WWW.BABYFRIENDLYNL.CA
AUGUST 2016

Baby-FriendlyNLNews

Greetings from the Baby-Friendly Council of NL

On behalf of the Baby-Friendly Council NL, we welcome you to our summer edition of Baby-Friendly News. The last few months have seen the retirement of Janet Murphy Goodridge from her position as Provincial Breastfeeding Consultant and Chair of the Baby-Friendly Council. She will be greatly missed, but we would all agree her retirement is well deserved. Anyone in Newfoundland and Labrador who is working or has worked on breastfeeding initiatives, will instantly identify Janet as our driving force, mentor and leader. Her skill, knowledge and kind diplomacy has steadfastly steered our province on a course of supporting, promoting and protecting breastfeeding as the norm for infant feeding.

Janet's vision for Newfoundland and Labrador was key to the provincial advancement of breastfeeding initiatives and resources, while her skills in leadership, communications and teamwork was the catalyst for the steadily increasing breastfeeding rate. Janet led the introduction of the Breastfeeding Strategic Plan and the Baby-Friendly Initiative in our province and oversaw the development of popular resources and public information initiatives such as the Physician Breastfeeding Toolkit, Breastfeeding Handbook, the Baby-Friendly NL website, metro bus poster campaign, and public information videos.

Janet's devotion in advocating for women and their babies has led to profound changes in breastfeeding support provided to families in our province, and her skill in developing and mentoring others has ensured that this work will continue and flourish. We wish her the very best in her retirement and sincerely thank her for the tremendous contribution she has made to Newfoundland and Labrador.

Lorraine Burrage, RN, M.Sc.

Clare Bessell, RN, B.VocEd

Co-Chairs (Acting) Baby-Friendly Council of NL

Photo credit: Janet Murphy Goodridge

Janet Murphy Goodridge recently retired from her position as Provincial Breastfeeding Consultant and Chair of the Baby-Friendly Council. Janet's devotion in advocating for women and their babies has led to profound changes in breastfeeding support provided to NL families.

Baby-Friendly
Newfoundland & Labrador

Q & A with Corrine Bursey, RN, IBCLC

Members of the Baby-Friendly Council of NL would like to thank Corrine Bursey (pictured right) for her great leadership in all aspects of breastfeeding promotion and support throughout her career. Congratulations on your retirement Corrine!

Photo credit: Corrine Bursey

1. *Tell us about your life and career.*

I graduated nursing school in 1982 from St. Clare's School of Nursing. I began my career working on an internal medicine unit, then moved to antenatal obstetrics. I then moved to the Grace Hospital and began working with postpartum women and realized quickly that I loved helping them achieve their breastfeeding goals. I studied a 2 year program and became a board certified lactation consultant in 1996. I began working in this position shortly afterwards. I am surrounded by men, my husband Ray and 2 grown beautiful sons, Gabriel and Evan. It helps that I now have a daughter in law, Kaitlin. My retirement date was May 31, 2016.

2. *What has been the biggest change you have seen during your career?*

I think it's probably the changing nature of family support. As a Newfoundlander, we prided ourselves on the extended family being close by - Nan across the garden or a few doors away and other family a stone's throw away. Now many new mothers have moms that are still working or moved away and family scattered everywhere.

3. *Why did you decide to become a Lactation Consultant?*

I fell into the role of Lactation Consultant. I loved being with new mothers, but wasn't aware of the lactation course. A coworker showed me a brochure and I immediately realized this was for me. It was the best thing that ever happened to me.

4. *What were the biggest challenges you faced in your career?*

It was recognizing that every mother has a unique definition of success and it may not be the same as mine. That's difficult. I am there to guide, help, give accurate information, but ultimately the choice is hers.

5. *What has surprised you the most about working with breastfeeding families?*

It's the special attachment that is formed with breastfeeding families. I can meet someone years later and have the warmest conversation. That is remarkable!

6. *What do you wish other people knew about breastfeeding?*

It would be knowledge about the amazing qualities and components of breastmilk. If everyone was aware of the long term health benefits and the biological specificity of human milk, I cannot imagine anyone choosing anything else.

7. *What do you expect will happen with breastfeeding around the province in the next five years?*

I hope we will continue to see more mothers choosing to breastfeed and have the confidence and support to continue exclusively. Women need to be helped to realize that this is their most important job and breastfeeding is not going to last forever. It is a special time of life and before you know it your baby won't be in your arms, but running everywhere. Sit back and enjoy the experience. Sorry for the soap box!

The First 24 Hours: The Caregiver's Role

Coralee Kennedy, BN RN IBCLC Central Health

Nature provides 40 weeks to prepare for the birth of a newborn; however, many new moms are not prepared for the first 24 hours of their baby's life! These early hours with a new family allows direct caregivers time to emphasize the importance of the breastfeeding relationship and to facilitate the early breastfeeding experience.

The first 24 hour needs of a newborn involve maintaining a safe transition from uterus to the outside world. Caregivers play a vital role in this transition for both mother and baby. Mothers can voice their needs and expectations in a birth plan, but it's the caregivers who facilitate and support the mother's preferences.

SKIN-TO-SKIN CARE:

Caregivers are the first to support immediate and uninterrupted skin-to-skin contact for as long as possible after birth. If the mother is ill or unavailable, the mother's designate should be encouraged to hold the baby skin-to-skin. Maintaining skin-to-skin contact within the first 24 hour period and beyond is a key element to a great breastfeeding start.

PROVIDING A COMFORTABLE & SAFE SPACE:

24 hour rooming-in supports the need for the mother to have comfort and rest while maintaining the best environment for the breastfeeding relationship to begin. The first 24 hours with a newborn can be very overwhelming and a new mother can place pressure on herself to get it right, creating undue stress and anxiety. Caregivers need to be sensitive to the mother's learning needs. A lack of sleep, a difficult labour and birth can influence the first 24 hour breastfeeding relationship.

LEARNING INFANT FEEDING CUES:

Mother and baby have just met and understanding the baby's cues for feeding may not come naturally for all mothers. Caregivers need to support new mothers to recognize when their baby is ready to feed and offer help as needed.

KEEP IT SIMPLE:

New mothers experience "information overload" in the first 24 hours. Keep messages about breastfeeding easy to understand, consistent and relevant for the time. Caregivers should follow the mother's readiness to learn and her baby's cues. It's important to recognize that every mother-baby relationship is unique, and what may be a challenge to one mother might not be for another.

OTHER INFORMATION:

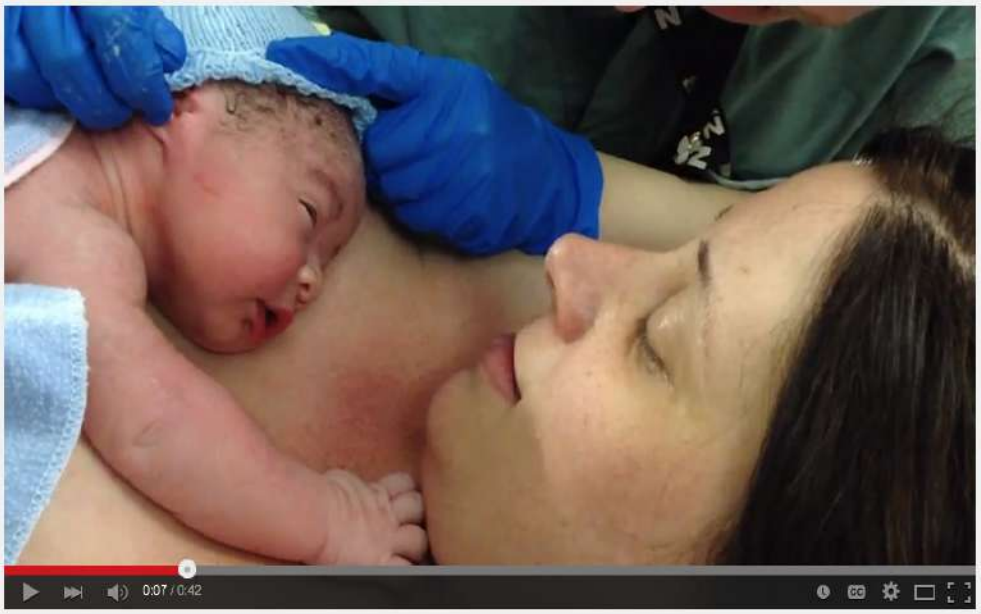
Please refer to the **BCC BFI Integrated Ten Steps Practice Outcome Indicators for Hospitals and Community Health Services** (July 2011) for more specific information about supporting the early breastfeeding relationship.

Posters supporting new regional health authority practices regarding no bath with the first 24 hours after birth - a practice which promotes the establishment of breastfeeding.

Resources For Your Practice

1. EDUCATIONAL VIDEO: “If Babies Could Talk: What They’d Want You to Know About Breastfeeding”

This new Baby-Friendly NL educational video targets mothers in the first few days after having a baby. With over 250,000 views on Facebook (and counting!), this video includes the following messages: skin-to-skin contact early and often will help your baby learn to breastfeed and will help you make more milk; the first milk looks different than what you may expect, but it is all baby needs; try not to worry about how much milk you are making, baby has a small stomach and will feed often; frequent feeding is normal for newborns, the more you breastfeed the better you get. Part 2 of this video series will be filmed August 2016, focusing on normal breastfeeding and sleeping behaviours in the early weeks and months after birth. Stay tuned!



If Babies Could Talk: What They'd Want You to Know about Breastfeeding

2. “Making Breastfeeding Your Business” - Toolkit for businesses and community organizations

Make Breastfeeding Your Business Newfoundland and Labrador

The Baby-Friendly Council of NL in partnership with many community volunteers across the province have created a toolkit of resources for local businesses and community organizations.

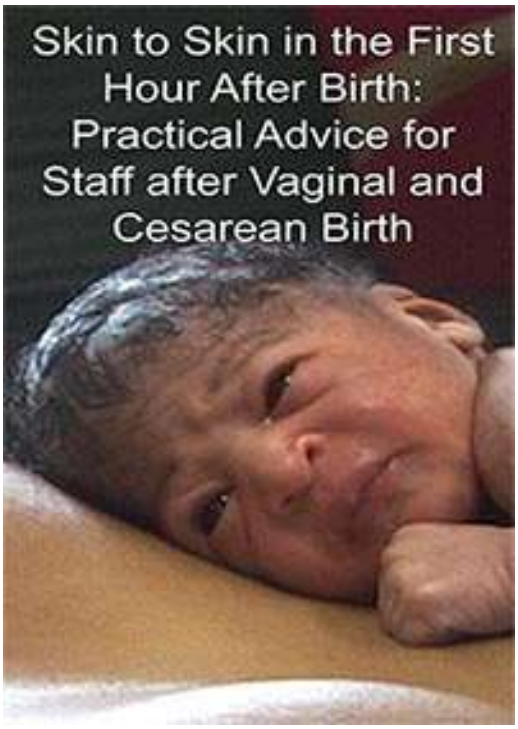
This kit contains a window sticker “WELCOME! You can breastfeed here”, as well as other material that can help businesses become more breastfeeding friendly.

More information about the Toolkit, please visit the Baby-Friendly NL website, http://www.babyfriendlynl.ca/community/for-businesses/, or click on the following video link: https://www.youtube.com/watch?v=VH4Lv3eDVRM.

Resources For Your Practice

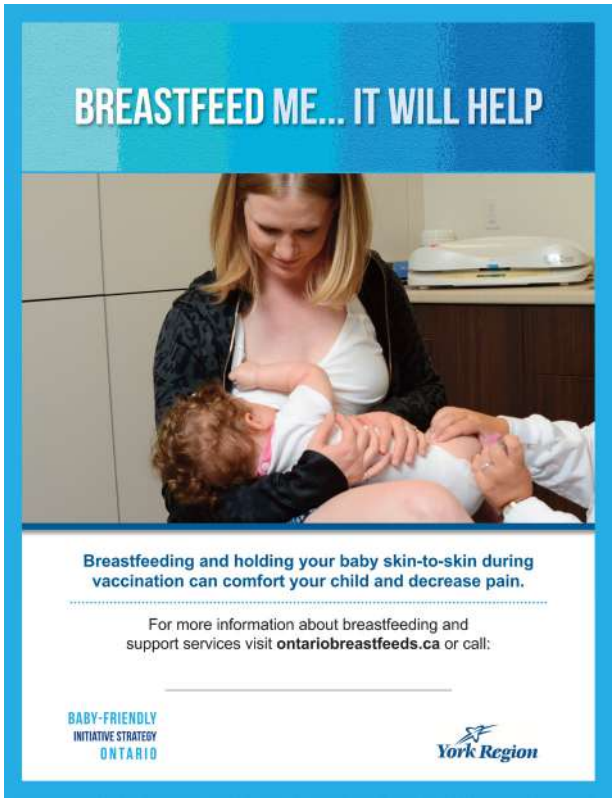
3. POSTERS: “Skin-to-Skin in the First Hour After Birth” & “The First Hour After Birth: A Baby’s 9 Instinctive Stages”

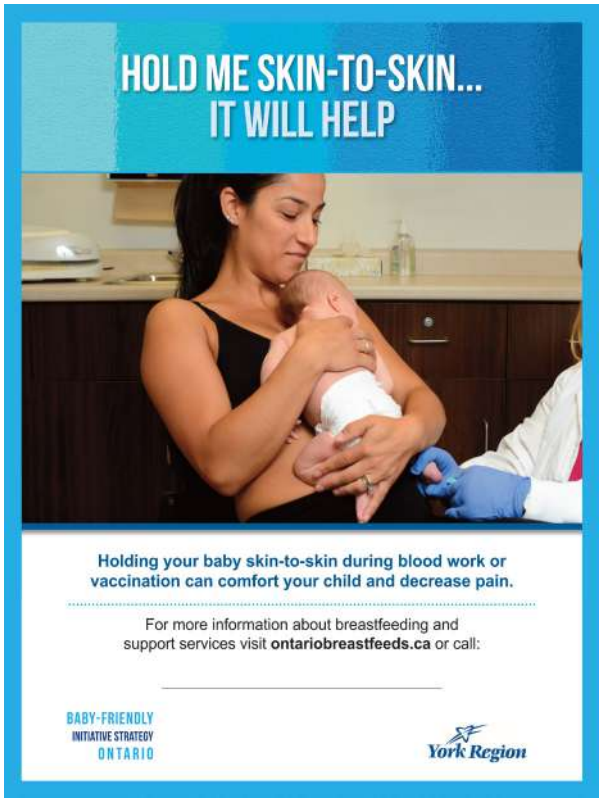
(for more information, please click here: http://magicalhour.com/purchase_magical_hour.html)



4. POSTERS: Best Start Posters from Baby-Friendly Initiative Strategy, Ontario

(click on poster below to download)





Effects on Baby-Friendly Hospital Steps When Hospitals Implement a Policy to Pay for Infant Formula

Tarrant M, et al. Journal of Human Lactation. 2016, Vol. 32(2) 238-249

The Evidence:
It is well established that breastfeeding practices are improved in hospitals that have practices in line with the 10 steps of the Baby-Friendly Hospital Initiative (BFHI). A key BFHI recommendation is that hospitals pay fair market price for infant formula, as free or discounted products may lead to unnecessary supplementation of babies.

Study Results and Conclusions:
This study consisted of two cohorts of breastfeeding mother-infant pairs (n=2470) recruited in the immediate postnatal period and then followed up 12 months postpartum. Findings showed that after hospitals implemented a policy of paying for infant formula, mothers were exposed to more of the BFHI steps. Exposure to more steps was significantly associated with lower risk of mothers cessation of breastfeeding.

Implications for NL Practice:
Currently no health care facilities in NL have achieved 'Baby-Friendly' designation. Supporting the 10 steps of the BFHI would significantly help mothers reach their breastfeeding goals. A part of the BFHI would be the implementation of a policy to pay for infant formula.

Prepregnancy Obesity Class Is a Risk Factor for Failure to Exclusively Breastfeed at Hospital Discharge among Latinas

Martinez J, et al. Journal of Human Lactation. 2016, Vol. 32(2) 258-268

The Evidence:
Women who are obese prenatally (versus their normal weight counterparts):
- are less inclined to breastfeed
- plan to breastfeed for a shorter period
- have more challenges initiating and maintaining breastfeeding

Study Results and Conclusions:
This study consisted of an electronic medical record review targeting Latina women located in Hartford, Connecticut. Findings suggested that the biggest factor to predict nonexclusive breastfeeding, was planned formula use, or planned partial breastfeeding. Obese Class II women had increased risk of failing to breastfeed exclusively, compared to women classified as overweight.

Implications for NL Practice:
Women need to be supported in the prenatal period to achieve optimal health and wellness. Psychosocial factors that influence exclusive breastfeeding status need to be considered as a part of the care process.

Kathy Parkes' Blog Post

The following blog, written by Kathy Parkes, is printed with her permission. Kathy Parkes is the Course Tutor with the Step2Education, a company that provides online Baby-Friendly education to hospitals. We hope to share Kathy's posts in our upcoming newsletters as she writes and comments on emerging breastfeeding research.

"*Surgical deliveries and their effects on fetal and maternal oxytocin*"

With this post, we will change the focus just a little, to discuss surgical deliveries and their effects on fetal and maternal oxytocin. Once again, I'd highly recommend accessing this report and saving it, as it is chock full of excellent information to which you'll refer time and again.

Buckley discusses the various impacts of a surgical delivery on the oxytocin systems for both mother and baby, stating, "...[effect] will vary with timing (pre or in-labor), with the nature of labor onset [inductions may cause deficits in the physiologic pre-labor preparations for mother and baby], and...the proximity to when physiologic onset of labor would otherwise have occurred." (p 81).

With a surgical delivery, the full processes of labor and birth are interrupted, which impacts the complete activation of the oxytocin system. These impacts include lack of oxytocin uptake by uterine cells, as well as in the breasts and maternal brain. Due to the nature of surgical delivery, prolonged periods of safe skin-to-skin care is often interrupted, A two-page chart shows the various possible scenarios for a surgical delivery and both maternal and fetal impacts. Here are only a small sampling of the various outcomes:

Maternal: oxytocin feedback cycles may not be fully prepared or activated; lack of oxytocin surge at birth; desensitization of oxytocin receptors with high-dose or prolonged pitocin use; reduced or impeded newborn contact during the critical period following delivery; reduced or absent oxytocin pulses expected postpartum; potential higher risk of postpartum depression; increased risk of PTSD; reduced self-esteem; and reduced maternal-infant attachment and bonding.

Infant: reduced neuroprotection with exposure to prolonged or high-dose pitocin; decreased maternal contact during the critical period, increasing infant stress hormonal levels; possible impact on sucking with prolonged or high-dose pitocin; lower systemic levels of oxytocin; lower breastfeeding initiation and duration; higher levels of crying when skin-to-skin with mother compared to father; and potential brain structure and function changes which could impact social functioning later in life.

Part of these studies are in animal models, which can be difficult to tie to human behavior and changes. In my opinion, though, if even a portion of these animal-based studies prove true in humans, the short-and-long-term effects are very scary indeed. Surgical deliveries can save lives, there is no doubt about that. But planned, elective surgical births are a process we should be carefully and thoroughly addressing.

Resource: Buckley, S. J. (2015). Hormonal physiology of childbearing: Evidence and implications for women, babies, and maternity care.

Photo credit: Kathy Parkes LinkedIn Profile

Kathy Parkes, MSN-Ed, BSPsy, RN, IBCLC, RLC, FILCA, Step2Education Course Tutor

Kathy is a Registered Nurse in Texas, USA, who has achieved a Masters degree in Nursing Education and has a Bachelors degree in Psychology. She has been an International Board Certified Lactation Consultant since 1992, working in a wide variety of practice areas including hospitals, private practice, and government work. With extensive online learning experience, Kathy brings new ideas and learning techniques to enrich the student's experience.

Baby-Friendly Newfoundland & Labrador

Newfoundland and Labrador Breastfeeding Rates

Breastfeeding at time of NEONATAL SCREENING	2015 RATE	2014 RATE	CHANGE
Burin	56.7%	55.6%	UP
Carbonear	51.6%	53.7%	DOWN
Clarenville	60.0%	55.8%	UP
Corner Brook	61.9%	72.4%	DOWN
Gander	69.9%	63.4%	UP
Goose Bay	65.7%	75.2%	DOWN
HSC - St. John's	81.0%	77.5%	UP
Grand Falls	64.2%	59.8%	UP
Janeway - St. John's	75.2%	76.9%	DOWN
Labrador City	70.0%	70.8%	DOWN
St. Anthony	73.6%	63.1%	UP
Newfoundland and Labrador	72.8%	72.0%	UP

Photo credit: Kelly John Photography

In Your Community: Breastfeeding Support via Facebook

An increasing number of Newfoundland and Labrador women are heading to Facebook groups and pages to seek information and support on infant feeding. On June 25, 2016 the Baby-Friendly Council of NL sponsored a La Leche League communication skills workshop.

La Leche League leaders from across NL, administrators from the Breastfeeding Support - NL Facebook Group and representatives from the Baby-Friendly NL Council came together to discuss ways to enhance breastfeeding support online.

Photo credit: Janine Woodrow

About the Baby-Friendly Council of NL

The Baby-Friendly Council of NL established in 1992, is an interdisciplinary committee with representatives from all regions in the province strongly committed to increasing the initiation and duration of breastfeeding. The Perinatal Program, NL (PPNL) evolved as the lead agency supporting the ongoing work of the Council, of which the Provincial Breastfeeding Consultant is chair, and is supported by the Department of Seniors, Wellness and Social Development.

The Baby-Friendly Council of NL, in affiliation with the Breastfeeding Committee for Canada, is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative (BFI) in Newfoundland and Labrador. The BFI is a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). This campaign recognizes that implementing best practices in health and community services is crucial to the success of programs that protect, promote and support breastfeeding. Various contracts are awarded to the Baby-Friendly Council from the Department of Seniors, Wellness and Social Development that are administered through and managed by the PPNL.

Lorraine Burrage, RN, M.Sc.
Clare Bessell, RN, B.VocEd
Co-Chairs (Acting) Baby-Friendly Council of NL
Perinatal Program, NL
Phone: 709-777-4656
Email: info@babyfriendlynl.ca
www.babyfriendlynl.ca

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Baby-FriendlyNLNews

Early in hospital formula supplementation: What factors influence this trend?

Exclusive breastfeeding is recommended for the first six months of life; however, it is well recognized that few infants in Newfoundland and Labrador and Canada are meeting this goal. Recent research from the USA highlights the high rate of early hospital supplementation of breastfed babies with formula.

A retrospective study of 302 hospital charts identified that 38% of healthy newborns whose mothers intended to breastfeed exclusively, received formula supplementation before hospital discharge. Study findings demonstrated that formula supplementation in the first 24 hours negatively impacted how often and how long a newborn breastfed. Exclusively breastfed babies breastfed more times and for more minutes that infants who received supplementation. There were two other findings of interest; the babies who were less likely to receive formula were significantly younger at first feeding and those born by cesarean were more likely to be supplemented (51% C/S vs 31% vaginal). Babies who were born during the night and early morning (10pm–9am) had double the odds of supplementation compared to babies delivered during the day. As the hospital stay increased, babies were more likely to receive formula supplementation.

The authors suggest that the reasons for increased supplementation on the second night may be related to more alert awake babies wanting to cluster feed, and new mothers and nurses may interpret this normal newborn behaviour pattern as a sign of insufficient milk. Staffing levels at night and lack of access to a lactation consultant were also raised as a potential factors influencing supplementation.

The study findings add more support for the implementation of maternity care practices that encourage skin-to-skin contact, early, exclusive and unrestricted breastfeeding.

Reference: Grassley, J. Schleis, J., Bennett, S. and Chapman, S. (2014). *Reasons for initial formula supplementation of healthy breastfeeding newborns. Nursing for Women's Health,* 18(3), 197-203

—**Janet Murphy Goodridge, RN, MN, IBCLC**

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As the hospital stay increased, babies were more likely to receive formula supplementation.

Check out the newly updated Baby-Friendly website *www.babyfriendlynl.ca*

Baby-Friendly
Newfoundland & Labrador

Professional Development

Step 2 Education: Keeping Up With Your ES01 Course

In October's Newsletter, we highlighted Step 2 Education as the forum for our *ES01 Breastfeeding Essentials course*. We have had an outpouring of enrollments throughout the province, and we would like to keep the momentum going.

ES01: Breastfeeding Essentials is an online version of the 20 hour course. Once enrolled, the client has 6 months to complete.

Below are a few tips from some users, course administrators and regional facilitators on how you can get the most out of your Step2 experience and complete your course in an appropriate time frame.

