

Quintessence Foundation

June 2004

Moving Breastfeeding Forward in 2004!

A new study, published in Pediatrics (Chen, A., Rogan, W. 2004. Breastfeeding and the Risk of Postnatal Death in the United States, 113,5, e435-e439) indicated that breastfeeding saves lives even in the world's wealthiest country – the United States of America. The researchers estimated that 720 American infants would not die each year if all infants were breastfed from birth. Children who are breastfed have a 21% lower mortality rate than children who are formula fed and the longer the infant breastfeeds, the lower the risk of premature death. Once again the superiority of human milk for human infants is confirmed. This confirmation inspires breastfeeding advocates, mothers and others to persevere in a somewhat unsupportive environment.

The importance of breastfeeding is also confirmed in the recently published WHO Global Strategy for Infant and Young Child Feeding (2003) which states:

The Global strategy is based on the evidence of nutrition's significance in the early months and years of life, and of the crucial role that appropriate feeding practices play in achieving optimal health outcomes. Lack of breastfeeding- and especially lack of exclusively breastfeeding during the first half-year of life- are important risk factors for infant and childhood morbidity and mortality that are only compounded by inappropriate complementary feeding. The life-long impact includes poor school performance, reduced productivity, and impaired intellectual and social development (page v).

...Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritional adequate and safe complementary foods while breastfeeding continues for up to two years of age and beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production (page 7).

...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 safer method than a feeding bottle and teat – depends on individual circumstances (page 10).

Two key issues were instrumental in the development of this document. The document was developed using a participatory process and is grounded on the best available scientific and epidemiological evidence. The executive Board of UNICEF endorsed the Global Strategy for Infant and Young Child Feeding on September 17, 2002 as did the World Health Assembly in its resolution WHA55.25 of May 18, 2002. The Global Strategy for Infant and Young Child Feeding provides a clear framework for both governments and individuals to take action to promote, protect and support breastfeeding and move breastfeeding forward on the public health agenda - improving maternal child health outcomes. Find more information at: <http://www.who.int/mediacentre/releases/2004/pr19/en/>

Breastfeeding Challenge 2004

This year the Quintessence Breastfeeding Challenge 2004 will be held on October 2 at 11am. We are hoping to out do last year with a greater number of sites and greater number of babies and mothers. On site registration will be available. The forms and other information are posted on our website. For Canadians, October 2nd is during the week we celebrate World Breastfeeding Week. The theme for the World Breastfeeding Week this year is Exclusive breastfeeding: the gold standard – safe, sound and sustainable. Great slogan for use in conjunction with the Challenge! Get involved – it is a lot of fun!

Check out www.babyfriendly.ca

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

The History of Infant Feeding: Part IV

The last three editions of the newsletter (Fall 2002, Winter 2003, Fall 2003) includes parts 1, 11 and 111 of this series. This is the conclusion.

Overcoming the Crisis: The Birth of Modern Milk Banking

The 1980's

In 1985, the concern over the lack of standard protocols for milk banks in North America led to the establishment of the Human Milk Banking Association of North America (HMBANA). One of the primary goals of the HMBANA is provision of standards for the operation of milk banks in North America. In collaboration with the Federal Department of Agriculture (FDA), the Centre for Disease Control (CDC) and the American Academy of Pediatrics (AAP), guidelines for collection, processing and distribution of human milk were developed and published in 1990 (Arnold, 1997). These guidelines are reviewed annually and updated as needed.

By 1989, there were 60 milk banks in East Germany, which collected approximately 200,000 liters of donor milk annually and both Poland and India opened milk banks (Springer, 1997; Penz, 1996; Fernandez, Mondkar, & Nanavati, 1993). In India, a milk bank was established in the general hospital in Bombay where 6,000 babies were delivered each year and about 1,500 are transferred into the hospital. Although other hospitals use expressed milk to feed non related babies, there are no organized milk banks. At the Bombay hospital the donors were screened and the milk was pasteurized and used for high-risk children (Fernandez et al).

