

CITY OF HAMILTON***PUBLIC HEALTH SERVICES
Family Health Division***

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: October 24, 2011	
SUBJECT/REPORT NO: Baby Friendly Initiative (BOH11035) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Lesley Jefferies (905) 546-2424 ext. 1593 Debbie Sheehan (905) 5467-2424 ext. 4888
SIGNATURE:	

RECOMMENDATION

- (a) That the Board of Health endorse breastfeeding as the optimal infant feeding method;
- (b) That the Board of Health approve the plan for Public Health Services to seek Baby Friendly Initiative (BFI) designation on behalf of the City of Hamilton.

EXECUTIVE SUMMARY

Substantial research evidence demonstrates that breastfeeding is the optimal feeding method for infants and young children. Breastfed babies have reduced risk of infections compared to formula-fed infants. Breastfeeding mothers compared to those who formula-feed experience health benefits such as protection against osteoporosis and decreased risk of disease including breast, uterine and ovarian cancers.

The Baby Friendly Initiative (BFI) is an international program launched by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) which sets standards that organizations must implement to ensure their staff provides optimal

breastfeeding services and support to mothers and infants. Research evidence demonstrates that BFI designated hospitals improve breastfeeding initiation and exclusivity rates. Initiation rate refers to the number of women who start to breastfeed following the birth of their infant. Exclusivity rate refers to the number of women who offer only breast milk to their infant in the first six months of the infant's life.

Other important points regarding breastfeeding and the BFI:

- Experience in other jurisdictions demonstrates that at least 99% of all women have the capacity to breastfeed with appropriate support¹ (Hasunen, Ryyanen, 2006).
- Hamilton's breastfeeding initiation and exclusivity rates are below provincial and national rates.
- The benefits to breastfeeding extend beyond health. The cost to formula feed a child in the first year of life is \$1,800.00 which adds unnecessary financial burden to low income families and to those living in poverty.
- Achieving BFI designation is the only Child and Reproductive Health standard performance indicator in the new Public Health Accountability Agreements to which all health units must adhere.
- The BFI accreditation process includes:
 - Provision of education by Public Health Services (PHS) staff to City staff to ensure high practice standards;
 - A rigorous assessment process by the Breastfeeding Committee of Canada involving staff and client interviews;
 - Assessment of all written documentation including training curriculum, policies and procedures;
 - Measurement of local breastfeeding initiation, duration and exclusivity data and improvement in achieving target relative to BFI standards.

There is no additional budget required to pursue BFI accreditation. Existing staff time and budget already allocated to breastfeeding support will be used within Public Health Services, and a small reallocation of staff time from other departments will be required.

Alternatives for Consideration – See Page 5

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial:

There are no costs to departments other than:

- The small amount of staff time required assisting in reviewing and ensuring compliance with the two BFI policies and any related staff training as described under "Staffing" section below.
- Assistance in dissemination of BFI material.

BFI aligns directly with the mandated programs for which PHS receives 75% provincial funding. As such, PHS will be able to cover the direct cost of all PHS training time and promotional materials for BFI using the funds currently allocated for this purpose.

Staffing:

Public Health Services will work with the HR Policy Review Committee to develop two corporate policies which will come to SMT for approval:

- Baby Friendly Workplace;
- Baby Friendly City Facilities.

Each Department will provide one manager and one front line staff to attend a single one-hour focus group conducted by PHS to:

- Identify learning needs re BFI across the City of Hamilton;
- Identify effective strategies for implementing the minimal training and communicating information regarding BFI.

Legal:

Every woman has the right to breastfeed anywhere and anytime. This right is protected by the Canadian Charter of Rights and Freedoms. Under the Ontario Human Rights Commission a breastfeeding woman returning to work has the right to be accommodated in the workplace so that she can continue to breastfeed her baby² (Best Start, 2011).

HISTORICAL BACKGROUND (Chronology of events)

BFI is an evidence-based global program that improves breastfeeding outcomes for mothers and babies by improving the quality of their care. It is an international accreditation awarded to facilities such as hospitals and public health units. It ensures that best practices are followed that will facilitate and support families in making informed decisions regarding infant feeding (WHO, 2009).

In 2009 the World Health Organization and UNICEF revised their 1991 Baby Friendly Initiative (BFI), the global evidence-based standard of care to promote, protect and support breastfeeding in an effort to increase breastfeeding initiation and duration rates. Refer to Appendix A: “BFI Integrated 10 Steps to Successful Breastfeeding” for more details (WHO, 2009).

