

Regional news

New Brunswick Baby-Friendly Initiative Advisory Committee has a new chairperson!

The New Brunswick Baby-Friendly Initiative Advisory Committee was formed in 2005; previously, it was called the New Brunswick Breastfeeding Committee. The mandate of the New Brunswick Baby-Friendly Initiative Advisory Committee is to provide a foundation that informs, supports and makes recommendations to the minister of Health to meet the goals and objectives of the Baby-Friendly Initiative. **Gail Storr**, a professor at the University of New Brunswick, had assumed the role of chairperson since the committee's beginning, but she resigned last June. We thank her and commend her dedication and vision. The committee made great strides under her leadership.

We are pleased to announce that **Donna Brown** has agreed to take on the role of chairperson. Donna comes with a vast experience in breastfeeding and the Baby-Friendly Initiative. Donna has been a New Brunswick representative on the breastfeeding committee for Canada for many years and is now the secretary for the Breastfeeding Committee for Canada executive. Donna is a candidate Baby-Friendly Initiative assessor and a nurse/lactation consultant at the Dr. Everett Chalmers Regional Hospital in Fredericton.

The New Brunswick Baby-Friendly Initiative Advisory Committee oversees five subcommittees:

- Hospital support (chair: Ruth MacDonald);
- Community support (chair: Melissa Boudreau);
- Education (chair: Donna Brown);
- Public awareness (chair: Aline Allain-Doiron);
- Leadership and knowledge translation (chair: Liette-Andrée Landry).



Donna Brown, new chairperson (left) and **Gail Storr**, past chairperson (right).

Breastfeeding data collection

A revised breastfeeding data collection form that captures the breastfeeding initiation rate, the exclusive breastfeeding rate at hospital discharge, and the skin-to-skin practices will be piloted in all hospitals with maternity units between February and March 2012. Full implementation is planned for April 2012.

Data collected by this form are essential for the provincial government and facilities to capture breastfeeding trends in New Brunswick.

Based on the feedback, this form has been modified to ensure it is as user-friendly as possible.

Thank you for your input!

Quintessence Challenge 2011

Congratulations New Brunswick! Nine sites took part in the 2011 Global Quintessence Breastfeeding challenge during the World Breastfeeding Week. A total of 139 mothers with their baby *latched* on at the same time on Oct. 1. This challenge is a friendly competition among cities across Canada and around the world to have the most babies breastfeeding at the same time. The purpose is to celebrate and show support to breastfeeding mothers and families.

New Brunswick results:

Caraquet : 31	Edmundston : 13
Miramichi : 11	Campbellton : 15
Hartland : 8	Bathurst : 20
Fredericton : 17	Moncton : 12
Comté de Kent : 12	

A new support network for breastfeeding mothers

The New Brunswick Department of Health is launching in January 2012 a bilingual facebook page on breastfeeding: **Breastfeeding NB Allaitement**. This facebook page is a place where breastfeeding mothers and their families can share and find encouragement and good information.

Breastfeeding NB Allaitement

Join us on Facebook





Caraquet



Edmundston



Hartland



Miramichi



Fredericton



Bathurst



Campbellton

Baby-Friendly Initiative as an obesity prevention strategy

Addressing dramatic increases in children becoming overweight and obese in Canada is an important challenge; the cause is complex and the remedy difficult. The *Curbing Childhood Obesity: a Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*, endorsed by all Canadian health ministers, highlights strategies that will shape sustained efforts to curb obesity in children. In this framework, the Baby-Friendly Initiative is identified as an important action under the *Supportive Environments* key priorities (PHAC, 2011).

The implementation of the Baby-Friendly Initiative evidence-based practices creates environments that support and protect breastfeeding and family-centred care, ensuring that families learn about healthy eating practices from birth.

The Baby-Friendly Initiative is associated with an increased rate of exclusive breastfeeding in hospitals (Braun et al., 2004). Four meta-analyses of existing studies have suggested that breastfeeding reduces

the risk of obesity. These studies support a dose-dependent association between longer duration of breastfeeding and a decreased risk of overweight. Harder (2005) reviewed 17 studies involving more than 120,000 babies and concluded that every month of breastfeeding was found to be associated with a four-per-cent decrease at risk of obesity. Arenz (2004) reviewed nine studies involving 69,000 babies and concluded that breastfeeding appears to have a small but consistent protective effect against obesity. Owen (2005) reviewed 61 studies, involving 29,800 babies, and found a reduced risk of obesity in later life even when confounding variables such as parental obesity, maternal smoking and social class were taken into account. Horta et al (2007) reviewed 33 studies and concluded that breastfeeding was associated with a lower prevalence of obesity.