The 1990's

In 1989, the British Department of Health produced guidelines to prevent the spread of HIV, leading many banks to close as they found these guidelines difficult to accommodate. In 1993, a British symposium on milk banking resulted in the development of national guidelines published by the British Pediatric Society. In the last decade, increasing amounts of research has increased the demand for donor milk in Britain with the number of milk banks growing from 6 in 1991 to 12 by the end of the decade (currently 15). Meanwhile, with reunification of Germany many milk banks closed and by the mid 1990s 18 milk banks remained (Springer, 1997). In 1995, the Canadian Pediatric Society published an unfortunate position paper, "condemning" donor milk banking which has since been withdrawn (personal communication CPS 2002). As more information through research has become available on the affect of pasteurization and freezing on the AIDS virus, the demand

for donor milk slowly increased in North America. By 1997, there was one milk bank in Canada and eight in the United States (Arnold, 1997). In 1998, the United Kingdom Association of Milk Banks (UKAMB) was formed. A new milk bank opened in Texas in 1999 whereas the last milk bank in Canada, operating at Children's and Women's Hospital of British Columbia was threatened with closure in 2000 due to lack of funding.

Year 2000 & Beyond

Currently, Brazil has over 154 milk banks for a population of 155 million. Brazil has developed an enviable system in which each bank is a centre of health promotion through support for breastfeeding and supply of pasteurized milk for those in need. Firemen collect the donor's milk and postmen promote breastfeeding and donor milk banking. Milk banking in Brazil is regulated by public health and there is a wide range of support from health professionals, government agencies and the general public (Gutierrez. & de Almeida, 1998).

In China, milk banking occurs in some hospitals. There is a large range in practice with some hospitals, particularly those achieving Baby-Friendly status, using human milk for all babies, whereas others do not allow mothers of premature infants to breastfeed until the infant is discharged. In some Chinese hospitals, if the family chooses formula feeding, it must buy and bring the formula into the hospital (personal observations).

In Europe, France has 8 government regulated milk banks (Arnold, 1994). Finland has milk banks in all 5 university hospitals and in about 20 central hospitals. The donors are screened, must be under 4 months post-partum and are paid a small fee. The Helsinki Hospital distributed about 4,270 litres of donor milk in 2000 (Weaver & Peltola, 2000). Denmark has 4 milk banks where the donors are screened, the milk is pasteurized and tested and the donors are paid. Recipient hospitals are charged but individual recipients receive milk at no charge (Arnold, 1999). Hospitals in Sweden currently house 15 banks; the Gotenburg bank has operated for over 50 years continuously. Guidelines are being developed by the National Board of Health. Of particular interest is that some Swedish hospitals use unpasteurized milk in their neonatal units (Grovslien, 2001). The Swedish do not use formula for premature babies and have no problem supplying enough milk for these babies (Grovslien). In Greece, milk banking continues today in conjunction with support for breastfeeding (Zachou, 1999). Italy currently has 8 milk banks operating and national guidelines are being developed (De Nisi, personal communication, July 15, 2001). Most recently a milk bank called iThemba Lethu (which means "I have a destiny") opened in South Africa in order to provide donor milk for infants of mothers with AIDS (personal communication with S. Royal, August 5, 2002). In 2002, a second bank with the same purpose

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Overcoming the crisis cont'd...

opened in South Africa.

Today there are six large banks in the United States and one in Canada, which are unable to keep up with the demand. In 2001, the HMBANA Guidelines became mandatory in North America for all member banks. The newest milk bank is opening in Fort Worth, Texas this spring with four other American centres actively working on establishing milk banks. In Canada, Alberta, Saskatchewan, Ontario and Quebec have groups that are interested in establishing milk banks.

After over 100 years of trying, formula still does not come close to breast milk in provision of nutritional and immunological benefits to children. Current milk banks need active support as do those individuals and groups who are trying to establish new milk banks across North America to meet the needs of children whose mothers' are unable to provide their own milk. If every North American hospital providing maternal child care had access to banked pasteurized milk, think what a powerful message that would give the public about the importance of human milk. When asked the question, "Why do you use donor milk?" a Norwegian, neonatologist responded with a puzzled look on his face "human milk is for human children." An idea worth importing. Let's make human milk the "house formula" in every North American hospital.

