

Quintessence Foundation

Fall 2002

Breastfeeding Challenge 2002

We're doing it again! The Breastfeeding Challenge 2002 will be held on Saturday, October 5 at 10 am. The actual "latch on" will take place at 11 am local time. This year the Challenge is occurring across Canada - a national event, coast to coast.

There are actually two records being challenged. The Guinness World Record is a Challenge for the most women breastfeeding their children at one time in one place. The current unofficial record is held by California. It was set during the first week of August, 2002, with 1,130 mothers breastfeeding at the Berkley Community Theatre. Californians are to be congratulated but the population of California is approximately equal to Canada. This makes it a very big challenge in Canada, particularly in smaller centres. We hope that some of the larger centres might be up to this challenge!

The second record, the Quintessence Challenge, is for the most women breastfeeding at 11 am in any one province or territory. The final numbers will be worked out as a percentage of live births in the previous year. Last year, British Columbia, with 856 women (and 870 babies) at 26 sites around the province set the first Quintessence record. This year, the province or territory with the largest percentage will win this challenge. All areas of Canada can take this Challenge. *The Challenge is on!*

World Breastfeeding Week 2002

Breastfeeding: Healthy mothers, Healthy babies

The Breastfeeding Challenge is part of the celebration of World Breastfeeding week. Each year the World Alliance of Breastfeeding Action, (WABA) selects a theme for the global celebration of World Breastfeeding Week (WBW). WBW is celebrated the world over with many countries celebrating in the first week of August. In North America, due to the summer holidays, the celebration is held in the first week of October.

This year's theme is "Breastfeeding: Healthy mothers, Healthy babies". Breastfeeding promotes health for both mothers and babies. For babies, mother's milk fosters optimal growth and development of a baby's brain, immune system and every system in the body. A breastfed baby is at lower risk for a whole raft of illnesses including respiratory infections such as ear infections and pneumonia, diarrhea and urinary tract infections. For mothers, breastfeeding reduces their risk of breast cancer, ovarian cancer and osteoporosis. In the short term breastfeeding reduces postpartum bleeding and anemia, reduces stress due to workload (bottlefeeding is one long work- making experience usually done by the mother) and saves money (nothing to buy, prepare or clean up!). Breastfeeding is the original fast food – always ready in a convenient, reusable, attractive container. Very portable – nothing special to pack or carry!

Exclusive breastfeeding is recommended for six months with the introduction of appropriate solid food at about six months. Breast milk should remain in a child's diet for two years and beyond. The average age of weaning around the world is between 3 and 5. The good news is that any breast milk is a benefit to a child. Whatever the mother and child decide to do is wonderful.

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

More Information for World Breastfeeding Week

The WABA website has a fourteen page Action Folder that can be downloaded free. It contains information about the theme of Breastfeeding: healthy mothers and healthy babies. Healthcare is an internationally accepted fundamental human right. This action folder discusses women's right to health care and information to support optimal health for children. Components of health for mothers, factors for pregnancy and breastfeeding and best practices for normal childbirth are also discussed. WABA points out that breastfeeding is important for babies, health as:

- Exclusive breastfeeding meets all the nutritional needs of a baby for the first six months. Breastfeeding continues to make a significant contribution to the baby's nutritional and emotional health into the second year and beyond
- Breastfed babies have stronger immune systems and are healthier than bottle fed babies
- Special fatty acids in breast milk lead to increased intelligence quotients (IQs) and better visual acuity
- Research shows that breastfeeding can save the lives of over 1.5 million babies who die every year from diseases such as diarrhea and pneumonia

Check out the WABA site for further information and ideas for World Breastfeeding Week

Quintessence Foundation: Who We Are

The Quintessence Foundation is a non profit foundation that began in 1997 in British Columbia. Its mandate is to educate health professionals and the general public on issues related to breastfeeding and the use of human milk. We have sponsored a number of conferences and workshops, financially supported the C & W Milk Bank in Vancouver, are represented on the BC Baby-Friendly Network, sponsor the Breastfeeding Challenge, publish a regular newsletter and support educational ventures such as the Baby-Friendly Resource Binder. We abide by the WHO Code on the Marketing of Breast Milk Substitutes and do not accept funding from companies involved in marketing infant formulas. Our funding comes from companies and individuals who support our mandate.

