

Region of Waterloo Public Health

Position Statement Regarding Infant Nutrition, 0 - 6 Months

It is the position of Public Health that:

- Breastmilk is the ideal source of nutrition for infants during the first six months following birth.
- Exclusive breastfeeding is the preferred method of feeding infants for the first six months following birth.
- Parents will be given information describing alternate methods by which infants can be given breastmilk (including breastmilk by bottle) if breastfeeding is not possible, or is contra-indicated.
- If exclusive feeding of breastmilk by breast or alternative methods is not possible, mothers will be encouraged to consider a combination of both breast and formula feeding.
- If the combination of both breastfeeding and formula feeding is not possible, parents/caretakers will be provided with information to provide a safe and nurturing formula feeding experience for their infant.
- Staff providing information regarding infant feeding will support parents/caretakers in whichever choice they make to ensure a safe and nurturing feeding experience.

As part of this position, Public Health will:

- Endorse the guidelines in *A Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects* (Health Canada, 2002) and the Registered Nurses Association of Ontario: *Breastfeeding Best Practice Guidelines for Nurses* (RNAO BBPGN, 2003)
- Support other community agencies and services in the development of programs that promote and support breastfeeding.
- Encourage regional hospitals to participate in the promotion of breastfeeding and in the implementation of policies and programs that support breastfeeding or the use of breastmilk.
- Endorse the World Health Organization (WHO) *International Code of Marketing of Breastmilk Substitutes* and the Breastfeeding Committee for Canada's *The Baby-Friendly Initiative in Community Health Services: A Canadian Implementation Guide* (2002).
- Ensure that women and their families are provided with clear and reliable information

that will enable them to make informed decisions regarding infant feeding. This information will include the risks sometimes linked to formula and associated with bottle feeding, as well as the risks related to the mismanagement and initial difficulties sometimes associated with breastfeeding.

Rationale for the Position Statement

The Benefits of Breastfeeding

Based on significant research over the past twenty years, the Canadian Pediatric Society (CPS), the World Health Organization (WHO), the Society of Obstetricians and Gynecologists of Canada (SOGC), and the United Nation's Children's Fund (UNICEF) are unanimous in agreeing that breastmilk is an unequalled food source for the first 6 months of life (Healthy Beginnings, 1998). Breastmilk contains all the fluid and nutrients necessary for optimal growth of the infant and can safely be the exclusive* source of nutrition until the infant reaches six months (Registered Nurses Association of Ontario: Breastfeeding Best Practice Guidelines (RNAO BBPGN, 2003), although Health Canada recommends Vitamin D supplementation (Health Canada et al., 1998). Research has shown that breastmilk improves the general health, growth and development of infants and significantly reduces the risk of several health problems both during early life and in later years (Weimer, 1998). Research has also demonstrated that feeding infants with human breastmilk has tangible cost benefits with lower health care spending, and reduced food bills for families. (Riordan & Auerbach, 1993).

The benefits of breastfeeding for both mother and infant are also well researched and documented (RNAO BBPGN, 2003). Breastfeeding is a unique process that provides both biological and emotional benefits to the mother and infant (Healthy Beginnings, 1998). Furthermore, the behaviours involved in breastfeeding are psychologically different from the act of bottle feeding (Riordan & Auerbach, 1993), in ways that are of further benefit to the mother and child.

Breastfeeding addresses health determinants such as poverty and access; unless a mother is in extremely poor nutritional health, all babies who are breastfed are likely to be equally as healthy regardless of the mother's financial circumstances (Lazarov and Evans, 2000).

Challenges to Breastfeeding

However, lower-income women have been less likely to breastfeed than higher-income women (Weimer, 1998). The lower rate of breastfeeding among young, low-income women with minimal education, is a frequent cause for concern, despite increased efforts internationally to promote and support breastfeeding (Lazarov and Evans, 2000). Health Professionals can, inadvertently, dissuade these vulnerable populations (McLorg & Bryant, 1989; Weimer, 1998, RNAOBBPGN, 2002) through use of language that conveys judgment or failure. For some women, breastfeeding support programs and promotional messages can feel punitive towards those who do not breastfeed (*A Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects, 2002*).

This population of lower socio-economic women who do not breastfeed are often well-aware that they have failed to meet societal expectations; they feel discriminated against and feel that most "social programs are designed by the mainstream, for the mainstream" (Ministry of Health, 1993). By not recognizing and responding to the complex needs of women who are experiencing simultaneous demands related to motherhood, poverty and/or adolescence, breastfeeding messages can appear judgmental and designed to induce guilt (e.g. the campaign slogan, "Breast is Best").

The context for pregnancy, birth and parenting for low income women and for their more affluent counterparts is also strikingly different (Lazarov and Evans, 2000). Health and decisions related to healthy choices have behavioural, environmental, genetic and biological causes (Green and Kreuter, 1991). To promote healthy behaviours, such as the decision to breastfeed, all the environmental factors that have an impact on mothers and their social networks need to be taken into account (RNAO BBPGN, 2003). This is often referred to as the ecological perspective. Health promotion strategies that ignore this interplay of factors will marginalize or fail to reach their target audiences (Green and Kreuter, 1991).

In addition, messages such as "Breast is Best" which extol the benefits to the infant are of little value to the mother who lacks the necessary support network (a factor which is highly predictive of successful breastfeeding). The use of this message, and similar slogans, marginalizes the mother for whom breastfeeding is contra-indicated (active TB., HIV, excessive alcohol use/illegal drugs), or for whom breastfeeding is not an option (cancer treatments, some prescribed drugs, galactosemia in the infant). To the mother who has attempted breastfeeding and has chosen not to continue, such slogans can reinforce her sense of failure.

