Network News

A PUBLICATION OF THE BRITISH COLUMBIA BABY-FRIENDLY NETWORK
Winter 2004/2005

NEWS FROM THE NETWORK

Holiday Greetings from the members of the BC Baby-Friendly Network! In reflection, 2004 was another busy year for the 'Network'. Members of the BC Baby-Friendly Network continue to be involved in a number of initiatives on the provincial, national and international level - some of those activities include participation on the Breastfeeding Committee for Canada (BCC) subcommittee that developed the Definitions for Breastfeeding and Data Collection Periods, representing the BCC at an international meeting on Baby-Friendly in Barcelona, and compiling information for World Breastfeeding Week which was posted on our website and accessed by many individuals from BC, other parts of Canada as well as from other countries and support at the Quintessence Annual 'Breastfeeding Challenge. The continued efforts by all 'Network' members are very much appreciated.

We had the opportunity to meet with individuals of the Ministry of Health Services to present our current activities and future goals as well as discuss potential opportunities for promotion and support of breastfeeding in our province.

An important 'Network' initiative has been the development and distribution of the BFI survey for both Hospitals (providing maternity services) and Public Health across BC. The survey will provide valuable information on activities and support needs of facilities and agencies in their activities toward the Baby-Friendly™ Initiative and supporting breastfeeding as the norm for infant feeding. Watch for the results in our next newsletter.

On behalf of all members of the BC Baby-Friendly Network I would like to thank you for the valuable work you continue to do in the promotion and support of breastfeeding as we work toward achieving Health Canada's recommendation of exclusive breastfeeding to six months of age in healthy term infants.

Barbara Selwood,

Chair, BCBFN

Breastfeeding Definitions In The Provincial Perinatal Database Registry…

As of April 2004, the Provincial Perinatal Database Registry (PDR) is using the Breastfeeding Definitions endorsed by the Breastfeeding Committee for Canada. The PDR is an ongoing, comprehensive provincial database that collects, summarizes, interprets and reports on perinatal events, outcomes and care processes at a community, regional and provincial level. Data is abstracted from the BCRCP Perinatal Forms following the birth event. The definitions used in the BC PDR are:

Exclusive breastfeeding:

No food or liquid other than breastmilk, not even water, is given to the infant from birth by the mother, health care provider or family member/ supporter with the exception of undiluted drops or syrups consisting of vitamin or mineral supplements or medicines. (BCC adapted from WHO/UNICEF, 2004)

Breast milk and formula (Partial Breast Milk):

Infant received both breast milk and supplementation (such as formula, water, glucose water) with the exception of undiluted drops or syrups consisting of vitamin or mineral supplements or medicines during the hospital period.

No breast milk:

The infant receives no breast milk.

The PDR is part of the BC Reproductive Care Program. For more information about the PDR visit the BCRCP website at **www.rcp.gov.bc.ca**.

Buddy Up For Breastfeeding Programs In Fraser Health Authority

Program launched in North Surrey….

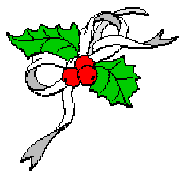
We are proud to announce the launch of the buddy up for breastfeeding program at the North Surrey Health Unit of Fraser South Health Area. The program is based on a telephone peer support research project developed by Cindy Lee-Dennis. The program has successfully been running in Fraser East since it was introduced by Linda Bachmann and Pam Munro.

We have orientated 10 mothers to provide peer telephone support to recipient mothers for the first 6 months of breastfeeding. Our volunteers have demonstrated a dedication and success in breastfeeding. We are currently linking up our volunteers with recipients from our community.
Peer support has been found to be an effective model for supporting breastfeeding especially in marginalized societies. We are excited about the future in having the project in our community where we have families struggling with lower socioeconomic, lower educational levels and less support/knowledge of breastfeeding. This program can help build on personal capacities, social supports and networks for those who may not be able to access other breastfeeding support.

The Chilliwack program celebrates two years….

