



Quintessence

F O U N D A T I O N

August
2013

Quintessence Breastfeeding Challenge 2013

It's that time of year again! Time to think about World Breastfeeding Week celebrated in most parts of Canada in the first week of October and in other parts of the world in the 1st week of August. WABA (World Alliance for Breastfeeding Action) selects the theme each year and this year their website states:

This year's World Breastfeeding Week theme BREASTFEEDING SUPPORT: CLOSE TO MOTHERS highlights Breastfeeding Peer Counseling. Even when mothers are able to get off to a good start, all too often in the weeks or months after delivery there is a sharp decline in breastfeeding rates, and practices, particularly exclusive breastfeeding. The period when mothers do not visit a healthcare facility is the time when a community support system for mothers is essential.



XiaMen Breastfeeding Mothers Union. Quintessence Breastfeeding Challenge 2012



WABA goes on to discuss peer support. In Canada, groups such as La Leche League provide peer support. Some of WABA's objectives include: the need to increase awareness of the importance of peer support, encouragement of suitable people to provide peer support, identification of local community contacts and to call on governments and maternity facilities, globally, to actively implement the Ten Steps. Implementation of Step 10, is particularly important to improve duration and rates of exclusive breastfeeding (http://breastfeedingcanada.ca/documents/2011-03-30_BCC_BFI_Integrated_10_Steps_summary.pdf).

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

In Canada, in 2009 (the most recent Government stats we could find) 88% of Canadian mothers started out breastfeeding with 54% of these mothers still breastfeeding at 6 months. Sixteen percent continued for a year or longer. Based on total population about 20% of Canadian babies are breastfeeding at six months of age. In the USA, the CDC Breastfeeding Report Card distributed in July 2013 found that 77% of American women begin breastfeeding. Of infants born in 2010, 49% were breastfeeding at 6 months and 27% at 12 months.

In addition, recognizing the critical importance of the support received to initiate breastfeeding, the CDC includes in their report two other indicators- the percentage of hospitals and birth centres where the majority of vaginal delivered babies experience skin-to-skin care within an hour of birth and rooming-in at least 23 hours per day. For skin-to-skin care, 54.4% of hospitals and birth centres practice this way for the majority of the mothers delivering vaginally and 37.1% of these facilities offer rooming-in at least 23 hours a day. Comparing 2007 data to current data, the CDC report card shows a significant increase in these two indicators. However, with such compelling evidence on the importance of skin-to-skin care, it is surprising in 2013, that every health facility in North America doesn't offer skin-to-skin care after delivery and rooming in for all mothers unless there is a medical necessity to separate mother and baby. In European NICUs, even premature and ill babies are likely to be cared for skin-to-skin keeping mothers and babies together to meet the medical needs of baby or mother or both.

All of this fits in rather well with this year's World Breastfeeding Week theme of breastfeeding support. WABA has produced a "flower" diagram illustrating all the facets of support for breastfeeding women. Which flower petals apply to you and how do you connect with breastfeeding women?



What can each of us do to increase support for breastfeeding mothers? Depending on our work setting or community where we live, the answer will be different. For those working in the health care system, it is time to question why all healthy babies are not skin-to-skin with their mothers for the first hour after birth whether delivered vaginally or surgically. What can those of us working in hospitals change to facilitate skin-to-skin care? For those working in community facilities, what services do new mothers receive to enable them to succeed in their breastfeeding goals? Does every health unit or WIC office provide breastfeeding services? And, if not, why not? What strategies can you suggest to your colleagues to increase breastfeeding support?

And for those not working in the health care system, demonstrate support in a number of ways. Consider the WABA objectives of increasing peer support by getting involved or encouraging your government representatives to focus on Step 10 of the Ten Steps. Consider those small acts of kindness. In July, the internet featured a story of a family in a pizza restaurant in Iowa who enjoyed their pizza at the expense of their server. The server noticed the mother breastfeeding her one year old and wrote on the bill thanking the mother for breastfeeding and covered the cost of the one of the pizzas. What a wonderful demonstration of support! So as we consider the WABA theme of support, lets consider what each of us can do to increase the support for breastfeeding.

