



Newfoundland & Labrador  
Association of Social Workers

## BREASTFEEDING- A PUBLIC HEALTH PRIORITY

### JOINT POSITION PAPER

#### **Executive Summary**

Newfoundland and Labrador does not have a provincial breastfeeding policy, nor is there dedicated funding to protect, promote and support breastfeeding. No single intervention, group or sector can succeed in meeting the challenges associated with advancing breastfeeding as the social and cultural norm. Government leadership is necessary to develop a comprehensive, coordinated, and resourced approach to the protection, promotion, and support of breastfeeding in the province. This leadership is essential to increase breastfeeding rates and ultimately, to improve the nutrition and health of infants and children in the province.

Breastfeeding is widely accepted by the World Health Organization (WHO), Health Canada, and the Canadian Institute of Child Health as the optimal method for infant feeding because it provides the foundation for a healthy life. Breastfeeding reduces the risk of disease, enhances social and emotional development, and has economic benefits for mothers, families and the health care system. The WHO's *Global Strategy on Infant and Young Child Feeding* (2003) advocates that all health services protect, promote and support exclusive breastfeeding<sup>1</sup> and timely and adequate complementary feeding with continued breastfeeding for up to two years and beyond. While the national breastfeeding initiation rate has climbed to 85%, Newfoundland and Labrador's initiation rate of 63% is the lowest in Canada and furthermore, provincial rates drop off quickly with only 11% of infants being exclusively breastfed at six months (Statistics Canada, 2003). Thus, this coalition of health professional and consumer organizations calls on the Government of Newfoundland and Labrador to make breastfeeding a public health priority.

#### **Breastfeeding: Its Status**

Health Canada (2004) recommends "exclusive breastfeeding for the first six months of life...with the introduction to nutrient rich solid foods...at six months with continued breastfeeding for up to two years and beyond". Newfoundland and Labrador rates for both the initiation and duration of breastfeeding fall considerably short of these recommendations.

Since 1986 the initiation rate for breastfeeding in Newfoundland and Labrador has climbed slowly. In 1986 the rate was 35.3%, ten years later 56.3%, and in 2005 63.6% with regional variations from a high of 70.7% in the 'Grenfell' region to a low of 44.5% in the rural Avalon

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<sup>1</sup> Exclusive breastfeeding, based on the WHO definition, refers to the practice of feeding only breast milk (including expressed breast milk) and allows the baby to receive vitamins, minerals or medicine. Water, breast milk substitutes, other liquids and solid foods are excluded. (Health Canada, 2004).

region (Newfoundland and Labrador Provincial Perinatal Program, 2006). In comparison, British Columbia has the highest provincial initiation rate at 93.3% (Statistics Canada, 2003). Similarly, Newfoundland and Labrador's six month breastfeeding duration rate is low at 11.1% compared to the national rate of 18.7% and the highest provincial rate of 28.8% in British Columbia. Our provincial breastfeeding rates demonstrate we are living in a culture where breastfeeding is not the norm. Clearly, our province's approach to the protection, promotion and support of breastfeeding needs work. There are many factors associated with the decision to initiate and continue breastfeeding and many are linked to wider issues associated with health inequities. These factors are well known and include: socio-economic status; educational level; attitudes and beliefs toward breastfeeding; embarrassment and discomfort; the influence of family, friends, and health professionals; peer support; hospital practices; return to unsupportive work settings and inconvenience (Breastfeeding Committee for Canada, 2005; Matthews, Banoub-Baddour, Laryea, McKim and Webber, 1994; Newfoundland and Labrador Provincial Perinatal Program, 1999; Palda, Guise and Wathen, 2004). There is no doubt that educational, environmental and attitudinal changes are needed to protect and support successful breastfeeding.

### **Breastfeeding: The Evidence**

Current research offers compelling evidence that breastfeeding improves health outcomes across the lifespan; significantly reducing health care costs (Health Canada, 2004; Ontario Public Health Association, 2004). Breastfeeding provides optimal nutritional, immunological and emotional nurturing for growth and development of infants and children. Breastmilk promotes sensory and cognitive development and protects infants against infectious diseases such as bacterial meningitis, respiratory tract infection, necrotizing enterocolitis, otitis media and urinary tract infection. (American Academy of Pediatrics, 2005). Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia and helps for a quicker recovery during illness. These effects can be measured in resource-poor and affluent societies (WHO, 2003).