Chilliwack initiated its peer support program almost two years ago. We have run two orientation sessions and now have approximately twenty women who offer peer counseling via the telephone. Literature shows that most women will not initiate contact with professionals for help with breastfeeding even though they know support is available. Literature also states that peer support, as opposed to professional support, is more likely to result in exclusive breastfeeding for six months. We have found our telephone support program nicely complements our local La Leche League, Public Health services and Lactation Consultants. Almost fifty women in the Chilliwack area have been the recipients of telephone peer support and reports have been very positive, both from the recipients and the peer volunteers themselves.

Submitted By Kathy Ward-Driscoll, PHN and Sidney Harper, PHN, FHA



Health Canada Announces Recommendations

Exclusive Breastfeeding Duration:

Exclusive breastfeeding is recommended for the first six months of life for healthy term infants, as breast milk is the best food for optimal growth. Infants should be introduced to nutrient-rich, solid foods with particular attention to iron at six months with continued breastfeeding for up to two years and beyond.

Vitamin D Supplementation for Breastfed Infants

It is recommended that all breastfed healthy term infants in Canada receive a daily vitamin D supplement of 10 μg (400 IU).
Supplementation should begin at birth and continue until the infant's diet includes at least
10 μg (400 IU) per day of vitamin D from other dietary sources or until the breastfed infant reaches one year of age.

For the complete statements go to the Health Canada website: **www.healthcanada.ca/nutrition**

Have you checked out the BC Baby-Friendly Network's Website?

For information on the Baby-Friendly™ Initiative and activities of the BCBCN go to: **www.bcbabyfriendly.ca**

Baby-Friendly In Barcelona: The Joint WHO/UNICEF Information And Strategy Seminar On The Baby-Friendly Hospital Initiative In Industrialized Countries

31 March – 2 April 2004, Barcelona

Summarized and adapted from the final meeting report by Marianne Brophy, reporter to the meeting.

Participants from thirty industrialized countries attended the meeting, with representatives from WHO, UNICEF, EU Promotion of Breastfeeding in Europe Project and Health Promoting Hospitals. Marianne Brophy represented the Breastfeeding Committee for Canada, as chair of the BFI T Assessment Committee.

The purpose of the meeting was to network, and to accelerate and sustain the implementation of the BFHI and associated goals from the WHO/UNICEF Global Strategy for Infant and Young Child Feeding (Global Strategy, or GSIYCF).

In industrialized countries, obstacles to the BFHI include opposition from the health care establishment, lack of support from some UNICEF national committees, difficulty in obtaining funding, and lack of awareness or acceptance of the need for the initiative among government departments, the health care system, and parents' behaviors.

Issues arising from the seminar:

1. Implementation Of The WHO/UNICEF Global Strategy For Infant And Young Child Feeding (GSIYCF) And The Key Role Of The BFHI In IYCF

The global strategy was jointly developed by WHO and UNICEF to improve the nutritional status, growth and development, health and long-term outcomes for infants and children. The global strategy builds on and revitalizes previous WHO/ UNICEF Initiatives such as the International Code of Marketing of Breastmilk Substitutes (the Code), the other Innocenti Declaration goals, and the BFHI. New goals initiated include continued breastfeeding, complementary feeding, community support and especially challenging circumstances. Through advocacy, technical and key resource support, UNICEF plans to encourage sustainable oversight authorities for policy and monitoring, the creation and enforcement of legislation, the revitalization of BFHI and sustainable breastfeeding skills in health systems, and the creation of community social support and referral networks for every woman. Participants acknowledged the vital role of both government and international organizations in creating the framework for implementation of the global strategy.

2. HIV and infant feeding: an especially challenging situation

- ***The HIV situation in the European region***

HIV infection rates are growing fast, especially in women and children. Integrated services in Maternal-Child Health and other Reproductive Health Services are key strategies to prevent of HIV infection in infants without adversely impacting breastfeeding initiation rates.

- ***HIV and infant feeding***

The prevention of HIV Mother-to-Child Transmission (MTCT) of HIV/AIDS is highlighted in the Global Strategy and is consistent with BFHI.