When you become enrolled in Step2 Education, there are complementary services available to you, including:

- A topical forum where there are technical support persons and professional development educators who can answer your lactation related questions.
- A discussion board to comment on topics being discussed, and ask questions about the course or any breastfeeding issues. (This is an open discussion board shared by all participants from around the world who are also completing the *Breastfeeding Essentials* course).
- Your regional health authority has facilitator(s) that you can contact with questions you may have around this course. For regional information contact Clare Bessell email: clare.bessell@easternhealth.ca or 777-4413

Once you log in, you enter the members area where your course and contents are available to you. Be sure to compete the learning module before attempting the quizzes, as you are given three tries to pass each quiz. Once you successfully complete the nine modules and accompanying quizzes, a completion certificate becomes available for you to print.

To stay connected with your Step2 Education, you can follow the Step2 Education Facebook Page, Blog Postings as well as Twitter.

Good Luck in your studies.

—Heather Gates, BN RN, CCHN(C), IBCLC
Regional Lactation Consultant, Labrador Grenfell Health

Baby-Friendly
Newfoundland & Labrador

Greetings from the Chair

A message from the Provincial Breastfeeding Consultant & Chair of the Baby-Friendly Council of NL

On behalf of the Baby-Friendly Council of NL I would like to wish everyone a very Happy New Year 2015. This has been an exciting year for the Council as we continue to work to improve breastfeeding rates in NL and to ensure that all women have access to information and support for a successful breastfeeding experience. In 2014 we launched our Metrobus promotional ads and Cineplex ads in theatres in the eastern and western regions. We benefited from two educational visits from Dr. Jack Newman on the island in March, and again in November in Labrador. Over 600 health professionals, pregnant women, breastfeeding mothers and family members attended his education sessions. In May, we hosted a fourth Café Scientifique in Happy Valley-Goose Bay followed by a round table discussion on infant and young child feeding issues with health representatives from Nunatsiavut and the Innu communities of Labrador. The *Make Breastfeeding Your Business* tool kit was launched during World Breastfeeding Week along with our "new look" website and updated provincial strategic plan. We have some exciting new initiatives in the next couple of months to enhance support in our maternity facilities and to increase education of physicians and registered nurses. Look for more information on our website and next newsletter. Thank you to the many health professionals, lay mother-to-mother support individuals and groups, and Healthy Baby Club resource mothers for your tremendous commitment to breastfeeding families in Newfoundland and Labrador.

—Janet Murphy Goodridge, RN, MN, IBCLC

New Research: Positive Impacts from Improving Breastfeeding Rates

Breastfeeding prevalence from birth to six months in many Western countries, including Canada, has been very low for many years.

A recent study conducted in the UK focused on calculating the potential cost savings to the health care system of increased breastfeeding rates. The authors conclude that improving breastfeeding rates could provide significant financial savings for health care systems and families. These cost savings can be directly linked to four childhood illnesses (gastrointestinal, lower respiratory tract infections, acute otitis media and necrotizing enterocolitis) and maternal breast cancer all associated with the use of breast milk substitutes and lower breast-feeding rates.

90% of UK Mothers who stopped breastfeeding in the first 6 weeks did so before they wished to; a lack of support being the main reason.

Highlighted potential health care savings in UK currency:

Supporting exclusive breastfeeding until four months of age:
• £11 million through reduction of three childhood illnesses

Increasing breast milk feeding in neonatal units from 35%-75%:
• £6.12 million through reduction of NEC

Doubling proportion of mothers breastfeeding for 7-18 months of their lifetime:
• £31 million through reduction of breast cancer

It was also noted that 90% of UK mothers who stopped breastfeeding in the first six weeks did so before they wished to; a lack of support being the main reason.

Achieving the positive impacts described in this study should not depend solely on more women breastfeeding, rather by providing better support through investment in high quality and accessible services.

The authors agree that they have made assumptions about increasing breastfeeding rates necessary to achieve these cost savings; however, they argue that they are achievable given that 80% of Norwegian mothers and 68% of Swedish mothers are breastfeeding at six months and beyond.

The province of NL has the highest rate of chronic disease in Canada; we also have one of the lowest breastfeeding rates. Imagine the possibilities and positive impacts by increasing the rate of breastfeed-ing here in our own province.

With the continued work involving the protection, promotion, and support of breastfeeding these studies can become a reality for us also.

—Chantelle Andrews, BScN RN
Staff Nurse, Labrador-Grenfell Health

Reference: Pokhrel S.,Quigley, MA, Fox-Rushby, J. et al. Arch Dis Child Published Online First: 4/12/14 doi:10.1136/archdischild-2014-306701

Baby-Friendly
Newfoundland & Labrador

Delay the Bath

Soon after a baby is born, our culture is often eager to get those sweet babies washed early, to put on that cute outfit and show them to the world. However, newer research indicates that delaying that first bath for hours after birth is beneficial for both mom and baby.

One study published in the *American Journal of Obstetrics and Gynecology* in 2012 titled: *Antimicrobial properties of amniotic fluid and vernix caseosa are similar to those found in breast milk,* reveals the presence of lysozyme, lactoferrin, human neutrophil peptides, and other immune substances in both vernix and amniotic fluid. Authors of the study point out that these proteins are similar to those found in breast milk. Early bathing of the baby removes these properties active against common pathogens such as group B streptococcus, E.coli and Candida (yeast).

Vernix and amniotic fluid have a unique smell. It is her newborn's signature scent and aids in attachment.

Evidence also shows that delayed bathing results in a decrease in hypothermia and hypoglycemia during the transitional first few hours after birth, regardless of gestation.

There is endless research supporting the practice of uninterrupted skin-to-skin with mom and baby immediately following birth. Delayed bathing enables this and these babies are more likely to latch on to the breast without any help, are more likely to latch on well and breastfeed longer.

The mother also benefits from a delay in the bath. Bonding with her newborn is crucial. Vernix and amniotic fluid has a unique smell. It is her newborn's signature scent and aids in attachment. So moms should breathe it in deep! It will help her body signal production of the bonding hormone, oxytocin.

Hospitals have policies requiring staff to handle all unbathed babies with gloved hands to protect staff from fluids and vernix remaining on the baby. Some hospitals consider it good practice to have hospital staff wear gloves when handling newborns even after a bath has occurred. Studies have shown very low birth weight babies have fewer infections when staff handle the baby with gloves on, regardless of bath status. This shows us that we, in turn, can protect babies from the potential organisms lurking on our hands.

Here at Western Health, staff have become accustomed to frequent changes in practice since the launch of the MOREOB program in 2010 and *Making A Difference Breastfeeding Course* in 2011. So it was easy for us here to move to an 8–12 hour delay in baby's first bath. One small challenge for staff was moving away from the thought that we were leaving our "work" for the next shift if the baby born on our shift was not bathed on our shift, as was in previous years. This concern took a little time to disappear but eventually did.

Another challenge still present is convincing the family of the importance of it. But posters are up, it is being taught in prenatal classes and is becoming more accepted by all.

—Jennifer Brenton, RN, IBCLC
Staff Nurse, Maternal Newborn Unit, Western Health

Watch for the new provincial poster *"What? No bath for the first 24 hrs? (It's best for newborns.)."* This resource developed by the Baby-Friendly Council of NL supports evidence that delaying the newborn's first bath improves infant transition to extra-uterine life, and enhances breastfeeding and attachment. The poster will be distributed to all health regions in late January 2015.
Poster photo ©Shutterstock, Inc., JFK Image

RNs Role in Protecting, Promoting and Supporting Breastfeeding

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) supports breastfeeding and recognizes that registered nurses (RNs) play an important role in protecting, promoting and supporting breastfeeding (ARNNL, 2011). The ARNNL position statement Registered Nurses' Role in Promoting Breastfeeding makes a number of recommendations for RNs to help achieve this important public health priority.

Generally speaking, RNs had positive attitudes towards breastfeeding.

In March, 2014 ARNNL, with assistance from the Baby-Friendly Council of NL (BFCNL), undertook a survey to determine the status of a number of recommendations from the position statement. A questionnaire was developed by ARNNL and members of the BFCNL and all current ARNNL practicing members who identified their primary area of responsibility as maternal/newborn were invited to complete the questionnaire online. Individual RNs in community health and management who are involved in the care of pregnant women and/or breastfeeding families, but who may not have selected maternal/newborn as their primary area of responsibility were identified by members of the BFCNL and included in the survey sample. Of the 334 members invited to participate, 137 (41.4%) completed the questionnaire. Highlights of a few of the results are included below.

The majority of respondents were employed in the eastern region of the province (56.1%). Most (80.3%) provided direct care to pregnant women and/or breastfeeding families in labour and birth, in-patient post-partum and/or in-patient antepartum.

Attitudes Toward Breastfeeding

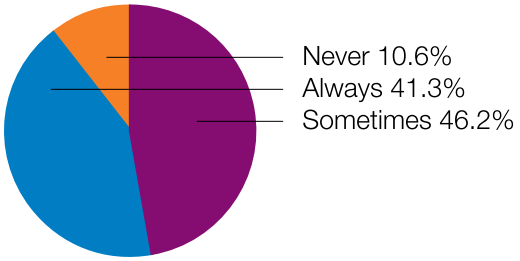
Generally speaking, RNs had positive attitudes towards breastfeeding. Using a scale of 1 (strongly disagree) to 10 (strongly agree), the average scores for the statements "Breastfeeding is the normal way to feed a baby", and "Women who are uncertain regarding infant feeding decisions should be encourage to breastfeed their babies" were 9.26 and 9.19 respectively. Conversely, the average scores for the statements "Formula and breastmilk offer the same health benefits to babies" and "Formula and breastmilk offer the same nutritional benefits to babies" were 2.16 and 1.96 respectively.

Discussing Benefits and Risks

One of the recommendations in the position statement is that "Nurses need to provide clients with accurate, consistent and evidence informed information on the benefits of breastfeeding and the health consequences for mother and baby of not breastfeeding".

The survey results show that while most (87.5%) will discuss the risks of not breastfeeding, only 41.3% always do so; 46.2% do so sometimes and one-in-10 never discuss risks. Those who sometimes or never discuss risks were asked to identify barriers to doing so. Many RNs felt that to discuss the risks, particularly in cases where parents have already decided to formula feed, could put the therapeutic relationship at risk by making the parents "feel bad" about their choice or making the parents feel the RN is not supportive of their choice. Others noted that, for a number of reasons, they prefer to focus on the benefits breastfeeding. For example, discussing risks may increase anxiety or fear in new parents whereas focusing on benefits makes for a more positive conversation.

How often do you discuss the risks associated with not breastfeeding?

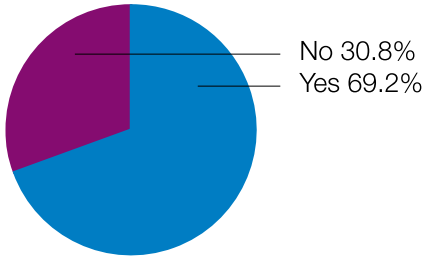


For more information The position statement Registered Nurses Role in Promoting Breastfeeding is available on ARNNL's website (http://www.arnnl.ca/document-library). The PowerPoint presentation of the survey results is available in the Public Policy section of ARNNL's website (www.arnnl.ca/public-policy).

RNs Role in Protecting, Promoting and Supporting Breastfeeding Continued…

Workload was identified as another barrier. Nearly 7-out-of-10 respondents (69.2%) reported that they had experienced workload challenges that interfered with their ability to provide comprehensive breastfeeding support. Noted challenges included staffing levels and "out of service" patients on in-patient units; short hospital stays that limit the time available to spend with new parents; mixed messages about breastfeeding from care providers/team members and lack of available supports such as lactation consultants, particularly in rural and community settings.

Have you experienced workload challenges that interfered with your ability to provide comprehensive breastfeeding support?



ARNNL believes RNs should take a leadership role in supporting breastfeeding and advocating for supportive work environments to address workload challenges that interfere with their ability to provide comprehensive breastfeeding support. In terms of discussing infant feeding options, ARNNL recognizes that RNs need knowledge, skill and support to learn how to deliver benefit and risk messages.

—**Julie Wells BSc. (Hons), MSc.** Research & Policy Officer
Association of Registered Nurses of Newfoundland and Labrador

69.2% reported that they had experienced workload challenges that interfered with their ability to provide comprehensive breastfeeding support.

Clinical Tip

Her Milk is Sour!

You receive a call from a breastfeeding mother and she says her "milk is sour." Is she wrong? Some mothers will notice that their expressed breastmilk has a "soapy" appearance and a rancid taste/smell. The reason for this is increased lipase levels. Lipase is an enzyme that is naturally present in human milk and is responsible for breaking down the fat. Occasionally, an excess of the enzyme, causes fat to break down too quickly resulting in the milk appearing 'sour'. The milk is not harmful, and most babies are not bothered. However, the longer the milk sits, the more apparent the taste/smell which may result in the baby having an aversion to it.

Lipase is an enzyme that is naturally present in human milk and is responsible for breaking down the fat.

Once the milk has soured or become "soapy" there is nothing that can reverse it. However, there is something the mother can do to help prevent this bothersome change with future expressed milk. Scalding (but not boiling) the milk soon after it is expressed prior to storing it in the freezer or fridge will decrease the action of the enzyme. To scald, heat the milk in a pan on the stove to around 180°F, or until bubbles form around the edge of the pan. Once the proper temperature has been reached, immediately cool the milk down and store in an air tight container. For more information, contact a Public Health Nurse or Lactation Consultant.

Lawrence, R.A., Lawrence, R.M. (2010). *Breastfeeding: A guide for the medical profession.* Philadelphia (PA): Elsevier Mosby, 689–717.

—**Joanne Saunders BN,RN, MHS, IBCLC, CCHN(c)**
Regional Lactation Consultant, Central Health

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Breastfeeding Advocacy

Hospital Based Breastfeeding Champions

Staff who can act as breastfeeding champions on their unit have a unique opportunity to facilitate and support Baby-Friendly Initiative (BFI) best practices such as skin-to-skin care, early and exclusive breastfeeding, baby-led, cue based feeding, mother-baby togetherness, hand expression and ways to preserve the breastfeeding relationship when there is a medical indication for supplementation.

In the next few months, we hope to identify breastfeeding champions in each provincial hospital facility. To support our champions, education sessions with a national BFI Assessor will be developed and offered, providing an opportunity for sharing expertise and the experiences of other provinces in working toward BFI designation.

Stayed tuned for further information on the workshop and the breastfeeding champion initiative.

Make Breastfeeding Your Business YouTube video

Outreach video and toolkit developed to encourage business to become breastfeeding friendly:
https://www.youtube.com watch?v=VH4Lv3eDVRM

Ronalda Walsh, volunteer and breastfeeding mother.

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Local Businesses Promote Breastfeeding

The following businesses have stepped up to promote and support the "Make Breastfeeding Your Business NL" campaign:

- Parkway Hyundai—Corner Brook
- Twice Upon a Time—Corner Brook
- Seedlings—St. John's
- Yoga Kula Co-Op—St. John's
- Corner Brook Women's Centre—Corner Brook
- Newfound Sushi—Corner Brook
- M & R Automotive NAPA Auto PRO—Gander
- James Paton Memorial Regional Health Center—Gander
- Bell Place Community Health Centre
- PharmaChoice—Gander
- St. Mary's Medical Clinic—St. Mary's
- Lawton's Drugs—Gander
- Gander Medical Clinic—Gander
- Jumping Bean Coffee—Gander & St. John's
- Tim Horton's—Gander (2 sites)
- Shopper's Drug Mart—Gander
- Western Petroleum—Roddickton
- Pizza Delight—St. Anthony
- Grenfell Co-Op—St. Anthony
- Leading Edge Credit Union—Port aux Basques branch
- Alma's Family Restaurant at the Grand Bay Mall—Port aux Basques
- Bruce II Sports Centre—Port aux Basques
- Target—Corner Brook
- Brewed on Bernard—Corner Brook
- Coleman`s at the Gardens—Corner Brook
- Mcdonalds Restaurant—Confederation Drive, Corner Brook.
- Mcdonalds Restaurant in Walmart—Corner Brook
- Mcdonalds Restaurant—Stephenville
- O'Leva Oils and Vins Tasting Room—St. John's
- The Dance Academy—St. John's
- UC Baby 3D Ultrasound—St. John's
- Connie Parsons School of Dance—St. John's
- Burin Peninsula Brighter Futures—Burin
- La Leche League—St. John's
- Dynamic Physiotherapy—St. John's
- CBS Wellness Centre—Conception Bay South
- Terra Nova Motors—St. John's

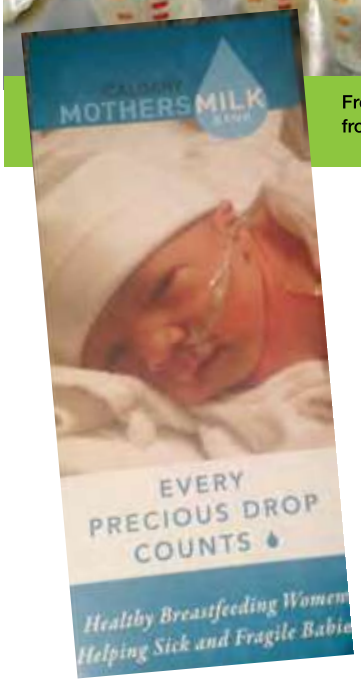
Updates to this list can be sent to:
info@babyfriendlynl.ca

Parkway Hyundai in Corner Brook general manager Scott Grant putting up 'Welcome to breastfeed decal.'

Calgary Mothers' Milk Bank: Every Precious Drop Counts

The Provincial Breastfeeding Consultant visited the Calgary Mothers' Milk Bank in early December 2014. The Calgary Mothers' Milk Bank is a community based, not-for-profit organization that provides screened and pasteurized donor human milk to babies in need when mother's own milk is not available. The Milk Bank follows the standards of The Human Milk Banking Association of North America. In 2013, the Milk Bank dispensed over 66,000 ounces of donor human milk that was provided for babies in Alberta, Manitoba, British Columbia, Saskatchewan, Ontario and Nova Scotia. Approximately 70-90% of the donor milk goes to hospital Neonatal Intensive Care Units. Thanks to Executive Director Jannette Festival and the staff of the Calgary Mothers' Milk Bank for their warm welcome and tour of the Milk Bank. For more detailed information on the Calgary Mothers' Milk bank go to: *http://www.calgarymothersmilkbank.ca/index.html*

Donors need to bring in at least 150oz but average donation is 500oz.



Frozen milk just arrived from one donor mother.

Executive Director of Calgary Mothers' Milk Bank Jannette Festival and Janet Murphy Goodridge.

Baby-Friendly Newfoundland & Labrador

The Power of a Parent's Touch YouTube video

Dr. Marsha Campbell Yeo, an international pain researcher from the IWK Health Centre in Halifax, Nova Scotia, developed this short video.

"Please help spread our message about the power of a parents touch to reduce newborn needle pain: Every newborn baby undergoes painful procedures in the first hours and days of life as part of routine hospital care, but the good news is parents can make a difference. Please watch this short video to learn how researchers have found parents can use breast-feeding and skin-to-skin to help comfort their newborns during painful procedures."
https://www.youtube.com/watch?v=3nqN9c3FWn8 <https://www.youtube.com watch?v=3nqN9c3FWn8>

Local entrepreneur and Carbonear businesswoman, Danielle Gear with Danielle Designs, sells a unique Christmas ornament (breastfeeding mummers) on Facebook. Photo by Tiffany Dawn Gillingham.

Baby-Friendly Facebook Christmas Photo Contest

Winners of Christmas breastfeeding photo contest:

Susan Banfield Waters

Jill Greeley

Heather Mercer-Cluett.

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Kids Rock Janeway Emergency Pediatric Conference Oct 2014

Clare Bessell and Janet Murphy Goodridge

Gail Read, Olive Goobie and Janet Fox-Beer

Labrador Breastfeeding 101 Happy Valley–Goose Bay, Nov 2014

Tina Buckle, Kim Dicker, Judy Voisey, Dee Dee Voisey, Dr. Jack Newman, Pamela Browne, Janet Murphy Goodridge and Lynn Blackwood

Inuit elder Miriam Lyall with Dr. Jack Newman lighting the Kudlik

Strategic Planning

Breastfeeding Strategic Plan for NL 2014–2017

The Baby-Friendly Council of NL is pleased to present the updated Breastfeeding Strategic Plan for Newfoundland and Labrador *A GREAT START: A Breastfeeding Strategic Plan* for NL 2014-2017. This new strategic plan provides the direction for the ongoing work of the Baby-Friendly Council of NL and its regional partners as we strive to increase breastfeeding initiation and duration rates in the province. This plan builds on previous strategic plans and includes key recommendations for moving forward with the implementation of the WHO/UNICEF Baby-Friendly Initiative within the health care system. In addition, it offers ways to inform the public about the importance of breastfeeding and to normalize breastfeeding in a society where formula-feeding has been more common. This publication is available at *www.babyfriendlynl.ca* or the Perinatal Program NL website at the following address: *http://www.ppnl.ca*

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The Baby-Friendly Council of NL established in 1992, is an interdisciplinary committee with representatives from all regions in the province strongly committed to increasing the initiation and duration of breastfeeding. The Perinatal Program, NL (PPNL) evolved as the lead agency supporting the ongoing work of the Council, of which the Provincial Breastfeeding Consultant is chair, and is supported by the Department of Health and Community Services (DHCS).

The Baby-Friendly Council of NL, in affiliation with the Breastfeeding Committee for Canada, is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative (BFI) in Newfoundland and Labrador. The BFI is a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). This campaign recognizes that implementing best practices in health and community services is crucial to the success of programs that protect, promote and support breastfeeding. Various contracts are awarded to the Baby-Friendly Council from the DHCS that are administered through and managed by the PPNL.

Janet Murphy Goodridge
Provincial Breastfeeding Consultant
& Chair of the Baby-Friendly Council of NL
Perinatal Program, NL (PPNL)
T 1 709 7774656
info@babyfriendlynl.ca
www.babyfriendlynl.ca

Upcoming Events

April 16–17, 2015
Breastfeeding Committee for Canada
2015 Baby-Friendly Initiative (BFI)
National Symposium
Edmonton, Alberta
www.breastfeedingcanada.ca

WWW.BABYFRIENDLYNL.CA
DECEMBER 2015

Baby-FriendlyNLNews

"Breastfeeding in NL: Committing to Best Practices" A Research and Clinical Symposium

On behalf of the Baby-Friendly Council of NL and as Co-Chair of the Research Working Group, I am delighted to write the welcoming remarks for this issue. We have just held our third research symposium at the Health Sciences Centre in St. John's, November 5-7th, and from all reports, it was a successful conference. The symposium was entitled "Breastfeeding in NL: Committing to Best Practices." It was attended by over 100 health care providers as well as members of the community breastfeeding support network with the hopes of improving our knowledge and skills with respect to breastfeeding and to stimulate new ideas, innovations and energy, and provide a networking opportunity to those supporting breastfeeding families.

We had a wonderful interactive research day where we learned that although we still have the lowest breastfeeding rates in Canada, our rates are on the rise and perhaps we have reached a point where we are finally going to see some steady improvements. We also learned that the reasons for our low rates are complicated, some of which may be difficult to change in a short time including those that relate to our deep-rooted bottle-feeding culture. We also learned that the collective health care system is responsible for much of the difficulties breastfeeding families experience. For example, there are high rates of non-breastmilk supplements given to babies in hospital for non-medical reasons. When it comes to the Baby-Friendly Initiative and the WHO 10 Steps to Successful Breastfeeding, we are still lagging behind in having these "best-practices" as hospital or community practice policy. For example early skin-to-skin after birth is not happening routinely in many of our hospital facilities. One of the most powerful and inspiring presentations of the symposium was the talk from nurse Jennifer Kean and pediatrician Dr. Jill Starkes on how they have used a quality improvement initiative in Gander to provide early skin-to-skin for babies born by C-Section. In a very short span of time they were able to improve their breastfeeding initiations rates and provide a "birthing experience" for the families. This shows that with a positive approach and attitude as well as determination, we can commit to best practices in our own work settings.

Please enjoy this issue dedicated to highlighting some of the research ongoing in our province. I congratulate and applaud all those who are working tirelessly to achieve the ultimate end goal of improving the health and well-being of babies, children and their families.

Dr. Leigh Anne Newhook, MD, FRCPC
Co-Chair Breastfeeding Research Working Group
Baby-Friendly Council of NL

Photo credit: Faculty of Medicine, Memorial

"Breastfeeding rates are on the rise in NL, however we still have a long way to go before we are on par with the rest of Canada. It is through research and quality improvement interventions that we can understand the issues at hand and also effect positive change."

-Dr. Leigh Anne Newhook

Baby-Friendly
Newfoundland & Labrador

Breastfeeding Research & Clinical Symposium: Abstract Titles/Authors

Titles and authors for oral and poster presentations are listed below. Full abstracts are available on the Baby-Friendly NL website: www.babyfriendlynl.ca.

