

March 23, 2016



**Supporting Exclusive Breastfeeding**

Webinar



**Who we are...**

**The Best Start Resource Centre:**  
[www.beststart.org](http://www.beststart.org)

- Provides services to support service providers working in maternal health and early child development
  - Information
  - Consultations
  - Resources
  - Training
  - Networking opportunities
- A program of Health Nexus  
[www.healthnexus.ca](http://www.healthnexus.ca)
- Funded by the Ministry of Children and Youth Services




**Some Services of the Best Start Resource Centre**

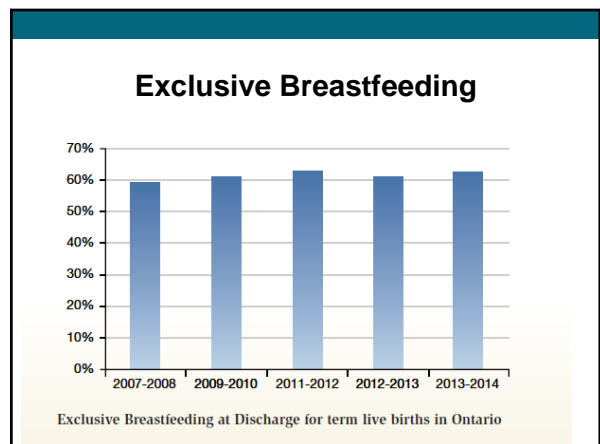
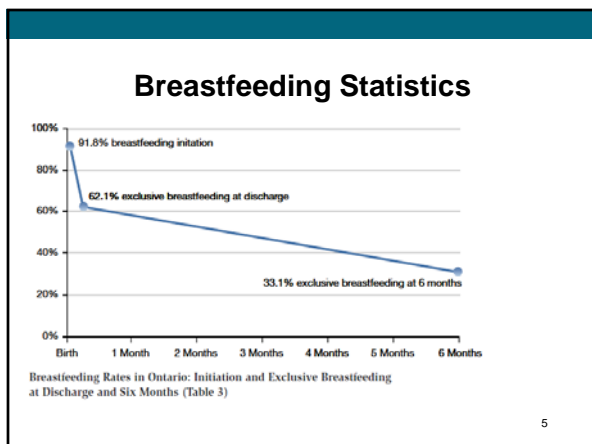
- **Training**
  - Regional Workshops
  - Webinars
- **Resources**
  - Child Development
  - Breastfeeding
  - Perinatal Mood Disorders
  - Reproductive Health
  - Preconception Health




***Breastfeeding - exclusively for the first six months, and sustained for up to two years or longer with appropriate complementary feeding - is important for the nutrition, immunologic protection, growth, and development of infants and toddlers.***

*Nutrition for Healthy Term Infants from Birth to Six Months, 2013*

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## Vulnerable Points in Time

3 days; 3 weeks; 3 months



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## Stories

- Narrative is the primary form of human understanding (Bruner 1986; Ricoeur 1984)
- Many cultures place high value on story telling
- Information is passed from one generation to the next
- Most major scientific breakthroughs started with a story and the question “why”
- Memories are often based on stories

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## Stories – Qualitative Research

- Qualitative research is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research.

Wyse, 2011

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## Stories – Case Examples

- BSRC interviewed health care providers and women concerning five breastfeeding topics
  - Breastfeeding and Younger Mothers
  - Breastfeeding Education of Healthcare Providers
  - Prenatal Breastfeeding Education
  - Breastfeeding Awareness Campaigns
  - Supporting Exclusive Breastfeeding

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## Healthy Communities Framework

- Learn about the community
- Listen to community members
- Bring people together to develop a shared vision



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## Exclusivity at Sunnybrook

Jo Watson PhD, RN(EC), IBCLC  
 Operations Director  
 Nurse Practitioner  
 Professional Leader, Nurse Practitioners  
 Sunnybrook Health Sciences Centre



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'health care providers influence and support feeding decisions at key moments before and after birth and later when changes occur to maintain exclusive and continuous breastfeeding'  
(Kabook et al., 2008)