The term “Baby Friendly” was chosen over “Breastfeeding Friendly,” to ensure the inclusion of all babies. BFI requires that all families regardless of feeding method are supported to feed their children in a safe and nurturing way. BFI also promotes networking of women and community partnerships among professionals so that women are receiving consistent, accurate information and the support that they need. BFI does

not discriminate against women who formula feed their babies. It is designed to respect the individual informed decision of the mother, regardless of infant feeding method.

In 2008 the revised Ontario Public Health Standards (OPHS) set “an increased rate of exclusive breastfeeding until six months, with continued breastfeeding for 24 months and beyond” as a societal outcome for Boards of Health (Ministry of Health and Long Term Care, 2008). This is meant to help move toward achieving the goal for all children to attain and sustain optimal health and developmental potential. In the new Public Health Accountability Agreements to which all health units must adhere, it is the BFI designation alone that is considered to be the Child and Reproductive Health Performance Indicator. Currently, six public health units in Ontario have achieved BFI designation. The majority of other health units are working towards achieving this status.

The 2010-2011 City of Hamilton, Public Health Services Breastfeeding Survey indicates that 88.4% of women initiate breastfeeding, with only 68% exclusively providing breast milk by the time they are discharged from hospital. By two weeks of age this rate decreases to 63.1% and by six months, only 24.6% of women are exclusively breastfeeding. In 2010 in Canada the breastfeeding initiation rate was 87.2% with a 27.7% exclusivity rate at 6 months. In Ontario, initiation rates were 89.6% and exclusivity rates at 6 months were 28.9% (Canadian Community Health Survey, 2010). Hamilton’s breastfeeding initiation rate is therefore lower than the overall provincial rate with lower exclusivity rates at six months than both the national and provincial rates.

POLICY IMPLICATIONS

There is already a corporate Baby Friendly Workplace policy in place but it is outdated and lacks detail. PHS will work with the HR Policy Review Committee to develop two corporate policies which will go to SMT for approval:

- “Baby Friendly Workplace” which will support the continuation of breastfeeding for those female employees wishing to do so upon their return for maternity leave.
- “Baby Friendly City Facilities” which will denote that the City of Hamilton is a BFI designated corporation that supports and encourages breastfeeding by members of the public using City facilities.

RELEVANT CONSULTATION

Human Resources were consulted and have included revision of the “Baby Friendly Workplace” policy in their work plan.

Senior Management Team was consulted and provided their support for implementing BFI within all City departments.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

Substantial research evidence demonstrates that breastfeeding is the optimal food for infants and young children. Compared to babies who are formula fed, infants who are breastfed have reduced risk of: ear infections, gastrointestinal disease, severe lower respiratory tract infections, dermatitis (skin disorder), diabetes, childhood leukemia, sudden infant death syndrome (SIDS) and obesity³ (Ip, Raman, Chew, Magula, Devine, Trikalinos, Lua, 2007).

The longer a woman breastfeeds the more she reduces the risk of disease for her child. Breastfeeding also contributes to the health and well-being of mothers. It helps to space children (as a natural family planning method); reduces the risk of ovarian and breast cancers, diabetes and cardiovascular disease; has no financial cost; promotes maternal-infant bonding; is a secure way of feeding (i.e. always available); and is safe for the environment (Ip et al, 2007). Almost all women (98%) have the capacity to breastfeed when appropriate supports are available.

While breastfeeding is a natural act, it is also a learned behaviour. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices⁴ (Porteous, Kaufman and Rush, 2000).

The cost to formula feed an infant in the first year of life is approximately \$1,800.00. This has an enormous impact on low income families in particular. In addition, the risks of formula feeding extend beyond the mother and baby. They affect the health of families and communities⁵ (Ontario Public Health Agency, 2008). The Hamilton Spectator Code Red report illustrated that our City has many families living in poverty who experience significant health inequities. Health inequities may lead to increased suffering from poor health outcomes and an increased burden of disease to the community. Supporting families to initiate and maintain breastfeeding can offset consequences of children living in these situations. This can therefore have a positive impact on the health of our City as a whole.

The OPHS requirements and the Public Health Accountability Agreements require health units to use the BFI cultural framework which evidence indicates assists hospitals and community agencies such as Public Health Services to create an environment that protects, promotes and supports breastfeeding. Research evidence clearly illustrates that BFI designated hospitals improve breastfeeding initiation and exclusivity rates⁶ (Kramer MS, JAMA. 2001 and Merten S, Pediatrics. 2005).