The Impact of Maternal Obesity on Breastfeeding
Naila Ramji, James Quinlan, Phil Murphy, Lorraine Burrage, Janet Murphy Goodridge, Leigh Anne Newhook, Laurie Twells, Joan Crane

Evaluating a New Physicians' Breastfeeding Resource: Results of Individual Meetings with Family Physicians
Anne Drover, Rebecca Rudofsky, Amanda Pendergast, Victoria MacKay, Peter Gregory

Practice Based Initiative for Peer Breastfeeding Support In Bay St. George, and Port Aux Basques, NL
Marie Budden

What Does a Rights-Based Approach to Breast Feeding Look Like?
Christina Doonan

Recognition and Impact of Baby-Friendly NL Council Poster Campaign
Alissa Vieth, Janine Woodrow, Janet Murphy Goodridge, Courtney O'Neil, Barbara Roebothan

Infant Feeding Modes and Healthcare Utilization Cost in the Eastern Health Region of Newfoundland and Labrador
Sharmeen Chowdhury, Laurie Twells, Leigh Anne Newhook, Wiliam Midodzi

Preliminary Highlights from the Feeding Infants in Newfoundland and Labrador (FiNaL) study
Julia Temple Newhook, Leigh Anne Newhook, William Midodzi, Janet Murphy Goodridge, Lorraine Burrage, Nicole Gill, Laurie Twells

Defining and reporting breastfeeding rates in the NICU - a literature review
Ashley Blagdon, Julie Emberley

Mothers' Knowledge of and Attitudes Towards Human Donor Breast Milk Banks
Katherine Clarke, Julie Emberley

Skin-to-Skin after Cesarean Birth: Another Step Toward Baby-Friendly
Jennifer Kean, Jill Starkes

The Creation of Peer Support Groups in Diverse Communities, including Access and Usage, Breastfeeding Resources and the Importance of Community Engagement
Catherine Pestl

Study of Hospital Compliance with the Ten Steps of the Baby-Friendly Hospital Initiative in Newfoundland and Labrador (2011-2014)
Anne Drover, Janey Murphy Goodridge, Leigh Anne Newhook, Roger Chafe, Laurie Twells, Sharon Penney, Yoshani De Silva

Tongue-tie and the Breastfeeding Dyad: Mothers' Experiences and Emotional Well-Being
Jillian Waterman, Tiffany Lee, Julia Temple Newhook, Laurie Twells

La Leche League Canada - Mother to Mother Support in Newfoundland and Labrador
La Leche League Leaders

The Gendered Social Context that Shapes Low-Income Women's Infant Feeding Experience in Newfoundland and Labrador
Julia Temple Newhook, Valerie Ludlow, Leigh Anne Newhook, Kimberley Bonia, Janet Murphy Goodridge and Laurie Twells

Photo credit: Janine Woodrow

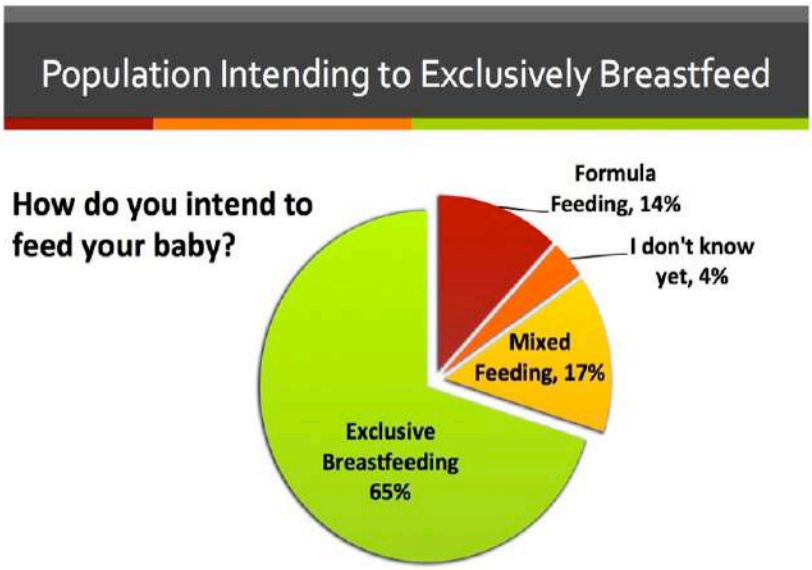
How can we better support mothers/ birthing parents who want to exclusive breastfeed?

This study examines preliminary data from the Feeding Infants in NL research program to try to find out what happens to exclusively breastfed babies in their very first days of life – in the hospital.

We surveyed over 1100 mothers/birthing parents throughout NL: during pregnancy, when their infant was 1-3 months old, and again when their infant was 6-12 months old.

We found that two thirds (65.0%) of participants wanted to exclusively breastfeed (EBF) for six months (see pie chart below). Yet national studies show that only a fraction (5.8%-17.1%) of NL infants are EBFed for 6 months.

Photo credit: Jane Bannister



One participant wrote:

"Initially I was thrilled at her AMAZING latch. During the first night, she was on my breast literally continuously and I questioned myself and the nursing staff if this was normal, and I was told it wasn't and suggested I give her sugar water. …I questioned whether I was providing enough colostrum."

We found that 23.7% of infants whose mother/breastfeeding parent intended to EBF were not EBFed in hospital.

The mother/birthing parent of these infants were

1. TWICE as likely not to have been breastfed themselves as an infant.

2. THREE TIMES as likely to have had a negative first impression of breastfeeding.

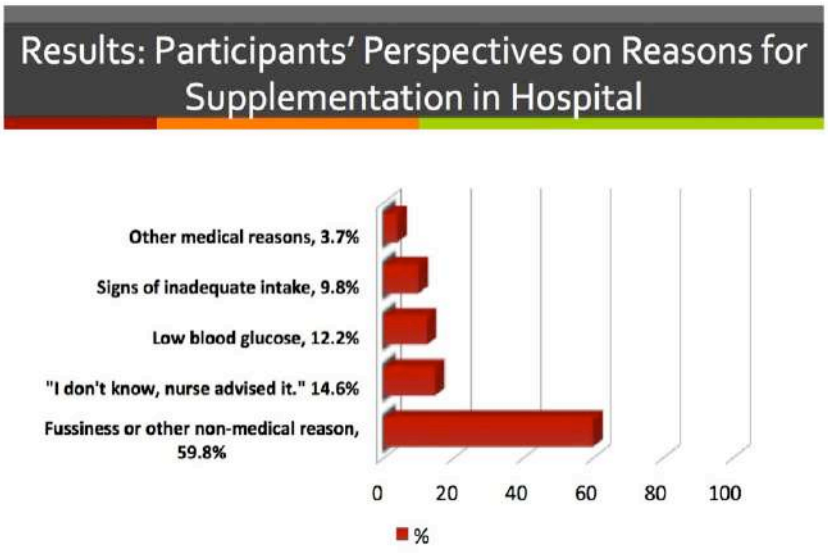
In 75% of the cases, the baby was introduced to formula or sugar water in an attempt to reduce fussiness, or for other non-medical reasons.

Photo credit: Rhonda Moore

Continued from the previous page

Participants expressed a need for: CONFIDENCE (self-efficacy) and SUPPORT

- Participants expressed a need to be “mothered” and cared for as they recovered from birth and learned to breastfeed.
- Inconsistent information from health care providers was experienced as confusing and overwhelming and undermines self-efficacy.
- Participants wanted to understand normal newborn nursing behaviour.



What do new breastfeeding parents want to know?

1. Newborn fussiness, nursing for comfort, very frequent feedings, losing weight in the first week of life, particularly if they received IV fluids.
2. Learning to latch can take time and patience, and it is normal for baby to take a few days to learn to latch well. Colostrum can be hand-expressed and finger-fed or dropper-fed if there are concerns about intake.
3. Colostrum is milk! Newborn stomachs are tiny and colostrum is everything they need.
4. Enjoy those cuddles! Infants crave skin-to-skin contact, and bundling or swaddling baby can interfere with learning to nurse.
5. If baby can latch, milk supply will build to meet demand. There are very few physiological reasons for insufficient milk.

Study authors;
Julia Temple Newhook, PhD
Pediatrics Research Associate, Memorial

Leigh Anne Newhook, MD, FRCPC
Associate Professor of Pediatrics, Memorial

William K. Midodzi, PhD
Assistant Professor of Clinical Epidemiology, Memorial

Janet Murphy Goodridge, RN, MN, IBCLC
Provincial Breastfeeding Consultant and Chair of Baby-Friendly Council of Newfoundland and Labrador

Lorraine Burrage, RN, MSc
Coordinator, Perinatal Program NL

Nicole Gill, MSc
Newfoundland and Labrador Centre for Health Information

Beth Halfyard, MSc, PhD(c)
Newfoundland and Labrador Centre for Health Information

Laurie Twells, PhD
Associate Professor of Pharmacy/Medicine, Memorial

Photo credit: Meaghan Burridge

Infant feeding and its impact on health services in infants for the first year of life in the Eastern Health region of Newfoundland and Labrador

The purpose of this study is to compare health services used by infants in the first year of life by mode of feeding (i.e., exclusively breastfeeding/ mixed feeding/exclusive formula feeding). Beginning in May 2014, mothers who were part of the Feeding infants in NL study, (FiNaL), were recruited to complete a questionnaire on their child's health care usage up to their first birthday, and to have their hospitalization data analyzed. To date of the 314 eligible participants, 194 questionnaires have been returned and 135 chart reviews are complete. A Masters student has begun the review of the data to determine if there are correlations between how the baby was fed and the health services usage up to one year of age. Enrollment continues over the next year with study results expected in about 1-2 years.

This study is funded by the Janeway Foundation and is pleased to have the Newfoundland and Labrador Centre for Health Information (NLCHI), as part of the study team.

Co-Principal Investigators:
Dr. Leigh Anne Newhook, MD, MSc, FRCP
Dr. Laurie Twells, PhD

Co-Investigators:
Janet Murphy Goodridge, RN,MN, IBCLC
Lorraine Burrage, RN, MSc
Nicole Gill, MSc
William Midodzi, PhD

Research Assistants:
Louanne Kinsella, RN, BN

Masters Graduate Student:
Sharmeen Chowdhury (Clinical Epidemiology)

Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties

A recent article published in the Journal of Advanced Nursing highlights the importance of support for women who experience difficulties during breastfeeding. The study, lead by Dr. Amy Brown at Swansea University, surveyed 217 women with an infant aged 0–6 months who had started breastfeeding at birth but stopped before the six-month stage. In addition to inquiring about breastfeeding duration and reasons for stopping, a self-rating scale was administered to identify study participants at risk for postnatal depression (PND). Predictive reasons for stopping included intention to breastfeed, physical difficulty and pain. Issues with pain and physical breastfeeding were most indicative of postnatal depression in comparison to psychosocial reasons.

The authors highlight the importance of building strong support systems to reduce the risk of depression: "[The findings] highlight the importance of supporting mothers with issues such as ensuring the infant is latched onto the breast correctly and educating mothers as to normal breastfeeding patterns and signs of milk sufficiency. Ensuring good, continued professional support for the mother through the postnatal period and encouraging the mother to make use of social support networks and breastfeeding peer support groups is important in reducing risk of PND."

Authors:
Amy Brown, PhD, Jaynie Rance, PhD, Paul Bennett, PhD

Reference:

Brown A, Rance J, Bennett P. Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. J Adv Nurs. 2015 Oct 23.

World Breastfeeding Week 2015:

Message from the Chair of the Public Education and Awareness Working Group of the Baby-Friendly Council of NL

The Public Education and Awareness Working Group of the Baby-Friendly Council has been working very hard to increase breastfeeding initiation and duration rates in NL. During World Breastfeeding Week 2015 (October 1-7), our theme was "Breastfeeding: Let's Make It Work". Our focus this year was on the importance of supporting mothers at the community level, especially in the early weeks, when both mom and baby are learning how breastfeeding works. We were striving to emphasize the importance of support and its impact on breastfeeding duration.

Photo credit: Amy Melendy

The Baby-Friendly Council of NL continued with the implementation of "Making Breastfeeding Your Business NL Toolkit", developed specifically for local businesses and community organizations. The Toolkit helps promote and support breastfeeding at a community level, as well as support business/organization employees when returning to work after a maternity/parental leave. Our goal was to see more NL women feeling comfortable breastfeeding anytime and anywhere!

As part of ongoing efforts to improve practices in the health care system, we also focused on initiatives such as "Delaying the Bath" and "Skin-to-Skin". These initiatives and the toolkit were promoted widely by social media via our Baby-Friendly NL website and Facebook page, along with an educational PowerPoint® presentation for the public showing local breastfeeding families in NL.

It was so nice to see so many breastfeeding mothers and families gather throughout the province to promote and celebrate breastfeeding! These celebrations included breastfeeding challenges, breastfeeding brunches and to top it off, a large provincial celebration on Confederation Hill. It was a great success!

Amy Melendy, BScN RN CPN(C) IBCLC
Chair, Public Education and Awareness Working Group
Baby-Friendly Council of NL

Photo credit: Kelly John Photography

World Breastfeeding Week 2015:

Celebrating throughout Newfoundland and Labrador

Below you will find a small sample of images captured during the 2015 World Breastfeeding Week celebrations held across Newfoundland and Labrador. For more images, please visit the Baby-Friendly NL website.

St. John's - Confederation Building (above and right)

Members of The Baby-Friendly Council of NL, along with La Leche League (St. John's and Paradise groups) and Breastfeeding Support - NL (a Facebook breastfeeding support group) came together on October 2, 2015 to celebrate breastfeeding and to kick off World Breastfeeding Week in the East Block of the Confederation Building. For more event coverage, including related press releases, please view the Baby-Friendly NL website.

Photo credit: Kelly John Photography

World Breastfeeding Week 2015:

Celebrating throughout Newfoundland and Labrador

Photo credit: Colin Pittman Photography

Marystown (Above)

Breastfeeding mommies from Marystown and surrounding areas.

Photo credit: Amy Melendy

Gander

Families in the Gander area celebrate World Breastfeeding Week with a pancake brunch at Fraser Road United Church Hall.

Photo credit: Amy Melendy

World Breastfeeding Week 2015:

Celebrating throughout Newfoundland and Labrador

Photo credit: Heather Gates

Photo credit: Erin Smallwood

Labrador West (Above)

Labrador West World Breastfeeding Week 2015 Proclamation.

Corner Brook

Right: Bay of Islands Organization for Breastfeeding Support (BOOBS) World Breastfeeding Week celebration.

Above: Members of the BOOBS committee including a family physician, community health nurse, regional nutritionist, maternal newborn nurse/lactation consultant, and breastfeeding mom and her baby attend the signing of the World Breastfeeding Week Proclamation at Corner Brook City Hall with Deputy Mayor Staeben.

Photo credit: Robyn La Rose

Breastfeeding Support

It Takes a Village

Janet Fox-Beer, RN, BN, IBCLC

It has often been said, “It takes a village to raise a child.” Never are those words truer than when it comes to supporting a family along their breastfeeding journey.

Candace Curtis and her son, Michael Thompson, are a shining example of just how a variety of committed individuals can rally behind a mother’s passion to provide the best for her child. Candace’s desire to breastfeed Michael developed after learning many of the health benefits that a mother’s milk passes to her baby. She also became informed of the long-term wellness that it helped mothers to develop. Equally as important to Candace was the nurturing bond that breastfeeding established between mother and child - the type of parenting foundation that she sought to cultivate with her baby.

Like those of so many parents, Candace’s ideals and goals hit the harsh reality of breastfeeding challenges. Tongue and lip ties, as well as yeast, contributed to latching issues; nipple trauma contributed to a macerating infection, which developed into Raynaud’s Phenomenon. Candace struggled to help Michael achieve an adequate latch at her breast, but at a cost to her stoic self, of infection and significant pain. An additional regime of breast pumping and galactogogues was necessary to secure an adequate milk supply for Michael.

Candace turned to her childhood family physician for medical care during these battles. As Candace’s care needs extended outside of his routine scope of practice, Dr. McGarry reached out to colleagues who offered information on current breastfeeding protocols and pharmacologic prescription guidance.

Factor into this scenario the fact that Candace was facing this road in Newfoundland, while Michael’s dad had to remain out of province for employment reasons, returning for visits and offering his encouragement from away. Communication technology became a lifeline for this persevering mother. Her own mother, who had vast experience with childcare, endeavored to learn the art of breastfeeding management to support her daughter, when often well-intended, but uninformed grandparents undermine breastfeeding despite their desire to help.

Candace’s mother fulfilled an even bigger role for Candace as Michael’s main caregiver when Candace returned to work early outside the province. Maintaining breastfeeding was vital to Candace. From thousands of miles away, Candace had received collaborative and proactive ingenuity. Her employer, an oil company, invested in Candace as a valued employee and secured means for her to safely pump her breastmilk, for Michael, while traveling between job sites, often in heavy equipment and despite adverse weather conditions. Obstacles became challenges, solved collectively with the priority being the maintaining that flow of breastmilk!

Traveling home after a couple of weeks, with precious breastmilk kept frozen enroute, Candace received her due reward - Michael latched to her breast and nursed as if the miles between mother and baby and the countless hours at a mechanical pump had melted into the past.

They now often attend the community breastfeeding support group, willingly sharing nursing tips and encouragement with other struggling families.

Michael’s dreamy brown eyes look right to his mother’s heart, as he turns to smile at his nan; his family has supported him, the “village” has supported them. Theirs is an inspiring story of breastfeeding success!

Photo credit: Janet Fox-Beer

Janet Fox-Beer is a public health nurse with Eastern Health and an International Board Certified Lactation Consultant

Baby-Friendly Council of NL

The Baby-Friendly Council of NL established in 1992, is an interdisciplinary committee with representatives from all regions in the province strongly committed to increasing the initiation and duration of breastfeeding. The Perinatal Program, NL (PPNL) evolved as the lead agency supporting the ongoing work of the Council, of which the Provincial Breastfeeding Consultant is chair, and is supported by the Department of Health and Community Services (DHCS).

The Baby-Friendly Council of NL, in affiliation with the Breastfeeding Committee for Canada, is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative (BFI) in Newfoundland and Labrador. The BFI is a global campaign of the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). This campaign recognizes that implementing best practices in health and community services is crucial to the success of programs that protect, promote and support breastfeeding. Various contracts are awarded to the Baby-Friendly Council from the DHCS that are administered through and managed by the PPNL.

Janet Murphy Goodridge
Provincial Breastfeeding Consultant &
Chair of the Baby-Friendly Council of NL
Perinatal Program, NL
Phone: 709-777-4656
Email: info@babyfriendlynl.ca
www.babyfriendlynl.ca

Baby-FriendlyNL News

The Labrador-Grenfell Health Journey to Baby-Friendly: Focus on Education:

Donnie Sampson, VP Nursing and Chief Nurse, LGH

"I feel that a contributing factor to our success is from the level of support we have received from our VP Nursing and Chief Nurse, Donnie Sampson. Baby-Friendly designation has become 1 of 4 main initiatives for LGH"

- Heather Gates, Regional Lactation Consultant

The importance and associated advantages of achieving Baby-Friendly designation have been widely recognized and promoted by the World Health Organization (WHO), Health Canada, and the United Nations Children's Fund (UNICEF). At Labrador-Grenfell Health (LGH), we are dedicated to completing the necessary ten steps of the BFI process and believe this endeavor is within our reach.

LGH encompasses the entire Labrador region as well as St. Anthony, an area located on the northern peninsula of Newfoundland. We currently operate three hospitals, three community health centers and 14 community clinics. In our health authority, the Regional Lactation Consultant is responsible for facilitating all aspects of the Baby-Friendly Initiative and to eventually expand this program region-wide.

Step2 of the BFI process ensures that all health care providers have the knowledge and skills necessary to implement the breastfeeding policy. Due to the diverse nature of our geographic area within our regional health authority, we highlighted this step as a potential challenge and focused our efforts on determining the most effective method to deliver staff education.

We identified an online forum called Step2 Education as an appropriate system for staff to complete ESO1 Breastfeeding Essentials. This educational module has become mandated within our health authority for all front-line nursing staff and nurse managers. Nursing staff will receive breastfeeding education relevant to their patient care roles and responsibilities. Strong leadership has been well recognized as a catalyst in achieving high course completion rates.

Donnie Sampson, our VP of Nursing and Chief Nurse believes in the necessity of achieving BFI; not only to increase the initiation rate and duration of breastfeeding, but perhaps more importantly, as a measure to ensure informed decisions around infant feeding. She has recognized Baby-Friendly designation as one of the core initiatives of LGH, and with her support we are able to elicit effective policy changes and move forward in this process. In addition, she has also completed the ESO1 Breastfeeding Essentials 20 Hour Course, and invites other LGH staff in similar management positions to follow suit.

Heather Gates, Regional Lactation Consultant, LGH

Baby-Friendly
Newfoundland & Labrador

Continued from the Front Page

Pam Parrill and Corina Porter, LGH

Marketing our educational component is another important factor in helping the BFI process move forward. To recognize the efforts of our front-line staff who complete the ESO1 Breastfeeding Essentials Course, we have created the "ASK ME ABOUT BREASTFEEDING" campaign. Upon successful course completion, the staff member will receive a pin printed with "ASK ME ABOUT BREASTFEEDING" to wear on their uniform/lanyard. This pin serves as a visual cue to the public that we are consistently striving to create a normative culture for breastfeeding, as a natural, healthy practice for our greater community.

Additionally, staff receive a letter from the VP of Nursing and Chief Nurse and the Regional Lactation Consultant as a recognition of their knowledge and commitment to breastfeeding education. As part of this campaign, emails are sent regularly to participants and contests are held to encourage course completion. At LGH, we believe respecting and protecting the breastfeeding relationship is vital to our Baby-Friendly journey, and look forward to continued accomplishments along the way.

- **Heather Gates, Regional Lactation Consultant, Labrador-Grenfell Health**

Labrador-Grenfell Health

May 2015

Dear Heather,

Congratulations on completing ESO1 Breastfeeding Essentials by Step2 Education, which is being delivered to Labrador-Grenfell Health staff in order to achieve baby friendly designation.

We value your commitment to breastfeeding and by taking this course you are contributing to creating a positive breastfeeding culture.

This lapel pin, stating "ASK ME ABOUT BREASTFEEDING" confirms that you have successfully completed the course and that you now possess the primary knowledge necessary to promote breastfeeding in our community. We invite you to wear this pin during work hours to indicate your support to breastfeeding moms and babies.

Wearing this pin symbolizes we are united in providing consistent professional advice on breastfeeding techniques. The pin is also a visual reminder to your peers that you are dedicated to promoting breastfeeding as a natural, healthy practice for moms and babies. Thank you!

Donnie Sampson
VP Nursing / Chief Nurse

Heather Gates
Regional Lactation Consultant

step education 2 condition

ASK ME ABOUT BREASTFEEDING campaign letter

Harriet White and Megan Hudson, LGH

Kathy Venter (L) and Cindy Downey (R), Corner Brook, March 2015

Message from the Provincial Breastfeeding Consultant & Chair of the Baby-Friendly Council of NL

We are finally receiving some lovely spring like weather after a long winter. This is uplifting for all of us, as was the recent announcement that breastfeeding was once again highlighted in the provincial government's annual spring Budget. Receiving this financial support allows the Baby-Friendly Council to implement the many diverse initiatives outlined in our provincial breastfeeding strategic plan. And it is making a difference! I am pleased to share that our breastfeeding rates continue to rise and in 2014, 72% of NL women initiated breastfeeding. Remember that in 1990 the breastfeeding rate was 38%.

In March 2015 we were delighted to host Kathy Venter, BFI assessor for focused education sessions in four maternity facilities in Eastern and Western regions. Kathy connected with over 150 health care providers through her education sessions. The visit was so successful that we have invited Kathy back to do similar education sessions in 2015-2016 in Central and Labrador-Grenfell regions.

Planning is underway for our research symposium and clinical conference in St. John's on November 5th and 6th, followed by a Saturday morning workshop for family physicians and an afternoon workshop for community supporters on the 7th. The Baby-Friendly Council is currently in the process of distributing our Physician Breastfeeding Tool Kit to promote optimal care and consistent information for breastfeeding families.

Janet Murphy Goodridge, Chair of the Baby-Friendly Council of NL

We are also engaged in the development of two short video clips for our YOUTUBE channel to support new mothers in the early days of breastfeeding. Sharing information through social media has proven very successful. For example, our recent *Delay the Bath* poster has been viewed over 62,000 times on Facebook and has been shared globally.

In the next few months we will be working with our community partners to develop resources to promote and support breastfeeding during World Breastfeeding Week October 1-7th. We will be seeking volunteers to assist us in this work. Thank you for all you do to protect, promote and support breastfeeding in Newfoundland and Labrador.

- **Janet Murphy Goodridge, RN, MN, IBCLC**

Social Media Spotlight

Baby-Friendly NL Social Media Highlights

The following are sample 'posts' from the Baby-Friendly NL Facebook page. Posts from this page are shared automatically on www.babyfriendlynl.ca, as well as through a live Twitter feed.