The Baby-Friendly Initiative fosters early skin-to-skin contact, mother and infant togetherness and baby-led feeding. Those practices help parents pay attention and respond to their baby's cues of hunger and fullness, which help to prevent overfeeding and reduce the risk of early childhood obesity. It also helps babies to recognize and respond to their hunger and fullness cues so that they are better able to regulate their food intake as young children and later as adults.

The World Health Organization International Code of Marketing of Breast Milk Substitutes, encompassed within the Baby-Friendly Initiative, establishes guidelines for protecting families from the pressure of unethical marketing of infant formula and the influences of false and misleading advertising. Research has demonstrated that marketing of infant formula within communities discourages breastfeeding.

New World Health Organization growth curves provide a single international standard that represents the best description of physiological growth for all children and establishes the breastfed infant as the normative model for growth and

development. The rate of growth for breastfed infants can be quite different than formula-fed infants in that breastfed infants tend to weigh more than formula-fed infants during the first six months and weigh less than formula-fed infants between six and 12 months. These standards are an effective tool for detecting obesity as they allow for earlier and more accurate diagnosis of overweight and obesity in infants and children.

Curbing childhood obesity – A Federal, provincial, territorial framework for action to promote healthy weight:

www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/pdf/ccofw-eng.pdf

Congratulations to the 2011 IBCLCs



(International Board Certified Lactation Consultants)

- Sheila Matthews (Fredericton)
- Heather Neville (Fredericton)
- Mary Vickers, réagréée (Fredericton)
- Mélanie Levesque Sirois (Madawaska)
- Lina Garcia (Madawaska)
- Cari Decoste (Moncton)

They recently passed the 2011 IBCLC exam!

Did you know?

Did you know that Accreditation Canada revised the Qmentum standard manual document for obstetrics services and included many Baby-Friendly Initiative-related standards and guidelines?

The document was released on Oct. 7, 2011. All hospitals going through their accreditation process after Sept. 5, 2012, will be assessed using this document.



Did you know that all new staff working for Horizon Health network needs to complete the online Baby-Friendly Initiative course as part of their general orientation?

The course is available on the Intranet at: <http://pandemicplanning.facilicorpnb.ca/Elearning/go-entry/index.asp#> (click on e-learning).

Research corner

Breastfeeding support...what works, what does not work?

by Erin Northrup, research student,

Masters of Applied Health Services, University of New Brunswick

As part of her summer residency placement with the Baby-Friendly Initiative Advisory Committee, Erin conducted a literature review of the different community support models for breastfeeding, focusing particularly on

the early months after birth. Erin deemed exploration of this topic essential in light of New Brunswick statistics highlighting the sharp decline in exclusive breastfeeding rates following hospital discharge and again at four months. (Canadian Community Health Survey, 2007-08). This information, coupled with data from a large-scale survey done in the United Kingdom that found 87 per cent of women who stopped breastfeeding in the first six weeks wanted to breastfeed longer, further emphasizes the need for a community breastfeeding support model in the province (Hamlyn et al. 2002).

Community support can come in many forms; the two primary forms being professional and peer or lay support. As the name suggests, professional support is traditionally offered by health-care professionals who have specialized breastfeeding knowledge and training, such as nurses, lactation consultants, dietitians and physicians. Alternatively, depending on the program, peer supporters often exhibit vast differences in their levels of training, experience and knowledge although it is safe to assume most have had a positive breastfeeding experience. Both professional and peer support can be offered face-to-face (i.e., in the clinic or at home) or by telephone. It is not uncommon to see multifaceted approaches that use different combinations of peer and professional support within one program. The use of virtual or web-based support is also gaining in popularity although little research or evaluation has been done in this area to date.

A number of findings may be taken from the literature search, which yielded more than 100 documents, comprised mainly of systematic reviews, randomized control studies, intervention studies, best practice guidelines and various government documents. First, findings from several systematic reviews point to the ineffectiveness of professional support in isolation, be it in person or telephone support (Gunn et al. 1998; Gagnon et al. 2002; Prothro et al. 2003; Chung et al. 2008; Bunik et al. 2010). Second, findings from several studies underscore that written educational materials

offered by health-care professionals are not sufficient in positively influencing breastfeeding duration or success; this suggests the need for more practical forms of support (Hauck & Dimmock, 1994; Guise et al. 2003; Prothro et al. 2003; Britton et al. 2009). It should be noted that these findings do not imply that professional support is not needed but rather it is better received and more effective when offered in conjunction with the various forms of peer support. In fact, research supports the implementation of multifaceted approaches or programs that use a combination of support models (Britton et al. 2007; Prothro et al. 2003).