- ***The compatibility of BFHI and HIV in the context of the Global Strategy.***

There are no basic changes necessary in BFHI. The BFHI supports a woman's right to make an informed decision about infant feeding (Step 1, 2 and 3). All artificially fed infants particularly need the protection of strong bonding with the mother, the initiation of skin-to-skin contact from birth (Step 4), rooming-in or bedding-in (Step 7), cue-based feeding (Step 8) and cup feeding (Step 9). BFHI allows for alternative or supplemental feeds for acceptable medical reasons. A woman with HIV/AIDs may decide not to breastfeed if pasteurized human donor milk or safe, affordable replacement feeding is an option for her. Internationally, the intent and function of the BFHI is to ensure that the facility supports appropriate choices, free of commercial bias and supports mothers in achieving exclusive and safe breastfeeding success.

3. Taking Baby-Friendly Forward: Sustainability and Quality Assurance.

Six focus issues were identified from the compendium of agenda suggestions from the participants:

1. Reassessment: Quality Assurance and Cost reduction approaches
2. Extension of the BFHI principles beyond maternity services
3. Resources to support BFHI
4. Training of health professionals
5. Re-assessment procedures and materials needed
6. Policy makers and the media

4. Infants and young child feeding: a tool for assessing national practices, policies and programmes.

The Tool was jointly developed by WHO and Linkages to enable countries to execute a self-assessment of policy and programs. Indicators are presented, together with ideas on how to collect, score and rate relevant data to fulfill the three yearly reporting requirements of member states at the World Health Assembly. UNICEF has developed simple checklists for assessing current status and implementing plans of action to improve breastfeeding practices. The Global Strategy for Infant and Young Child Feeding will revitalize interest in the Innocenti Declaration, The Code and the BFHI. It will provide leverage for situating breastfeeding in public policy as both a public health issue, and as a key to primary, preventive health care.

5. The role of UNICEF National Committees (NatComs) in developed countries.

The role of UNICEF NatComs with regard to interim funding for national BFHIs in developed countries was discussed in the light of the Convention on the Rights of the Child. Breastfeeding is a health issue for all children. NatComs should be aware that the BFHI increases health awareness and the quality of hospital services. It was proposed that UNICEF use its influence to request greater support for the BFHI from the NatComs. It was recognized that for long-term stability, the BFHI requires public/ government core funding.

6. Health Promotion Hospitals Network: experiences relevant to BFHI.

The objective of the Health Promoting Hospitals Network (HPHN) is to reorient hospitals to integrated health promotion, disease prevention and rehabilitation in services. These are deemed to be quality assurance issues. The standards have measurable elements, including a written policy and a self-assessment process.

7. The BFHI Network for Developed Countries

A website has been created (www.babyfriendly.org). Links are included to country pages, and will be added for the global data bank and the child information website. The next meeting of coordinators will be held in 2 years in Europe. Andrew Radford (Baby-Friendly UK) will manage the website and information updates, and Marianne Brophy will serve as network coordinator.

Formal statement of recommendations and conclusions

That UNICEF and the World Health Organization should:

- Reissue the foreword from WHO/ UNICEF GSIYCF for use in lobbying governments.
- Investigate the revision and development of BFHI resource materials *(the 18-hour breastfeeding course is currently under revision, as is the external assessment tool. Marianne is serving on these committees.)*
- Develop guidelines for extending the BFHI principles beyond the hospital
- Create indicators for complementary feeding
- Develop guidelines on the use of formula
- Provide countries with information on the Baby-Friendly trademark, once approved, and its enforcement.

That the World Health Organization should:

- Encourage member states to report on the Global Strategy for Infant and Young Child Feeding, using the Tool that they will receive at the WHA in May 2004.

That UNICEF should

- Create a model for an effective national authority, for development of legislation, and for Baby-Friendly communities that may be offered to governments as discussion documents.
- Influence NatComs to reconsider their role in funding national BFHI activities.