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Defining indecent

Apparently you can be charged with indecency in 25 American states for doing this in public. Yes, its breastfeeding your baby! Both the governments in Massachusetts and Illinois are doing something about it partially due to women who are fed up with being harassed about feeding their babies. In Illinois, after being told by her health club manager she could not breastfeed her six month baby in the club, a mother took her battle to the state capitol where a senator sponsored legislation to allow mothers to breastfeed in public places. Similarly, a Massachusetts bill protects breastfeeding mothers from indecent exposure laws. It's amazing that in 2004 considering what you can watch on TV at almost any hour of the day or night that this is still an issue.

Can You Get a Free Lunch?

In 1981, the WHO Code of Marketing of Breast Milk Substitutes was adopted globally by many countries including Canada (and the United States in 1994). Yet the marketing goes on and on: flyers, give-aways, coupons, parenting lines, websites – plenty of gloss and glitz. One of the most common methods is "infant feeding information" provided by company representatives. Today more health care workers and parents consider the source and are aware of the bias of the information.

Over 70 years ago the proprietary infant food companies identified one particular group as key to their success and the growth of the bottom line. In the 1930's, the formula companies worked with the American Medical Association (AMA), the result being the AMA "golden seal of approval" for companies that did not provide instructions on their formula cans and directed mothers to attend their doctors. The doctors received the written instructions from the companies which they provided to the mothers. It was a "marriage made in heaven" as both the doctors and the companies made money. But times have changed and this long ago practice would not occur today.

Or does it just take a different form? Nestle has a new publication featuring Canadian, Peter Nieman, a pediatrician from Alberta Children's Hospital and Rockyview General Hospital. He is a member of the Alberta Pediatric Association, the Canadian Pediatric Society and the American Academy of Pediatrics. In addition to appearing on Nestle materials, Peter Nieman has two websites - www.healthykids.ca (directed at parents) and www.drnieman.com (directed at health professionals). Free information includes the recommendation that "breastfeeding should continue for 6 months." (The correct information is exclusive breastfeeding for 6 months with appropriate foods introduced and breastfeeding to continue for two years and beyond.) The Parent Resource page on the site lists a number of Nestlé-sponsored groups and Nestlé itself is listed

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as a Specialty Health Organization. Maybe times haven't changed so much after all... Email Dr. Nieman at drnieman@drnieman.com

Abbott Laboratories' Ross Products Division also has a new program called "Business Backs Breastfeeding." This employer worksite support program will be sent to U.S. employers through two partnership arrangements: Working Mother magazine and the Families and Work Institute. "Business backs Breastfeeding" includes information on lactation support and setting up a lactation support program. Why would a formula company "back" breastfeeding support in the workplace? The "information" provided to the companies includes references to infant formula products in direct contravention of the WHO Code of Marketing of Breast Milk Substitutes. A press release about the kit can be read at the Ross Products Division website at: <http://abbott.com/ross/index.cfm?id=690>. The kit, which is being marketed directly to employers, is also available as a free download on the website at: <http://www.ross.com/images/library/business%20backs%20breastfeeding.pdf>.

China raids 'fake milk' markets

Fake formula sold in China resulted in dozens of babies dying and hundreds of others becoming extremely ill. The babies developed what doctors called "big head disease", where infants' heads appear abnormally large in comparison to their bodies. An analysis of one formula found it contained as little as one-sixth the required amount of protein and other nutrients needed for a baby's proper development. It was not clear if the counterfeit powder included any toxic ingredients, but some children were reported to have died within three days of being fed the fake milk. Thousands of bags of formula were seized. Chinese authorities have arrested 22 manufacturers of baby milk powder and closed three factories amid a growing scandal about fake products.

Concerns Arise Again about Infant Formula Voluntary Recall

On March 31, 2004, the Canadian Food Inspection Agency (CFIA) and Mead Johnson Nutritionals issued a warning to consumers not to use the powder Enfalac Pregestimil Hypo-allergenic Infant Formula. The affected product may contain an incorrect size of scoop, which would result in the prepared formula being over concentrated. The formula, manufactured in the United States, is sold in 454 g cans bearing the UPC 0 56796 36731 5 and the lot code *BLA19 EXP 2005 DEO PREGEST*, which can be found embossed on the bottom of the can. Consumption of this product prepared according to label directions with the incorrect scoop may lead to severe medical problems including, but not limited to, diarrhea and dehydration. Consumers are advised not to use the affected product and should call their family doctor for advice. Further information is available at: <http://www.inspection.gc.ca/english/corpaffr/recarapp/2004/20040331e.s> For information on receiving recalls by electronic mail, or for other food safety facts, visit the web site www.inspection.gc.ca.