#PEIleadership
#BFImovingforward
Congratulations to the PEI Breastfeeding Coalition for hosting an excellent BFI symposium in Charlottetown last week. Great support for breastfeeding and the Baby-Friendly Initiative from front-line health care providers and health leadership. Exciting to see that this initiative is valued by senior leaders such as Dr. Richard Wedge, CEO Health PEI, Dr. Heather Morrison,Chief Public Health Officer, Kathy Jones, Director of Public Health and Children's Developmental Services and Dr. David Wong, Pediatrician and long time breastfeeding advocate from Summerside. Look forward to ongoing collaboration between our two provinces!

Baby-Friendly Newfoundland and Labrador
Posted by Janine Woodrow [?] · March 18 ·

Kathy received a warm welcome from everyone! Thanks to Cindy Downey, Lesley French & Dr. Erin Smallwood for organizing excellent education opportunities including an informative session on the Baby-Friendly Initiative in Canada during GP regional rounds this morning.
The education for community health this morning included nurses and Healthy Baby Club resource mothers throughout Western region

834 people reached Boost Post

Baby-Friendly Newfoundland and Labrador
Posted by Janine Woodrow [?] · March 31 ·

#GanderBreastfeeds

2,359 people reached Boost Post

Baby-Friendly Newfoundland and Labrador added 7 new photos from March 13 — with Tracey Carter.
Posted by Janine Woodrow [?] · March 13 · Edited ·

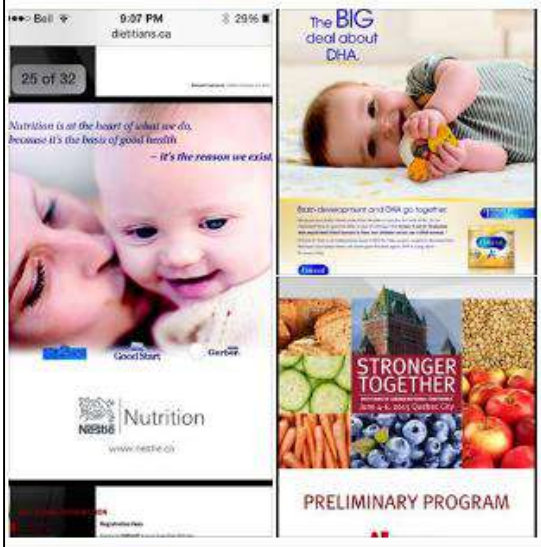
#skin2skin
#earlyandoften
#effective
#exclusive
Wonderful stimulating education sessions with Kathy Venter in St. John's, Clarenville and Burin! Front-line registered nurses and community health nurses learned about the science of mother-infant attachment,the importance of skin-to-skin contact for baby with mom and dad, and how to harvest human colostrum. Looking forward to Carbonear on Monday and Corner Brook on Tuesday and Wednesday. ... See More

1,534 people reached Boost Post

Baby-Friendly Newfoundland and Labrador added 3 new photos.
Posted by Janine Woodrow · April 29 at 9:10pm · Edited

Unfortunate that our colleagues with Dietitians of Canada (DC) violated the World Health Organization (WHO) Code on the marketing of breastmilk substitutes by receiving sponsorship & promoting Nestle & Mead Johnson @ their upcoming annual meeting.
http://www.dietitians.ca/Downloa.../.../DC_Conf2015_program.aspx

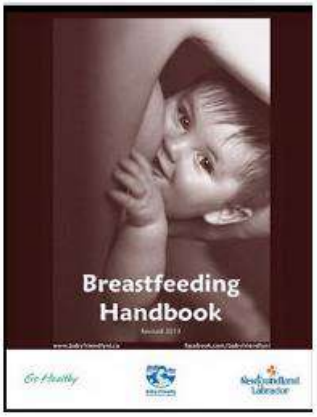
Canada was a signatory to the WHO Code and this is a missed opportunity by DC to support Federal & Provincial government breastfeeding/population health strategies, as we... See More



19,504 people reached — View Results

Baby-Friendly Newfoundland and Labrador
Posted by Erin Clarke Smallwood · April 6

Did you know that the tremendously helpful 'Breastfeeding Handbook' is available online at www.babyfriendlynl.ca?
Check it out!
http://www.babyfriendlynl.ca/.../.../breastfeeding_handbook1.pdf



2,215 people reached — Boost Post

Baby-Friendly Newfoundland and Labrador added 3 new photos.
Posted by Janine Woodrow · May 8 at 3:54pm

Comment below (1 line or less) what you love most about breastfeeding ... and we will enter your name for a draw for several prizes on Mother's Day
#MothersDay
#BreastfeedingMoms
#NewShirtsAndBags

6,038 people reached — Boost Post

Baby-Friendly Newfoundland and Labrador
Posted by Janine Woodrow · April 21 at 1:38pm · Edited

Members of the Breastfeeding Committee for Canada's Baby-Friendly Initiative Implementation Committee at the National BFI Symposium in Edmonton April 16 & 17, 2015
Alberta Breastfeeding Committee
Public Health Agency of Canada

NL reps include: Cathie Royle & Janet Murphy Goodridge

616 people reached — Boost Post

Baby-Friendly Newfoundland and Labrador shared a group
Posted by Amber Snow · April 23 at 11:59pm

Did you know that NL's biggest on-line peer breastfeeding support group has changed its name? Breastfeeding Moms in NL is now Breastfeeding Support - Newfoundland & Labrador.

If you're a breastfeeding parent in (or from) this great province, or a breastfeeding supporter (partner, grandparent, health care provider, doula, etc....), stop by and join the conversation!

https://www.facebook.com/groups/breastfeedingmomsinnl/

Closed Group
2,247 Members

464 people reached — Boost Post

Clinical Tip

Baby-Led Latching: Simple and Natural

A baby's inborn neuro-behavioural instinct is to find his mother's breast and latch on. Baby-led latching is facilitated by the mother and baby responding to each other through smell, touch, eye contact and the baby's hunger and thirst cues. The baby's searching behaviours for the mother's nipple are enhanced by skin-to-skin contact. Baby-led latching can be encouraged immediately after birth or at any time during the breastfeeding experience. It is especially helpful when:

- Baby is learning to breastfeed
- Baby is not breastfeeding well
- Nipples are sore/painful

Tips to support baby-led latching:

- Start when baby is calm.
- Have mom sit comfortably and lean back a little.
- Hold her baby skin-to-skin on her upper chest and between her breasts.
- Baby will start moving her head up and down looking for her breast (this may look like bobbing or pecking).

Toronto Public Health Protocol #2

Toronto Public Health Protocol #2

- Have mom support baby's neck, shoulders, and bottom with her arm and hand while baby moves towards her breast.
- As the baby moves closer to the nipple, she will taste and nuzzle and then push her chin into the breast, reach up with open mouth and latch on.

Once the baby is latched on, the mom can adjust her position if desired.

(Information in this article is adapted from the Toronto Public Health Breastfeeding Protocols for Health Care Providers, 2013 Protocol #2)

- Joanne Saunders, Lactation Consultant, Central Health

Breastmilk for a Healthy Gut: Implications for Infanthood and Beyond

A recent study from the University of North Carolina, Chapel Hill examined the differences in the gut microbiome among infants who were exclusively breastfed and not exclusively breastfed, before and after introduction to solid foods. Given that the bacterial population of the microbiome may affect long term immune and metabolic functions, the researchers hoped to learn more about how breastfeeding may contribute to these important lifelong health processes.

This mixed-longitudinal study involved collection of 49 stool samples from nine infants. Participating infants ranged in age from 13 days to 14 months of age. While eight of these infants received breast milk, four were exclusively breastfed. Samples were collected over an average span of 16 weeks.

The results of this study highlighted potential differences among the guts of exclusively breastfed and non-exclusively breastfed infants. Specifically, results showed that the guts of exclusively breastfed infants showed less reaction to solid foods than did those of non-exclusively breastfed infants. The results implied that breastfeeding may be helpful in assisting the formation of the appropriate infant gut bacteria which can better prepare the gut to handle solid foods.

This study highlighted the various metabolic and genetic pathways activated among the exclusively and non-exclusively breastfed infants. Results suggest that different feeding methods have potential to contribute to the initial programming stages of infant immune and metabolic functions.

While further research in this area is warranted, the results support the premise that breastfeeding may set the course for eventual formation of a healthy adult microbiome, potentially lessening the infant's risks of later developing conditions such as diabetes, obesity, and cardiovascular disease.

Thompson, A., Monteagudo-Mera, A., Cadenas, M., Lampl, M., & Azcarate-Peril, M. (2015). Milk- and solid-feeding practices and daycare attendance are associated with differences in bacterial diversity, predominant communities, and metabolic and immune function of the infant gut microbiome. *Frontiers in Cellular and Infection Microbiology, 5*(3). Retrieved from: http://journal.frontiersin.org/article/10.3389/fcimb.2015.00003/abstract

- Peggy Hancock, Nurse Educator, Western Regional School of Nursing

Impact of Breastfeeding on Educational Achievement and Income

A recent prospective, population-based birth cohort study published in the Lancet (2015) assessed the long-term benefits of breastfeeding, in a culture where mothers from all social classes breastfed, by following a cohort of neonates into adulthood. Beginning in 1982, 5,914 Brazilian neonates were enrolled in the study, of which 3,943 were available for assessment in 2012/13. Associations were measured between breastfeeding duration and adult I/Q score, educational attainment in terms of years of schooling and annual income at 30 years of age.

The study results demonstrated that breastfeeding positively correlated with improved performance in intelligence tests at age 30, higher educational attainment and higher levels of income. There was a dose association for I/Q and educational attainment in participants who were breastfed for 12 months or longer compared to those who were breastfeed for less than one month. The results build on the known short-term benefits of breastfeeding and demonstrate long- term impacts on both the individual and societal level by increasing educational attainment and earning ability.

Continued from the page 7

Dr. Colin Michie, chairman of the Royal College of Paedatricians and Child Health Nutrition Committee summarizes the importance of the study findings in this way:
“There have been many studies on the link between breastfeeding and I/Q with many having their validity challenged. This study however, looks at a number of other factors including educational achievement and income at 30 which, along with the high sample size, makes this study a very powerful one.”

Victora et al (2015). Association between breastfeeding and intelligence, educational attainment, and income at age 30 years: a prospective birth cohort study from Brazil. *Lancet Glob Health*, 3:199-205.

- Clare Bessell, Perinatal Educator, Obstetrics, Perinatal Program NL

Donna Nolan, Regional Nutritionist, Eastern Health (L) and Victoria Piercey, Dietetic Intern (R) June 12-13, 2015, Placentia Age-Friendly Fair, Placentia

Breastfeeding Impact on Childhood Hospitalizations

A 2015 retrospective Scottish study reported a higher risk of hospitalization for common childhood illness among formula fed and mixed fed infants compared with infants who were exclusively breastfed for 6-8 weeks. Adjustments were made for parental and infant health social and demographic characteristics. The research showed an increased risk within the first year of life and beyond for hospitalization for illnesses such as gastrointestinal, respiratory and urinary tract infections, otitis media, asthma, diabetes, fever and dental caries. Of note, formula fed and mixed fed infants were younger and stayed longer in hospital.

Ajetunmobi, O. M. et al (2015). Breastfeeding is Associated with Reduced Childhood Hospitalization: Evidence from a Scottish Birth Cohort (1997-2009). Journal of Pediatrics, 166(3): 620-625. E4.

- Janet Murphy Goodridge, Provincial Breastfeeding Consultant, Perinatal Program NL

What's New with Step2 Education Online Courses?

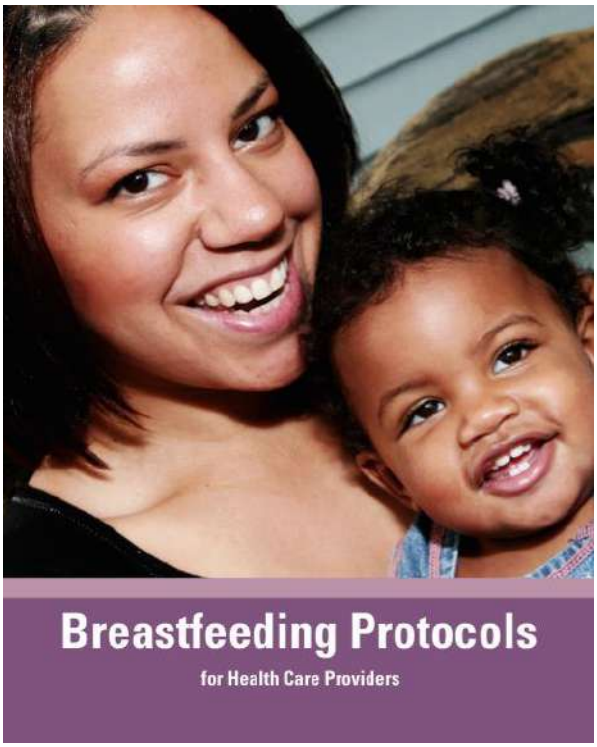
In January 2014, the Step2 Education online breastfeeding course was made available to provincial hospital and community health staff through funding provided by the Baby-Friendly Council of NL. To date, over 250 participants are enrolled in the 20 hour Breastfeeding Essentials course or the shorter continuing education modules. The Baby-Friendly Council of NL recently provided additional funding so that the courses can continue to be available to new staff or current staff who wish to complete additional modules. Feedback on the courses has been very positive. If you are enrolled in a Step2 course make sure you take full advantage of the facilitated online discussion forums. For more information about how you can access the course in your region contact: Clare Bessell, Perinatal Educator clare.bessell@easternhealth.ca

Toronto Public Health Breastfeeding Protocols for Health Care Providers (2013)

These protocols have been a popular resource for health care providers and have recently undergone revisions guided by the WHO/UNICEF Baby-Friendly Initiative (BFI). The protocols are intended for use by health care providers to promote, protect and support effective breastfeeding for the families of healthy term infants. To assist easy accessibility of this useful resource, the Baby-Friendly Council of NL provided funding to print copies for each public health office in the province with additional copies provided for maternity units and lactation consultants.

Copies are currently being distributed to all provincial sites. The protocols and e-learning modules are also available on line at:

http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=46bdf87775c24410VgnVCM10000071d60f89RCRD



The Physician's Breastfeeding Toolkit: Evidenced-informed Practice for Newfoundland and Labrador

The Baby-Friendly Council of NL is pleased to release "The Physician Breastfeeding Toolkit Reference Manual and Quick Reference Guide." This resource was developed for physicians providing care and support to breastfeeding families, and was locally written and developed by public health nurse and lactation consultant Janet Fox-Beer and family physician Dr. Amanda Pendergast.

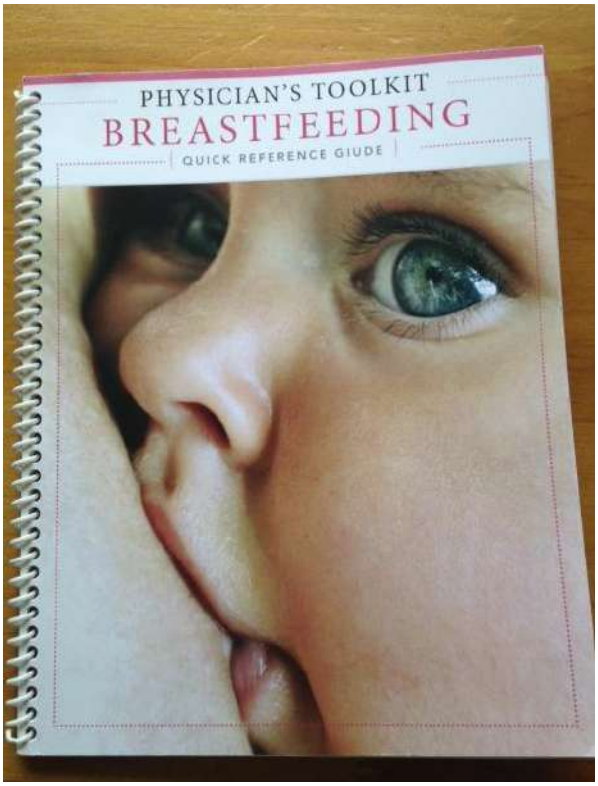
With a 72% rate of breastfeeding initiation and only 16% of mothers breastfeeding for the recommended six months, Newfoundland and Labrador has one of the lowest breastfeeding rates in Canada. These rates come as a result of a number of different factors, including the education levels of mothers and families, the support available to expecting and new mothers, and the information given to families by physicians. Family physicians can help to positively influence the breastfeeding culture of our communities. The Physician's Breastfeeding Toolkit is a resource designed to help physicians provide optimal care and consistent information to breastfeeding mothers.

The toolkit includes information on topics such as:

- Benefits associated with breastfeeding for both mothers and babies
- How to discuss breastfeeding with pregnant women
- Initiating and sustaining breastfeeding
- Management of common concerns
- Medication safety
- Establishing a breastfeeding friendly practice environment
- Local and national support resources

This resource will enable physicians to offer advice and care to the breastfeeding mother that is consistent with information provided by hospital and public health nurses. An advisory committee is currently developing a dissemination plan for the resource. If you are a physician in Newfoundland and Labrador and would like a copy of the toolkit or would like more information contact: (709) 777-2934 or info@babyfriendlynl.ca

- Victoria MacKay,
Summer Research Student,
Janeway Pediatric Research Unit



New Larger Breastfeeding Friendly Decals Now Available!

The Baby-Friendly NL Council has printed larger *"Welcome! We are a breastfeeding Friendly Place"* decals for display in local offices, businesses, restaurants, family resource centres and other community sites. Decals are available in the regional community health depots or by contacting info@babyfriendlynl.ca

New Prenatal Breastfeeding Education Resource

The Baby-Friendly Council of NL is pleased to release a new prenatal breastfeeding education resource available for public health nurses and other prenatal educators. The resource consists of four PowerPoint Presentations and accompanying facilitator notes. The sessions are designed to be interactive and include games, video clips and other suggested activities. These presentations are ideally suited for early and later prenatal education sessions either in a class, small group or one-to-one session.

Mothers/parents often make a decision regarding breastfeeding early in pregnancy and many have already decided whether to breastfeed prior to conception. These education modules will assist families in making informed decisions about infant feeding and will provide accurate and consistent information to support the successful initiation of breastfeeding.

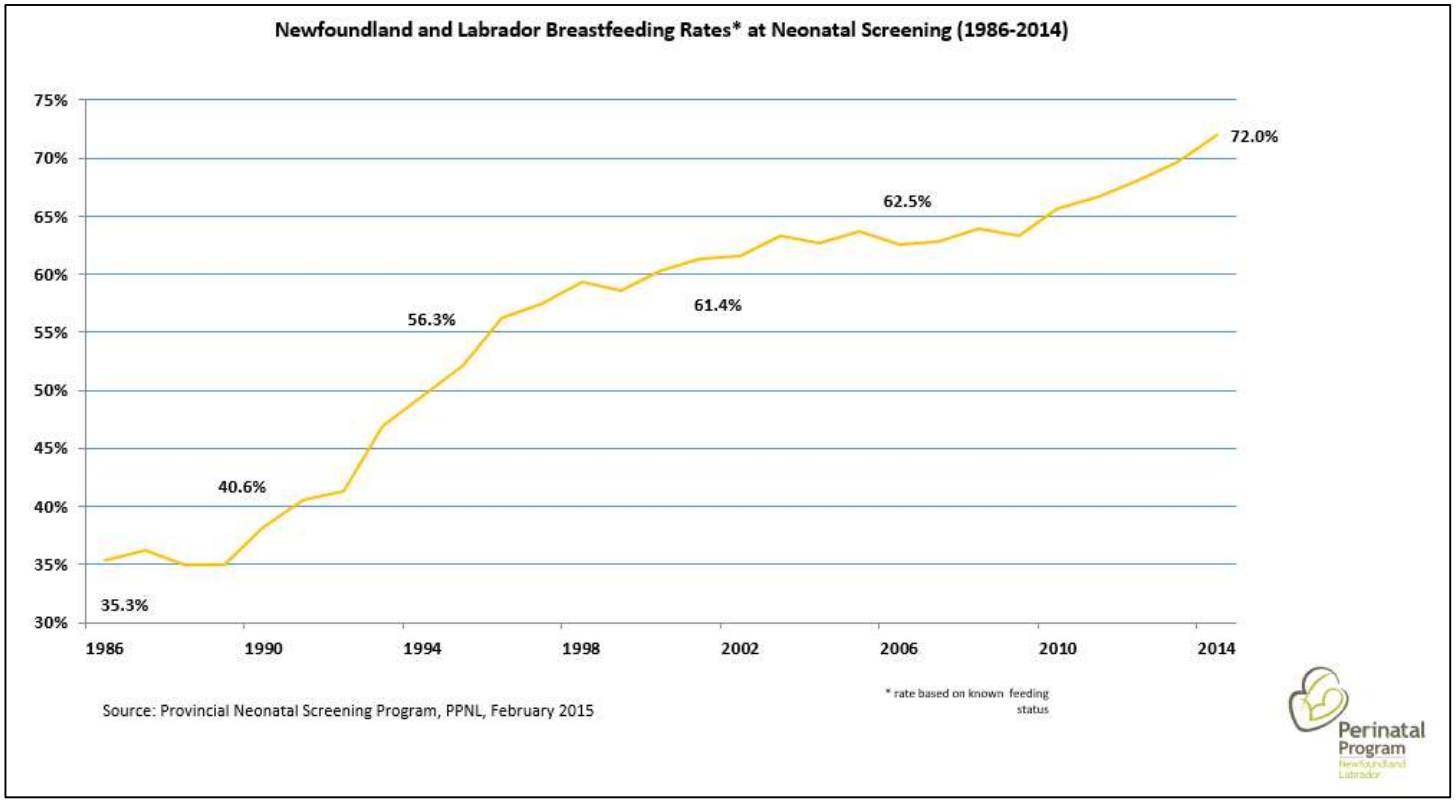
The four modules are:

Continued from the page 11

Thank you to Central Health's Janie Kean, Amy Melendy and Sandra Carpenter for their leadership in adapting this resource from the New Brunswick BFI Advisory Committee.

Thanks also to Linda Hillier, Community Dietitian, Labrador Grenfell Health, Donna Nolan, Regional Nutritionist, Eastern Health and Lesley French, Regional Nutritionist, Western Health for their comprehensive review of the four PowerPoint presentations

Provincial Breastfeeding Rates



Save the Date: Breastfeeding Research and Clinical Symposium November 5-6, 2015

About the Council

Baby-Friendly Council of Newfoundland and Labrador (NL)

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Janet Murphy Goodridge, Provincial Breastfeeding Consultant, Chair, Baby-Friendly Council of NL
Perinatal Program NL
(709) 777-4656
Email: info@babyfriendlynl.ca
www.babyfriendlynl.ca

La Leche League Canada 2015 Health Professional Seminars

Monday, September 21, 2015: Halifax, NS
Wed., September 23, 2015: Ottawa, ON
Friday, September 25, 2015: Toronto, ON
Venues to be confirmed

Registration will open in early June; CERP application in progress.
For more information please email events@lllc.ca

WWW.BABYFRIENDLYNL.CA
JANUARY 2014

Baby-FriendlyNLNews

Can a Breastfeeding Mother Drink Alcohol?

The holidays are here and it is at this time of year that many breastfeeding mothers have questions of their health care providers about the consumption of alcohol and breastfeeding. The risks of drinking alcohol while breastfeeding are not well defined and an acceptable level of alcohol in breastmilk has not been established.

Potential adverse effects of alcohol on breastfeeding infants have been reported, even after exposure to only moderate levels, and include impaired motor development, changes in sleep patterns, decrease in milk intake, risk of hypoglycemia and decreased milk flow in the lactating woman. Mothers who choose to drink alcohol while breastfeeding should be aware of the documented effects on nursing infants. Carefully planning a breastfeeding schedule and waiting for complete alcohol clearance from breastmilk can ensure that babies are minimally exposed. Until a safe level of alcohol in breastmilk is established, no alcohol in breastmilk is safest for nursing babies. It is, therefore, prudent for mothers to delay breastfeeding until alcohol is completely cleared from their breastmilk.

Limiting alcoholic beverages to 1–2 per occasion is advised. On average, it takes up to two hours for alcohol to be eliminated e.g. a mother who consumes 2 drinks should wait 4 hours to breastfeed.

Serving sizes and alcohol percentages vary widely. Mothers should be aware that a standard drink equals:
- 12 oz of beer (5%)
- 5 oz of wine (12%)
- 1.5 oz of spirits (40%)

Planning ahead to have expressed breastmilk available in mother's absence is a good idea in case the event goes into the time when the baby would typically be fed. Maintaining milk supply can be achieved by pumping and hand expressing during these times.

