Logo from Western Quebec regional breastfeeding committee, Québec

Baby-Friendly Initiative: Why bother?

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Plan for this presentation

- **Risks of non-breastfeeding**
- **Baby-Friendly Initiative**
- **Scientific bases of the BFI**
- **To become Baby-Friendly:**
  - **required bf statistics**
  - **respect of the Code**
  - **successful implementation of the Ten steps**
- **Why should you bother about BFI in industrialized countries?**

I have no conflict of interest with this presentation

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Why using the language of risks?

- Breastfeeding is the biological norm for all mammals
- We have lost breastfeeding as the social norm in industrialized countries
- Everyone should understand that breastfeeding is what is expected and normal for all babies
- …..and that there are risks when we don't follow what nature intended

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Need for a change in our language

- It is not « Breast is best »
  but « Breast is normal »
- Introduction of the language of risks of non-breastfeeding, of risks of feeding a baby with something else than breastmilk
-
- Studies clearly show risks of non-breastfeeding for both mother and baby

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Known risks of non-breastfeeding

World Health Organization (WHO)
Requires that

parents be informed of the health risks
linked to the unnecessary or incorrect use
of commercial milk formula for infants

WHO (2009)

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According to WHO/UNICEF

« …infants who are not breastfed
are immunologically compromised
and should receive special attention from health and social services
as they constitute a risk group
and be given special support including support experience of food. »

Global Strategy for Infant and Young Child Feeding, 2003

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Known risks of non-breastfeeding in industrialized countries

For the baby, increased risks

- of asthma (O.R. 1,7 with family predisposition; O.R. 1,4 without family predisposition)
- of atopic dermatitis, atopical eczema (RR 0,68- 3months exclusivity for all babies; RR 0,58 – with familial history; 18 studies, 4158 children industrialized countries)
- of allergies, allergic rhinitis, food allergies
- of respiratory diseases, wheezing, respiratory infections (O.R.3,6 (1,9-7,1) hospitalization for URI in babies < 12months)
- of otitis media and other ear infections (O.R. 2 (1,4-2,8))
- of diarrheas, gastro-intestinal infections (O.R. 3,6)
- of necrotizing enterocolitis (O.R. 2,4)
- of urinary infections
- of meningitis, of bacteremia

Sources: Beaudry, Chiasson et Lauzière,2006 ; Ip, Chung, Raman et al. 2007; Quigley et al., 2006; Stuebe et al., 2009

Known risks of non-breastfeeding in industrialized countries

For the baby, increased risks

- of cancers during infancy: leukemias, lymphoma, neuroblastoma (tous cancers confondus O.R. 1,8; O.R. 0,6 neuroblastome si allaité; O.R. tumeur de Wilm si allaité)
- of chronic diseases such as
  - diabetes type 1(insulin dependent) (O.R. 0,75 meta-analysis with9874 patients)
  - diabetes type 2 (O.R. 0,61 meta-analysis with 76 744 patients)
  - coeliac disease, inflammatory abdominal diseases, cardio- vascular diseases
  - obesity (O.R. 1,1)
- of mortality
- of malocclusion and tooth decay
- of lesser motor and psycho-motor development
- of lesser cognitive development (difference in QI of 3,2; meta-analysis 14 studies, 20 000 subjects: clearer with babies with small weight 5,8 vs 2,7)
- of medical dependency (babies are sicker)

Sources: Anderson et al., 1999; Beaudry, Chiasson et Lauzière,2006 ; Cardwell et al., 2012; Daniels et al., 2002; Hancox et al., 2014; Ip, Chung, Raman et al. 2007; Ortega-Gracia, 2008; Owen, 2006; Saddlemire et al., 2006; Vestergaard et al., 1999

Known risks of non-breastfeeding in industrialized countries

For the baby, increased risks of ingesting a contaminated product :

1) Errors at the timing of the production of the substitute:
www.naba-breastfeeding.org and click on recalls for most recent ones…pdf
   - Error in ingredients
   - Error in quantities
   - Error in labelling
   - Contamination of the product

2) Errors at the timing of the preparation/conservation of the substitute:
   - Error in dilution
   - Contamination
   - Wrong reading of label
   - Inappropriate conservation