All Research is NOT Created Equal

In the National Post, on September 20th, 2002 a front page headline states "Study finds breastfeeding can lift allergy, asthma risk." The article describes a 26-year study (1) done by researchers in New Zealand and Canada published in the Lancet, a British medical journal. The newspaper article continues on the second page with the title "Breastfeeding risk detected." It outlines the assessment of 1,037 children born in New Zealand between April 1972 and March 1973. Assessment consisted of questionnaires, measures of breathing function and skin prick allergy tests. It concludes that breastfeeding for more than one month can double the risk of developing asthma or allergies.

These results directly conflict with a 2002 study done by Oddy, et al published in the Journal of Allergy and Clinical Immunology (2). They looked at 2,602 Australian children and found that non exclusive breastfeeding, that is introducing other milk before four months increased the risk of childhood asthma. It concludes that infants should be exclusively breastfed for four months and beyond to reduce the risk of asthma.

Conflicting results probably reflect study methodologies. In the first study, the feeding history was *retrospectively* taken at age three by interviews and verified from Plunket nurses records (like public health nurses). Testing occurred every two to five years between the ages of 9 and 26 years. The researchers acknowledge that many of the breastfed newborns received formula in hospital. Only 15% of the babies in the study were deemed to be exclusively breastfed. Although exclusive breastfeeding is considered, it is not defined. Careful data on exclusive breastfeeding infants is not reflected in the study. In 1972 and 1973 breastfeeding rates were low. The concept of defining exclusive breastfeeding was unknown.

Continued on page3...

All Research is NOT Created Equal cont'd...

What these two studies are suggesting is actually very similar- that non exclusive breastfeeding increases the risk of asthma.

The National Post states "Previous Canadian research suggested nursing mothers should avoid peanuts if their family history suggests the child might develop allergy to them because significant amounts of peanut protein can be passed through breast milk." This refers to a Canadian study (3) done with twenty-three lactating women who fasted overnight and then ingested half a cup of peanuts. Only 11 of the women showed peanut protein in their milk. The protein cleared quickly in only a few hours. The study did not demonstrate sensitization of children from the tested milk. The study, funded by Nestle Canada, did not indicate that formula can be manufactured with peanut ingredients.

Breastfeeding provides many benefits to mothers and children. Although perfect studies are impossible, some are better than others. Its interesting to reflect on what gets media attention. Read the study and then decide for yourself...

1. Sears, M., Greene, J., William, A., Taylor, D., Flannery, E., Cowan, J., Herbison, G., Poulton, R. (2002). Long-term relationship between breastfeeding and development of atopy and asthma in children and young adults: a longitudinal study. *The Lancet*, 360, 901-907.
2. Oddy, W., Peat, J., de Kerk, N. (2002). Maternal asthma, infant feeding and the risk of asthma in childhood. *J Allergy Clin Immunol*, 110, 65-67.
3. Vadas, P., Wai, Y., Burks, W., Perelman, B. (2001). Detecting of peanut allergens in breast milk of lactating women. *JAMA*, 285,13,1746-1748.

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

And Here's What the Aussies Think...

MOTHERS' MILK - EXPERTS REJECT SCAREMONGERING*

Australian breastfeeding experts today strongly rejected reports of a New Zealand study purporting to show breastfed babies were more susceptible to eczema and asthma. The study is published in the current edition of the "The Lancet". It was reported in The Sydney Morning Herald/ The Age.

"Having checked with experts over the weekend, we remain confident that this study fails to undermine the findings of the many studies which have found mothers' milk offers protection against eczema and asthma," Australian Breastfeeding Association National President Anne Croker said today. "This study does not warrant scaremongering, especially among new mothers who will be vulnerable."