Alcohol elimination follows zero-order kinetics and as such drinking water, resting, or 'pumping and dumping' breastmilk will not accelerate elimination. Unlike urine, which stores substances in the bladder, alcohol is not trapped in breastmilk, but is constantly removed as it diffuses back into the bloodstream.

—Lisa O'Neill BN, RN, IBCLC

A message from the Provincial Breastfeeding Consultant & Chair of the Baby-Friendly Council of NL

Provincial breastfeeding rates are steadily increasing

On behalf of the Baby-Friendly Council of NL I would like to wish everyone a happy and peaceful Christmas season and a wonderful New Year. Thank you to the many health professionals working on the front-line supporting breastfeeding families, for your tremendous commitment to breastfeeding in Newfoundland and Labrador.

Breastfeeding is an important public health priority for our province and we are delighted to see that our provincial breastfeeding rates are steadily increasing with more women choosing to breastfeed in 2013. We want to ensure that all NL women have access to timely information and skilled support throughout their breastfeeding experience. We look forward to your continued support as we work to make this happen.

—Janet Murphy Goodridge
RN, MN, IBCLC

Baby-Friendly
Newfoundland & Labrador

Social Media Spotlight

Breastfeeding Doctor Champions Unveiled during World Breastfeeding Week

A big congratulations to the eight Word Breastfeeding Week (2013) Newfoundland and Labrador—Breastfeeding Doctor Champions who were nominated through Facebook by moms around the province. In addition to being profiled on Facebook, each physician has been presented with a certificate of excellence in appreciation of their expertise and valued support of breastfeeding mothers and babies.

Dr. Erin Smallwood

Dr. Nicola Penney

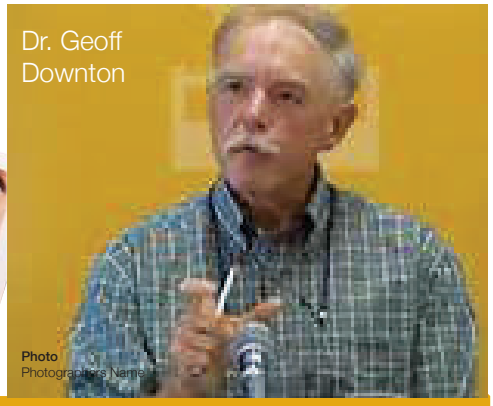
Dr. Greg Sutton

Dr. Heidi Carew

Dr. Joanne White

Dr. Kathleen Lafferty

Dr. Tina Squires



"Please Join Us In Congratulating Dr. Geoff Downton"
>45 people shared this post on their own Facebook page
>6200 viewed this post
>126 people 'Liked' it

As a neonatologist at the Janeway Dr. Geoff Downton has cared for many premature and sick newborns. He educates students and colleagues on the many benefits of breastmilk and is well known for encouraging mothers of babies in the NICU to breastfeed, by stating that "this is something very important that you can do to really help your baby." His commitment in ensuring that all NL families have the best start possible is truly to be commended.

Sample Facebook Posts

Baby-Friendly Newfoundland and Labrador October–November 2013

"First weekly drop-in Breastfeeding Support group happening this Thursday, November 28th 1:30–3:00pm at the Community Health office on O'Connell Drive, Corner Brook. Spread the word!"
>1060 viewed this post

"The Public Education & Awareness Working Group of the Baby-Friendly Council of NL is looking for Moms to help out! We want to stay current… and get perspectives from Moms with different experiences in an effort to better support families across the province. We cover topics like: breastfeeding resources, social media, marketing, promotional materials… etc. You can be physically located anywhere in NL… as we meet via teleconference and you can just call in from your home for about 30 minutes a month.

Please email info@babyfriendlynl.ca if you are interested in participating. We will be having one more meeting before Christmas. Thanks for your consideration!"

In response to this post… 10 women emailed the Council wanting to volunteer their time. A Teleconference was held on November 26 at 8:30pm–10pm with 4 of these women exploring opportunities to get involved.

1 **#neatGiftIdea...**
Happy Halloween Week from Baby-Friendly NL!

2 **#AweSoMeBreastfeedingSign**
Check out the town hall sign from Logy Bay, Middle Cove, Outer Cove!!! Now.... how cool is that?!

3 **The Baby-Friendly NL Booth at the Healthy Living Show at the Sheraton in St. John's.**
Janet (Chair of Baby-Friendly NL Council) holding up our *Telegram* article. Thanks to all that dropped by.

Please note posts occur daily… these are just a select few.

Baby-Friendly
Newfoundland & Labrador

Breastfeeding Support

Dads Can Make the Difference for Breastfeeding!

Research shows the value of fathers in supporting a mother in achieving her breastfeeding goals. Evidence also suggests that many males do not feel that the ultimate decision on infant feeding is theirs to make, as the mother is the one "technically" feeding the baby. Traditionally, father's way to "help" has been to bottle-feed the baby (usually with a breastmilk-substitute such as formula, and sometimes with expressed breastmilk). Anecdotally, we know that this practice undermines maternal confidence and contributes to suboptimal milk production, nipple confusion and breast refusal.

Fathers often retain their constructive knowledge and sense of confidence in breastfeeding at times when mothers may feel exhausted or discouraged.

Surveys from fathers indicate that they feel excluded from breastfeeding education and that discussion of breastfeeding management usually occurs between women. While fathers play an important supportive role during the labour and birth process, they are an under utilized resource during the breastfeeding experience.

Healthcare professionals should involve fathers in all breastfeeding counseling interactions. They should be encouraged to voice their concerns, ask questions, and to be active participants in and breastfeeding management strategies for their partner and baby. Fathers often retain their constructive knowledge and sense of confidence in breastfeeding at times when mothers may feel exhausted, emotional or discouraged. If fathers possess the knowledge, they possess the power to intervene for breastfeeding success. Their bond and attachment to their baby as well as to their partner can only benefit directly from this engagement.

Encourage new fathers to check out the provincial "Babyfriendlynl.ca" website, which highlights the breastfeeding commitment of local, male celebrities and fathers. Another valuable website that is geared towards fathers' learning needs and peer support is: *www.newdadmanual.ca*

—**Janet Fox-Beer** BN, RN, IBCLC

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There's an App for That!

Need Info on Medications & Breastfeeding?

Health care providers are often confronted with questions about medications and breastfeeding. Traditional resources such as Medications and Mother's Milk and Motherisk *(www.motherisk.org/women/index.jsp)* continue to offer current evidence-based information. For the many providers who access clinical information via their cell phones, there is also a free app available which provides quick access to information concerning medication and lactation.

The LactMed app from the United States National Library of Medicine is "a peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. Among the data included are maternal and infant levels of drugs, possible effects on breastfed infants and on lactation, and alternate drugs to consider." Links for installing to an Apple iPhone/iPod Touch or Android device are available at *http://toxnet.nlm.nih.gov/help/lactmedapp.htm* Those without an Apple or Android device can still access LactMed at *http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT*

—**Lisa O'Neill** BN, RN, IBCLC

Impact on Health Care Services: Formula Fed vs. Breastfed Infants During Their First Year of Life

Newfoundland and Labrador (NL) has the lowest breastfeeding rates in Canada and although initiation rates have improved, many women stop breastfeeding prematurely. Rates of exclusive breastfeeding are well below global recommendations, with only 15% of NL women exclusively breastfeeding for 6 months. Studies have shown that there are economic benefits with increased breastfeeding rates as well due to reductions in the use of health care services. Health care costs are increasing rapidly and a focus on preventative health care initiatives (specifically, an intervention to improve breastfeeding rates) is required.

The Janeway Foundation had approved a grant for $70,000 to help focus this study in determining if there is a difference in health services use in the first year of life between infants who are exclusively breastfed and those who are formula-fed. Our hypothesis is that formula-fed children have higher rates of health care services usage. More specifically, we want:

To determine if there are differences in:

- the use of physician services (e.g. visits to a family practitioner, specialist, radiological assessments)
- the use of hospital services (e.g. ER visits, hospital admissions, length of stay, NICU/PICU)
- self-reported use of health services
- the use of medications

To determine the factors that are significantly associated with health services use in an infant's first year of life, using a multivariate model adjusting for known confounders (e.g. socioeconomic status, mother's education).

Our hypothesis is that formula-fed children have higher rates of health care services usage.

This project is part of a larger research program aimed at understanding infant nutrition choices in NL and their implications. Dr. Twells and Dr. Newhook co-chair the Breastfeeding Research Working Group (BFRWG) under the umbrella of the Baby-Friendly Council of NL. This group is an experienced team of academic researchers (and students), health professionals (e.g., physicians, nurses), data linkage specialists, and decision/policymakers all committed to a program of research in infant nutrition. The results from this research will be used to inform researchers, health care administration and policy makers. The future will include developing targeted interventions that will also be studied, with the ultimate goal of improving breastfeeding rates and the health of infants and mothers in NL.

MUD LAKE, LABRADOR

Photo Courtesy Of Aimee Chaulk

Co-Principal Investigators are:

Dr. Laurie Twells PhD
Associate Professor
School of Pharmacy & Faculty of Medicine

Dr. Leigh Anne Newhook MD, MSc, FRCP
Associate Professor, Faculty of Medicine
Pediatrician, Eastern Heath

Co- Investigators are:
Janet Murphy Goodridge RN, MN, IBCLC
Provincial Breastfeeding Consultant

Lorraine Burrage RN, MSc
Program Coordinator, Perinatal Program NL

Nicole Gill MSc
Newfoundland and Labrador
Centre for Health Information

William Midodzi PhD
Biostatistician
Faculty of Medicine

Submitted by:
Bev Morgan
Research Assistant-Program Evaluator
Janeway Pediatric Research Unit

Baby-Friendly
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New Research

Impact of Provincial Breastfeeding Promotional Poster Campaign

Background The Baby-Friendly Council of Newfoundland and Labrador received funding from the provincial government in 2008 to develop a social marketing campaign with the goal of promoting breastfeeding as the cultural norm. One aspect of the campaign was the development of posters targeting the public. The catchy tag line was "You'll see Plenty of Strange Things… Breastfeeding Isn't One of Them". Posters were provided to regional health authority health promotion offices for distribution in communities across NL.

"You'll see plenty of strange things… breastfeeding isn't one of them."

Methodology A survey focusing on breastfeeding practices and perspectives was developed. Questions explored if the general public was aware of the provincial breastfeeding poster campaign, as well as if the posters were able to influence and/or alter attitudes about breastfeeding. The surveys were carried out in the summer of 2013 to the general public in two rural NL communities with historical low documented rates of breastfeeding.

Findings Preliminary findings were shared at the PriFor Conference in St. John's on November 27, 2013. The full detail of findings will be submitted for publication, and will be used by the Baby-Friendly Council of NL to determine future public education and awareness actions.

— Alissa Vieth **BASc MPH/ RD Candidate**

Research conducted by:
Alissa Vieth BASc, MPH/ RD Candidate, Janine Woodrow PhD, RD, Courtney O'Neil BSc, MPH/ RD Candidate, Barbara Roebothan PhD, RD

New Research

Telephone-Based Support Prolongs Breastfeeding Duration… A Randomized Trial

Drop Her A Line A recent study showed how powerful reaching out to new moms over the phone can really be when it comes to improving breastfeeding initiation and duration.

A sample of 226 mothers and their healthy, full-term infants were divided into two groups where approximately half received an intervention of personal phone calls from a lactation consultant while the others were placed in a control group, relying on the standard supports in their communities.

The lactation consultant addressed topics such as:
- mother's breastfeeding routine
- support networks
- physical concerns which appears to have provided some relief.

Bottom Line In comparison to moms in the control group, moms receiving the calls sustained exclusive breast-feeding for an average of 79 additional days and partial breastfeeding for an average of 76 additional days. This research focused solely on women with a BMI ≥30, but extra support with breastfeeding is certainly warranted for all woman, regardless of BMI status.

Carlsen, E., Kyhnaeb, A., Renault, K., Cortes, D., Michaelsen, K. and Pryds, O. (2013). Am J Clin Nutr vol. 98 (5). doi: 1226-123210.3945/ajcn.113.059600

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New Research

Predictors and Consequences of In-Hospital Formula Supplementation for Healthy Breastfeeding Newborns

Feeding Fusion While you might not see many similarities between Newfoundland & Labrador and Hong Kong, it turns out our infants are sometimes sharing the same meal experience just hours after birth.

A large cohort study followed 1246 birth cases of healthy full-term infants born in Hong Kong to identify factors and outcomes related to in-hospital formula feeding.

Unfortunately, interruptions and surprises along the course of delivery such as assisted vaginal delivery, cesarean sections or high-birth weight infants seemed to be key predictors for early supplementation.

For all cases where formula was introduced in the first 48 hours (82.5%), breastfeeding duration was negatively impacted.

Factors that discouraged supplementation were:
- higher maternal education
- previous breastfeeding experience
- intention to breastfeed
- giving it a first try while in the delivery room

Bottom Line Unless breastfeeding has been ruled out for medical reasons or deeply embedded values, bypassing the formula route can have a powerful and positive impact on a mother's likelihood to initiate breastfeeding and persevere through challenges.

Among all of the chaos, special attention should be made in the critical moments following birth to instill Baby-Friendly practices. So while supplementing might seem like the simple choice at first, let's allow mom the opportunity to make the breast choice, at last.

Jane E. Parry, Dennis K. M. Ip, Patsy Y. K. Chau, Kendra M. Wu and Marie Tarrant. (2013). J Hum Lact 29: 527 DOI: 10.1177/0890334412474719

New Research

Dynamics of Human Milk Nutrient Composition of Women from Singapore with a Special Focus on Lipids

Breastmilk… "Made To Order"
We know about the effect that time can have on human milk composition but what about the influence of the infant's gender? One of breastmilk's most sought after features is the way in which it adapts throughout the lactation process to support babies' needs at specific stages of growth.

A recent study in Singapore analyzed the breastmilk of 50 new mothers to find out whether differences in composition exist to support gender specific needs.

Similar to previous findings (Hinde, 2007; Powe et al., 2010), this comparison revealed significant differences in energy content, lipid content and lipid composition at 120 days postpartum for that of male versus female infants.

While there are a number of hypotheses to explain how these variations develop, this discovery might be one more reason to promote mom's specially-made meal.

—Jennifer Wood, Dietetic Intern

Thakkar, S., Giuffrida, F., Cruz-Hernandez, C., De Castro, C., Mukherjee, R., Tran, L.A., Steenhout, P. & Lee, L.Y. (2013). *American Journal of Human Biology* vol 25 (6) 770-779 doi: 10.1002/ajhb.22446

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Hinde K. (2007). First-time macaque mothers bias milk composition in favor of sons. Curr Biol 17:R958–R959. Powe CE, Knott CD, Conklin-Brittain N. (2010). Infant sex predicts breastmilk energy content. Am J Hum Biol 22:50–54.

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Women With Small Breasts Produce Less Milk Than Those With Large Breasts… Nonsense!

The difference in breast size among women is primarily related to the quantity of adipose or fatty tissue in the breasts and does not affect milk production or breast storage capacity. In order to produce an ample milk production, women need sufficient glandular tissue that produces and stores milk. This tissue increases during pregnancy and women generally find that their breasts become larger and heavier during pregnancy. This can occur as early as six weeks to eight weeks of pregnancy, and may be especially noticeable towards the end of the pregnancy. Even with this extra growth, some women may still have relatively small breasts at the end of the pregnancy, so it is important to reinforce that breastfeeding success will not be affected.

It is important to reinforce that breastfeeding success will not be affected.

Dr. Peter Hartmann's research from Perth Australia has shown that breastmilk storage capacity varies among women. Storage capacity refers to the amount of breastmilk stored between feedings. Hartmann's research noted that some women have three times the storage capacity as other women but all produced the same volume of breastmilk over a 24-hour period. So from a practical perspective this means that for women with a small storage capacity they may need to breastfeed more often as their babies take in less at each feeding. A mother with a larger storage capacity may be able to go longer between feedings and the baby may nurse fewer times in 24 hours. This finding supports the recommendation for baby-led, cue-based feeding rather than timed or scheduled feedings.

—Joanne Saunders BN RN MHS IBCLC CCHN(c)

Daly, S. & Hartmann, P. (1995) *Infant Demand and Milk Supply. Part 2: The Short-Term Control of Milk Synthesis in Lactating Women. Journal of Human Lactation* 11(l), .27-37.

Breastfeeding Education Coming in 2014

Step2 Education, a well-respected international e-learning organization is offering a 20-hour course titled "Breastfeeding Essentials." This online, self-paced course will be available in January 2014 to hospital and community nurses who have not completed the 20-hour Breastfeeding: Making a Difference Course. A 4-hour course is also offered for physicians. For information contact an Obstetrical Manager in the 4 health authorities or from Clare Bessell at 709-777-4413.

Dr. Jack Newman's Myths of Breastfeeding

Many women do not produce enough milk. Not true!
The vast majority of women produce more than enough milk. Indeed, an overabundance of milk is common. Most babies that gain too slowly, or lose weight, do so not because the mother does not have enough milk, but because the baby does not get the milk that the mother has. The usual reason that the baby does not get the milk that is available is that he is poorly latched onto the breast. This is why it is so important that the mother be shown, on the first day, how to latch a baby on properly, by someone who knows what they are doing.

There is no (not enough) milk during the first three or four days after birth. Not true!
It often seems like that because the baby is not latched on properly and therefore is unable to get the milk that is available. When there is not a lot of milk (as there is not, normally, in the first few days), the baby must be well latched on in order to get the milk. This accounts for "but he's been on the breast for 2 hours and is still hungry when I take him off". By not latching on well, the baby is unable to get the mother's first milk, called colostrum. Anyone who suggests you pump your milk to know how much colostrum there is, does not understand breastfeeding, and should be politely ignored. Once the mother's milk is abundant, a baby can latch on poorly and still may get plenty of milk, though good latching from the beginning, even in if the milk is abundant, prevents problems later on.

For more of Dr. Newman's list of myths of breastfeeding check out *www.breastfeedinginc.ca/content.php?pagename=doc-MB*

Front Left to Right Jan Beattie and Baby Ty, Honourable Susan Sullivan, Minister of Health and Community Services, Candace Mercer & Baby Dru

Back Left to Right Lorraine Burrage, Janine Woodrow, Janey Murphy Goodridge, Jason Carew
Photo Heather Cluett

The Department of Health and Community Services Proclaimed October 1–7, 2013 as World Breastfeeding Week

The Honourable Susan Sullivan, Minister of Health and Community Services, was joined by members of the Baby-Friendly Council of Newfoundland and Labrador and new parents in signing the proclamation for World Breastfeeding Week 2013.

World Breastfeeding Week is a global initiative to raise awareness of the benefits of breastfeeding and its positive long-term effects on the growth and development of infants. The 2013 theme, Breastfeeding Support: Close to Mothers, highlights the importance of providing support and encouragement to breastfeeding families.

Infant feeding is one of the most important decisions that new families make. Mothers need the support of family, friends, health care providers and their communities to initiate and sustain breastfeeding.

 Design by Susan McWatt FitzGerald CGD

The Baby-Friendly Council of NL established in 1992, is an interdisciplinary committee with representatives from all regions in the province strongly committed to increasing the initiation and duration of breastfeeding. The Perinatal Program, NL (PPNL) evolved as the lead agency supporting the ongoing work of the Council, of which the Provincial Breastfeeding Consultant is chair, and is supported by the Department of Health and Community Services (DHCS).

The Baby-Friendly Council of NL, in affiliation with the Breastfeeding Committee for Canada, is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative (BFI) in Newfoundland and Labrador. The BFI is a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). This campaign recognizes that implementing best practices in health and community services is crucial to the success of programs that protect, promote and support breastfeeding. Various contracts are awarded to the Baby-Friendly Council from the DHCS that are administered through and managed by the PPNL.

Janet Murphy Goodridge
Provincial Breastfeeding Consultant
& Chair of the Baby-Friendly Council of NL
Perinatal Program, NL (PPNL)
T 1 709 7774656
info@babyfriendlynl.ca
www.babyfriendlynl.ca

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MAY 2014

Baby-FriendlyNLNews

Getting to Know Dr. Jill Starkes Gander's New Pediatrician

Tell us a little about your background. I grew up in a farming community in southern Ontario, but went to university out east and fell in love with both the ocean and my husband, a Newfoundlander. After starting a career in public health epidemiology, I decided to pursue my dream of practicing medicine and studied at McMaster University. I did my residency in Pediatrics at the Children's Hospital of Eastern Ontario in Ottawa. Our three children were all born during our time in Ottawa, which made for a busy few years, to say the least! Gander is my husband's hometown, and for us this location provided the right balance of professional satisfaction and family life. My job provides the opportunity to use the full breadth of my training in ways that are really valued by the families and other health care professionals in the region.

Dr. Starkes breastfeeding between patients in Pediatric Clinic.

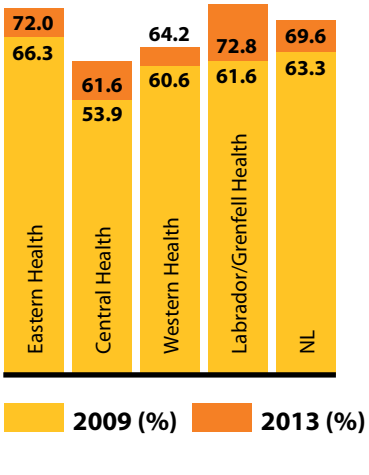
Families need to start thinking and learning about breastfeeding during pregnancy. Those tiring first few days are not the time to make important decisions!

Why do you feel pediatricians should promote and support breastfeeding? Pediatricians know the medical and developmental benefits of breastfeeding, and we are in a unique role to support and encourage families. Our actions and words have a strong influence on families' feelings about infant feeding. Through the early and ongoing challenges of breastfeeding, we can be there to hear concerns and celebrate success. We can provide objective assessments about whether breastfeeding is a good option for each family.

How did breastfeeding go for you personally?
I breastfed my first two children for over a year each, and I'm currently nursing my youngest, who is three months old. I love the closeness of snuggling a nursing baby.

With each of my babies I needed help from Lactation Consultants, and I was surprised that my experience with each child was so different! I laughed at some of the impractical breastfeeding advice I had given before becoming a mom. I gained a better appreciation of the way the judgmental opinions of others can affect a nursing mother who is only trying to do the best thing for her baby.

Increase in Breastfeeding Rates by Health Authority (%)
Source: Newborn Screening Program/Perinatal Program NL 2014 *(Note: Maternity Facility rates ranged from 76% to 45%)*



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Continued from the Front Page

Continuing to breastfeed and pump milk upon my return to work was probably the hardest part for me. I worked long hours in a high-stress environment, and pumping was physically draining. When I look back on that time now, it's all a bit of a blur!

Were you supported to breastfeed by your family and colleagues? My husband's support has been integral to my breastfeeding success. He always told me that I could continue or stop nursing whenever I wanted, but that the decision should be made for my own reasons, not those of other people. These days he makes frequent visits to the hospital so my daughter can feed.

The experience of being a mother and learning to balance competing needs has made me a much more empathetic physician.

Even working in healthcare, I got some resistance about stepping away to pump or feed my child as a resident. A lot of my guilt was self-imposed, but I worried that I would be seen as less committed to my job. In retrospect I realize that the experience of being a mother and learning to balance competing needs has made me a much more empathetic physician. It has been a pleasure to feel supported in my desire to breastfeed in my new workplace: I have the chance to 'talk the talk, and walk the walk'.

What infant feeding advice would you give to women planning a pregnancy or expecting a new baby? Breastmilk is the perfect food for most babies, and almost all mothers can breastfeed successfully. Just because it is natural doesn't mean it is easy, though! Ask for help and don't be afraid to discuss your concerns and doubts along the way. Reach out to other moms, they will be your best support system. Eat well and sleep when you can. Give up on having the perfect house or body, and just enjoy the experience of nourishing your baby and the bond between you.

What would you like to change or improve so that families can be better supported in initiating and continuing breastfeeding? Families need to start thinking and learning about breastfeeding during pregnancy. Those tiring first few days are not the time to make important decisions! We need to introduce the topic and provide information at a time when people can develop plans and identify the supports that will be available to them. And then when the experience is entirely different from what they expected, we must dedicate time and resources to develop individual solutions to the issues that come up. More funding for Lactation Consultation and home visiting programs is needed. I love the new Baby-Friendly NL ad campaign normalizing breastfeeding.

A message from the Provincial Breastfeeding Consultant & Chair of the Baby-Friendly Council of NL

Photo by Heather Mercer Photography

It has been a busy new year with several exciting provincial breastfeeding initiatives. As of January 2014, the Step 2 Breastfeeding Essentials 20 hour online health professional education program was made available in all regional health authorities. If you have not completed the Making a Difference 20 hour breastfeeding course, contact a lactation consultant or clinical educator in your region for registration assistance. The Baby-Friendly Council of NL (BFCNL) is covering the cost of the program.