3) Secondary effects from environmental contaminants

Sources: American Health Association, 2005; Beaudry, Chiasson & Lauzière, 2006; Kent, 2011 9

Paediatric costs

- Estimation $2.2 billions per year in USA (CDC, 2014)
- Bartick & Reinhold , 2010
  - "If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants ($10.5 billion and 741 deaths at 80% compliance)."
- Ball & Wright, 1999
  - 2 studies; 1588 babies
  - Compared cost of services only due to respiratory infections, otitis, gastroenteritis within first year of life
  - Excess of 2033 visits at the clinic, 212 days of hospitalization, 609 prescriptions for 1000 babies never breastfed compared to 1000 babies exclusively breastfed during 3 months
  - Cost: $331-475 per baby

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Known risks of non-breastfeeding in industrialized countries

For the mother, increased risks

- of iron deficiency and anemia following postnatal hemorrhage
- of less weight loss postnatally
- of postnatal stress (increased cortisol; decreased ocxtocin)
- of postnatal depression
- of increased fertility following premature return of ovulatory function

- of breast cancer during pre-menopause
- of ovary cancer
- of type 2 diabetes
- of osteoporosis
- of rhumatoid arthritis

- of medical and financial dependency following dependency on commercial substitutes (mother is sicker)

Sources: Beaudry, Chiasson et Lauzière,2006; Beral, 2002; Karlson et al., 2004; Ip, Chung, Raman et al. 2007

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Maternal costs

In USA, Bartick et al., in 2013:

« we estimate that current breastfeeding rates result in 4,981 excess cases of breast cancer, 53,847 cases of hypertension, and 13,946 cases of myocardial infarction compared with a cohort of 1.88 million U.S. women who optimally breastfed.

Using a 3% discount rate, suboptimal breastfeeding incurs a total of $17.4 billion in cost to society resulting from premature death (95% CI; $4.38–24.68 billion), $733.7 million in direct costs (95%CI; $612.9–859.7 million), and $126.1 million indirect morbidity costs (95% CI $99.00–153.22 million). »

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Known risks of non-breastfeeding in industrialized countries

For society:

- Higher healthcare costs (mother and baby are sicker)
- Greater parental absenteism from work (baby is sicker)
- Increased waste that cannot be composted/recycled
- Increased pollution from production/transport/storage of breastmilk substitutes

Source: Smith, Thompson, et Ellwood (2002)

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How to reduce those risks?

By implementing the Baby-Friendly Initiative in all hospitals and community health services
(OMS/UNICEF)

- ✓ Because BFI is the best known strategy to increase breastfeeding rates
- ✓ Because BFI is a quality of care and services program
- ✓ Because in industrialized countries, we have high rates of chronic diseases that could be decreased by breastfeeding
- ✓ Because in industrialized countries, we have to address health and social inequities which are clearly illustrated in baby and children nutrition

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Language used here

- Baby-Friendly Initiative (BFI) instead of Baby-Friendly Hospital Initiative (BFHI)
- This new language is appropriate according to WHO as we are striving to expand the intiative outside hospitals and maternity centers
- In my own country, Canada, BFI was always know as BFI since we implemented the initiative in hospitals and community health services at the same time, to relfect our continuum of care and services

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BFI: Philosophy and guiding principles

Baby-Friendly Initiative:

- Addresses needs of ALL mothers, breastfeeding or not
- Works into empowering all mothers
- Promotes informed decision-making by mothers
- Recognizes perinatal practices based on scientific evidence
- Ensures seamless continuum of care and services
- Stresses collaboration and networking between all concerned

In order to bring sustainable changes 16

What it means is…

- Orientation of services towards needs of dyad and not routines of healthcare workers or health facilities
- Ethical maternity care, far from commercial vision
- Interventions based on evidence
- Quality assurance issue
- Creating supporting environments
- Collaboration across continuum of care-pregnancy, birth, postnatal

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Scientific bases for this program

- LOTS for the Ten Steps and for the Code!!!!
- From numerous serious sources for the last 30yrs
- Regularly updated by WHO as serious research results are added to the original evidences
- For industrialized countries, meeting with WHO every two years

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To become Baby-Friendly

- ✓ Breastfeeding rates
- ✓ Respect of Code
- ✓ Respect of Ten Steps
- ✓ Positive assessment outcome

