have received letters from people who objected to women breastfeeding in a public place and gave suggestions such as giving out blankets to place over the children. Breastfeeding is the normal way young children feed and we hope that in the future the Quintessence Breastfeeding Challenge will cease to be needed as women and their breastfeeding children will be received anytime and anywhere. Currently, that situation exists in certain parts of the world- but certainly not in North America. Register for the 2011 Challenge and help us make breastfeeding be seen as what it is – a normal part of daily life.



We hope that as people get used to our new site they will find it easier to use and more beneficial. We are working on our "bugs" and plan to open registration in January 2011! The date for 2011 is October 1st 2011.

Breastfeeding: just 10 Steps

The World Breastfeeding Week theme for this year- Breastfeeding Just 10 steps- and those evidence-based steps benefit new families and the staff who care for them!

The WHO document, *Ten Steps for Successful Breastfeeding*, provides direction for hospital care of new families as the fundamental document for the Baby-Friendly Initiative. In Canada, the *Ten Steps* have been expanded to include community health settings to ensure a continuum of care from community, to hospital and back to community.

Common misconceptions about the Ten Steps and the Baby-Friendly Initiative:

Some worry that this initiative *makes* women breastfeed and staff worry about *making women feel guilty*. In reality, the Ten Steps simply provides a template encompassing the evidence of the kind of care that is most likely to support breastfeeding. A fundamental issue is enabling mothers to make informed choices about feeding their infants and then supporting them with their decisions.

What about families who choose to give breast milk substitutes? First, all babies, regardless of how their parents choose to feed them benefit from skin-to-skin care, closeness to their mothers and cue-based feeding (Steps 4,7 and 8). Secondly, this initiative also provides direction to staff on the kind of information that families using breast milk substitutes need to ensure that they use and store them appropriately.

When hospitals and community health facilities follow these Ten Steps they can apply to the Breastfeeding Committee for Canada to be designated as Baby-Friendly facility. This designation acknowledges the work of the staff providing care based on the best evidence and lets families know that the facility meets this standard.

See the Breastfeeding Committee for Canada website to see the new Integrated Ten Steps: http://breastfeedingcanada.ca/pdf/2010-09_Summary-BCC_Integrated_2010_Steps_Practice_Outcomes_Indicators.pdf

Where did the website pictures go?

If you have looked at our website for pictures from the Breastfeeding Challenge 2010, you may have wondered what happened. Our new site malfunctioned and pictures that were uploaded shortly after the Challenge disappeared. Please check out the ***site and load or re-upload your pictures***. We would love to see them! And if you have not had a chance to upload pictures, please go ahead and upload. If you are not sure how to do it just send us your pictures and we will upload them. We have been in contact with the site development group and solved the previous problem to ensure we will not have any more disappearing pictures!

CPS supports milk banking

In November, 2010 the Canadian Pediatric Society published a statement in support of donor milk from a recognized bank for ill and high risk infants. The statement encourages families to make informed choices and states that all recipient families need to sign a written consent.

The CPS first produced a supportive donor milk statement in 1985. This was followed by an unsupportive statement in 1995 which confused wet nursing, blood banking and donor milk banking – all quite different activities done in very different ways. Unfortunately, the 1995 statement, unique in the world, set back the progress of milk banking in Canada. Whereas Europe has 158 donor milk banks with 7 more planned, Canada has one bank in Vancouver BC. This single Canadian bank has functioned continuously since 1974, a credit to the hospital and the care providers involved as well as strong community support. This new CPS statement will help to improve the situation and, hopefully, lead to the establishment of regional milk banks in Canada. Every Canadian baby in medical need of human milk will then have the safe option of pasteurized donor milk.

The CPS statement can be found at: <http://www.cps.ca/english/statements/N/N10-01.pdf>

Also check out the following website for locations of European milk banks. (<http://www.europeanmilkbanking.com/index.html>)

continued page 4...

Milk Sharing: a new approach to an old practice

Heard of “Meals on wheels”? How about “Eats on Feets”? Meals on Wheels is a program providing meals to people who, for various reasons, have difficulty preparing meals for themselves. A midwife in Arizona considering informal milk sharing came up with the name of “Eats on Feets” as a sort of “Meals on Wheels” equivalent for mothers sharing milk. A face book group was established to help mothers looking for milk connect with those who have extra milk. With the help of a Canadian, the whole concept went global and spread quickly on the internet. The recent media interest in milk sharing is a result of the power of the internet.