In March 2014, the BFCNL sponsored physician education sessions with internationally renowned pediatrician and breastfeeding expert, Dr. Jack Newman, in St. John's, Carbonear and Corner Brook. In our ongoing efforts to promote breastfeeding as the norm for infant feeding, local breastfeeding celebrity ads were featured in Cineplex theatres in Mount Pearl, Corner Brook and St. John's during February and April. And, if you have been driving around the St. John's area lately you may have noticed the Metrobus breastfeeding promotion campaign featuring local breastfeeding women.

We are also very pleased to announce that again this year, breastfeeding funding was highlighted in the provincial government's budget speech. The annualized funding enables the BFCNL to continue their work on implementing Baby-Friendly Initiative best practices within the provincial health care system and strengthening support for breastfeeding in the community.

Your enthusiasm and commitment to breastfeeding is making a difference to families in Newfoundland and Labrador. Keep up the good work!

—**Janet Murphy Goodridge RN, MN, IBCLC**

White Blood Let food be thy medicine and let medicine be thy food. HIPPOCRATES

The value of breastmilk as nutrition has been established, though it's reign as a "superfood" has been a hard fought triumph. Breastmilk, or "white blood", is a living fluid and the combination of nutrients and immunological protection it offers are unparalleled. Justification for the heralding of mothers' milk, as the life-giving force it is, has been muffled in our western world of luxury and excess.

A recent nursing experience in Haiti, with the Newfoundland Team Broken Earth, illustrated the deficiencies of breastmilk substitutes and refuted their claims as acceptable foundations for infant nourishment.

Because of the vital concerns about clean water and sanitary preparation of feeds, the use of breastmilk substitutes poses an immediate risk for gastrointestinal illness in any culture; even more so in developing nations. In Haiti, even in the hospital setting, the severe levels of suboptimal infant health were catastrophic! The reality of conditions did not permit proper preparation of breastmilk substitutes, even when supplies were made available, and the stainability of supply was a constant threat. For parents, the affordability was an insurmountable burden, regularly leaving the vulnerable infants as victims of intentional over-dilution and hence, malnutrition. In addition to being void of the necessary caloric intake for infant growth, these babies lacked the miraculous, immunological defenses that breastmilk inherently provides. Breastmilk is the active force that sustains infant life in environments where the risk of infection has lethal consequences. Breastfed babies have food as their medicine!

Cultural barriers to breastfeeding exist in most countries in one form or another. Haiti, a nation where breastfeeding should be an obvious choice as a feasible, secure food source, is no different. There, as well, it was the working poor, the uneducated, and the sexually dominated women who resorted to breastmilk substitutes— their babies then significantly influenced by the social determinants of ill health. The unethical marketing of breastmilk substitutes coupled with the ignorance of intervening players (for example, employers or aid workers) sets a destructive, non-reversible pathway for mothers and their babies.

As nurses, there is always a role for us to play in dispelling the myths and removing the obstacles to breastfeeding so that we can support families and nations. The fact that children die, needlessly, when "white blood" could ensure their survival and their health is an unacceptable situation, for this "medicine" is available anywhere around the globe!

—Janet Fox-Beer RN, BN, IBCLC

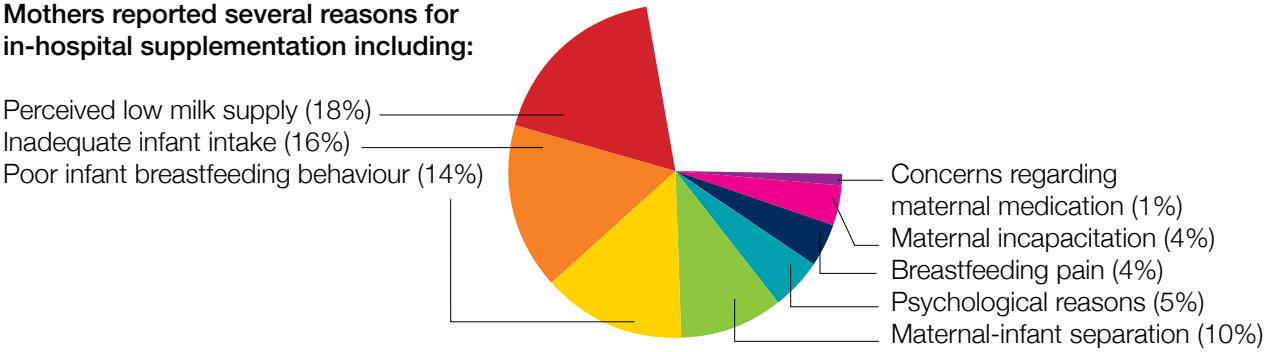
Close to losing the struggle to keep her fragile infant alive on diluted, inadequate breastmilk substitute, this desperate mother sought medical intervention. Her vulnerable baby, severely malnourished, then received calories, but was still denied the immunological protection that breastmilk inherently provides. Diarrhea remained a constant challenge to his absorption of any nutrients. Is this merely another case of too little, too late?

In-Hospital Formula Use Increases Early Breastfeeding Cessation

Among First-Time Mothers Intending to Exclusively Breastfeed

This longitudinal cohort study included a multiethnic population of first-time mothers who planned to breastfeed for ≥ 1 week. The study examined whether or not in-hospital supplementation is associated with an increased risk of not fully breastfeeding between 30-60 days postpartum, or breastfeeding cessation by day 60. **Of the 393 participants, 210 exclusively breast-fed in hospital, and 183 infants received in-hospital supplementation.** The majority of these infants (114) received supplementation within the first 24 hours after birth.

Mothers reported several reasons for in-hospital supplementation including:



47%

The researchers found that for first-time mothers who intended to breastfeed exclusively for at least one week, supplementation was highly prevalent. It is interesting to note that this study was completed in a hospital that, at the time of study, implemented a policy incorporating the Ten Steps to Successful Breastfeeding. **Even with this policy, nearly one half (47%) of the infants received in-hospital supplementation.**

The study also showed that infants who received in-hospital supplementation had a higher chance of not being fully breastfed during days 30-60 than infants who were exclusively breastfed in hospital (67.8% versus 36.7%), and were more likely to have fully stopped breastfeeding by day 60 than those infants exclusively breastfed in hospital (32.8% versus 10.5%). Supplementation feeds given by bottle further increased the chance of not fully breastfeeding during days 30-60.

In Newfoundland and Labrador, we continually strive to increase our breastfeeding initiation and exclusive duration rates, and to follow the Ten Steps to Successful Breastfeeding. In order to achieve these goals, health care professionals must be knowledgeable about strategies to avoid non-indicated in-hospital supplementation.
—Janice Marsh RN, BN, MN

Chantry, C. J., Dewey, K. G., Peerson, J. M., Wagner, E. A., Nommsen-Rivers, L. A. (2014) *The Journal of Pediatrics www.jpeds.com*

New Resources!

Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months

Health Canada, the Canadian Paediatric Society, Dietitians of Canada, and the Breastfeeding Committee for Canada recently released a revised version of *Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months.*

According to Health Canada, "These guidelines reflect the latest science and practice on nutrition for healthy term infants and young children, and provide guidance for health professionals to help support parents and caregivers on infant and young child nutrition." The revised document emphasizes the important role of health professionals in promoting and supporting breastfeeding. "Health professionals help to create supportive environments for breastfeeding when they continue to promote this practice as the normal way of feeding…."

The Baby-Friendly Initiative and the World Health Organization Code of Marketing of Breastmilk Substitutes are recognized as key in providing support to increase the duration of breastfeeding.

It should be noted that the Infant Feeding Joint Working Group tasked with updating the Nutrition for Healthy Terms Infants guidelines included local Newfoundland and Labrador (NL) pediatrician Dr. Jeff Critch who is also Chair of the Canadian Paediatric Society Nutrition and Gastroenterology Committee.

Thank you to the NL dietitians and members of the Baby-Friendly Council of NL who provided considerable input throughout the consultation process.

Available electronically at: *http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-eng.php*

ILCA's *Clinical Guidelines for the Establishment of Exclusive Breastfeeding*

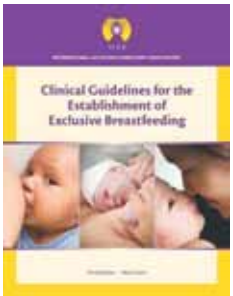
The International Lactation Consultant Association *Clinical Guidelines for the Establishment of Exclusive Breastfeeding, 3rd Edition* has been updated in 2014. Lactation consultants will be familiar with this excellent resource for strategies for initiating and establishing successful breastfeeding. According to the ILCA website, "This evidence-based publication features expected outcomes for mothers and babies along with 21 specific management strategies to guide clinicians in caring for breastfeeding families. Rationale and extensive research citations accompany the outcomes and strategies. Serves as a great teaching tool and provides strong justification for evidence-based practices."

For information on ordering this resource from ILCA see: *http://www.ilca.org/i4a/ams/amsstore/category.cfm?category_id=9*

Toronto Public Health *Breastfeeding Protocols for Health Care Providers*

Toronto Public Health has recently updated and revised their very popular *Breastfeeding Protocols for Health Care Providers (2013).* Public health and hospital nurses used the previous version of the protocols in two regional health authorities in NL. The protocols are intended for use by health care providers to protect, promote and support effective breastfeeding for the families of healthy term infants In addition, e-learning modules have been developed based on the protocols to support the education of health care providers and the provision of evidenced-based breastfeeding support.

The Breastfeeding Protocols for Health Care Providers (2013) and the e-learning modules are available electronically at: *http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=a89b2f763c322410VgnVCM10000071d60f89RCRD*



Professional Development

Dr. Jack Newman Visits Newfoundland

In March 2014, the Baby-Friendly Council of NL sponsored physician targeted education with Toronto-based pediatrician and breastfeeding expert Dr. Jack Newman. Dr. Newman also presented at public events in St. John's at the Geo Centre with over 250 participants and in Corner Brook at the Greenwood Hotel with 100 participants. During the provincial visit over 600 people heard Dr. Newman's presentations.
In St. John's, Dr. Newman presented at obstetrical, pediatric and neonatal rounds, and also facilitated a pediatric academic half day with the residents. Over 50 family physicians attended a Saturday morning workshop with Dr. Newman on management strategies for common breastfeeding concerns. He also travelled to Carbonear and Corner Brook and again there was an excellent turnout of pediatricians and family physicians. Overall, the sessions were very well received and generated considerable discussion of existing practices and areas for improvement. Thank you to our exceptional advisory group of physicians for assisting in the organization of Dr. Newman's visit: Drs. Leigh-Anne Newhook, Anne Drover, Rebecca Rudofsky, Amanda Pendergast and Erin Smallwood. Thank you also to Memorial University's Discipline of Family Medicine and the Discipline of Pediatrics for assisting with financial support for the visit.

Dr. Erin Smallwood, Physician Champion, in Corner Brook with Dr. Jack Newman.

Participants at the public event held at the Johnson Geo Centre in St. John's.

Clinical Discussion

Rising Use of Nipple Shields

Nipple shields are flexible artificial silicone nipples placed over the mother's nipple and areola and are used to make the nipple more prominent. They come in various diameters and sizes. They have often been used to manage breastfeeding challenges such as sore nipples, latch and suck problems, breast refusal and in the feeding of premature babies.

It is of concern that the nipple shield has once again appeared as a commonly recommended strategy to manage breastfeeding difficulties. In hospital and community settings, the use of these devices is definitely on the rise. They are also widely available to new mothers through local retail stores. Nipple shields are not in fact, the answer to all of the above problems. The perception that things are now going well with the nipple shield in place, prevents mothers from getting help early to fix the underlying problem. Nipple shields are generally discouraged as their use can result in babies seeming to become dependent on them. With continued use, the mother's milk production could also be compromised; although there is ongoing debate about this point among lactation professionals. For effective breastfeeding, the baby needs to achieve a deep latch and this is more challenging with a nipple shield. A nipple shield should not be used without consulting a lactation consultant and research suggests avoiding the nipple shield before the mother's milk "comes in". There are limited research studies on the use of nipple shields. Therefore, health care providers should use nipple shields with caution.

—Amy Melendy RN, BN, IBCLC

Baby-Friendly
Newfoundland & Labrador

Drinking vs. Nibbling and Breast Compression

Once the baby is latched onto the breast, assessment of milk transfer is an important next step for those working with breastfeeding mothers. In order to stimulate the milk ejection reflex (let down), babies start with shorts bursts of quick, gentle sucks; think of it as rapid like a Pac-Man mouth. Once the milk has "let down", note that the baby's sucks are slower, more drawn out, and rhythmic. In some babies, it can more difficult to tell if they are actually drinking milk or are merely nibbling at the breast. As well, it can take time and practice to identify babies drinking well from those who are not. A baby who is only nibbling at the breast and not drinking well will quickly run into problems such as poor weight gain and a decrease in the mother's milk production.

A baby who is only nibbling at the breast and not drinking well will quickly run into problems such as poor weight gain and a decrease in the mother's milk production.

Just as Dr. Jack Newman advises an asymmetrical latch approach, he also recommends that those working with breastfeeding mothers assess the transfer of milk by observing for pauses in the baby's chin. Specifically, he counsels that observers will see a pause at the point of the baby's chin after the baby opens to the maximum and before he closes his mouth. This pause in the baby's chin represents a mouthful of milk; the longer the pause, the more milk the baby drank.

What to do if you encounter a baby who shows more 'nibbling' than actual drinking at the breast? Suggest that the mother use breast compression to "turn sucks or nibbling into drinks", and keep baby receiving milk. Compressions work by simulating a letdown or milk ejection reflex, and are similar to pumping the breasts while baby is latched.

— Lisa O'Neill RN, BN, IBCLC

Breast Compression Basics is an excerpt from Dr. Jack Newman's hand-out, *Breast Compression,* which can be found online at: *http://www.breastfeedinginc.ca/content.php?pagename=doc-BC*

Breast Compression Basics:

1. Hold the baby with one arm. Support your breast with the other hand, encircling it by placing your thumb on one side of the breast (thumb on the upper side of the breast is easiest), your other fingers on the other, close to the chest wall.

2. When the baby is nibbling at the breast and no longer drinking with the "open mouth wide—pause—then close mouth" type of suck, compress the breast to increase the internal pressure of the whole breast. Do not roll your fingers along the breast toward the baby, just squeeze and hold but not so hard that it hurts or changes the shape of the areola. With compression, the baby should start drinking again with the "open mouth wide—pause—then close mouth" type of suck. Use compression while the baby is sucking but not drinking.

3. Keep the pressure up until the baby is just sucking without drinking even with the compression, and then release the pressure. Release the pressure if baby stops sucking or if the baby goes back to sucking without drinking. Often the baby will stop sucking altogether when the pressure is released, but will start again shortly as milk starts to flow again. If the baby does not stop sucking with the release of pressure, wait a short time before compressing again.

4. The reason for releasing the pressure is to allow your hand to rest, and to allow milk to start flowing to the baby again. If the baby stops sucking when you release the pressure, he will start sucking again when he starts to taste milk. When the baby starts sucking again, he may drink ("open mouth wide—pause—then close mouth" type of suck). If not, compress again as above.

5. Continue on the first side until the baby does not drink even with the compression. You should allow the baby to stay on the side for a short time longer, as you may occasionally get another let down reflex (milk ejection reflex) and the baby will start drinking again, on his own. If the baby no longer drinks, however, allow him to come off or take him off the breast.

6. If the baby wants more, offer the other side and repeat the process. You may wish, unless you have sore nipples, to switch sides back and forth in this way several times.

7. Remember, compress as the baby sucks but does not drink. Wait for baby to initiate the sucking; it is best not to compress while baby has stopped sucking altogether.

Clinical Discussion

It's All About Latch

We hear over and over again the importance of ? mothers and babies starting out with the correct latch. So, why the emphasis on getting the best latch possible? In order for the baby to easily get milk from the breast, the baby must be well latched on. One of the main contributing factors associated with sore nipples is poor latch. Not only is a poor latch associated with nipple soreness, latching issues can result in cracked nipples, bacterial or yeast infection, engorgement, and/or poor weight gain in the baby. Even if the mother is facing breastfeeding challenges, the principle holds: the better the latch, the more easily the baby gets the mother's milk.

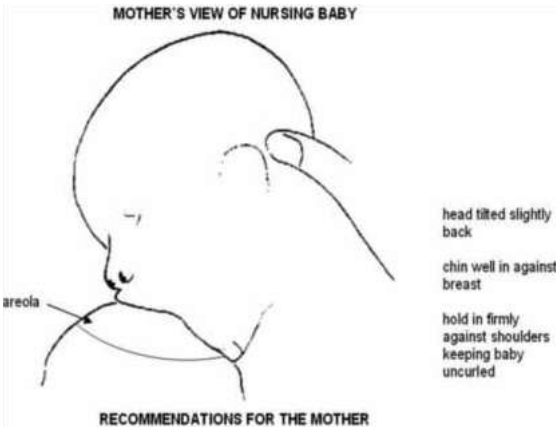
There are a variety of techniques and approaches to achieving the best latch possible. As long as mother and infant are comfortable and the latch allows the baby to effectively drink milk from the breast, they have likely learned together what works best for them.

Health care providers often encounter clients who need help with latching. One approach recommended by breastfeeding expert Dr. Jack Newman is to aim for an asymmetrical latch. In this process, the baby comes to the breast and latches on asymmetrically covering more of the areola with the lower lip than the upper lip. In addition, the baby's chin touches the breast first, the baby's head is tilted back, and the baby's nose is not pressed into the mother's breast.

Teaching Points:

- Baby is held tummy to tummy with mother with her arm supporting his weight with her forearm. Baby's body and legs should be wrapped around mother.
- Baby's bottom is pushed into mother's body which brings him toward the breast with the nipple pointing to the roof of his mouth.
- Baby's face is supported by mother's hand but NOT pushed in against the breast.
- Align the baby's nose with the nipple.
- Wait for the baby to open wide like a yawn and use the whole arm to bring the baby onto the breast. The baby's head is tilted back slightly so that the nose is up and the baby's chin comes into the breast first.
- WATCH THE LOWER LIP, aim it as far from base of nipple as possible, so that the tongue draws lots of breast into mouth.

— Lisa O'Neill RN, BN, IBCLC



There are a variety of techniques and approaches to achieving the best latch possible. As long as mother and infant are comfortable and the latch allows the baby to effectively drink milk from the breast, they have likely learned together what works best for them.

For more information including video clips and reproducible handouts, please go to: *http://www.breastfeedinginc.ca/index.php*

The diagrams on the right are from Dr. Jack Newman's hand-out, *When Latching*. The full hand-out and additional resources about latching can be found at: *http://www.breastfeedinginc.ca/content.php?pagename=doc-WL*

Baby-Friendly
Newfoundland & Labrador

Latch & Undiagnosed Ties

My little girl, Scarlett, is now two and a half years old. I've decided that the WHO recommendation of breast-feeding to age two and beyond was the best feeding decision I could make for her. Our breastfeeding relationship, however, got off to a rough start because of an undiagnosed posterior tongue tie and lip tie. None of the health professionals at the hospital or her family doctor diagnosed this. I was told over and over it was "poor latch" or thrush or "lazy feeder" and that we needed to formula feed or at least supplement. All were incorrect.

Scarlett was gagging, coughing, extremely gassy, and she "clicked" with each suck. My nipples were being crushed and so badly abraded my daughter would spit up blood after feeding. There was no adjusting her latch, and a shield was only helping marginally. Nursing was making her so tired, she was sleeping through feeds to conserve calories, and was losing weight in a vicious cycle.

Within three days, the damage to my nipples was healing, and within a month, Scarlett gained more weight than the previous 10 weeks combined.

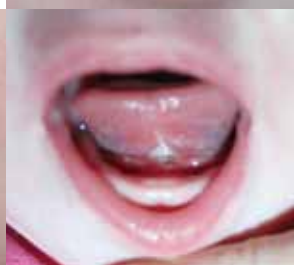
I researched what could be causing our issues, trusting my gut that there was something more going on. I went to a La Leche League meeting and met a mom whose story matched mine. She was unable to get her son treated locally so she went to see Dr. Kotlow, a pediatric dentist in Albany, NY; the leading expert in the field of tongue and lip tie. Immediately, I got in touch with Dr. Kotlow. He diagnosed the problem via pictures I sent him, and I quickly booked our flight from St. John's to Albany. She was treated (laser revision) and immediately, she latched PERFECTLY! Within three days, the damage to my nipples was healing, and within a month, Scarlett gained more weight than the previous 10 weeks combined.

I won't claim that every baby with latch issues is tongue or lip tied, (and not every baby with a lip and/or tongue tie has trouble breastfeeding) but if there are symptoms like mine and Scarlett's, tongue tie (especially POSTERIOR tongue tie) and/or lip tie may be the issue.

—Diane Coombs, BA

Posterior tongue tie. Pre-revision. Her tongue was anchored by the posterior tie, and often looked squared (like a duck's bill) and slightly forked.

Pre-revision. Not the typical anterior tie to the tip of the tongue. Her frenulum was like tight wire at the midpoint under her tongue.

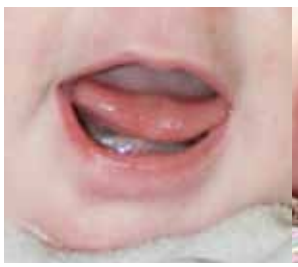


Post revision. The diamond shaped wound. She healed without reattachment within two weeks.

Lip tie. Pre-revision.

Lip tie. Post revision.

Lip tie before & after The biggest change visible here. Her whole face changed, much more relaxed.



Pre-revision (7 weeks). Nursing near impossible.

Post revision (16 weeks). Nursing excellent.

Join the Conversation…

Professional Development & Public Events

March 20–24 Dr. Jack Newman Visits NL

Lorraine Burrage, Dr. Amanda Pendergast, Dr. Rebecca Rudofsky, Dr. Jack Newman, Janet Murphy Goodridge, Clare Bessell and Dr. Anne Drover gathering before Dr. Newman's trip to Corner Brook.

Right Dr. Newman and volunteers at the public event held at the Johnson Geo Centre in St. John's.

Local Research Recruitment

March 5 Infant Feeding Research

February 20 Endocrinology Research

Join the Conversation…

Community Engagement

April 18 Community Engagement

February 23 Community Engagement

March 5 Metrobus Ads

Social Media Spotlight

Join the Conversation…

Promotion of Local Resources

February 23 NL Breastfeeds Video Series

Local producer/director, Mary Lewis, created the 'Newfoundland and Labrador Breastfeeds' video series.

January 18 Seasonal Flu Information

Seasonal Flu and Breastfeeding

Breastfeeding is an important way to safeguard infant health during the flu season.

- There are many ways that breastfeeding and breastmilk can protect your baby's health.
- Infants who are not breastfed get sick from infections like the flu more often and more severely than infants who are breastfed.
- Breastmilk contains protective antibodies and other special substances that will help your baby fight off infections.
- Pregnant women and breastfeeding mothers should receive the flu vaccine.

Photo credits: Jessica Dwyer Milley, Charla Cook, Vanessa Murray, and Danielle O'Neill.

This year's flu vaccine, helps protect individuals from three strains of flu, including H1N1.

What general hygiene measures can I take to protect my baby and myself from getting influenza?

- The flu virus is passed from person-to-person through coughs and sneezes.
- Always practice good hygiene including frequent hand washing with soap and hot water.
- If soap and water are not available, use an alcohol-based hand sanitizer.
- Use clean tissues to cover your nose or mouth when coughing or sneezing and discard the tissue immediately after using it.
- Ask family and friends to delay their visit if they have a cough, fever or other flu symptoms.
- Keep your baby close to you and limit close contact by non-caregivers.
- Avoid taking your infant out into crowds.
- Avoid using pacifiers and artificial teats as they are hard to keep properly cleaned and can spread flu viruses.
- Use clean blankets and burp cloths.

Baby-Friendly Newfoundland & Labrador

The Baby-Friendly Council of NL established in 1992, is an interdisciplinary committee with representatives from all regions in the province strongly committed to increasing the initiation and duration of breastfeeding. The Perinatal Program, NL (PPNL) evolved as the lead agency supporting the ongoing work of the Council, of which the Provincial Breastfeeding Consultant is chair, and is supported by the Department of Health and Community Services (DHCS).

The Baby-Friendly Council of NL, in affiliation with the Breastfeeding Committee for Canada, is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative (BFI) in Newfoundland and Labrador. The BFI is a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). This campaign recognizes that implementing best practices in health and community services is crucial to the success of programs that protect, promote and support breastfeeding. Various contracts are awarded to the Baby-Friendly Council from the DHCS that are administered through and managed by the PPNL.

Janet Murphy Goodridge
Provincial Breastfeeding Consultant
& Chair of the Baby-Friendly Council of NL
Perinatal Program, NL (PPNL)
T 1 709 7774656
info@babyfriendlynl.ca
www.babyfriendlynl.ca

Baby-FriendlyNLNews
WWW.BABYFRIENDLYNL.CA
OCTOBER 2014

Baby-Friendly Initiative Step 2: Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.