Therefore, although it is important that women/parents/caretakers are aware of the overwhelming evidence which supports breastmilk and breastfeeding as being healthiest for their developing child, it is equally important that this group feels supported in whichever decision is eventually made, and that they have access to information which is accurate and balanced in its presentation.

Summary

- Based on overwhelming scientific evidence, Region of Waterloo Public Health endorses breastmilk as the ideal food source for infants.
- To ensure that people are able to make informed decisions, the information available must be based on reliable, well-researched evidence. The material provided to a parent (or caretaker) who is, or parents who are, making decisions related to feeding their infant should include full information on breastfeeding, alternative methods to breastfeeding, and formula feeding.
- With regard to influencing the decisions that individuals make, health promotion takes the ecological perspective into consideration (the multiple factors which combine and have an impact on the health choices made by individuals). For some women, unhealthy choices and behaviours (such as smoking, alcohol/drug use, and remaining in abusive relationships) are known to be the result of multiple negative factors in their environment. These same negative factors are also likely to contribute to their decision not to breastfeed. Therefore, it is important that messages used for breastfeeding promotion convey an understanding of the diverse contexts in which women make decisions.
- Promotional strategies related to breastfeeding that avoid comparisons (breastfeeding is presented as normal and everyday rather than portrayed as superior) would be the recommended course of action.
- Public Health focuses, in part, on reaching vulnerable populations, and implements strategies that are designed to encourage, educate and strengthen individuals. It is recommended that efforts devoted to breastfeeding promotion and support should be committed to achieving the same positive outcomes by identifying the needs of different women and by decreasing gaps in the services provided.
- Furthermore, Public Health will advocate for the creation of environmental, social and economic conditions in our community which will encourage and support women in making the choice to breastfeed, as well as enabling mothers to continue breastfeeding for a minimum of six months.
- Region of Waterloo Public Health will support a parent (or caretaker), or parents, in whichever choice they make to ensure a nurturing and safe feeding experience for parent(s) and child.

Breastfeeding Definitions

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Support for breastfeeding is defined as women receiving information and support from all sectors of the community to overcome any barriers to breastfeeding they may experience or perceive.

Protection for breastfeeding is defined as all women are enabled to make informed decisions about infant feeding, free from the influence of formula or related industry marketing practices, and that the right to breastfeed anytime, anywhere is protected.

Promotion of breastfeeding is defined as when staff, participants, the broader health system and the community are up-to-date on the benefits of breastfeeding and find opportunities to promote it.

Predominant breastfeeding defines the situation where the infant is receiving breastmilk as the predominant source of nourishment. Other liquids such as water, water-based drinks, fruit juice, oral re-hydration solutions, ritual fluids and drops or syrups (vitamins, minerals, medicines) can also be included in the infant's diet (WHO 1996).

The definitions cited above are from *A Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects* (Health Canada, 2002).

Breastmilk includes breastfeeding, expressed breastmilk or donor milk and undiluted drops or syrups consisting of vitamins, mineral supplements or medicines.

Exclusive breastmilk - 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.

Total breastmilk - 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 during the past 7 days.

Predominant breastmilk – breastmilk, given by the mother, health care provider, or family member/supporter plus 1 or a maximum of 2 feeds of any food or liquid including non-human milk, during the past 7 days.

Partial breastmilk – breastmilk, given by the mother, health care provider, or family member/supporter plus 3 or more feeds of any food or liquid including non-human milk, during the past 7 days.

The definitions cited above are from *Breastfeeding Definitions and Data Collection Periods* (The Breastfeeding Committee for Canada, 2004)

REFERENCES

- Association of Women's Health, Obstetric and Neonatal Nurses. (2000). Evidence-Based Clinical Practice Guidelines: Breastfeeding Support: Prenatal Care Through The First Year. Washington, DC: AWHONN.
- Canadian Pediatric Society, Dieticians of Canada and Health Canada. (1998). Nutrition for the Healthy Term Infant. Ottawa: Minister of Public Works and Government Services.
- Cusson, R. (1985). Attitudes toward Breastfeeding among female high-school students. Pediatric Nursing. May/June, 189-191.
- Lazarov, M. and Evans, A. (2000). Breastfeeding – Encouraging the Best for Low-Income Women. Zero to Three, 21 (1), 15-23.
- McLorg, L. and Bryant, C. (1989). Influence of social network members and health care professionals on infant feeding practices of economically disadvantaged mothers. Medical Anthropology 10 (4), 265-278.
- Ministry of Health. (1993). Social Marketing In Health Promotion: A Communications Guide. Toronto: Queen's Printer.
- Murphy-Goodridge, J. and Matheson, L. (2002). A Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects. Ottawa: Health Canada.
- Newman, J. and Pitman, T. (2000). Dr. Jack Newman's Guide to Breastfeeding (1st edition) Toronto: Harper Collins. (pp 51, 58, 158, 164)
- Riordan, J. (1997). The Cost of Not Breastfeeding: A Commentary. Journal of Human Lactation 13 (2), 93-97.
- Riordan, J. and Auerbach, K. (1999). Breastfeeding and Human Lactation (2nd edition), Boston: Jones & Bartlett Publishers, Inc.
- Registered Nurses Association of Ontario (2003) Breastfeeding Best Practice Guidelines for Nurses Toronto: Registered Nurses Association of Ontario.
- The Society of Obstetricians and Gynecologists of Canada (1998). Healthy Beginnings: Your Handbook For Pregnancy And Birth (2nd edition) Ottawa: The Society of Obstetricians and Gynecologists of Canada. (pp. 53-55).
- Walker, M. (1993). A Fresh Look at the Risks of Artificial Infant feeding. Journal of Human Lactation 9 (2), 97-105