Third, research repeatedly points to the effectiveness of peer-based community support, either in conjunction with professional support or alone (Porteous et al. 2000; Prothro et al. 2003; Britton et al. 2007). In fact, a particularly rigorous systematic review done by the United States Agency for Healthcare Research and Quality (Chung et al. 2008) finds that peer support is substantially more effective than structured education and professional support in increasing short-term and long-term breastfeeding rates. In distinguishing between the different types of peer support, findings from several studies indicate that while all forms of peer support are effective, several studies find that face-to-face peer support to be significantly more effective than peer telephone support in increasing breastfeeding rates (Britton et al. 2009). Of interest to the New Brunswick context, peer-based programs are deemed particularly effective in low income, rural and aboriginal populations (Porteous et al. 2000; Long et al. 1995; Shaw & Kacrowski, 1999).

Overall results of the literature review overwhelmingly support implementing a peer support model in the province. Taking into account the findings from the literature review, Erin recommends New Brunswick implement a multifaceted approach to community breastfeeding support that includes but is not necessarily limited to a face-to-face peer-based support program. While the research points to the effectiveness of a face-to-face peer-based

program, for reasons such as cost effectiveness and geographic isolation, alternate models such as telephone and Internet support should be explored because they may prove just as or more effective within the specific New Brunswick context. The various stakeholders should be engaged in planning and evaluating such a program. Further exploration should take into account the unique needs of New Brunswick women, ideally through direct consultation and/or further research.

A new breastfeeding support group in Sussex



A breastfeeding support group will be held every second week at the Kings County Family Resource Centre, 617 Main St., Sussex, beginning Nov. 24. All mothers who are breastfeeding as well as siblings are welcome. The

meeting is free to attend. Baby weigh-in and head and length measurements will be provided by a Public Health nurse. A Public Health dietitian and a Victorian Order of Nurses Healthy Baby & Me facilitator will be available. This group is provided by a partnership between Sussex Public Health, the Victorian Order of Nurses Healthy Baby & Me program and the Kings County Family Resource Centre Inc., a project of the Public Health Agency of Canada. For more information, call 506-433-2349 or toll-free, 1-800-573-8800.

Interesting resources:

Video clips and websites:

- La Leche League of Canada national awareness campaign: <http://www.lllc.ca/national-awareness-campaign>
- Video clip on breastfeeding anywhere: <http://www.allaiterpartout.com/p/diaporama.html>
- Resource for fathers: www.newdadmanual.ca/index.php?lang=en

DVD :

- *Biological nurturing. Laid-back breastfeeding for mothers:* www.geddesproduction.com

Booklet for parents:

- *Breastfeeding Matters: An important guide to breastfeeding for women and their families:* <http://beststart.org/resources/breastfeeding/index.html>

Online course on breastfeeding for physicians and health professionals:

- http://umanitoba.ca/faculties/medicine/units/obstetrics_gynecology/breastfeeding.html

Documents for health-care professionals:

- The surgeon-general's call to action to support breastfeeding: www.surgeongeneral.gov/topics/breastfeeding/index.html
- *Business case for breastfeeding:* www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/
- *The Centers for Disease Control and Prevention guide for breastfeeding interventions:* www.cdc.gov/breastfeeding/resources/guide.htm

- *Hospital support for breastfeeding – preventing obesity begins in hospital:*

www.cdc.gov/vitalsigns/Breastfeeding/index.html

- *Recommended community strategies and measurements to prevent obesity in the United States (see strategy #11):*

www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

Upcoming events:

- A day of workshops on breastfeeding with the internationally renowned pediatrician Dr. Marianne Neifert will be offered free of charge on February 22, 2012. The workshops will take place at the Dr. Everest Chalmers Regional hospital in Fredericton but will also be available through videoconference in many regions in New Brunswick.
- The next New Brunswick Baby-Friendly Initiative round table will be held in Moncton on June 5, 2012. More information on the program to come.
- The Ottawa Valley Lactation Consultants' 16th annual breastfeeding conference (Ottawa – April 19 and 20, 2012): <http://conference.ovlc.net/>

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