It was agreed that the meeting provided a valuable opportunity for sharing experiences, networking, and establishing opportunities for greater collaboration. Participants extend their thanks and appreciation to the organizing committee and the funders. Support was expressed for a subsequent meeting to take place in two years.

On a personal note, it was a privilege and inspiration to attend this very intensive meeting. Canada has led the way in creating Outcomes Indicators, an extensive Assessor Training Process, and breastfeeding definitions and national guidelines for data collection. A wealth of information was gleaned from a valuable network of countries facing similar barriers. I would like to thank UNICEF Canada for funding travel and accommodation costs, and to La Leche League Canada for a contribution to expenses.

If you would like the full report of the meeting please e-mail Marianne Brophy at mbrophy@telus.net.

Developing Policy – a "how-to" primer

Writing a policy is neither mysterious nor difficult and, if it is done well, the policy will be a useful tool. This article answers some common questions about developing policy in the healthcare environment and is intended to help you get started.

What is a policy?

There are various definitions of policy, but simply put, a policy is a plan, direction or goal for action. Policies may be administrative or clinical. They provide a guideline or a foundation for decision-making. A policy sets out the standard for an organization about a particular topic, for example breastfeeding, and it can be used to hold people accountable. A few polices are absolute (e.g., It is always the nurse who is responsible for establishing and maintaining appropriate boundaries with clients); most policies provide direction, but leave room for professional judgment (e.g., Breastfeeding is recommended as the exclusive method for infant feeding during the first six months of life). The authority for a policy may come from the governing body of an organization or from a designated committee or individual.

Why do we need policy?

We need policies for a variety of reasons. Policies provide direction for action. They help people do their job without the need to discuss and debate each time what should be done and how. They may provide the standard for how a prudent registered nurse would act in a similar situation. They can be used as a quality improvement tool.

What is the difference between policy and procedure?

Policies set direction, like a compass; procedures are like a road map – they guide you to your destination. While a policy provides the principles that set out the way you do your work, procedures provide instructions on how to implement the principles. Procedures describe a step-by-step approach to what needs to be done and may offer options. There is usually more than one way to carry out a policy, so procedures should not be overly restrictive.

What makes a good policy?

Good policies are clear, concise and current. They have a consistent, easy-to-read format and use simple language. They are authoritative, logical and easy to understand. To be effective and respected policies must be based on the best available evidence. Sources of evidence include research, national guidelines, consensus statements, expert opinion and quality improvement data.

How do we implement policy?

To be effective policies have to be communicated, understood and used. More simple and straightforward policies can be emailed and posted on the organization's Intranet or Web site. New, complex (e.g., WHO/UNICEF Ten Steps to Successful Breastfeeding) or controversial (e.g., all pregnant women and their families need to know the risks of formula feeding) policies may require a communication plan or an educational program to ensure they are well publicized and understood. A plan to implement the policy is as important as developing the policy.

When should we update our policy?

Policies need to keep pace with changes in the organization and the healthcare environment. Any time there is a significant change that might affect the policy, it should be reviewed and revised accordingly. The frequency of review will depend upon the rate of change; some policies will require annual review; others may be reviewed every five years. All policies require a regular review to ensure they are factual and reflect current evidence, legislation and higher-level policies.

How do we get started?

Only develop a policy if there is an established need for one. The need for a policy is recognized when people seek direction on a particular issue or when a variety of conflicting or incongruent approaches are apparent and creating problems in the environment (e.g., parents are confused by the conflicting advice they get about breastfeeding). Start by talking to people who share concerns about the issue. In the early stages of developing the policy seek input from a wide variety of people/groups that have an interest in the issue (e.g., registered nurses, midwives, pharmacists, doctors, parents, lactation consultants, La Leche League and even formula representatives). Engage them in debate and discussion to ensure all voices are heard and all related issues are brought forward for consideration. It is through this process, as people begin to understand the evidence and the many sides of an issue that support is built and change is begun. Writing the policy is a balancing act as you consider the evidence and make decisions about what can reasonably be included and implemented.