Is it a good idea? Are there risks? What about the WHO and their recommendations? Well, if you have been reading the internet you will know that the rhetoric has gotten rather heated – for and against. Health Canada and the FDA have put out advisories about informal milk sharing. The Health Canada press release states:

Health Canada advises Canadians to be aware of the potential health risks associated with consuming human breast milk obtained through the Internet or directly from individuals.

Obtaining human milk from the Internet or directly from individuals raises health concerns because, in most cases, medical information about the milk donors is not known. The Canadian Paediatric Society does not endorse the sharing of unprocessed human milk.

There is a potential risk that the milk may be contaminated with viruses such as HIV or bacteria which can cause food poisoning, such as Staphylococcus aureus. In addition, traces of substances such as prescription and non-prescription drugs can be transmitted through human milk. Improper hygiene when extracting the milk, as well as improper storage and handling, could also cause the milk to spoil or be contaminated with bacteria and/or viruses that may cause illness.

Breastfeeding promotes optimal infant growth, health and development and is recognized internationally as the best method of feeding infants. However, unprocessed human milk should not be shared.

Health Canada recommends that Canadians consult their health care professional should they have questions about breastfeeding or if they are considering purchasing human milk or acquiring it through the Internet or directly from individuals.

Internet responses to these warnings of danger suggest that this is nothing more than action pushed by a political agenda. Where does all this leave mothers?

Hopefully, mothers will make informed decisions for their own children. Informed decisions may be challenging when mothers are caught between polar opposite concerned views of authorities such as Health Canada and some simplistic views on the internet. Some of what is posted on internet sites is incorrect. For example, flash pasteurization is recommended for home treatment of donated milk. Flash pasteurization is used in some developing countries where HIV is endemic. In these countries, children who do not receive human milk are very likely to die. Under specific conditions milk is heated in a certain fashion. This system is appropriate in the setting it was designed for- one in which resources are limited and replacing mother’s milk can result in death. However, there are significant limitations to flash pasteurization done in the home environment. When milk is overheated, important properties in the milk can be destroyed; if under heated certain viruses and bacteria are not destroyed. The pasteurization process used in milk banks ensures an optimal product not guaranteed by home flash pasteurization. Suggesting that mothers should “just flash pasteurize at home” is simplistic and misleading. Flash pasteurization can be done successfully with careful instructions designed for the environment in which it will be undertaken.

Another site stated “where do you think milk banks get their milk – on the internet.” Non profit donor milk banks do not collect milk via the internet. Some banks have websites where donors can read about the screening process and submit basic information. They are then screened by interview, contact with their health provider, written forms and blood tests. The milk is also screened, pasteurized and tested. Potential donors are given information on equipment use and methods of storage. Non profit milk banks do not get milk from the internet.

What about the WHO recommendations? The Global Strategy for Infant and Young Child Feeding, 2003 states:

Exercising other feeding options

The vast majority of mothers can and should breastfeed, just as the vast majority of infants can and should be breastfed. Only under exceptional circumstances can a mother’s milk be considered unsuitable for her infant. For those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breast milk from an infant’s own mother, breast milk from a healthy wet-nurse or a human-milk bank, or a breast-milk substitute fed with a cup, which is a safer

method than a feeding bottle and teat – depends on individual circumstances.

For infants who do not receive breast milk, feeding with a suitable breast-milk substitute – for example an infant formula prepared in accordance with applicable Codex Alimentarius standards, or a home-prepared formula with micronutrient supplements – should be demonstrated only by health workers, or other community workers if necessary, and only to the mothers and other family members who need to use it; and the information given should include adequate instructions for appropriate preparation and the health hazards of inappropriate preparation and use. Infants who are not breastfed, for whatever reason, should receive special attention from the health and social welfare system since they constitute a risk group.

WHO strongly endorses mother’s own milk but when that is not possible, milk from a healthy wet nurse or a human milk bank. They do not provide information on how to define “healthy wet nurse”.