Picture from A.Jolin, Sweden, with permission to Dumas 19

Required breastfeeding rates

- Hospital & Birthing centers:
  75% exclusive breastfeeding from birth until discharge
- Community health centers:
  - 75% breastfeeding at first contact
  - Keep track of rates until at least one year old

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Examples of breastfeeding rates in industrialized countries

	Australia	Canada	Norway
Exclusive Birth	92%	87,1%	100%
	Australian Bureau of Statistics 2012	Statscan 2012	NHMRC ClinicalTrialsCenter 2011
At 6 months	14%	27,9%	85%
Total At 12 months	30%	24,2%	46%

Not so impressive when we know that….

Recommendations are:

Exclusive breastfeeding for the first 6 months

Followed by sustained breastfeeding for 2 years and beyond after introduction of appropriate food

is the best for both mother and baby….

How come we are so far from there?

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In industrialized countries, our biggest problem is….

Non-Respect of the
International Code of *Marketing*
of Breastmilk Substitutes

Substitutes = commercial formula, baby food, artificial nipples and bottles, soothers, baby's cereals,…

Anything potentially detrimental to exclusivity of breastfeeding during the first 6 months

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Respect of the Code

One of the greatest BFI challenge
=
conflict of interests
between healthcare

professionals/facilities/governments

and
formula companies

The Code in cartoons, IBFAN, 2001

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Legalities concerning the Code

- Only a recommendation – industrialized countries signed international agreement except USA **but** nothing done in most industrialized countries to enforce the Code
- International code of **ethics**
- So, principles with political, moral, ethical weight

and…minimum respect
is mandatory to become Baby-Friendly

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Why a Code?

Because there is:

- Conflict of interest
  between health and money
- Morbidity and mortality
  vs profits of industries

Picture from Dr Suzanne Dionne & Dr Jean-Claude Mercier

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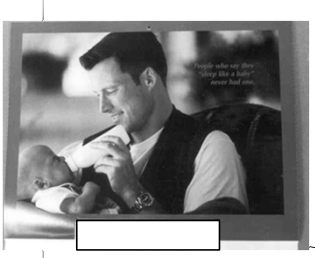
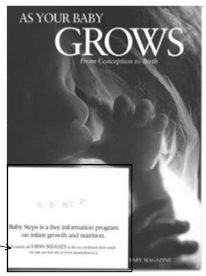
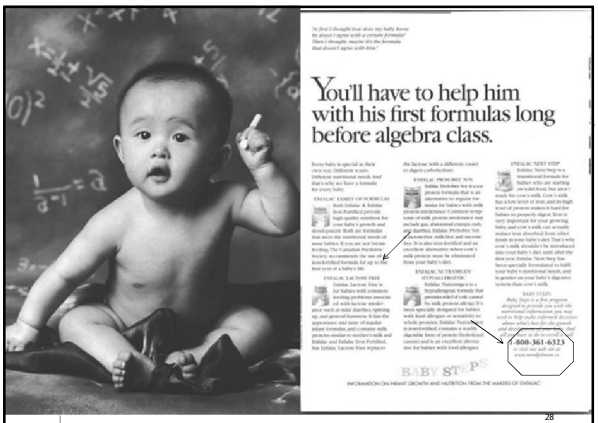
The problem, is the **unethical marketing** of formula





Pictures from e Dr Jack Newman, wiThepermission



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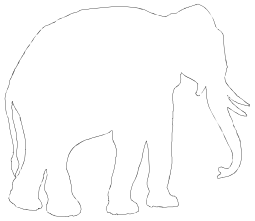
Unequal marketing…
companies versus breastfeeding
profits versus health



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From Suzanne Dionne & Jean-Claude Mercier, with permission

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The Code doesn't exert pressure on mothers

But on governments, formula companies, healthcare centers, health care providers!

The Code concerns unethical marketing of products …

Did you know that in many industrialized countries, we receive formulas, bottles, teats for free???

And also lots of little gifts and grants from formula companies????