In addition to improving the quality of service that the City provides to breastfeeding clients, implementation of a BFI environment will also create a supportive and welcoming environment for breastfeeding employees.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

The Board of Health could decide not to endorse the implementation of BFI within all City Departments. Implications would be:

1. Missing an opportunity to improve the health of mothers and children in Hamilton through increasing breastfeeding rates.
2. Stagnant quality of service for breastfeeding mothers rather than improving service by creating a supportive environment.
3. Reduced support for breastfeeding employees.
4. Failure to meet the standards mandated in the Ontario Public Health Standards.
5. Risk of censure due to failure to meet requirements of the Board of Health's Accountability Agreement with the Province.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

Skilled, Innovative & Respectful Organization

The workforce is united to support breastfeeding through key common messages and consistent, evidence-based best practices.

Financial Sustainability

Breastfeeding is free for families; support for breastfeeding employees reduces absenteeism.

Intergovernmental Relationships

Community networks are established to foster a BFI culture.

Growing Our Economy

Improved financial status for families and communities; improved customer service.

Social Development

Equitable access and consistent services regarding breastfeeding support to all families in Hamilton.

Environmental Stewardship

Breastfeeding is environmentally friendly, unlike formula which utilizes large amounts of plastic, cans, and bottles.

Healthy Community

Breastfeeding has long-term positive health impacts for the mother and baby.

APPENDICES / SCHEDULES**Appendix A to Report BOH11035 Baby Friendly Initiative (BFI) Integrated 10 Steps to Successful Breastfeeding**

References

- ¹ Hasunen, K. & Ryyanen, S. (2006). *Infant feeding in Finland*. Social and the Ministry of Health Reports. 2005:19.
- ² Best Start. (2011). *Breastfeeding matters: An important guide to breastfeeding for women and their families*. Ontario: Best Start Resource Centre, Health Nexus.
- ³ Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, T. & Lau, J. (2007). *Breastfeeding and maternal infant health outcomes in developed countries*. Evidence. Report/Technology Assessment No. 153. Rockville, MD: Agency for Healthcare Research and Quality.
- ⁴ Porteous, R., Kaufman, K., & Rush, J. (2000). *The effect of individualized professional support on duration of breastfeeding: A randomized controlled trial*. *Journal of Human Lactation*, 16(4), 303 – 308.
- ⁵ Ontario Public Health Agency, Breastfeeding Promotion Workgroup. (2008). *The Role of breastfeeding in reducing the impact of poverty*.
- ⁶ Kramer, M.S. (2001). *Promotion of breastfeeding intervention trial*. *Journal of American Medical Association*, 285(4):413-420.
- Mohrbacher, N. & Kendall-Tackett, K. (2005). *Breastfeeding made simple: Seven natural laws for nursing mothers*. Oakland, CA: New Harbinger Publications, Inc.

Appendix A

Baby Friendly Initiative (BFI) Integrated 10 Steps to Successful Breastfeeding

Breastfeeding Committee for Canada Integrated Ten Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services: Summary

The WHO 10 Steps to Successful Breastfeeding (1989) and the Interpretation for Canadian Practice (2011)

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.
Step 2	WHO	Train all health care staff in the skills necessary to implement the policy.
	Canada	Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
Step 3	WHO	Inform pregnant women and their families about the benefits and management of breastfeeding.
	Canada	Inform pregnant women and their families about the importance and process of breastfeeding.
Step 4	WHO	Help mothers initiate breastfeeding within a half-hour of birth. WHO 2009: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.
	Canada	Place babies in uninterrupted skin-to-skin ¹ contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes; encourage mothers to recognize when their babies are ready to feed, offering help as needed.
Step 5	WHO	Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
	Canada	Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

¹ The phrase « skin-to-skin care » is used for term infants while the phrase « kangaroo care » is preferred when addressing skin-to-skin care with premature babies.

BCC Integrated Ten Steps and WHO Code Practice Outcome Indicators

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Step 6	WHO	Give newborns no food or drink other than breastmilk, unless medically indicated.
	Canada	Support mothers to exclusively breastfeed for the first 6 months, unless supplements are <i>medically</i> indicated.
Step 7	WHO	Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
	Canada	Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together.
Step 8	WHO	Encourage breastfeeding on demand.
	Canada	Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
Step 9	WHO	Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
	Canada	Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).
Step 10	WHO	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
	Canada	Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.
The Code	WHO	Compliance with the International Code of Marketing of Breastmilk Substitutes.
	Canada	Compliance with the International Code of Marketing of Breastmilk Substitutes.