Sydney paediatrician Dr Patricia McVeagh said that the NZ study reflected the difficulties of doing robust studies of the long term effects of breastfeeding. "In this case, the assignment to groups was contaminated by infants in the breastfeeding group receiving infant formula and the formula fed group including infants who had been breastfed for less than four weeks," Dr McVeagh said. "One important issue not considered was whether the subjects themselves, who were 26 at the time the study finished, were cigarette smokers. "Also, the breastfeeding group included more atopic individuals, that is people more likely to develop asthma, and we would expect them to have symptoms of asthma. "The balance of the evidence remains that exclusive breastfeeding for six months, with continued breastfeeding and the gradual introduction of solids after that, is the best choice."

Tamworth GP Dr Carmen Ast said she would continue to recommend that mothers breastfeed exclusively for six months and especially if the family had a history of eczema or asthma. "Both my clinical experience and previous studies dictate that exclusively breastfed children fare better from a multitude of health perspectives. In fact, the evidence is that breastfeeding delays the onset of asthma, eczema and allergic rhinitis", Dr Ast said. Contact: Anne Croker 02 6766 7120 or 0409 249 089 Breastfeeding Association of Australia.

** reprinted with permission*

The History of Infant Feeding: Wet Nursing: Part 1

Wet nursing or professional breastfeeding is as old as human history. In earliest times when mothers were unable or unwilling to breastfeed, there were few options. The poor outcomes of other feeding methods are evident in the infant graves of ancient Egypt where archeologists have found feeding bottles (Grant, 1968). Wet nursing, that is having another lactating woman breastfeed your baby, was the best method of encouraging child survival (Jefferson, 1954).

Regulations for wet nursing are mentioned in the Code of Hammurabi from 2250 B.C. Infants were thought to inherit the character of the wet nurse through the milk so the selection process was very important. In addition, the danger to the infant from neglect and disease from a devious wet nurse was recognized. To encourage survival of the employer's child, the Code of Hammurabi directed amputation of the wet nurse's breast if she substituted another baby if the original child being wet nursed died (Wood, 1955). Other evidence of wet nursing in early times includes mention of wet nursing in the Bible. For example, Exodus 2.9 states "And Pharaoh's daughter said unto her, 'Take this child away, and nurse it for me, and I will give thee thy wages.' And the woman took the child away and nursed it."

Human milk was truly valued as the benefits of human milk were well recognized in these early times. By the 16th and 17th century, authors described medicinal qualities of human milk. Salmon (1997) refers to writings from the 17th century citing human milk as treatment for eye ailments, as a pain reliever, used in salves and plasters and for nutritional treatments for all ages. By the 18th century the pediatric literature encouraged mothers to breastfeed. One author refers to breastmilk as "the balsamic liquor" and dire consequences were predicted for the mother who did not nurse (Jefferson, 1954). Throughout recorded history until the 20th century, mothers were encouraged to breastfeed their children. Wet nursing replaced breastfeeding when this was not possible (Wickes, 1953a).

At various times in history breastfeeding fell out of fashion. Having no other effective means of feeding, wealthy women hired wet nurses, often poor women, or had their slaves nurse their infants (Wood, 1955). During the 13th century in Europe a woman could earn more as a wet nurse than any other occupation (Fildes, 1988). In medieval Europe, the father of the baby or the physician

often made the arrangements for a paid wet nurse and decided when the child would be weaned (Golden, 1997; Fildes, 1988). The contract was usually signed with the wet nurse's husband. Casual wet nursing was frowned upon and in 1300 an English husband murdered his wife for spending time at a neighbour's "giving suck to his son" (Fildes, 1988).

The reasons for not breastfeeding and therefore needing a wet nurse included concern that breastfeeding has a negative effect on the mother's figure, constrained a social life, was incompatible with working and negatively affected the mother's health – misconceptions still common today. Wealthy women were often called upon to take on other duties and felt they did not have the time to nurse their infants. In addition, during the 17th and 18th centuries, English "women of quality" were concerned that breastfeeding would ruin their figures (Wickes, 1953b). Upper and middle class women were often viewed as too frail by physicians to breastfeed their children. In addition, breastfeeding constrained the marital relationship as lactating women were not to have intercourse as this was thought to cause the milk to become "excited and dangerous" (Golden, 1997). Frequent pregnancies increased the chances of having a surviving heir so some husbands did not allow their wives to breastfeed (Fildes, 1988). For some mothers, before the advent of antibiotics, breast infections caused serious health problems and fear of this was a motivator not to breastfeed their own children (Salmon, 1997).