Developing, communicating, and maintaining policies require considerable effort and resources. However, when organizations develop effective policies they are on the right track to quality and cost effective care.

Submitted by Wendy Winslow, Policy Consultant, RNABC

Ten Top Reasons to Breastfeed

1. Breast milk is the most appropriate food for babies…and it is all a child needs for the first six months of life. Ideally children should continue to breastfeed up to two years and beyond.

2. Breastfed babies are the healthiest babies and they grow up healthiest too. Breastfed babies have less ear infections, diarrhea, respiratory infections and diabetes. Breastfed babies are also less likely to suffer from allergies, childhood cancer and obesity. It is estimated that 720 children in the US die each year because they are not breastfed.

3. Breastfeeding mothers are healthier. They have less problems after their babies are born, such as excessive bleeding plus they lose weight quicker—especially if they breastfeed beyond 6 months. They are also at less risk for certain kinds of breast cancer.

4. Breast milk is cheap (and at the same time, priceless). Artificial feeding costs $100 for more every month.

5. Breastfeeding is ecologically friendly—there are not waste products to fill landfills.

6. The unique fatty aids in breast milk helps babies' vision and brain development. The fatty acids are not available in artificial formula.

7. Human milk is made for human babies….formula is made from cows' milk.

8. Breastfeeding and breast milk are nature's most sustainable resource. It is estimated that 10 billion dollars are spent each year in the US treating the diseases most common in non-breastfeeding children. Estimates in Canada suggest tremendous savings as well to the health care system if mothers were supported to breastfeed their children.

9. Breastfeeding is 'good medicine'. Breastfeeding enhances the immune system and acts as the first immunization a child receives. Breast milk is also the best food to give a sick child. For example, a child with diarrhea and /or vomiting can continue to breastfeed. A similar child who is formula feeding may have to stop feeds temporarily.

10. Breastfeeding enhances the special bond between mother and child. The breastfed child gets much more than milk when he or she nurses.

Source: Quintessence Breastfeeding Challenge 2004

BFI Survey Distributed to Hospitals and Health Units

The Baby-Friendly Network has partnered with the BC Reproductive Care Program to distribute the BFI Survey for Hospital and Community Agencies. The purpose of this survey is to identify progress with the Baby-'Friendly™ Initiative in the health authorities in BC and to identify ways the BCBFN can support facilities/agencies to become Baby-Friendly™. The survey was distributed by email – it can also be accessed from the BCRCP website at **www.rcp.gov.bc.ca**. Hospitals and Community health offices are encouraged to complete the survey – and fax it to Barbara Selwood at 604-875-3747January 14, 2005.

The BC Baby-Friendly Network invites articles on any aspect of the Baby-Friendly Initiative from around the province. Please forward articles to Barbara Selwood at bselwood@interchange.ubc.ca.
Next deadline is February 14, 2005.

- The editors have the right to accept or not accept articles submitted to Network News.

BC Baby-Friendly Network Member Organizations

♦ BC Association of Pregnancy Outreach Programs ♦ BC Dental Hygienists Association ♦ BC Dietitians and Nutritionists' Association ♦ BC Association of Lactation Consultants ♦ BC Reproductive Care Program ♦ Breastfeeding Committee for Canada ♦ Breastfeeding Matters – South Vancouver Island ♦ Children's & Women's Health Centre of BC ♦ Douglas College Breastfeeding Counselor Program ♦ Fraser Health Authority ♦ ♦ LaLeche League BC and Yukon ♦ Interior Health Authority ♦ Midwives Association of BC ♦ Ministry of Health Services ♦ Northern Health Authority ♦ Public Health Agency of Canada BC/Yukon Region Quesnel Perinatal Committee ♦ Prince George Perinatal Services Steering Committee ♦ Quintessence Foundation ♦ Registered Nurses Association of BC ♦ Vancouver Coastal Health Authority ♦ Vancouver Island Health Authority

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