Of Note: Supporting the BC Women's Milk Bank:

As there is no dedicated funding, the BC Women's Milk bank needs financial donations. Quintessence Foundation believes in human milk and we demonstrated our support. On March 31, 2004, Quintessence Foundation gave the BC Women's Milk Bank a donation of \$20,000 to assist in the funding for the next year. Send your donation either to Quintessence or the BC Women's Foundation for the Milk Bank – every dollar helps!

Research on Infant foods and Formula Not Reassuring

A researcher from Nottingham Trent University, Carol Iversen, reported at the May, 2004 American Society for Microbiology meeting in New Orleans on two studies on baby foods. A survey of baby foods found they contain disease-causing microbes including the bacterium *Enterobacter sakazakii*, which has been linked to a number of fatal meningitis outbreaks at children's hospitals in the US and Europe. The bacterium has been found in powdered infant formula before, but this study is the first to confirm its presence in dried infant food. The death rate from infection can be as high as one-third of children who become ill with survivors often suffering brain damage. Premature babies and those with a weakened immune system are at particular risk. In 2001, in a Tennessee NICU an outbreak of meningitis was traced to a batch of powdered infant formula. One baby died and eight others were infected. The incident prompted the Centers for Disease Control (CDC) to warn US doctors about the potential dangers of powdered formula. The manufacturer recalled the product.

Iversen and colleagues did a survey of powdered infant formula, dried infant food and milk powder from seven European countries, the US, South Korea and South Africa. Two hundred samples from 110 different products were analyzed for the presence of a variety of bacteria. Eight out of 82 powdered infant formula samples contained bacteria, as did 12 out of 49 dried infant food samples. Thirteen of the bacterial species they identified, including *E. sakazakii*, are members of the Enterobacteriaceae, a family associated with hospital-acquired infections. Although manufacturers do not claim the products are sterile many health care professionals and parents believe all formulas are

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sterile.

In a separate study, the team looked at the best ways to prepare and store infant formula made from powder to minimize the risk of infection. They found that **the number of bacteria doubled every 10 hours in the fridge, while at room temperature it took just half an hour for numbers to double.** This means that any formula left out overnight could go from containing very few bacteria to harboring high levels. The researchers concluded formula should be prepared just prior to use or be refrigerated immediately after preparation and the manufacturer's instructions should be carefully followed.

Since the CBC (Marketplace, Feb 10/04) aired concerns about the marketing claims of formula companies related to the addition of fatty acids to their products, Carla Barry of the Canadian Food Inspection Agency, contacted Infact Canada and indicated that they had received a response from Mead Johnson. As per the CFIA's requirement, Mead Johnson will cease and desist making claims for their fatty acid enhanced formulas. Infact Canada requests assistance with monitoring future claims made by Nestle and Ross Labs regarding their fatty acid enhanced formulas. Unfortunately, under Canadian regulations they can still advertise the product, but may not make these claims about fatty acid enhancement. Continue to report claims by formula companies about fatty acid enhanced formulas. Please report these and any other WHO Code violations to info@infactcanada.ca

Breastfeeding women may want to move to Quebec!

The Quebec Minister of Finance has removed sales tax on items used for breastfeeding (diapers and, unfortunately, baby bottles were also included).

Now for Some Good News - Bangladesh Success

In Bangladesh, the breastfeeding rates have improved dramatically over the last 14 years. Even though the population rose from 110 million in 1989 to 130 million in 2003, the amount of infant formula powdered milk dropped from US\$12.67 million in 1989, to US\$7.6 million in 2003. This trend helps save foreign currency for Bangladesh, as the country does not produce powdered milk. These changes resulted from increased awareness and education of families and health professionals. The promotion of exclusive breastfeeding has resulted in tremendous success in the case of feeding colostrum to newborns. The rate of mothers and medical professionals who allow the newborn infants to take the colostrum has risen from almost nil in 1989 to 96 percent nowadays, as they know the benefits of colostrums. Unfortunately, marketing by the foreign powdered milk and baby food companies still is affecting the breastfeeding rates. The Nutrition Department of the Institute of Preventive and Social Medicine in Bangladesh has found the decline of breastfeeding starts about three months postpartum, clearly indicating the link of baby food marketing by breast-milk substitutes companies who campaign for such shift through their marketing messages.