During the Industrial Revolution, poorer women having to work long hours in factories also used wet nurses or abandoned their infants on the street. Foundling homes took these children in and employed wet nurses to feed them. The death rate was very high due to the poor living conditions - one in three who were wet nursed survived the first five years of life. For those who were artificially fed the death rate was three times as high and in some homes it was 99.6% or higher (Lyon, 1933). Up to the 19th century, feeding vessels were often containers with nipples made from cow or oxen udders or horns, parchment, leather or sponge. The need for sterilization and basic cleanliness was unknown at the time leading to this high death rate (Griffiths, 1980). By the late 18th and early 19th centuries, wet nursing was noted to be the best replacement for mother's own milk as "healthy milk is life and anything else is death" (Acton, 1993).

Part II : next newsletter

Continued on page 5...

References

- Acton, W. (1993). Time was...1859. Unmarried wet nurses. *JHL*, 9, 125-126.
- Fildes, V. (1988). *Wet nursing. A History from Antiquity to the Present*. Blackwell: Britain.
- Golden, J. (1997). The new motherhood and wet nurses in R. Apple, J. Golden (Ed.) *Mothers and Motherhood. Readings in American History*. Ohio State University Press: Columbus, U.S.A.
- Grant, D.M. (1968). Breastfeeding may be a dying "art." *Canadian Nurse*, 8, 45-47.
- Griffiths, C. (1980). Botteless babies. *Nursing Mirror*, 10, 2, 151, xi-xvi.
- Jefferson, D. (1954). Child feeding in the United States in the nineteenth century. *Journal of the American Dietetic Association*, 30, 335-344.
- Salmon, M. (1997). The cultural significance of breast feeding and infant care in early modern England and America in R. Apple, J. Golden (Ed.) *Mothers and Motherhood. Readings in American History* (p 5-30). Ohio State University Press: Columbus, U.S.A.
- Wickes, I.G. (1953a). A history of infant feeding Part II. *Archives of Disease in Childhood*, 6, 232-240.
- Wickes, I.G. (1953b). A history of infant feeding Part III. *Archives of Disease in Childhood*, 8, 332-340.
- Wickes, I.G. (1953c) A history of infant feeding Part III. *Archives of Disease in Childhood*, 9, 416-422.
- Williams, S. (1997). *Women and childbirth in the twentieth century*. Sutton Publishing: Britain.
- Wood, A. L. (1955). The history of artificial feeding of infants. *The Journal of the American Dietetic Association*, 31, 474-482.

What's New in Milk Banking: *New Banks*

USA: In Iowa, in August 2002 a new milk bank opened at the Fomon Centre. That brings the number of operating milk banks in the USA to five. The annual meeting of the Human Milk Banking Association of North America (HMBANA) will be held in Austin Texas at the end of September 2002.

AFRICA: In the fall of 2001 a special milk bank opened in KwaZulu-Natal, South Africa. The name of the milk bank is "Ithembaletu" which in African means I have a destiny. The donated milk is given to Aids orphans or babies whose HIV-infected mothers have deserted them. Where possible the mother of a nursing baby is "twinned" with a baby of about the same age. The project is a voluntary service funded by UNICEF.

Of Wet Nursing & Donor Banks

So what's the difference between wet nursing and donor milk banking? A great deal. Wet nursing in a sense, is a primitive form of donor milk banking but the two are quite different. Wet nursing involves breastfeeding someone else's baby. Donor milk banking involves a multi leveled process in which the "wet nurse" or donor is intensively screened, her milk is pasteurized and then screened and the recipient is selected by medical priority.

The majority of breastfeeding women can make enough milk to meet their babies' needs (and for many women they can make a lot more!). A small group of women, even with the best help and efforts cannot meet their children's need for milk. In today's world, when women have insufficient breast milk to meet their children's needs, they have few choices. The one milk bank in Canada cannot meet all the requests for pasteurized donor milk it receives. Some mothers not wanting to expose their children to formula, have a friend or relative breastfeed their baby. Others get expressed milk from friends or relatives. Some families purchase breast milk over the internet or obtain it from women offering extra milk to help the mother out.