As Health Canada correctly points out human milk can contain viruses (HIV, HTLV, CMV, hepatitis, etc). Mothers who informally share milk are usually nursing their own children. But as the San Jose milk bank discovered in a study of prospective donors, donors are not always aware of current health issues. In reviewing 1,091 potential donors, the study’s authors found that 3.3% were positive on screening serology including 6 syphilis, 17 hepatitis B, 3 hepatitis C, 6 HTLV and 4 HIV. They concluded that “this implies there may be significant risk associated with peer-to-peer distribution of human milk from unscreened donors.” In addition, human milk can be contaminated with bacteria (e.g. E coli) like any food source or have something added to increase volume. To eliminate this potential risk non profit milk banks do not pay donors or donor sites for donated milk.

But what about formula? The risks associated with formula use are well documented. Again, the power of the internet comes into play as parents are often better informed about these risks than some health care providers. No one truly knows which is more risky in a developed country, receiving milk from a new “friend” via the internet or using formula.

The age and state of the intended recipient is also important. When babies are ill or premature, added caution is important. Full term or older babies have stronger and better established immune systems

And what about the donor? One internet site reported a good Samaritan who shipped a large amount of milk to an intended recipient and discovered that the recipient had a number of aliases. The donor was stuck with the shipping bill and had no idea what happened to the milk. If a recipient child becomes ill or the family claims the child became ill from the milk where does this leave the donor?

Human milk is best for the human child - ideally mother’s own is best for her own baby. When that is not available, hopefully in the near future, regional banks will enable children in need to receive pasteurized donor milk at a reasonable cost. Until that time, mothers have to make their own judgments as to what is best for their own children, hopefully, based on correct information. If possible, milk from a known donor such as a relative or friend provided as a gift (i.e. no charge) is probably the safest choice. It is up to each mother to assess the situation and make the best decision for her own baby.

Check out Time Magazine coverage at:
<http://www.time.com/time/health/article/0,8599,2032363,00.html>

References:

Cohen, RS, Xiong, SC, Sakamoto, P. (2010). Retrospective review of serological testing of potential human milk donors. Arch Dis Child Neonatal Ed, Mar:95(2): F118-20.

Health Canada: http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2010/2010_202-eng.php

Global Strategy for Infant and Young Child feeding
http://www.who.int/nutrition/publications/gs_infant_feeding_text_eng.pdf

In the USA: Lay turf but don’t try and pump milk & claim medical expense

A New York Times article outlined the struggles of trying to provide human milk for your human infant in the United States. With poor maternity leaves most women are back at work well before their baby reaches 6 months. Apparently, if your child has severe allergies and you lay artificial turf, to remove exposure to allergy-causing grass, this might be considered a medical expense. Not so with breast pumps and equipment. The Internal Revenue Service “ruled that breast-feeding does not have enough health benefits to qualify as a form of medical care”.

Huh?? Apparently, although the American Academy of Pediatrics requested cost of equipment needed to support breastfeeding be classified as a medical expense the IRS denied the request. The concern is that because human milk is a food and to allow breast pumps to be classified as a medical expense might open the door to abuse. Breastfeeding supporters have not given up. They plan to push for tax breaks for pumps, equipment, lactation consultant visits and other support. Currently, it costs American mothers \$500-1000/child for needed equipment to express milk at work. No wonder only a small number of American children receive human milk past the first few weeks of life.



Photographer:
Paul J. Henderson,
Chilliwack Times.

Donor Milk Banking: growing globally

In October, the third International Milk Banking Conference, *Donor Breastmilk: so precious that we keep it in a bank*, was held by the Italian Milk Banking Association in Milan Italy. Twenty-three countries were represented. Milk banking is experiencing strong growth in Europe with 158 active banks and seven additional banks in the planning stages. European countries with milk banks include Austria, Belgium,, Bulgaria, Czeck Republic, Denmark, Estonia, Finland, France, Germany, Greece, Iceland, Italy, Netherlands, Norway, Poland, Portugal, Serbia, Slovakia, Slovenia, Spain, Sweden , Switzerlandand the United Kingdom.

The one day conference covered a large number of presenters with topics as varied as *Human milk banking through the world: where do we stand today?* to *HAMLET- a human milk protein-lipid complex with tumoricidal activity*. In addition, the last presentation of the day at 6 pm included an announcement that the newly formed European Milk Banking Association (EMBA) has been legally recognized and the first EMBA conference will be held in Ireland in September, 2010.