Check out the references at:

CDC Breastfeeding Report card:

<http://www.cdc.gov/breastfeeding/pdf/2013BreastfeedingReportCard.pdf>

Canadian Breastfeeding Stats:

<http://www.statcan.gc.ca/pub/82-625-x/2010002/article/11269-eng.htm>

<http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/prenatal/initiation-eng.php>

Breastfeeding Mom Gets Free Pizza:

<http://abcnews.go.com/blogs/lifestyle/2013/07/breastfeeding-mom-gets-free-pizza/>

Quintessence Breastfeeding Challenge 2013!

Time to register a site for the Quintessence Breastfeeding Challenge 2013. This fun health promotion event emphasizes the importance of breastfeeding and milk banking. It's a great opportunity to demonstrate support for breastfeeding women in your community. If you've been involved in past years we hope you are planning to join us again. If you have never done the Challenge please consider signing up a site.

A site can be one or two mothers or a large crowd in a health unit, shopping mall, hospital NICU or any place mothers can gather. By registering you help us make the point that breastfeeding needs all our support and that breastfeeding is important for the health of mothers and their children as well as the community at large. Its also a great time to promote non-profit human milk banking.

It costs nothing to register a site. Register today at www.babyfriendly.ca

Sharing Liquid Gold: The Issues Behind This Global Practice

By Kirsten Jackson

Our culture has been given the message that "breast is best" when it comes to infant feeding. What happens when a mother does not make enough breast milk to nourish her baby or can't breastfeed at all? In times long ago, before refrigeration and before formula was easily available and safe, women often wet-nursed one another's babies. With WiFi now in every household women can reach out beyond friends and family to a new cyber community willing to share the milk of human kindness. Milk-sharing provides a solution to the crisis of "not enough breast milk" but presents another dilemma, a more serious one. Is it safe?

Touted by Health Canada, the World Health Organization and even multi-million dollar formula companies as the best food for babies, there is no doubt of the value of breastmilk. Often called liquid gold because its value far exceeds its artificial counterpart. Breastmilk is known for its protecting and supporting role in a child's immunity, reducing infections and childhood diseases, and enhancing brain development and IQ to name a few. Mothers in the know, with a low-supply, wanting all the benefits human milk affords, find themselves between a rock and a

hard place. Where can I get more breast milk for my baby?

Neatly stored in bags or bottles, the latest, hottest, most precious commodity to hit the internet is shared liquid gold. Montreal mother, Emma Kwasnica, spearheaded the internet breast milk-sharing movement on Facebook. Ms Kwasnica encourages mothers of young infants to post online if they have too much or too little breast milk and so the milk-sharing process begins. Exponential expansion of internet sites promote the sharing of milk and the Facebook movement has swept the globe with now over 170 chapters existing in 50 countries. The prevalence of sharing is impossible to quantify but it has certainly caught the attention of Health Canada and other leading experts in the field of mother and baby care.

Though human milk may have been shared worldwide for centuries now, this practice is fraught with conflicting and controversial medical and lay opinions. Talk of danger generates concern. What about spreading viruses like HIV and bacteria that can cause food poisoning, like Staphylococcus aureus? The worry continues raising issues surrounding traces of prescription, non-prescription and illegal drugs that can be transmitted through milk. Health Canada urges caution. The Canadian Paediatrics Society does not endorse milk-sharing. The Human Milk Banking Association of North America (HMBANA) are having shortages because so many women are donating directly to other mothers.

In defense of milk-sharing, Kwasnica believes that women are going to continue to share milk, so instead of simply warning women against this practice, Health Canada should issue guidelines for safe milk sharing! "Denial or proscription are not helpful to hungry infants" claim advocates. Critics call internet milk-sharing programs dangerous and advocate that unprocessed milk should not be shared at all. Advocates for milk sharing respond to safety concerns by empowering recipients to screen for themselves. Online, websites like Kwasnica's Eats on Feets (a play on Meals On Wheels) now Human Milk for Human Babies (www.hm4hb.net) encourage women to meet in person, ask screening questions and heat treat the milk they receive. Heat treating, a process known as flash pasteurizing, is explained in educational videos online and proposed by Kwasnica as an additional measure to ensure safety.