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Aim of the Code

- Ensure babies have a safe and adequate nutrition by encouraging and protecting breastfeeding
- Make sure breastmilk substitutes are used correctly when they become essential,
  - * by objective information to parents and professionals
  - * by appropriate marketing and distribution of those products

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Basic elements of the Code

Protect mothers from unethical marketing:

- No products given to parents
- Substitutes stored so not to be seen by parents
- Written information for parents respects the Code
- No materials/samplings/coupons/gift packs given to pregnant women or mothers of babies less than 6 months
  (= endorsement = unprofessional)
- No direct/indirect contact between pregnant women or mothers of babies less than 6 months and employees of companies of products falling within scope of Code

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Basic elements of the Code

Ethics for facilities:

- **Purchase** of substitutes/related supplies for **wholesale price or more**
- Staff /physicians/midwives: no free gifts, no non-scientific literature, no materials, no equipment, no money, no support for in-service education/ events/ research, from companies of products falling within scope of Code
- No office supplies/weight graphs/measuring tapes, etc...with publicity from those companies

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In many industrialized countries

We are very far from this kind of minimal respect….

We have to inform women so they are empowered to make their own choices

We have to respect those choices

This is why
women need to know the « real things »

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Ten Steps for Successful Breastfeeding

How do we implement them
in industrialized countries?

Picture from Dumas, Gatineau, with permission

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WHO/UNICEF revised documents for the Ten Steps (2009)

- Replace the 1989, 1991, 1992 documents
- **Wording** did not and will not change internationally
- **Interpretation** of some steps has changed

WHO/UNICEF very much open to expansion
to Baby-Friendly Care

Already in some countries:
community health centers, neonatal and pediatric units, universities, pharmacies, commercial centers, commercial venues, villages

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What to do with the WHO documents?

- Each country can adapt WHO documents but has to respect the minimal requirements.
- A country can, for example, choose to require more in its country criteria but not less than what is expected by WHO
- This is what my country, Canada, decided to do.
- So that it will be easier for me, I will explain the bases of BFI with my own country integrated outcome indicators

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In Canada

Breastfeeding Committee for Canada
Comité canadien pour l'allaitement

- Up-to-date, comprehensive, integrated Canadian document for both hospitals and community health services (2011)
- Easy to use as it explains details for each Step and the Code
- Official WHO/UNICEF wording (2009) followed by Canadian wording (2011) which is clearer for our country

www.breastfeedingcanada.ca

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Step 1	
WHO	**Have a written breastfeeding policy that is routinely communicated to all health care staff.**
Canada	**Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.**

Mothers and clients of the facility are aware of the policies and practices supporting breastfeeding.

The manager identifies the breastfeeding policy, or areas within the facility's policy statements, which specifically delineate adherence to *The 10 Steps to Successful Breastfeeding (The Ten Steps)* and protects breastfeeding by adhering to the *WHO International Code of Marketing of Breast-Milk Substitutes (The WHO Code)* and subsequent, relevant *WHA Resolutions*. The manager also identifies practices that support non-breastfeeding mothers. The manager describes how health care providers (hcp), staff and volunteers are oriented to the policies and practices. The manager describes the process for policy implementation, review and auditing compliance with the policy. The manager describes how staff who are breastfeeding are supported to sustain breastfeeding.

The staff, physicians/midwives and **volunteers** are oriented to the policy, and new staff members receive a copy of the policy.

Documents, including the facility's written breastfeeding policy and other existing policies, protocols and clinical guidelines, indicate that the facility provides care to mothers and babies consistent with *The 10 Steps to Successful Breastfeeding* and protects breastfeeding by adhering to the *WHO International Code of Marketing of Breast-Milk Substitutes* and subsequent, relevant *WHA Resolutions*. Documents show evidence that the policy development process is multidisciplinary with representation by all stakeholders. Documents show evidence of support for staff members who are breastfeeding.

Written information for clients includes easily understood summaries of the policies and practices (or *The 10 Steps* and *WHO Code)*, in the languages most commonly understood and is visibly posted in all areas of the facility that serve pregnant women, mothers, infants and/or children.

See Appendix 1: Policy Checklist

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WHO Step 1:
Have a written breastfeeding policy
that is routinely communicated to all health care staff

Canadian wording: Have a written breastfeeding policy that is routinely communicated to all health care providers, volunteers

BFI concerns everyone from this facility and not only those working in perinatal or paediatric settings.