Check out the website for EMBA at:
<http://www.europeanmilkbanking.com/>



Reports from the Quintessence Breastfeeding Challenge Front Lines

Netherlands Report: 2nd year & biggest site!

In the Netherlands we celebrate World Breastfeeding Week in a lot of different ways. One event is the “ontmoetingsdag” organised by breastfeeding moms. It is a lot of work, but the energy you get from all those happy children who are being breastfed and the enthusiasm of the parents!

We try to improve every year. We offer free workshops and we try to keep it interesting. This year we offered:

- Natural Parenting
- Communicate without Violence
- Babysigns
- Masterclass Breastfeeding
- Rapley
- Breast pumps and how to combine work with nursing
- How to use several kinds of Babycarriers
- Men and Breastfeeding (exclusive for the dads).

Our event is making a name for itself, several web-shop owners and other businesses were eager to rent a marketplace in our fair. We need those businessmen (and ladies) so we can offer our visitors a memorable day free of cost!

The Challenge is the icing on the cake! For once you can breastfeed your baby in public without being the outsider. Kids of all ages, a lot of the parents believe in natural weaning and it is so special to see a toddler and a baby drinking together! Some mothers even fed three kids! Our notary had to count the children who were actually drinking at that time, he told us it was a real challenge! So many baby's in a short amount of time!

This is the second year we have participated in the Quintesse Foundation Challenge, we stick to our own rules. A list with names doesn't work for us. We tried that last year and had to remove names from the list because children were sleeping or refusing to latch on. This took a lot of time and wasn't accurate. Our Notary checks every single baby if it's latched on. His decision counts and he draws the official papers.

We decided a few years ago that we will include mothers who are expressing milk by hand or breast-pump for their baby. In the past three years we had one or two mothers who use the pump full-time.

For next year we have to find a bigger location! That's the good news, the enthusiasm of the Dutch parents is growing! But we are also sad to see one of our organizing moms (Ageeth) go, but family and work have to be first. Organizing our event is a lot of work and more hands make a lighter load, I am happy Chella Verhoeven stepped in, a wonderful woman, mother of five who took the initiative to create a Mothermilk-bank in The Netherlands, on top of that she recently passed her exam and is IBCLC certified.

Can't wait to start planning next years event!

Nynke Bal-Dekker

Chilliwack, BC:

Photographer: Paul J. Henderson, Chilliwack Times.



Public Breastfeeding: history repeats its self 15 years later

In Montreal, Quebec, Shannon Smith, a mother of three went to the mall with her five month old baby and did what any breastfeeding mother should feel comfortable to do - feed her hungry baby. A number of years ago Health Canada used the slogan "Breastfeed. Anywhere. Anytime." Except apparently, in the Orchestre Children's Clothing Store where employees approached Shannon and told her to stop breastfeeding and other employees were heard to say that breastfeeding should occur in the dedicated breastfeeding room only. Mmm... very sad that this is still occurring in Canada in 2011!!

Smith decided to express her feelings via the internet. Her blog had 1,000 hits on the first day and 4,200 hits by the second. Canada's Charter of Rights and Freedoms broadly prohibits discrimination based on sex. Two Canadian provinces, Ontario and British Columbia, have taken things a step further with the provincial human right commissions ruling in favour of public breastfeeding. The law needs to be clarified to clearly spell out that breastfeeding is a human right and women have the right to breastfeed in whatever fashion they wish anywhere they are legally permitted to be.

There is a definite feeling of "déjà vu" about all this. In 1996, on January 19th a public "nurse in" was held in a Montreal mall to assert the rights of women to breastfeed in public. Now 15 years later another breastfeeding mother in the same city is experiencing discrimination. After Shannon Smith's experience, another mother Genevieve Coulombe organized a "nurse in" through Facebook for January 19, 2011. Calling all breastfeeding mothers who live within commuting distance of Montreal, Jan 19th sounds like a great day for an outing at the mall Complexe des Ailes and of course your hungry baby would like to be fed in the Orchestre Children's Store!

From a report in the Globe and Mail, Jan 2011

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.

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. **Due to printing/postage costs we are no longer mailing newsletters unless specifically asked to.** We need your street address in case your email address changes.

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Quintessence Foundation
Suite 501- 4438 West 10th Ave, Vancouver, BC, V6R 4R8
Charitable number: 89941 1425 RR00001