The BFI Working group of the Baby-Friendly Council of NL was asked to review on-line education programs for front-line health care providers that would meet Baby-Friendly Initiative standards. Since 2010, the Breastfeeding "Making a Difference" (MaD) course has been implemented as a 20-hour face-to-face course throughout the province. However, due to financial and human resource concerns associated with relieving acute care staff for a three-day course, the need for an alternative program was identified. A small working group of the Council reviewed three on-line courses and recommended the **Step 2 Education *Breastfeeding Essentials* course.**

The **Step 2 Education** course covers all aspects of the **Breastfeeding Committee for Canada's (BCC) BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health.** This program is suitable for staff education as required by the Baby-Friendly Initiative designation process.

The course includes interactive content, graphics, graphs, diagrams, video and links to other internet sites where appropriate. At relevant points in the course modules there are suggestions to review policies or procedures. Learning activities include short multiple-choice self-test questions, crosswords, and interactive case studies or scenarios. The education for each of the required Skills Competencies is followed by a down-loadable form for participants to complete, if required.

Participants are also encouraged to discuss issues using a forum format, which can also be used to post and discuss topics of interest. Each course has an assessment component comprised of automatically graded multiple-choice questions. Upon successful completion of the assessment, participants can download their Certificate.

Currently there are 140 front-line providers from acute care and community health across the province enrolled in the program. Step 2 offers shorter courses for physicians and non-clinical staff, as well as one-hour continuing education sessions.

— Lisa O'Neill RN, BN, IBCLC
Regional Lactation Consultant, Eastern Health

For more information about the course go to *http://step2education.com/*

To register for this free course please contact the Step 2 facilitator in your region or contact Clare Bessell: clare.bessell@easternhealth.ca

Baby-Friendly
Newfoundland & Labrador

Baby-Friendly
Newfoundland & Labrador

Greetings from the Chair

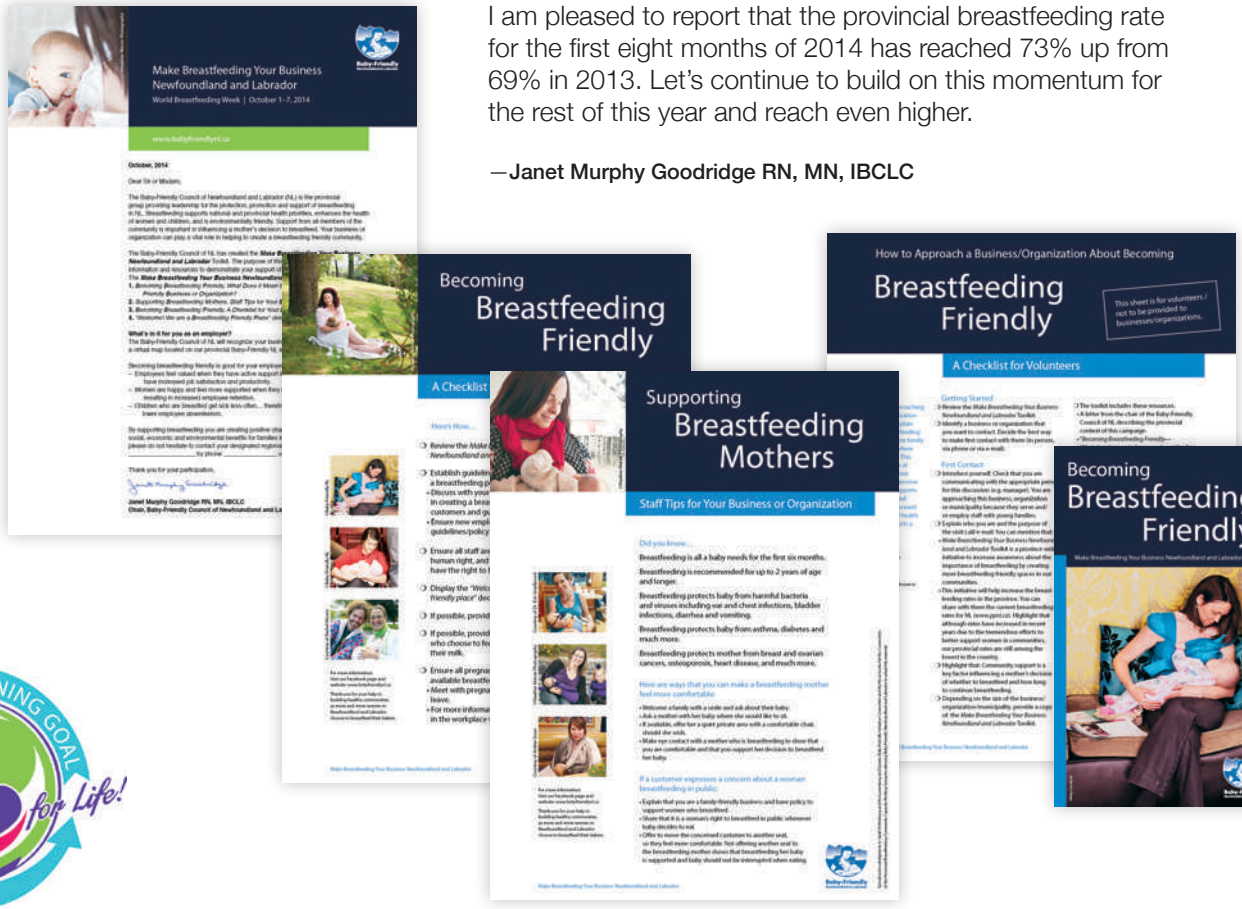
Message from the Provincial Breastfeeding Consultant & Chair of the Baby-Friendly Council of NL

I hope you have enjoyed a restful summer. The Baby-Friendly Council of NL has been working hard to increase breastfeeding rates and most importantly, to enhance the supports for breastfeeding women and families in the hospital and in the community. During World Breastfeeding Week this fall, we will be launching the ***Make Breastfeeding Your Business Newfoundland and Labrador Tool Kit.*** Resources have been developed to assist local businesses, municipalities, restaurants and other community organizations to establish more breastfeeding friendly environments. We want to see more and more NL women feeling comfortable breastfeeding anytime and anywhere!

As part of our ongoing efforts to improve our practices in the health system, we are focusing on enhanced education and resources for front line staff in maternity facilities throughout the province. BFI practices such as encouraging immediate and uninterrupted skin-to-skin care for all mothers and babies, and avoiding separation in the early period after birth are key practices that we will be working to improve. Check out the poster that Western health is using to promote the “Delay the Bath“ initiative.

I am pleased to report that the provincial breastfeeding rate for the first eight months of 2014 has reached 73% up from 69% in 2013. Let’s continue to build on this momentum for the rest of this year and reach even higher.

—**Janet Murphy Goodridge RN, MN, IBCLC**



New Breastfeeding Poster for First Nations and Inuit Communities

Breastfeeding is a traditional way of feeding infants for Aboriginal people across Canada. However, for many reasons, breastfeeding rates of First Nations and Inuit women in Canada fall below national averages of the general public. In Atlantic Canada, the number of on-reserve families choosing to breastfeed also remains lower compared to the rest of Canada. The low percentage of breastfeeding rates amongst First Nations and Inuit women in the Atlantic provinces highlights the need for programs that protect, promote and support breastfeeding.

To raise awareness and promote the tradition of breastfeeding within First Nation and Inuit communities in Atlantic Canada, a breastfeeding poster was recently developed featuring mothers and their babies from First Nations communities in New Brunswick, Nova Scotia, and Newfoundland and Labrador. The project was coordinated in partnership with the Nova Scotia Native Women's Association (Millbrook First Nation Nation, NS), North Shore Micmac Tribal Council (Eel Ground First Nation, NB), and Health Canada's First Nations and Inuit Health Branch, Atlantic Region. Community based Health Centre staff from across Atlantic Canada provided their ideas and thoughts for the overall design and wording used throughout the poster.

Posters will be available to First Nation and Inuit communities, major hospitals, and Public Health offices throughout the four Atlantic provinces. For further information or to obtain a copy of this poster, please send request to james.mcgrath@hc-sc.gc.ca

—James McGrath, PDt, CDE
Regional Nutritionist /CPNP Program Manager
Prevention & Promotion Programs & Nursing Leadership
First Nations and Inuit Health Branch,
Health Canada—Atlantic Region

To raise awareness and promote the tradition of breastfeeding within First Nation and Inuit communities in Atlantic Canada, a breastfeeding poster was recently developed.

Clinical Tip

Constipation in the Breastfed Baby?

Infants who are breastfed are rarely constipated. Parents often express concerns about the frequency, consistency or colour of their infant's stools and may label their child as being constipated when in fact their stooling behaviour is normal. Parents may feel the need to change something or do something when a change occurs.

Common concerns include:

"My baby hasn't had a bowel movement for 5 days, should I give something to help?"

"My baby's bowel movements are usually yellow but the last one was green, was it something I ate?"

"My baby seems to cry hard, turns red and seems to be in pain when having a bowel movement, what can I do?"

There is a wide range of normal in infant stooling patterns. If the baby is feeding well, having adequate wet diapers, gaining weight & otherwise happy and content there is likely nothing wrong. Knowing what is normal may help ease a parents concern or recognize the need to refer the infant to a medical professional to assess the reason for the change in stool pattern.

Giving the infant water, sugar water, juice, probiotics or avoiding certain foods in the mother's diet are not necessary and may be harmful to the baby and breastfeeding. If a breastfed infant is truly constipated, increasing the transfer of milk from mom to baby may be the most effective treatment. In any case, the opinion of a medical professional is always suggested when there are concerns.

Frequency:
Typical stooling patterns for an infant up to 3-4 weeks include several stools daily. It is normal for the frequency of bowel movements to decrease after 6 weeks of age as this is when colostrum, a natural laxative, is gone from the mother's milk. Some breastfed infants may have several bowel movements daily, others have one every few days. As Dr. Jack Newman describes, some breastfed infants have been known to go up to 20 days with out a bowel movement, in these cases the infant was feeding well, having adequate wet diapers and otherwise content/well. When solids or other fluids are introduced, stool changes may also be expected. At any age, small, infrequent bowel movements may indicate insufficient intake. It is recommended that any infant under 3-4 weeks of age with no bowel movement within a 24 hour period be seen by a health care professional or breastfeeding clinic.

Colour/Consistency:
Newborn stools are called meconium and are dark in color and tarry in consistency. A few days after birth the stools soften and lighten in colour to yellow and are seedy in consistency. Colours can range from green to orange and consistency from loose, to smooth to somewhat thick/lumpy. Infrequent stools that are hard and pellet-like may be an indication of constipation.

Crying/Discomfort:
Infants have weak abdominal muscles and often turn red when straining to pass a bowel movement. It is also normal for an infant to cry when trying to have a bowel movement. Gentle massage, bicycle legs and tummy time may help if an infant is having discomfort.

—Sarah Chapman B.Sc., RD
Clinical Dietitian, Janeway Children's Health and Rehabilitation Centre

Photo by Heather Mercer Photography

Clinical Tip

Expressing Valuable Breastmilk

Historically, either by force, or by choice, mothers have used expression of breastmilk as a vital feeding option.

When an infant or young child cannot breast-feed, the World Health Organization (WHO) recommendations for supplementation options are listed as follows:

1. mother's own expressed breastmilk
2. expressed donor human milk
3. hypoallergenic breastmilk substitute
4. standard breastmilk substitute

Baby, mother or family issues are all factors that may necessitate the need to express breastmilk. The baby may have temporary or long-term latch challenges, due to an underlying medical condition (e.g., prematurity, cardiac compromise, cleft lip or palate). The mother may have temporary or long-term milk supply challenges (e.g., delayed lactogenesis or postpartum complications). Sometimes it is the family dynamics that determine feeding methods and the mother may opt to express and feed from a bottle (e.g., modesty/body image concerns, cultural acceptance, or return to employment or school).

Regardless of the reason for expressing, it can be labor intensive and sometimes stressful. Because the end product is so valuable, even highly motivated mothers may be anxious about their supply and optimizing the yield per milk expression session is a worthy goal.

The WHO/UNICEF Baby-Friendly Initiative recommends that all new mothers be shown how to hand express their milk and receive written information on the technique. Hand expression, whether breastfeeding challenges are anticipated or not, is a cost-free, easy to learn and convenient skill for enhancing breastfeeding and managing common challenges.

While mechanical breast pumps are helpful with more complex breastfeeding challenges, the use of hand expression and pumping together—"hands-on-pumping" has been shown to obtain greater total volumes of milk, as well as higher percentages of hindmilk. There is a misconception that "suction" is the mainstay of milk removal. However, optimal milk removal is best obtained with hands-on massage,and stripping and compression techniques that stimulate the milk-ejection reflex, leading to more colostrum and fat-rich milk. Due to the effects of oxytocin, even post-pumping with hands only can help mothers obtain more rewarding yields!

Not only has research substantiated the value of hands-to-breast for maximizing output, the promotion of this practice has invaluable benefits for empowering mothers. This skin-to-skin interaction promotes maternal relaxation, which enhances milk let-down, comfort in better understanding her breast anatomy and physiology, as well as confidence in the innate ability of her body to produce milk.

The mother learns how to work with her body in partnership, feeling the satisfaction of being able reap the fruits of her labours- an empowering journey for any woman from any age!

—Janet Fox-Beer RN, BN, IBCLC
Public Health Nurse, Eastern Health

Ethel Woodworth (1888–1974)
Mrs. Woodworth delivered approximately 500 babies over a thirty-five year period. For many of these years the only doctor's service available was several hours away by boat in summer, and only accessible by horse or dogsled in winter. Often she travelled five or six miles on foot to attend a patient. This breast pump, augmented by manual expression techniques, was of vital importance especially in the care of women who suffered from all too common postpartum complications or whose babies were too weak to latch to the breast. Mrs. Woodworth provided this very important service while at the same time raising a family of nine children.

Vintage Breast Pump

8th Meeting of WHO/UNICEF Baby-Friendly Hospital Initiative Country Coordinators in Vilnius, Lithuania

As Co-Chair of the Breastfeeding Committee for Canada's BFI Provincial /Territorial Committee I was invited to participate in a three day Baby-Friendly Hospital Initiative (BFHI) Coordinators meeting in Vilnius, Lithuania as part of the Canadian delegation.

The meeting was hosted by Lithuania and included BFHI coordinators and committee members from 32 industrialized countries along with World Health Organization representation. The meeting objectives included:

- To share updated knowledge, experiences, and scientific evidence of the Baby-Friendly Initiative and infant and young child feeding practices;
- To strengthen the network of BFHI coordinators and committee members;
- To share experiences and good practices related to the inclusion of the International Code of Marketing of Breast-milk Substitutes in the Baby-Friendly Initiative assessment process in industrialized countries.

Meeting Highlights:

- Breastfeeding is still not the norm for infant feeding in many industrialized countries and there is a need for continuous and specific support from WHO and UNICEF.
- Country breastfeeding Initiation rates vary widely: Japan 100% Australia 96%, Norway 99%, New Zealand 97%, Canada 89%, United Kingdom 78%, United States 76%, France 70%, Germany 77%, Greece 41%, South Korea 27%.
- Most countries do not meet the WHO millennium health goals for exclusive breastfeeding at 6 months.
- 28 of 32 reporting countries have a national group coordinating the BFHI.
- In New Zealand, over 98% of babies are born in BFI designated maternity facilities.
- Australia and Norway reported the highest median duration of breastfeeding (12 months).
- The WHO Global Nutrition Targets aim to increase the global rate of exclusive breastfeeding for six months to at least 50% by 2025, and the BFHI is critical to achieving the targets.
- The WHO recommends the application of human rights to strengthen accountability for infant and young child nutrition and child health e.g., UN Conventions on Rights of Child.
- Countries need to strengthen their accountability with respect to the International Code of Marketing of Breast-milk Substitutes. The WHO reports to the World Health Assembly on Code implementation status every other year. There are weak or poor monitoring systems and inadequate mechanisms for reporting violations.
- Only 37 out of 165 reporting countries have full International Code of Marketing of Breast-milk Substitutes legislation.

—Janet Murphy Goodridge RN, MN, IBCLC
Provincial Breastfeeding Consultant & Chair of the Baby-Friendly Council of NL Perinatal Program, NL (PPNL)

For more detailed information about country level implementation of the Code go to *http://www.who.int/nutrition/publications/infantfeeding/statusreport2011/en/*

Members of the Canadian Group at the BFHI meeting in Lithuania included: Laura Haiek, Ginette Belanger, Janet Murphy Goodridge, Louise Dumas and Marianne Brophy (missing from photo).
Below: 8th Meeting of WHO/UNICEF Baby-Friendly Hospital Initiative Country Coordinators (Photo by: Louise Dumas, June 2014)

Mom to Mom Support in Newfoundland— La Leche League Canada

La Leche League Canada (LLLC) has been supporting families since 1961, and the first Group began holding meetings in Newfoundland and Labrador in the 1970s. Leaders are accredited volunteers who have at least a year of personal breastfeeding experience. Leaders complete a training process that involves study, developing listening skills and other personal development.

There are currently four LLLC Leaders in St. John's who run monthly meetings and are available to mothers across the province via email or phone. We also run occasional enrichment meetings on other topics of interest to young families. In September 2013, LLLC-St. John's hosted a Health Professional Seminar, bringing Nancy Mohrbacher, an international speaker and author, to the province for a day long workshop. Future workshops are a possibility if there is interest!

The next event planned by LLLC- St. John's is our annual Breastfeeding Benefits fundraiser walk, the morning of Saturday, October 4th. Funds raised go towards maintaining an up-to-date library of breastfeeding resources and Group operating costs. We will also be participating in the Quintessence Breastfeeding Challenge at the event.

We are also interested in doing outreach activities in other parts of the province, as volunteer time and resources permit.

Health Professionals are invited to support La Leche League Canada. Printable information sheets are available such as "How to Know Your Breastfed Baby is Getting Enough Milk" and more, as well as a regular newsletter titled "Keeping In The LLLoop", with informative articles and quizzes. More information for Health Professionals can be found at *http://www.lllc.ca/health-professionals*

To get in touch with Jan, Jane, Amber and Meaghan, the Leaders in St. John's, to participate in the Breastfeeding Benefits event or to find out about the next meeting, please visit: *http://www.lllc.ca/lllc-st-johns*

—Jane Bannister
La Leche League Leader, St. John's

Upcoming Events

Saturday, October 4th, 2014 at 10am
LLLC Breastfeeding Benefits Fundraiser Walk and Quintessence Breastfeeding Challenge
Kenny's Pond Playground, St. John's
http://www.lllc.ca/lllc-st-johns

October 8–11th, 2014
IATP World Summit 2014
Tongue-Tie: Across the Lifeline, Across Disciplines
Montréal, QC
Registration & membership:
www.tonguetieprofessionals.org

April 16–17, 2015
Breastfeeding Committee for Canada
2015 Baby-Friendly Initiative (BFI) National Symposium
Edmonton, Alberta
www.breastfeedingcanada.ca

Participants from the 2013 La Leche League Canada–St. John's Breastfeeding Benefits Fundraiser Walk

The Baby-Friendly Council of NL established in 1992, is an interdisciplinary committee with representatives from all regions in the province strongly committed to increasing the initiation and duration of breastfeeding. The Perinatal Program, NL (PPNL) evolved as the lead agency supporting the ongoing work of the Council, of which the Provincial Breastfeeding Consultant is chair, and is supported by the Department of Health and Community Services (DHCS).

The Baby-Friendly Council of NL, in affiliation with the Breastfeeding Committee for Canada, is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative (BFI) in Newfoundland and Labrador. The BFI is a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). This campaign recognizes that implementing best practices in health and community services is crucial to the success of programs that protect, promote and support breastfeeding. Various contracts are awarded to the Baby-Friendly Council from the DHCS that are administered through and managed by the PPNL.

Janet Murphy Goodridge
Provincial Breastfeeding Consultant
& Chair of the Baby-Friendly Council of NL
Perinatal Program, NL (PPNL)
T 1 709 7774656
info@babyfriendlynl.ca
www.babyfriendlynl.ca

National & Local Resources

The poster below is posted on the Maternal Newborn Unit at Western Health to inform parents, family and staff.

Toronto Public Health poster promoting skin-to-skin contact at Sunnybrook Hospital in Toronto.

Baby-Friendly News!

Research Corner

Warm Up to Better Milk Flow

Current research, as cited on the United States Lactation Consultant Association website, indicates that warming the breasts prior to pumping resulted in significantly higher amounts of milk obtained than in non-warmed breasts. The researchers state this is potentially due to the effect on the milk ducts or milk flow, with subsequent higher amounts of milk to be pumped, rather than actual breastmilk production.

A Weighty Issue

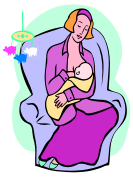
Term babies may lose between 7-10 % of their birth weight in the first few days following birth (Breastfeeding Handbook, 2010). However, according to a recent study, as cited by Nancy Mohrbacher, IBCLC, FILCA, due to increased IV fluids given to the mother during labour, the baby's birth weight may be inflated. In turn, the baby's weight loss may be greater than 10% related to this excess fluid, not to breastfeeding and milk intake. This is important to note as weight loss should **never** be the only determining factor as to whether or not a baby needs supplementation. The researchers suggest that a measurement of weight at 24 hours after birth, as opposed to birth weight, would be a better baseline when assessing weight change in newborns.

Breastfeeding Decreases the Risk of Ovarian Cancer

Australian researchers from Curtin University studied the length of lactation and the number of children breastfed. The study was conducted in China, and the sample included 493 ovarian cancer patients and 472 hospital-based controls with unrelated problems. Results indicated that women who breastfed for more than 13 months were 63 percent less likely to develop ovarian cancer than women who breastfed for less than 7 months. The findings also showed that the benefits increased the longer the women breastfed. Women who had three children and cumulatively breastfed for 31 months had a 91 percent decreased chance of developing ovarian cancer than women who breastfed for less than 10 months. It is thought that because breastfeeding delays ovulation it can help prevent ovarian cancer. Ovarian cancer is the second most prevalent reproductive Cancer in Canada (Canadian Cancer Society, 2012).

What's in a Diaper… Does it Matter?

A Canadian study, published in the *Canadian Medical Association Journal* looked at the digestive microbes of healthy term infants and reported differences based on mode of delivery and diet of the infant. The researchers studied the stool samples of 24 babies when they were 4 months old. They found that babies born vaginally receive their first immunization against microbes during delivery. Babies receive the microbial content from their mothers, and in time, they can distinguish between "good" and "bad" bacteria defending against the harmful bugs, and leaving beneficial ones alone. Babies born via caesarean section do not have this opportunity for immunization during delivery. In turn, they do not receive critical bacteria such as *Escherichia-Shigella* that get the body ready to distinguish between potentially harmful and helpful bacteria. Although breastfed babies showed lower bacterial richness and diversity (due to oligosaccharides that limit the number of microbes in the gut), bottlefed babies showed more *Peptostreptococcaceae* bacteria and *C. difficile*. Although babies do not seem to be affected by *C. difficile,* research has shown this pathogen is associated with intestinal and atopic disease, such as asthma. The researchers plan to look at how these changes impact on childhood conditions such as asthma, allergies, and obesity. What's in the diaper does matter!



The newborn baby has only three demands. They are: warmth in the arms of its mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three.
~ Dr. Grantly Dick-Read

Questions & Answers

My baby had a fussy night while in hospital and they said it was because I ate turkey soup. Now I am worried that I need to watch everything I eat.

A breastfeeding mother should try to eat a balanced diet, but neither needs to eat any special foods nor avoid certain foods. A breastfeeding mother does not need to drink milk in order to make milk. A breastfeeding mother does not need to avoid spicy foods, garlic, cabbage, or alcohol. A breastfeeding mother should eat a normal healthful diet. Canada's Food Guide recommends that pregnant and breastfeeding women include an additional 2 to 3 food guide servings, as well as a multivitamin containing folic acid, every day. Although there are situations when something the mother eats may affect the baby, this is unusual. Most commonly, "colic", "gassiness", and crying can be improved by changing breastfeeding techniques, rather than changing the mother's diet.
www.breastfeedingonline.com/newman.shtml
http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

I have received an invitation to attend a nutrition seminar sponsored by one of the formula companies at a local hotel. It seems like a great opportunity to learn about new products and have a free breakfast. Should I participate in this event?

Health professionals are increasingly faced with the question of whether to participate in industry-sponsored education events. It is always hard to turn down a nice meal when there is such a limited budget for education within the current fiscal climate. However, by attending this type of event you are in conflict with your health authority's breastfeeding policy that includes adherence to the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes, which was established to protect breastfeeding and ensure the ethical marketing of breastmilk substitutes (i.e. formula).

As the Code also promotes responsible actions by health professionals to protect and support breastfeeding, health professionals have a responsibility to avoid situations that may present a "conflict of interest." Nurses, physicians, and dieticians need to base their practices on objective evidence, free from commercial influence.