Some studies suggest that breastfeeding also helps protect against Sudden Infant Death Syndrome, type I and type 2 diabetes, lymphoma, leukemia, and Hodgkin disease, overweight and obesity, hypercholesterolemia, allergies, and asthma. (American Academy of Pediatrics, 2005; Canadian Institute for Health Information, 2004; Chen & Rogan, 2004; Dell & To, 2001; New Brunswick Department of Health and Community Services & Provincial Breast Feeding Advisory Committee, 1999). Breastfeeding has been associated with slightly enhanced performance on tests of cognitive development (American Academy of Pediatrics, 2005). Dentists note that breastfeeding is important for the proper development of the mouth and jaw (Palmer, 1998). In addition, the experience of breastfeeding has been found to strengthen attachment (McCain & Mustard, 1999). Breastfeeding also contributes to the mother's health by offering protection for some women against breast and ovarian cancers and osteoporosis (Collaborative Group on Hormonal Factors in Breast Cancer, 2002; Zheng et al., 2001).

Newfoundland and Labrador compared with other provinces has the third highest rate of child poverty (Government of Newfoundland and Labrador, 2005). Rates for premature births, low birth weights, iron deficiency anemia and respiratory illnesses are higher in children from disadvantaged backgrounds (Martin and Boyer, 1995 as cited in Government of Quebec, 2001, p.19). Breastfeeding, while providing children with the best possible food source, also protects them against some of these problems or reduces their intensity. According to the Executive

Director of the United Nations Children’s Fund (UNICEF), “Breastfeeding is a natural safety net against the worst effects of poverty”.

Lack of breastfeeding, *especially the lack of exclusive breastfeeding in the first six months of life*, is an important risk factor for infant and child morbidity and mortality that are only compounded by inappropriate complementary feeding (Feldman & Frati, 2005; WHO, 2003). When mothers do not breastfeed they generally use a breastmilk substitute (eg., a commercial infant formula or an evaporated milk formula). The WHO’s *International Code of Marketing of Breastmilk Substitutes* (1981) was developed “to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution” (WHO 1981). Among other things, the Code requires that parents be informed about the ‘health hazards’ of unnecessary or improper use of infant formula and other breastmilk substitutes.

While the health and nutritional benefits of breastfeeding are well documented, there is increasing evidence of cost savings to families, communities and the health system when infants are breastfed. Families save by not having to maintain the high cost of infant formula and complementary foods. The health care system saves with a reduction in expenditures as a result of fewer hospital admissions, physician visits and prescriptions for medications for childhood illnesses, such as, otitis media and gastroenteritis. Evidence also demonstrates that lack of breastfeeding is associated with poor school performance, reduced productivity, and impaired intellectual and social development (WHO, 2003). To put these findings in perspective, in 2001 it was estimated that a minimum of \$3.6 billion US could be saved if the national prevalence of exclusive breastfeeding increased to Health Canada’s current recommendations (Breastfeeding Committee for Canada, 2005, p1).

In summary, there is little doubt that an investment in breastfeeding is a cost-effective strategy as it helps to ensure children develop to their full potential and reduces the risks associated with compromised nutritional status, emotional development, and related preventable illnesses.

### **Breastfeeding Policy: Putting it in Context**

The importance of breastfeeding has translated into major global initiatives, such as the joint action between the WHO and UNICEF on development of the *International Code of Marketing of Breastmilk Substitutes* (1981), *The Innocenti Declaration* (1990), the *Baby-Friendly™ Initiative*<sup>2</sup>, the *Global Strategy for Infant and Young Child Feeding* (2003) and the call for action on breastfeeding, *Infant and Young Children Nutrition* (2006). Although the European Union and associated countries and the United States have breastfeeding strategies, Canada does not have a national strategy to protect, promote and support breastfeeding (European Commission, 2004; U.S. Department of Health and Human Services, 2000). In recent years, provincial governments in

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<sup>2</sup> Baby-Friendly™ Initiative (BFI) – an evidence-based global, voluntary, self-directed process in which hospital and community health services are assisted to work towards achieving standards outlined in the WHO/UNICEF Ten Steps to Successful Breastfeeding, the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes and the BFI in Community Health Services: A Canadian Implementation Guide and to engage in an external assessment process. Studies show that babies born in BF™ facilities breastfeed at an increased rate, duration and degree compared to those born in non-BF™ designated facilities. The Breastfeeding Committee for Canada is the national authority for the BFI and designated the Breastfeeding Coalition of Newfoundland and Labrador as the body to monitor the implementation of BFI provincially.