Mothers receiving unscreened milk should be aware that there are some potential risks. Viruses can be passed through breast milk. These include HIV and hepatitis. In order to make informed decisions, mothers need to understand the risk of giving their children unscreened milk versus using formula. The first choice recommended is mother's own milk and then pasteurized screened milk from a donor milk bank. The best option is to increase the availability of donor milk in every province and territory so women can truly make informed choices and be supported in the choices they make. Support the C & W Milk Bank. Contact the BC Women's Foundation with your financial donation. This will help spread the word about the importance of human milk for human infants.

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

What's New in Research

Deacon, C. (2001) Breastfeeding: Are we just bottling out? Nursing Times, 97,19, 26-27.

It seems that almost every year just before World Breastfeeding Week there is a negative article reported in the media on breastfeeding. Deacon's commentary is a thought provoking reflection on the risks of formula feeding. Deacon calls on nurses to discuss the often ignored risks of formula feeding. She points out that in Britain formula companies spend 12 million pounds per year, or 17 pounds per infant on advertising. The government spends only 1.20 pounds per year per baby promoting breastfeeding. She states "What we need to do is change public perception so that breastfeeding is seen as normal and formula feeding is seen as a fourth-rate substitute – after breastfeeding, expressed breastmilk and donor breastmilk" (p.26). Deacon indicates that although the effects of formula feeding in developed countries are less apparent they still cost the health care system. Research documents formula fed babies' increased risk for: higher blood pressure, insulin-dependent diabetes mellitus, childhood lymphomas, inflammatory bowel disease, dental occlusion and coronary heart disease. She includes indicative data that formula-fed babies are five times more likely to be admitted to hospital with diarrhoea, twice as likely to be hospitalized for respiratory disease, twice as likely to suffer otitis media, five times as likely to develop a urinary tract infection, and premature infants fed formula are 20 times as likely to develop necrotizing enterocolitis. This short article provides food for thought.

Wright, K., Quinn, T., Carey, G. (2002). Infant acceptance of breast milk after maternal exercise. Pediatrics, 109, 4, p. 585-589.

The study's findings that maternal exercise had no effect on infant acceptance of breast milk, refutes an earlier study reporting lactic acid to be a problem.

Breast Cancer, Pregnancy and Breastfeeding.

Society of Obstetricians and Gynecologists of Canada. Guidelines are available at <http://sogc.medical.org/SOGCnet/> These guidelines, information and recommendations include breastfeeding.

Wisner, K., Parry, B. (2002). Postpartum depression. The New England Journal of Medicine, 347, 3, 194-199.

This article provides an overview of postpartum depression including treatment during breastfeeding.

Rao, M., Hediger, M., Levine, R., Naficy, A., Vik, T. (2002). Effect of breastfeeding on cognitive development of small for gestational age infants. Acta Paediatr, 91, 267-274.

This study suggests exclusive breastfeeding of term infants weighing less than six pounds may boost IQ. Tested at age five, infants exclusively fed breast milk until six months scored an average of 11 points higher on IQ tests than those who were formula fed or solid food and breast milk. The researchers also pointed out that supplementing breast milk with formula or solids is "not necessarily associated with better growth." Breast milk also improved the IQ scores of normal size children although the

cont'd...

effect was much less. Whether socio economic factors explain the differences is not clear.

Collaborative group on hormonal factors in breast cancer, breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50,302 women with breast cancer and 96,973 women without the disease. Lancet, 360, 187-196.

This report concludes breastfeeding protects women from breast cancer. Results from 47 published studies in 30 countries were pooled in this analysis which showed the longer a women breastfeeds the less likely she is to develop breast cancer.

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.

Our newsletter can be downloaded from our website. If you have received this by mail and have computer access please let us know and we will notify you when we publish a newsletter. If you have suggestions please email or send us a note.

Please print legibly!

Name: _____

Address: _____

Professional Affiliation: _____

Phone number/email/fax: _____

Comments: _____

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