Health professionals may unknowingly assist the formula industry in the marketing of infant feeding products in ways that undermine breastfeeding. Industry uses marketing strategies such as sponsorship of education events as a way to demonstrate that they are responsible corporate citizens. Wright and Waterston (2006) argue:

> *"Sponsorship by its nature creates a conflict of interest. Whether it takes the form of gift items, meals, or help with conference expenses it creates a sense of obligation and a need to reciprocate in some way. The "gift relationship" thus influences our attitudes to the company and its products and leads to an unconscious unwillingness to think or speak ill of them." "Even if individuals are uninfluenced by sponsorship and subsequently act wholly responsibly in relation to breast and formula feeding, by accepting sponsorship or speaking at an infant formula milk company meeting they still lend credibility to the company by the visible association of their name and position with that company."*

How then can health professionals receive information from industry?

Education about new formula and products is acceptable under the Code. Scientific and factual information can be provided to health professionals; however, it must occur without solicitation, promotional benefits, or attempts to bias health professionals with consumer loyalty gifts.
For more information about the Code see the following link:
http://www/ibfan.org/issue-international_code.html

Wright, CM & Waterston, A.J (2006). Relationships between paediatricians and infant formula milk companies. *Archives of Disease in Childhood*.91,383-385.

Photo Courtesy of Dee Dee Voisey

The Baby-Friendly Initiative Step 6:

Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.

Unfortunately, non-medically indicated supplementation of healthy term infants is commonplace in many areas of Canada. Research has shown that providing formula supplements to breastfeeding infants is associated with a shorter duration of breastfeeding. A human milk substitute (e.g., cow's milk formula) should be offered for acceptable medical indications only. Babies who receive formula supplementation, breastfeed less often and take in less breastmilk at feedings. Infrequent breastfeeding may interfere with the establishment of an ample milk production in the mother. Most importantly, non-medically indicated supplements undermine a mother's confidence in her ability to produce sufficient milk and may lead a mother to wean earlier than planned. Skin-to-skin contact, early, exclusive and unrestricted breastfeeding optimizes nutrition for the healthy term infant.

How can our maternity unit reduce supplementation?

- Store formula and related products out of view.
- Obtain a physician's order when supplements are medically indicated.
- Document all supplementation and the medical indication.
- "Decant" the formula so that mother views the formula as an intervention (e.g., 15 mls provided in a small medicine cup rather than a full bottle).
- Give small volumes more frequently.
- Use a lactation aid at the breast if baby is latching well.
- Cup feed or finger feed babies who are not yet latching onto the breast.
- Use the mother's own expressed colostrum/ breastmilk. (Note: Donor human milk from a human milk bank is the next choice, when available).
- Hand express colostrum into a tiny spoon and give to the baby after feeding.
- Provide mothers with the necessary information to make an informed decision regarding non-medically indicated use of formula.
- Document parental decisions and provide support. Suggest alternate strategies for calming an unsettled baby.
- Assess the baby at the breast for proper latch and milk transfer. Do not rely solely on weight gain as an indicator for supplementation.

Photo courtesy of Russell Wyse

Great Work in Newfoundland and Labrador!

Provincial Breastfeeding Research

The Breastfeeding Research Group of the Baby-Friendly Council of NL has several breastfeeding and infant feeding related research studies ongoing. The province-wide infant feeding study, the "FiNaL study: Feeding Infants in Newfoundland and Labrador is going well with 750 Prenatal, 230 Postnatal 1 (3-6 months) and 110 Postnatal 2 (6-12 months) surveys completed. Data analysis is currently in process on the first 500 prenatal questionnaires. We encourage all health professionals who have contact with pregnant women and new families to promote the research in their practices and to replenish their supply of survey questionnaires.
The online survey is available at the following link: https://www.surveymonkey.com/s/FiNaLstudy2011

Café Scientifique In April 2013:

The research group has received funding from the Canadian Institutes for Health Research to host a third Café Scientifique in Gander on April 17, 2013.

If you would like to contribute an item to the newsletter, or send a request on a topic of interest, please contact:

info@babyfriendlynl.ca

Save the Date!
La Leche League Canada
Health Professional Seminar with
Nancy Mohrbacher IBCLC, FILCA
Saturday, September 14, 2013
St. John's, NL

Baby-Friendly Newfoundland & Labrador

BABY-FRIENDLY NEWS

August, 2013

www.babyfriendlynl.ca

A newborn's survival and optimal health is dependent on close continuous contact between mother and baby after birth.

SKIN-TO-SKIN CARE
IT'S EASY TO TALK THE TALK... BUT ARE WE WALKING THE WALK?

A Cochrane Review on "Early skin-to-skin contact for mothers and their healthy newborn infants"[1] provides evidence to support skin-to-skin care:

- stabilizes heart, respiratory rates and temperature
- improves oxygen saturation and glucose levels
- decreases apnea and bradycardia spells, crying and pain during invasive procedures
- increases breastfeeding success and enhances mother baby attachment
- reduces the risk of nosocomial infection through colonization of the infant's gut with the mother's normal flora

Unfortunately, there are hospital practices and attitudes that make "walking the walk" challenging.

How often have you heard: "The baby will get cold. We're too busy. Mom needs a break. We need to admit the baby'?

Hospital routines can also interfere with establishing the early mother baby relationship, and may, in fact, be harmful. When skin-to-skin contact is interrupted or not made available, the newborn may show physiologic signs of stress.

The timing and efficacy of common newborn care practices (weights, early bathing) have arisen out of convenience for hospital staff and have not been validated. In contrast, early skin-to-skin care is based on strong evidence and has no known detrimental effects.

Strategies to support uninterrupted skin-to-skin contact:

- Initiate uninterrupted skin-to-skin contact immediately after birth and for at least one hour or until completion of the first feed or as long as the mother wishes. Continue to encourage skin-to-skin contact throughout the postpartum period with the mother or other support person.
- Maintain skin-to-skin contact during all assessments and interventions (eg. vital signs, Vit. K and Erythromycin, blood tests etc.).
- Delay the first bath to enhance thermoregulation and allow the vernix to protect and hydrate the skin.
- Delay weighing and bathing baby until after the first feeding.
- Discourage the use of observational nurseries.
- Provide skin-to-skin contact following a cesarean delivery with appropriate organizational support.

1. Moore ER, Anderson GC, Bergman N, Dowswell T. Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*, 2012, 5. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003519.pub3/pdf

Clinical Tips and Suggestions

LATCH ASSESSMENT

Submitted by: Corinne Bursey RN IBCLC

Health care providers cannot adequately assess attachment if the baby is already on the breast, as things can look well from the outside. You must observe the baby coming onto the breast and detaching from the breast to properly assess the latch. It is also important to watch the baby suckle and to observe the shape of the nipple when the baby comes off the breast. Usually, if mom is in pain then the latch is not correct.

Do Alcohol & Breastfeeding Mix?

Submitted by: Lisa O'Neill BN RN IBCLC

The summer brings with it many fun events including weddings, festivals, or time spent socializing around the campfire. At this time of year, many breastfeeding mothers wonder if it is safe for them to have a few drinks. The answer is yes, in moderation. Limiting alcoholic beverages to 1 – 2 per occasion is advised. On average, it takes up to two hours per drink for alcohol to be eliminated, so a mother who consumes 2 drinks, for example, should wait 4 hours to breastfeed. Serving sizes and alcohol percentages vary widely. Mothers should consider that a standard drink means a 12 oz of beer (5%), 5 oz. of wine (12%), or 1.5 oz. of spirits (40%). Planning ahead to have expressed breastmilk available in mother's absence is a good idea in case the event goes into the time when the baby would typically be fed. Maintaining milk supply can be achieved by pumping and hand expressing during these times.

Telephone Advice

Submitted by: Corinne Bursey RN IBCLC

Be very careful giving breastfeeding advice over the phone with a new mother. It is very important to visually assess positioning, latch, suckle, swallow and milk production. This is difficult over the phone. During phone conversations you are relying on a new mom's perception instead of your own professional judgment. A face to face visit is always best for you and mom and baby!

The Nipple & Areola Are Not A Bulls-eye!

Submitted by: Janet Fox-Beer RN BN IBCLC

When the mother is latching her baby, the baby's nose should be aligned with the mother's nipple. The mother may gently stroke the nipple over the baby's top lip to stimulate the baby to open her mouth. Wait for the baby to open the mouth wide. The mother should aim the nipple high towards the roof of the baby's mouth. This will facilitate a deep latch and prevent nipple trauma. Do not centre it in the baby's mouth. The nipple and areola are not a bulls-eye! When latching the baby, the chin and lower jaw touch the breast first, the nose is free, with the head tilted slightly back in the "sniffing position". If the baby has a correct latch the lips will be flanged out to prevent friction (as evidenced by that classic "nursing blister" at the centre of the top lip) and the baby will have a wide, gaping mouth to accommodate the areola and nipple. The latch will be asymmetric with more of the areola visible above the baby's top lip. When there is more breast tissue closer to the lower jaw and tongue, the baby is better able to effectively transfer the milk from the mother's breast, as this technique enables a milking of the breast as opposed to merely a sucking of the nipple. The asymmetric latch will also feel more comfortable for the mom as well as providing optimal growth for the babe.

RESEARCH CORNER

It's About Feeding Time!

Bergman, Nils J. Neonatal stomach volume and physiology suggest feeding at 1-h intervals. *Acta Pædiatrica*. Vol 102, pp. 773–777, 2013

This article addresses the question of feeding interval for human infants and the implications for both term and preterm/low birthweight infants. Based on six studies on the subject, the author calculates a term newborn stomach capacity of 20 mL at birth. Based on the consensus of a daily feeding volume of 160 mL/kg, and an average 3 kg infant, this calculates to 480 mL/day. Each milk ejection reflex, triggered by oxytocin (the hormone that enables attachment), releases 20-30 mL of milk. These numbers indicate once-hourly feedings as the ideal interval. This interval corresponds to gastric emptying time, infant sleep cycle and ties into attachment. A one hour feeding interval may help reduce spitting up and hypoglycaemia.

The preterm and low birth weight infant stomach capacity can be calculated as 7mL/kg body weight, based on a linear pattern of growth of stomach capacity in the foetus. The author states that he is not aware of studies of one-hourly feeds, nor feeds adjusted to sleep-wake cycles for the preterm and low birth weight infant. A Cochrane review, cited in the article, concluded that benefits and risks of continuous and bolus feeds, typically every 2 or 3 h, cannot be discerned from current data. The author predicts that one hourly feeds in preterm and low birth weight infants might reduce the incidence of reflux, hypoglycaemia and even necrotizing enterocolitis by reducing stress of longer interval feeds while supporting the maturation of the gastrointestinal system.

Submitted by Donna Nolan, MHSc RD

Breastfeeding and Social Mobility

Sacker, A., Kelly, Y., Iacovou, M., Cable, N. & Bartley, M. Breastfeeding and intergenerational social mobility: what are the mechanisms? *Archives of Disease in Childhood* doi:10.1136/archdischild-2012-303199
http://adc.bmj.com/content/early/2013/04/24/archdischild-2012-303199.full.pdf+html

This is the first long term population-based study that has investigated the relationship between breastfeeding and intergenerational social mobility and the possible mediating role of neurological and stress mechanisms. The secondary analysis of data from more than 34,000 people born in the UK in the 1950s and 1970s found that babies who were breastfed had an increased odds of social mobility and a decreased odds of downward mobility. The authors conclude that "perhaps the combination of physical contact and the most appropriate nutrients required for brain development is implicated in the better neurocognitive and adult outcomes of breastfed infants."

Breastfeeding and Alzheimer's Risk

Fox, M., Berzuini, C. ,Knapp L.A,. Maternal Breastfeeding History and Alzheimer's Disease Risk. *Journal of Alzheimer's Disease,* 2013 DOI: 10.3233/JAD-130152
http://www.j-alz.com/node/306

A recent study published in the Journal of Alzheimer's Disease suggests that breastfeeding may reduce a woman's risk of developing Alzheimer's disease. Although the study sample was small (81 women) the findings point to a possible link due to the biological effects of breastfeeding. The researchers observed that women who breastfed showed a reduced risk of developing Alzheimer's disease compared with women who did not, and women who breastfed longer had a lower Alzheimer risk. In addition, women who reported a higher ratio of total months pregnant to total months breastfeeding had a high risk of developing Alzheimer's. The authors argue that breastfeeding limits the production of progesterone, which plays a role in desensitizing the brain's estrogen receptors, and estrogen may protect the brain from Alzheimer's. Breastfeeding also increases a woman's glucose tolerance by restoring her insulin sensitivity after pregnancy. The significance of this point is that a resistance to insulin in the brain is a characteristic of Alzheimer's disease.

Breastfeeding Research Publications: Great Work Going on in NL!

Temple Newhook J, Ludlow V, Newhook L, Murphy-Goodridge J, Twells L. Infant-Feeding Among Low-Income Women: The Social Context That Shapes Their Perspectives and Experiences. *Canadian Journal of Nursing Research.* in press.

Bonia K, Twells L, Halfyard, B, Ludlow V, Newhook LA, Murphy-Goodridge J. A qualitative study exploring factors associated with mothers' decisions to formula-feed their infants in Newfoundland and Labrador, Canada. *BMC Public Health.* 2013, July, 13:645. http://www.biomedcentral.com/1471-2458/13/645/abstract

Ludlow V, Newhook LA, Temple Newhook J, Bonia K, Murphy-Goodridge J, Twells L. How formula feeding mothers balance risks and define themselves as 'good mothers'. *Health Risk Soc.* 2012, May, 14(3): 291-306. http://www.tandfonline.com/doi/full/10.1080/13698575.2012.662635#.UfJqyFPHSN0

Twells L, Newhook LA. Can exclusive breastfeeding reduce the likelihood of childhood obesity in some regions of Canada? *Canadian Journal of Public Health*. 2010, 101(1): 36.

Twells L, Newhook LA, & Ludlow V. "Can Breastfeeding Reduce the Risk of Childhood Obesity?" in Childhood Obesity, Dr. Sevil Ari Yuca (Ed.), ISBN: 978-953-51-0374-5, InTech, http://www.intechopen.com/books/childhood-obesity/does breastfeeding-reduce-the-risk-of-childhood-Obesity

Breastfeeding and the Registered Dietitian

Registered Dietitians are experts in the field of human nutrition. As students, we studied the biochemical properties of food and how they are absorbed and utilized in the human body. Then we spent another year in a dietetic internship learning how to incorporate this knowledge into practical life experiences by counselling individuals and families on how to make the right food choices in order to optimize health and hence, quality of life. When I was asked to provide insight on breastfeeding from a dietician's perspective the first thing I thought was that as a nutrition expert I do not feel I know enough, from a formal education standpoint, on how to counsel women or their families on the benefits of breastfeeding. As a mother of two children who were breastfed I feel I have learned the most, thanks to the knowledgeable lactation consultants that I frequently visited at breastfeeding clinics. During my four years of university studies I chose to take an elective course in maternal and infant nutrition. It was not a requirement. During my one year dietetic internship I did not gain any formal training in counselling women or expectant mothers about the benefits of breastfeeding. It was not a requirement. As infants, breast milk is or should be the first food to which we are all introduced. I remember a lactation consultant telling me that it is like liquid gold. It truly is. As human nutrition experts, dietitians should be better educated about this all important first food.

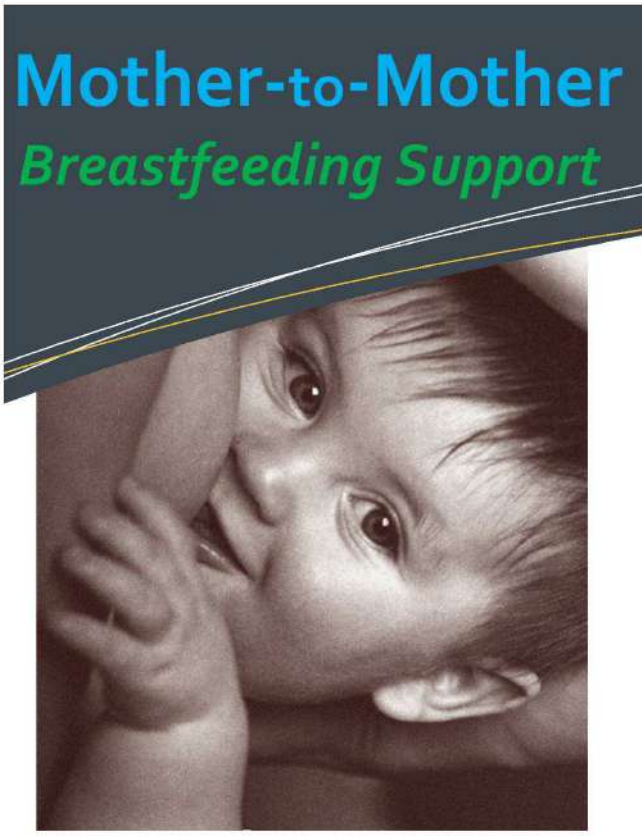
Submitted by: Lori Warford-Woolgar, MSc RD

BABY-FRIENDLY NEWS

August, 2013

One still rarely sees a breastfeeding mother in Corner Brook or any of the surrounding communities. Low breastfeeding rates reflect a cultural norm of artificial feeding (formula). A new community program is aiming to change that. The Bay of Islands Organization for Breastfeeding Support (BOOBS) is poised to begin offering telephone support to mothers in the Bay of Islands region in July 2013. The BOOBS mother-to-mother program pairs a volunteer mother who has had a positive breastfeeding experience with an expectant or breastfeeding mother. It is the first breastfeeding peer support program in Newfoundland of this kind, and although BOOBS has been modeled after existing programs, it is tailored to the needs in this region. A needs assessment conducted (including a series of focus groups and online surveys informing the design of the program) showed that many mothers need support and would like to receive it.

There is no lactation consultant currently providing services in the Bay of Islands. Although women receive breastfeeding information during their prenatal care, and after the birth of their baby, from their health professionals (physicians, nurses, community health nurses), the vulnerable time after hospital discharge presents many challenges to a mother trying to breastfeed. It is when the family adjusts to a new infant that peer support becomes important. In a culture where breastfeeding is not the norm, where can a new mother turn for advice and support? When her mother, sisters, friends, any women with whom she has contact have not breastfed their own children, they are often unable to provide encouragement and informed advice. This is when a mother needs to talk to someone who can understand, someone who's been there, another woman like her. Funded by a Provincial Wellness Grant, BOOBS was created in response to a perceived need reflected in the low breastfeeding rates in the Western Health region (61.4% initiation rate compared with 68% NL provincial average and 88.2% national average). The enthusiastic response from mothers in the community who volunteered their time to make this happen is what is going to make the biggest difference. We aim to normalize breastfeeding again as it was generations ago, to make the Bay of Islands a breastfeeding friendly community, and to make mothers breastfeeding their children feel welcome and supported by everyone. It begins with individual peer support. The volunteer's role is to offer telephone support and encouragement, and to be a link to community breastfeeding resources.



Bay of Islands Organization for Breastfeeding Support

BOOBS

Mothers who would like to receive support or women wishing to become volunteers may call a BOOBS Intake Nurse in their area.

BOOBS Intake Nurses:
Corner Brook: (tel) 632-2830
North Shore: (tel) 783-2123
South Shore: (tel) 789-2832

Mothers who would like to receive support or women wishing to become a volunteer may call a BOOBS Intake Nurse in their area: Corner Brook: 632-2830; North Shore: 783-2123; South Shore: 789-2832

Submitted by: Alexandra Chrappa BA MSc Project Coordinator

Using the New Breastfeeding Definitions in Public Health

Public/Community Health Nurses (PHNs) in Newfoundland and Labrador now have access to an improved system for documenting and capturing information on breastfeeding. The vast majority of infants and children in this province avail of public health nursing programs such as Healthy Beginnings and the Child Health Clinic. The need to improve information on breastfeeding rates and exclusivity was identified.

The Breastfeeding Committee for Canada published a document **Breastfeeding Definitions and Data Collection Periods (Dec. 2012).** It provides clear definitions and directions for recording the breastfeeding status and is integral to the Baby-Friendly Initiative (BFI). http://www.breastfeedingcanada.ca/documents/BCC_BFI_Breastfeeding_Definitions_and_Data_Collection_English.pdf

Application and adherence to these definitions and protocols for documentation are consistent with the provincial Breastfeeding Strategic Plan and support the goals of the Baby-Friendly Council of NL. These definitions have been incorporated in the recent adaptations in the documentation system used by PHNs as of June 2013. PHNs will now be required to document the breastfeeding status at each contact in Healthy Beginnings and the Child Health Clinic if the child is less than 2 years old or if it has changed from a previous visit. Mothers / parents will be asked if the baby has received water, other fluids such as formula, or solids in the last 7 days, and if not, did the baby ever receive anything other than breast milk since birth.

The system then provides the following options for documentation:

Exclusive - The infant receives human milk (including expressed milk, donor milk) and allows the infant to receive oral rehydration solution (ORS), syrups (vitamins, minerals, medicines). This infant has not received anything else from birth.

Any/non-exclusive - The infant/child has received human milk (includes expressed milk, donor milk) and water, water-based drinks, fruit juice, ritual fluids or any other liquid including non-human milk or solids.

No breastfeeding - The infant/child receives no human milk

No update available - This would be indicated only if there was no other information available at that time.

With use of these new definitions, it is anticipated that we will be able to enhance the monitoring and reporting of breastfeeding in keeping with standards that will be applied across Canada. With improved information we hope to identify areas for improved services and supports to enrich the overall breastfeeding experiences for families in this province.
Submitted by: Cathie Royle RN, MN

Do You Know Our 2012 Rates?

Breastfeeding* Rates by Health Authority in NL

* Refers to “any” breastfeeding in hospital. Does not reflect exclusivity.

Eastern Health 69.8%

Western Health 61.4%

Central Health 63.5%

Labrador Grenfell 71.7%

NL 68.0%

Source: NL Provincial Perinatal Program, Newborn Screening Program (2013)

Photo credit: Heidi Cyr

Baby-Friendly NL Facebook site:

The Baby-Friendly NL Facebook Page is the social media link with www.babyfriendlynl.ca and the Baby-Friendly Council of NL. Here are some recent sample posts and responses from people in NL:

Shared by Diane Coombs, June 30:

"Here is a pic of Scarlett and I. We stopped on the Trailway in Kelligrews for some drive by gymnurstics She's 18 months old now, and I am 5 1/2 months pregnant, but we still have an awesome breastfeeding relationship"

***Viewed by 4364 people. Received 34 comments (many in response to one negative comment about this picture being 'pathetic' as a 'women should not feed a child past one').**

Posted to our page on July 21:

GOT MILK? A picture submitted by one of our Facebook members in NL. A priceless collection of pumped breastmilk!!

***Viewed by 986 people in 10 hours, received 46 likes and 5 comments**

Posted to our page June 29:

DID YOU KNOW.....that supporting breastfeeding is the best way to ensure the health and well-being of babies and small children in the event of emergencies and natural disasters? The recent flooding in Alberta and now the evacuation of Wabush due to forest fires serves to remind us that supporting breastfeeding isn't just a public health imperative in under-developed nations - it's important in Canada too.

Viewed by 1386 people

(photo credit: Neil Simmons, The Telegram)

Baby - Friendly NL Facebook Page "Out and About" Contest

In July, we ran a photo contest on the Facebook page, asking our community to submit their own photos of "out and about" breastfeeding. Response was great! We received 25 submissions from across the province and eventually picked three winners:

1. Rhonda Roebotham: "Out & about, enjoying a snack near the Quidi Vidi Gut"

2. Leisha Sagan: "Baby's first Canada Day/Memorial Day! Having supper at Topsail Beach!"

3. Whitney Pye: "....from a day of ice fishing on a beautiful Labrador day."

Upcoming Events

La Leche League Canada
Using the Natural Laws to Find Breastfeeding Solutions"
Featuring Nancy Mohrbacher IBCLC
Saturday, September 14, 2013
St. John's, NL
http://www.lllc.ca/health-professional-seminars

Canadian Lactation Consultant Association
2013 National Conference
Breastfeeding: It Just Makes Good Sense
October 4-5, 2013 Moncton NB

Guest Speakers:
Ginette Aucoin N/Inf, MScA, IBCLC
Ann E. Bigelow PhD
Jean Clinton MD, FRCP(C)
Kim Dart BScN MSN, IBCLC
Roseline Galipeau BScN, MSN, PhD, IBCLC
Janet Murphy Goodridge RN, MN, IBCLC
Lawrence (Larry) Kotlow DDS
Jean Claude Mércier MD

For further information please contact:
Glenna Thurston, Executive Director
E-mail: info@clca-accl.ca Phone: (919) 459-6100
http://www.ilca.org/files/CLCA/images/Conference/2013%20Brochure.pdf

Baby-Friendly Newfoundland & Labrador

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