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## Strategies to Enhance Exclusivity

**Identify at risk groups**

- women with diabetes
- women with elevated BMI
- women with a subsequent pregnancy loss
- women with mobility limitations
- women who previously weaned their babies before they had planned
- women with infants in the NICU

**Early intervention**  
When it matters most

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## Breastfeeding and Diabetes

G-4 P-1; Gestational age: 37+ weeks;  
Her goal was to breastfeed exclusively as had not with 1<sup>st</sup> baby

Gestational diabetes (on insulin)  
Antenatal LC consult in our Breastfeeding Clinic  
intrapartum hand expression: 3 x 1ml syringes

Baby's Weight: 3342gm  
Blood sugar at 2 hours post birth: 3.8mmol/L normal  
Subsequent blood sugars: 2.8 – 3.1mmol/L normal  
Exclusively breastfeeding at discharge  
1 discharge BFC visit; 2 post discharge visits (mastitis tx),  
3 Follow Up calls:  
Breastfeeding Status at 6 weeks: Exclusive

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## Developing a Policy to Support Breastfeeding in Women Who Are Hospitalized and Acutely Ill

© WATSON, PhD, RN(BC), IBCLC  
SUE HERMANN, MN, RN, IBCLC  
BILLARAR, JOHNSON, MN, RN

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## Helping the message 'stick'

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### How are we doing?

- The rate of exclusive breastfeeding for women and babies with no risk factors has increased from 75%-81% in the last two years
- The rate of exclusive breastfeeding for women with gestational diabetes has increased from 49% to 64% in the last two years

While Canadian rates of exclusive breastfeeding on day of discharge from the NICU are 40%, the rate of exclusive breastfeeding on day of discharge from the Sunnybrook NICU is 74%

### Protecting Exclusivity

- Takes time
- Takes place at all levels
- Takes a commitment to keeping mothers and babies together
- Uses evidence in practice
- Embedded in policies
- Creative solutions-pump to emerg, baby cot to rehab
- Early intervention-Antenatal intervention
- Appreciate 'secondary exclusivity'
- Involves everyone

### Supporting Exclusive Breastfeeding: Talking to health care providers about breastfeeding education

Janet Allingham  
International Board Certified Lactation  
Consultant in private practice

### A *Healthy Communities* perspective inspired our collection of stories

The *Healthy Communities* approach is a *whole community* approach. It tries to engage various community members to:

- define issues
- generate solutions
- take action and
- evaluate success

**I asked health care providers about their learning experiences with respect to breastfeeding.**

### Three physicians readily spoke about their lack of breastfeeding education:

- Dr. Catherine Pound, Children's Hospital of Eastern Ontario thought it would be easy until she had her first baby!
- Dr. Jenny Thomas, a pediatrician in Wisconsin, had a similar experience.
- Dr. Jack Newman says he learned nothing in medical school about infant feeding- other than how to make up formula!

### The *Baby Friendly Initiative* is a vehicle for change

- Community health challenges are complex, and neither easily nor readily addressed.
- Some of the BFI language fits a *Healthy Communities* approach.
- The BFI process consists of *Ten Steps for Hospitals and Community Health Services*.

**Suggestion: think about BFI designation as a community development process**

### Comparing the BFI with the *Healthy Communities Framework*

Both depend on the same, key building blocks:

- Community/citizen engagement
- Multi-sectoral collaboration
- political commitment
- healthy public policy, and
- asset-based community development.

### The BFI stands on solid research

“Without exception, (these) studies show greater initiation and longer duration of breastfeeding, even among populations less likely to breastfeed.” “Riordan and Wambach 4<sup>th</sup> edition, *Breastfeeding and Human Lactation* (2010), p. 70.

In Cuba, 49 of the 56 hospitals are Baby Friendly and the rate of exclusive breastfeeding at 4 months almost tripled in six years from 25% in 1990 to 72 % in 1996. UNICEF.