Must cover Ten Steps and the Code but also in Canada, the protection of breastfeeding employees

Its summary should be posted:
* anywhere young families receive services
* in the most frequent languages read by the clients in this facility

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New-Brunswick provincial policy

WHO Step 2:
Train all health care staff
in the skills necessary to implement the policy

Canadian wording: Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy

It is everyone's responsibility to practice according to most recent evidence; facility makes sure they do.

Education according to level of influence on pregnant women, new mothers and babies :
- minimum of 20 hrs including clinical supervision, if direct care
- includes how to support non-breastfeeding mothers
- information/education for EVERYONE within the facility

BFI = facility is designated, not only perinatal/paediatric units

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WHO Step 3:
Inform pregnant women
about the benefits and management of breastfeeding

Canadian wording: Inform pregnant women and their families about the importance and process of breastfeeding

Information = basis for informed decision

Picture from Dumas, Gatineau, with permission

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Step 3 (continuing)

Prenatal education to mothers should address at least the following:

- Benefits of breastfeeding and breastmilk
- Exclusivity for 6 months
- Sustained breastfeeding for 2 years and beyond
- Risks of non-breastfeeding and formulas
- Importance of immediate/uninterrupted skin-to-skin contact with mother at birth
- Importance of 24h rooming-in
- Positions and latch
- Feeding according to baby's cues, on 24h
- Avoidance of pacifier/bottle/teats
- Where to get knowlegeable assistance after birth
- NO prenatal group teaching of formula preparation

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WHO Step 4: Help mothers initiate breastfeeding within a half-hour of birth

Canadian wording:

1. Place all babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least one hour or until completion of the first feeding or as long as the mother wishes.

2. Encourage mothers to recognize when their babies are ready to feed offering help as needed.

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Immediate skin-to-skin means

- Nude newborn *directly* on mother's nude chest, *without drying*
- Newborn is completely nude
- Newborn is placed on mother's nude chest
- Newborn is *then* covered with one dry blanket (Dumas, 2014; Widström et al., 2011)

Picture from Dumas, Gatineau, with permission

Picture from Miramichi hospital , New-Brunswick with permission

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Step 4 is for all babies born vaginally
and by caesarean section without general anesthesia

Immediate skin-to-skin
Uninterrupted for at least one hour or until after first feed

⟹ bracelets/exams done while baby is skin-to-skin with mother
⟹ mother is showed signs that baby is ready to suck
⟹ vitamin K is injected after at least one hour of skin-to-skin without removing baby from mother to benefit from analgesic effect
⟹ transfer to mother's room/recovery room is done skin-to-skin

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At vaginal birth after caesarean section

Pictures from Dumas, Gatineau, with permission

With twins at caesarean section

Picture from Dumas, Hôpital George Dumont, Moncton, New-Brunswick, with permission

At vaginal birth with forceps

For respiratory stable premature babies

From Switzerland, pamphlet on kangaroo care

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WHO Step 5:
Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infant

Canadian wording:
Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

This step encompasses 4 circumstances:
- Initiation/establishment of bf when mother/baby are rooming-in
- Initiation/establishment of lactation if mother/baby separated
- Anticipatory guidance for mothers in hospital and community
- If informed choice not to breastfeed, how to choose/prepare/give and store breastmilk substitutes
- Évaluation régulière de la prise du sein et de l'allaitement

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Step 5 (continuing)

- 24h rooming-in unless medically justified
- Intensive breastfeeding support within the first 6h, then at regular intervals
- Concrete support for positions and latch
- Regular assessment of latch and breastmilk transfer
- Teaching mothers manual expression
- Information on expected baby's behaviors for the first few days

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If mother made informed decision not to breastfeed

Teach mother :

- ✓ How to choose commercial milk
- ✓ How to safely prepare substitute
- ✓ How to give bottle: in arms, according to baby's cues and not at fixed times, varying positions,…
- ✓ How to safely store prepared formula
- ✓ When and how to start complementary foods after 6 months

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WHO Step 6:
Give newborns no food or drink other than breastmilk, unless medically indicated

Canadian wording: Support mothers to exclusively breastfeed for the first six months, unless supplements are *medically* indicated