Did you know

... that pabulum was invented by three physicians from Sick Kids in Toronto?

... what is meant by a "breast reliever"? Older British journals refer to a "bicycle pump" (you know the old non-cleanable bicycle horn style "pump") as breast relievers....

Improving the Health of Canadians

(Thanks to Janice Reynolds for this information)

Improving the Health of Canadians is the first in a biennial report series produced by the Canadian Population Health Initiative (Feb 24, 2004). It examines what we know about factors that affect the health of Canadians, ways to improve our health and the implications of policy choices on health. It builds on earlier reports on the health of Canadians from the Federal, Provincial and Territorial Advisory Committee on Population Health. The 2004 Report explores in-depth four key issues: income, early childhood development, Aboriginal Peoples' health and obesity. Under obesity the following five strategies are listed:

1. Encouraging breastfeeding

"There is increasing evidence that the longer the time spent in "exclusive" breastfeeding (the baby is nourished only by breast milk), the lower the risk of developing obesity in later childhood. While 78% of Canadian women reported starting to breastfeed in 1996-1997, other studies showed that about 40% of those who breastfed did so for less than three months. In contrast, 1993 Sweden reported an exclusive breastfeeding rate of 61% up to four months of age.

Breastfeeding can be promoted through one-to-one counselling, education, and community and workplace support."

2. Reducing television viewing time

3. Promoting regular physical education

4. Implementing comprehensive school health programs

5. Implementing community-wide programs.

The report can be found at: http://www.cihi.com/cihiweb/disPage.jsp?cw_page=PG_39_E&cw_topic=39&cw_rel=AR_322_E

An Update on West Nile Virus and Breastfeeding

In summary, breastfeeding is not contraindicated in West Nile infected areas or mothers who are infected with West Nile virus. Insect repellants containing DEET, applied appropriately, can be used during pregnancy and breastfeeding. If a breastfeeding woman has symptoms of West Nile Disease she should contact her doctor. The risk for transmission of WNV from mother to infant through breast-feeding is unknown. Reduce exposure risk by:

- ♦ Limit time spent outdoors at dawn and dusk, when many mosquitoes are most active.
- ♦ Wear light-coloured long-sleeved shirts, long pants, and a hat when outdoors in areas where mosquitoes are present.
- ♦ Make sure that door and window screens in the home fit tightly and have no holes.
- ♦ Use [insect repellents](#) that contain DEET or other approved ingredients. Read and follow the directions on the label.
- ♦ Reduce standing water around your home (e.g. fish ponds, rain barrels, gutters)

Information is available on the following websites:

1. Centres for Disease Control (CDC)
<http://www.cdc.gov/ncidod/dvbid/westnile/qa/breastfeeding.htm>
2. Health Canada
<http://www.hc-sc.gc.ca/english/westnile/pregnancy.html>
3. <http://www.hc-sc.gc.ca/english/westnile/pregnancy.html>
4. [Pest Management Regulatory Agency Web site](#), and click on [Mosquito Control](#), or call 1-800-267-6315 (toll-free in Canada)
5. Article: Koren, G., Matsui, D., Bailey, B. (2003). DEET-based insect repellents: safety implications for children and pregnant and lactating women. *CMAJ*, 169, 3, online 1-3.

“Gifts”

Do you have Welcome Wagon in your part of the world? Check out what is being given away. In one community in BC, Milupa cereal was part of the “gift”. This contravenes the intent of the BFI and the WHO Code of marketing of Breast Milk Substitutes. Any other communities having this problem?

From the Journals

Graffy J, Taylor, J. Williams, A., Eldridge, S. (2004). Volunteer support does not change breastfeeding rates. *BMJ*, 328.

Randomized control trial involving 720 women enrolled prenatally from 32 general practices on the London, England area. A volunteer breastfeeding councilor’s help was offered to half the group. Contact was made prenatally at least once for most of the women and offered postpartum. Contact postpartum was by phone or home visits. The indicators assessed were prevalence of breastfeeding at 6 weeks, at 4 months and introduction of formula. No difference was noted between the two groups and integration of effective support into the health care system so that mothers do not have to ask for assistance is suggested as well as making cultural changes to ensure greater breastfeeding success.