### Action plans we heard about in the stories:

- Dr. Catherine Pound: research about physician knowledge and now working toward new standards for residents in obstetrics, pediatrics, family medicine, and emergency medicine through the Royal College of Physicians and Surgeons.
- Dr. Jennifer Thomas (Wisconsin) : hopes to help her colleagues regain a sense of satisfaction through “hands on” skills.

### Action plans cont’d

- Dr. Elisabeth Asztalas: stimulated a community to ask “What about **our** babies?”
- Physicians, nurses, and lactation consultants need to be able to answer the question “**What’s wrong with just one bottle of formula?**”
- A provincial college of Lactation Consultants, if created in Ontario, would make them **regulated health professionals**: implications.

### We also heard about plans now in progress:

- Ontario College of Family Physicians **support for the BFI** for approximately 10 years
- Dr. Jennifer Thomas: exciting her peers about the **infant gut microbiome** as well as “hands on” skills.
- Dr. Elisabeth Asztalas and her colleagues: **supporting supplementation with human milk** for many years
- **Teaching breastfeeding at the bedside** with a kit that covers supplementation with a spoon etc.

## Plans already in progress (cont'd)

- **Teaching in the NICU:** creating a standard so that nothing is left out for either staff or parents: what has been taught, and what still has to be taught?
- **Ottawa Valley Lactation Consultants:** a **community of practice** that is still supporting and educating its members, and healthcare providers through both informal interactions and formal events eg annual conference (April 12<sup>th</sup> this year, in Ottawa).

## Establishing Exclusive Breastfeeding

Anne Kirkham  
La Leche League Canada  
International Board Certified Lactation  
Consultant at Sunnybrook Health  
Sciences

## Exclusive breastfeeding

- “The best way to establish exclusive breastfeeding after birth is to breastfeed early, often and effectively.”
- Sound simple?

## Barriers to exclusive breastfeeding What gets in the way?

- concrete physical problems  
-separation, condition of baby and mother after birth  
(disruption of normal processes)
- societal problems
  - Isolation
  - competing interests
  - lack of knowledgeable extended family
  - work expectations
  - parenting styles
  - lack of breastfeeding knowledge
  - Organizational policies

## Why mothers stop; what they say

- **Perceived low milk supply-** 44%
- **Difficulty with technique-** 18%



Canadian Community  
Health Survey, 2011-12

## What about birth?

After birth, are mom and baby in a state that allows **early, often & effective** breastfeeding?

- “very long exhausting labours are a problem as both mother and baby end up in poor condition- less able to breastfeed.” -Alanna, RM
- “I planned a natural birth. My water broke and later a pitocin IV drip was used to start labour. Then later, baby girl was showing signs of distress with meconium so had to come via caesarean. She couldn't breastfeed for many weeks but I don't think it had to do with the birth.” -Stephanie

## Birth

- IV. fluids
  - Epidural anesthesia
  - Caesareans -planned or unplanned /emergency
  - Inductions
  - Continuous Fetal monitoring
  - Forceps, vacuum extraction and episiotomies
- All have various effects on mother and baby; Hormonally, physically, or emotionally.

## When to discuss?

- “Pondering risks or choice of interventions during actual labour is not very helpful for a birthing parent.”
- “This is where prenatal education is important!” Alanna RM
- However...“If interventions are suggested, and there is no medical urgency, a woman can wait. She can say, ‘Give me 30 minutes to see if I want to do that.’” Lisa MD

## What do women know?

- “I learned that medications could affect the baby or slow down labour but no one ever mentioned that those things might affect breastfeeding.”  
Julia , pregnant with second baby.
- Informed ? “I knew about breastfeeding and problems with caesareans and medications but I can’t tell you where I got it. Women are all over the internet. I did move around during my birth and avoid most medications. (I did have some augmentation eventually).” Michelle Z

## Do any birth practices enhance readiness for breastfeeding?

- **Support in Labour** - trained birth companions -- Doulas reduce the need for pain medication or epidurals -- and can reduce the length of labour.