Opponents of milk sharing discredit this flash pasteurization and claim that contaminants that may arise from the collection and storage of the milk could still exist. Contamination of unpasteurized milk has been reported with coagulase negative *Staphylococcus*; *Klebsiella*, *Enterobacter*, and *Serratia* species; *Escherichia coli*; and Cytomegalovirus. Critics of informal milk sharing hold the view that the only way to ensure safe human donor milk is for it to come from an accredited milk bank where the donor is triple screened, the milk is processed appropriately including microbiological testing for contaminants.

With demand for human milk greater than supply, the value of this commodity raises and the competition for every ounce grows fierce. Another issue emerges: as more milk is being shared online fewer donations are made to hospital-based milk banks. Canada has three not-for-profit Human Milk Banks. Vancouver (opened in 1974), Calgary (opened in 2012), and most recently Toronto (opened earlier this year). These three alone can't meet the needs of all those babies that need breast milk. Accessibility is triaged and the priority is the sick and premature baby. As well, many women can't afford pasteurized human donor milk which costs \$5 for 4 ounces in British Columbia and internet milk-sharing is free.

Medical insurance does not pay for pasteurized donor milk in Canada. And so, the online community grows, sharing the milk of human kindness.

To conclude, it is projected that the demand for liquid gold will only increase as ever more evidence continues to reveal the health benefits of breast milk and mothers choose donor milk over infant formula. With Human Donor Milk Banks supplying primarily to the sick and premature babies, parents of those babies who do not meet these criteria are forced to look elsewhere to make sure their babies get breast milk. It is the responsibility of those providing health-care to mothers and babies to be aware of internet milk-sharing and the potential health risks of this practice. Ultimately, promoting optimal health for mother and child involves looking at the resources available for promoting and supporting a good milk supply for those mothers who are able to make milk and to increase the availability of pasteurized donor milk for those babies whose mothers can't make enough breast milk.

References

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Quintessence Breastfeeding Challenge Bermuda



Bermuda Takes The Challenge!

Quintessence Foundation's Gift to UBC

To support projects, research and/or curriculum development in the field of lactation, human milk and donor milk banking the Board of Directors of the Quintessence Foundation is providing \$9,000 to the University of British Columbia. The money is to be used for qualified candidates from all faculties however preference will be given to students and faculty in the School of Nursing and those working collaboratively with the School of Nursing. This endowment will be provided over the next three years. We are hopeful for some exciting outcomes!



**Yorkton Public Library. Saskatchewan
Quintessence Breastfeeding Challenge 2012**



Ville Marie Quebec Quintessence Breastfeeding Challenge 2012

News Update:

FHI 360 is a non-profit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Through Alive & Thrive, FHI 360 supports large-scale, comprehensive breastfeeding programs in Bangladesh, Ethiopia, and Vietnam aimed at increasing rates of exclusive breastfeeding and reducing stunting of growth. In June 2013, Alive & Thrive won two media awards for its "talking baby" TV spot on exclusive breastfeeding. Check them out!



Kelowna BFC 2012



Bucharest BFC 2012

Check out these bloggers

1. PAmystwest.co: Prolacta now competes with non-profit milk banks:

<http://amywest.co/2013/06/18/prolacta-now-competes-with-nonprofit-milk-banks/>

2. Leaky Boob: in the blog about “why I breastfed my baby on TV” check out the toddler’s guide to breastfeeding.

<http://theleakyboob.com/blog/>

3. Best for babes

<http://www.bestforbabes.org/blog>

4. Momsrising: this blog site covers many issues but check out this blog on the WHO Code and the death star

<http://www.momsrising.org/blog/defeating-the-formula-death-star-using-social-media-to-advocate-for-the-who-code/>

Facebook: check out Quintessence Foundation: Sorry: it is listed under “Quintessence founfation” as there is already a Foundation with the same name on Facebook. Friend us please!

HMBANA: Human Milk Banking Association of North America

Websites: check out

1. Women’s health.gov program - It’s only natural:

<http://www.womenshealth.gov/ItsOnlyNatural/index.html>

2. WHO Code update: only 1 in 5 countries fully implement WHO Code. This report from WHO notes that globally only 38% of women breastfeed exclusively until six months as per the recommendations.

http://www.who.int/mediacentre/news/releases/2013/world_breastfeeding_week_20130730/en/



**Waiting for the Quintessence Challenge 2013
BC Women’s Hospital Vancouver**