Landers, S. (2003). Maximizing the benefits of human milk feeding for the preterm infant. *Pediatric Annals*, 325, 298-306.

Reviews the benefits to mothers and premature infants of human milk. In addition, this article addresses some of the challenges including fortification, growth and handling of expressed milk.

Wight, N.E. (2003). Breastfeeding the borderline (near-term) preterm infant. *Pediatric Annals*, 325,329-335. Reviews the challenges for establishing breastfeeding for mothers of 34 to 38 week infants.

Fewtrell, M.S. (2004). The long-term benefits of having been breast-fed. *Current Pediatrics*, 14, 97-103.

This review article indicates later benefits to having been breastfed include: positive effects on cardiovascular risk factors such as blood pressure and lipid profile, reduce risk of obesity in childhood, improved cognitive development, reduced incidence of atopy (with family history). Other suggested benefits include reduced risk of insulin-dependent diabetes, childhood cancer, inflammatory bowel disease and osteoporosis. It concludes that breastfeeding should be promoted for both short and long term benefits.

Singhal, A., Cole, T .J., Fewtrell, M., Lucas, A. (2004). Breastmilk feeding and lipoprotein profile in adolescents born preterm: follow-up of a prospective randomized study. *Lancet* 363, 1571-78.

A prospective randomized study indicates that adolescents have a significant reduction (14%) of their ratio of LDL to HDL if they received human milk (either mother’s own or donor) in infancy. This cohort has been followed since the early 1980’s. This study can best be summarized as finding “bottle feeding (formula) increases risk of death from heart disease”.

Canadian statistics:

Health Canada has released the newest Canadian Perinatal Health Report and this is available on the Health Canada website. The breastfeeding data (page 9-12) are based on 1998-99 national data. Breastfeeding initiation rates continue to increase however duration rates (as defined by Health Canada – children less than 2 years of age whose mothers reported breastfeeding for 3 months and more) have not increased since the 1994/5 report. The most dramatic increase in breastfeeding initiation is in Quebec. Initiation rates in British Columbia continue to be the highest in Canada. Unfortunately, no information is included in the report on exclusive breastfeeding rates. Check out this report at:

<http://www.hc-sc.gc.ca/pphb-dgsp/rhs-ssg/index.html>

Websites:

- ♦ Breastfeeding News Weblog: <http://www.bfnews.blogspot.com/>
This site is maintained by Jodine Chase of Edmonton, Alberta. She is a public relations professional and has supported efforts to increase the number and quality of breastfeeding stories in the media.
- ♦ Breastfeeding Committee for Canada: www.breastfeedingcanada.ca
The updated BCC website includes lots of information on the Baby Friendly Initiative including outcome indicators for Baby Friendly in the hospital and the community.
- ♦ International Lactation Consultant Association: www.ilca.org
Visit this site to download a free copy of the ILCA Evidenced Based Guidelines.
- ♦ Learn more about Breastfeeding Canada News at: <http://health.groups.yahoo.com/group/bfcanadanews/>.
To subscribe to Breastfeeding Canada News, send a blank email to bfcanadanews-subscribe@yahoo.com

Conferences:

- ♦ Breastfeeding Matters, Victoria, BC is holding a conference on November 12 & 13th with speakers Molly Pessl RN BSN IBCLC and Nancy Wight MD IBCLC FABM FAAP. Should be a great one day conference. Further information is available from www.breastfeedingmatters.ca.
- ♦ HMBANA is planning an International Congress on Milk banking in October 2005 in the Washington DC area.

New Executive Director: La Leche league Canada

Teresa Pitman will assume the position in early June, 2004.

Food for Thought Money talks

The advertising budget for the (US) National Cancer Institute's "5 A Day" campaign is \$3.5 million a year compared to \$29 million in advertising for Pringles, \$74 million for M&Ms, \$209 million for Coke and \$665 million for McDonald's.

Amy Spangler "Feeding Times" (2004). The Feeding Times Newsletter is available on-line at www.dadymommyandme.com

Last year, retail drug sales worldwide were US\$317-billion ... In 1954, Johnson and Johnson (had) US \$204-million revenue. Currently it's about US \$36 billion.

From: Pharmaceutical Man. National Post. Thursday April 8, 2004. p A13.

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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