“I think prenatally my Doula got to know my fears and what influenced me. It's the human contact of someone just there for you emotionally.”-Renee

- **Immediate Skin to Skin** in the first hours  
- Increases breastfeeding rates

“I insisted on skin-to-skin time right after birth and latched Carl on.” Michelle Z

## S2S, Intention, Education and Support :

- “I’d already decided to breastfeed. But (the class) was useful because they explained how the baby would act and need skin to skin right after birth.” Michele W.
- “The normal place for the newborn is skin to skin with mum.
- We encourage physicians to talk to parents prenatally about their comfort with immediate skin to skin.” Dr. Lisa Graves OCFP

## Barriers in first hours and days

### Perception problems?

- **Parents expectations of real breastfeeding**
- **Colostrum vs. Milk**

“My milk took a little longer than average to come in but I didn't realize that it was anything out of the ordinary. My partner, on the other hand, had only seen babies with bottles and was convinced that our child needed formula the first night.” Jennifer

- **Prenatal messages – which are helpful?**

HP lament: "Pregnant women only want to focus on the birth"

What mothers say about prenatal education:

- "You nest so much and focus on the birth day during pregnancy. You forget you need to know what happens after the baby is born"
- "The (BF) prenatal class helped because we found out challenges are normal. We didn't go in totally blind. I got lots of info on how to latch- different positions like side lying which saved my life! -Monica, mother of a 5 month old.

## What's normal infant behaviour?

Parents perceptions after a prenatal breastfeeding class

"New things" learned :

- Babies' "second night."
- Need for skin to skin holding.
- The size of a newborn's stomach.
- Babies will nurse frequently.
- Colostrum is enough.



## Am I doing okay? Is my baby okay?

- "I had a visit from a midwife who confirmed that everything was ok and my daughter wasn't "starving". She also offered to take the formula samples out of my house and donate them so that it wouldn't be an issue in my household anymore. I was relieved and agreed." -Jen M
- "I wish I knew that it's ok to be "used as a pacifier" and that the constant crying and wanting to latch in the first few days is nature's design to bring your milk in. I did what felt right at the time, but it was a relief to verify that following the baby's lead is the right way to go."

## Exclusive Bf and pivotal decisions

- **Is it worth it?** The weighing of options

A Story:

Newcomer mom having trouble with breastfeeding

- physician, late preterm infant, weight loss, sleepy at breast. Milk just starting to increase
- Pump or formula? **Why this question?**


## Judgement call: Changing language to improve outcomes

GILLIAN SZOLLOS  
HEALTH PROMOTER  
CARLINGTON COMMUNITY HEALTH CENTRE

- "I felt judged by everyone, for everything! For breastfeeding at night, by my family; in public, by the public; in bed, by my friends. I don't think we can escape judgement in any aspect of our life. We are human, we judge! That doesn't mean that we should let judgement prevent us from doing what we know is best. Other things might prevent us from that but what other people think should not be a factor."  
Shannon



## Bumpy Roads Ahead




## A change in culture

- Change is happening
- BFI messaging
- Provincial impetus to adopt BFI
- Health care provider education
- Language that we use as providers has also changed
  - Very health focused and what parent does not want the best outcomes for their child?

## Reality

- Messaging without options
  - Species specific milk for everyone
- Inconsistent messaging
- Gaps in messaging
  - Primary Care
  - Family
  - Support people (community)
  - Funding

We need to Walk the Walk not just Talk the Talk




## Feelings

- Health messaging without the community support to follow through leads to women expressing feelings of guilt and anger.
- Their loss is actually our failure


## Coordinated approach to supporting exclusivity

- Funding
- Community support
- Peer support
- Professional education
- Language
- BFI
- Milk banks




Globally recognize that prioritizing infant health has a downstream effect on population health for all Canadians and....


## Don't Guess ...Listen



- Hear what women are saying impact their decisions to wean
- Make collecting that survey data as important as the actual stat.
- A provincial approach to understanding the roadblocks can help us develop strategies to address them



**best start**  
**milleur départ**  
Ensemble, Health Services, Santé



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*Thank you!*

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