- Only breastmilk, from mother or milk bank. This is NOT called supplement
- Mother's informed decision for supplementation with anything else than breastmilk; decision one supplement at the time
- *Medical* indications to supplement (from WHO/UNICEF)
- Medically indicated supplement given by cup, spoon

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Condition 6 (suite)

NO free formula to any mother, breastfeeding or not, as this is an unethical endorsement of a product which decreases mother's confidence in her capabilities

One supplement may be needed, not necessarily all others; assessment must be objective so to avoid other supplements

Explain process to mother, why supplement is needed; how to prevent the next one

Offer sustained, respectful help

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WHO Step 7:
Practice rooming-in:
mothers and babies stay together 24 hrs a day

Canadian wording: Facilitate 24h rooming-in for all mother-infants dyads : mothers and infants remain together

Separation justified only by medical indication, even short ones

- Exams, tests, treatments,… in mother's room, preferably with baby being skin-to-skin with mother
- Any separation, short/long, is documented in baby's chart
- Get organized for family environment even if crowded
- Encourage skin-to-skin, cuddling, portage y both parenbts; avoid leaving baby in crib

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Picture from Dumas & Lemire, Stockholm, with permission

Picture from Lemire, Trois-Rivières, with permission

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WHO Step 8: Encourage breastfeeding on demand

Canadian wording:

1. Encourage baby-led or cue-based feeding.
2. Encourage sustained breastfeeding beyond six months and for 2 years and beyond, with appropriate introduction of complementary foods

NO clock even for non-breastfed babies

Anticipatory guidance : age appropriate feeding behaviors

Picture from St.Mary's hospital, Montréal, with permission

Picture from Dumas, Gatineau, with permission

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WHO Step 9: Give no artificial teats/pacifiers/dummies/ soothers to breastfeeding infants

Canadian wording: Support mothers to feed and care for their babies without use of artificial teats or pacifiers (dummies or soothers)

- ✓ Mother's informed decision
- ✓ Inform mother about risks of giving something else than breastmilk or pacifiers within the first few weeks
- ✓ Teach alternatives to comfort baby
- ✓ If supplement is medically justified, give it by cup, spoon
- ✓ Use nipple shields only when all other tricks failed

Picture from Dumas, Bathurst hospital, New-Brunswick, with permission

Picture from Dumas, Gatineau, with permission

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WHO Step 10:
Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Canadian wording: Provide a seamless transition between hospital, community health services and peer support programs

No mother should experience any lack or void of services

Picture from Dumas, Gatineau,
House for pregnant teens, with permission

For all mothers at discharge from site of birth:
- where to find help within first 24h
- reinforce necessity of support: family, friends, community resources
- educate on expected baby's behaviors in next few weeks
- signs and symptoms of mother's recovering in the next few weeks (potential depression)

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It is a long road…from bottle culture to breastfeeding culture….

Every step counts…

Picture from Healthy Children Project, with permission to Dumas

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Why should we "bother" with BFI?

Breastfeeding = biological norm

Anything else than breastfeeding
=
proven risk to baby's and mother's health

Baby-Friendly Initiative
=
critical health initiative
& best proven practices
& health network ethical practice

Picture from Dumas, mother/physician giveing a conference, Newfoundland, with permission

BFI, why in industrialized countries?

- ✓ Our breastfeeding and exclusivity rates are so low…
- ✓ Our population health shows signs of these low rates

Breastfeeding must be protected
- ✓ Best for mothers' and babies' health
- ✓ Reduced acute and chronic diseases
- ✓ Reduces healthcare costs for both families and society
- ✓ Undersupported, early cessation of exclusivity or breastfeeding and mothers' dissatisfaction

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BFI, why in industrialized countries?

- It is an international standard of quality of care and services
- It is designed for all women
- It aims at women's informed decision making
- It recommends ethical practices for and from everyone
- It reinforces collaboration on the continuum of health

Picture from Dumas, Gatineau, with permission

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Breastfeeding is not a lifestyle

Breastfeeding
is a health priority

and BFI helps us
to promote,
protect, and encourage
breastfeeding

Picture from Dumas, university student, Gatineau, with permission

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Thank you for your attention

Picture from Toronto Public Health, with permission

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References

Adobe Acrobat Document

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