Quebec (2001) and Nova Scotia (2005) established provincial breastfeeding policies/guidelines which reflect the recommendations in these global initiatives. More importantly, dedicated provincial funding was provided for the implementation of programs to protect, promote and support breastfeeding with the goal of increasing initiation and duration rates. Other provinces, such as British Columbia, Alberta, Manitoba, Saskatchewan and New Brunswick have also dedicated government funding to support breastfeeding initiatives.

Since 1991, the Breastfeeding Coalition of Newfoundland and Labrador has worked to increase the initiation and duration rates of breastfeeding in the province. The Coalition is a provincial committee of advocates from many health disciplines and the public. The committee does not have an established source of dedicated funding; rather, in-kind support is provided by the health care system, the Department of Health and Community Services and the Newfoundland and Labrador Provincial Perinatal Program.

Since its inception the Breastfeeding Coalition of Newfoundland and Labrador has provided a forum for collective action by breastfeeding experts and advocates. The Coalition has coordinated a number of fundamental activities to advance breastfeeding in the province, for example: disseminated information on breastfeeding issues and initiatives, sponsored 'Breastfeeding Support for the Healthy Baby Clubs' project and the related promotional campaign, 'Breastfeeding: Go with the flow!' funded by Health Canada. In 1999, it developed a strategic plan "Breastfeeding in Newfoundland and Labrador: Moving Towards the New Millennium" (Newfoundland & Labrador Provincial Perinatal Program, 1999). The plan provided a comprehensive review of the issues and advocated strategic directions and actions to address six issues associated with increasing breastfeeding rates in the province: public education and promotion, professional education, implementation of the Baby-Friendly™ Initiative, development of supportive public policies, and finally, resource and research development. Although the Breastfeeding Coalition worked to advance its strategic plan, without dedicated funding it was impossible to do so in a coordinated, comprehensive or effective manner.

Although there is interest in breastfeeding in the provincial health care system, there are currently no hospitals or community health services designated as Baby-Friendly™ and most are a long way from achieving Baby-Friendly™ status (Breastfeeding Coalition of Newfoundland and Labrador, 2004). Health professionals report there is limited time and insufficient resources devoted to promoting and supporting breastfeeding during a mother's short hospital stay, on her return home, and during the critical first weeks of breastfeeding. Many groups and individuals are striving to promote a breastfeeding culture in the province, for example, the Regional Breastfeeding Committees at all Health Authorities, Healthy Baby Clubs, Family Resource Centres, La Leche League Canada, and individual health professionals in hospital and community settings. However, there is no comprehensive, coordinated provincial approach to the protection and promotion of breastfeeding to support meaningful action at the regional and community level. This piecemeal approach is not working to promote breastfeeding as the social and cultural norm in the province.

### **Recommendations: Making Breastfeeding a Public Health Priority**

In conclusion, while there has been a strong commitment to changing breastfeeding practices, with initiation and six month duration rates at 63.6% and 11.1% respectively, much work needs to be done to establish breastfeeding as the normal infant feeding method in the province. It is time to correct our province's underperformance on this fundamental health practice in order to improve our children's foundation for a healthy life. Therefore, it is recommended the Government of Newfoundland and Labrador make breastfeeding a public health priority and:

1. Establish a provincial breastfeeding policy to protect, promote and support breastfeeding in Newfoundland and Labrador that advances Health Canada's breastfeeding recommendations (2004), the WHO's *Global Strategy for Infant and Young Child Feeding* (2003) and requires implementation of the *Baby-Friendly<sup>TM</sup> Initiative* in the province;
2. Appoint a person with the appropriate authority to coordinate the development and implementation of a provincial breastfeeding policy in collaboration with the health sector, other sectors (e.g., education system, private industry, voluntary organizations) and government departments and agencies (e.g. justice, human resources, labour and employment; health information);
3. Dedicate financial resources to the development and implementation of provincial programs designed to protect, promote, and support breastfeeding; and
4. Establish a provincial system to monitor breastfeeding initiation and duration rates.

*Prepared jointly and endorsed by a wide network of professional and consumer organizations and experts that work collaboratively to advance breastfeeding in the province:*

Association of Registered Nurses of Newfoundland and Labrador  
 Association of Midwives of Newfoundland and Labrador  
 Breastfeeding Coalition of Newfoundland and Labrador  
 Dietitians of Newfoundland and Labrador (A member group of Dietitians of Canada)  
 La Leche League Canada – Atlantic Canada  
 Newfoundland and Labrador Medical Association  
 Newfoundland and Labrador Public Health Association  
 Newfoundland and Labrador Social Workers Association  
 Pharmacists Association of Newfoundland and Labrador

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