

Newfoundland & Labrador Public Health Association Position Paper

Introduction

The Newfoundland and Labrador Public Health Association (NLPHA) has become aware that many pregnant families and those with infants and young children are concerned that they are not being fully informed about infant feeding options. The general public looks to health care providers for information that is current, accurate, and reflective of best practice. It has been found that only partial information is being used to make decisions that have both short- and long-term health consequences for children, mothers, and the community. This concern prompted the NLPHA to adapt and endorse the OPHA (2007) *Informed Decision Making and Infant Feeding Position Paper*, with the expectation that it will increase awareness regarding informed decision making pertaining to infant and young child feeding, and lead to a change in policy and practice. The components of informed decision-making are outlined in the Breastfeeding Committee for Canada Baby-Friendly Initiative (BFI) guidelines.

Health Canada recommends that all healthy term infants be exclusively breastfed for the first six months of life, and then continue to breastfeed, with the addition of safe and appropriate complementary foods, for up to two years of age or beyond. Both the initiation and continuation of breastfeeding are, however, quite negatively influenced by early, unnecessary supplementation with human milk substitutes¹.

The Baby-Friendly Initiative (BFI), introduced by the World Health Organization/United Nations International Children's Emergency Fund (WHO/UNICEF) in 1991, is an international program to improve breastfeeding outcomes for mothers and babies (WHO/UNICEF 2009). The Breastfeeding Committee for Canada (BCC) is the national authority for the BFI and has guidelines for implementing the BFI in both hospital and community health services (BCC, 2011). All of the BFI guidelines reflect evidence-based, best practice standards. The guidelines include provisions for the initiation and maintenance of breastfeeding if mother and baby are separated, and supplementation of the baby when medically indicated. In addition, the guidelines outline the information required to make an informed decision about infant feeding and what constitutes appropriate care for the non-breastfed baby.

Beliefs/Principles

Health care providers need knowledge, skill, and support to deliver risk and benefit messages regarding infant feeding practices. Information to parents should focus not only on the importance of breastfeeding, but also on the health consequences of not breastfeeding. This is particularly relevant to Newfoundlanders and Labradorians because of the low numbers of women initiating and continuing breastfeeding, and the population's high rates of obesity, diabetes, and other chronic diseases. Feeding with human milk substitutes is associated with higher risks for major chronic diseases such as Type 2 diabetes, obesity, asthma, and other common childhood illnesses (Arenz, Ruckerl, Koletzko & von Kries, 2004; Ip et al., 2007; Owen et al., 2008) as well as a financial cost to parents and the community (Bartick & Reinhold, 2010). When parents and caregivers make informed decisions about infant feeding, their level of satisfaction with their decision, as well as their ability to provide their baby with safe and

informed care, is optimized. This is an emerging issue for which NLPHA can provide leadership, thus inspiring organizations to increase education, skill development, and related policy.

Conclusion

The NLPHA believes that health care providers play a vital role in assisting mothers and families to make informed decisions regarding healthy and safe infant and young child feeding practices. To properly assist mothers and their families in making informed health decisions, it is imperative that the information presented is current and based on evidence and best practice. Exclusive breastfeeding for the first six months of life with the addition of complementary foods after six months optimizes the health and well-being of most children. Health care providers who provide infant and young child feeding information to mothers should ensure that their knowledge of feeding methods are current, and employers should have up-to-date policies and allow for continuing education on this topic.

When circumstances require that other feeding options be considered, the health care provider can promote informed decision making by the mother and family by practicing in accordance with the guidelines provided by the World Health Organization/United Nations International Children's Emergency Fund (WHO/UNICEF) Baby-Friendly Initiative (BFI) and the International Code of Marketing of Breast-milk Substitutes (WHO, 1981). All parents and families need to be given the opportunity to make truly informed health decisions and be supported in the decisions they make. Once an informed decision has been reached, information and support around the feeding practice can be provided by the health care provider to help ensure the health and well-being of the child.

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¹ A human milk substitute means any food marketed, including infant formula, or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.