



## THE LACTATION CONSULTANT AND ALLIED HEALTH: A HOLISTIC APPROACH TO CLIENT CARE

Black Creek Community Health Centre's  
commitment to the health of families.





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### OBJECTIVES

- What is the Allied Health Team
- The role and responsibilities of the Lactation Consultant at a CHC
- How does a breastfeeding program support addressing social determinants of health
- The holistic and collaborative approach to client care
- Brief case study

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### A LITTLE BIT ABOUT ME.....

- I am a mother and wife
- I am a (Formerly DONA Certified) Doula
- Childbirth Educator
- Social Justice Advocate
- La Leche League Canada Accredited Leader- 14 years
- IBCLC
- College Educator
- A breastfeeding MOM!




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## BACKGROUND

> Black Creek CHC celebrated 25 years in operation in 2014.

**About Us**

- BCCHC is a not-for-profit organization funded by the Central Local Health Integration Network (LHIN) that is committed to the values and principles of the Model of Health and Well Being.

**Vision**

- We utilize a population-based approach to contribute to a culturally diverse community, so that people can achieve their full potential.

**Mission**

- We are committed to enhancing community health in a comprehensive manner within a safe, nurturing and respectful environment. We do this through interdisciplinary teams and in partnership with other community residents and organizations where applicable.

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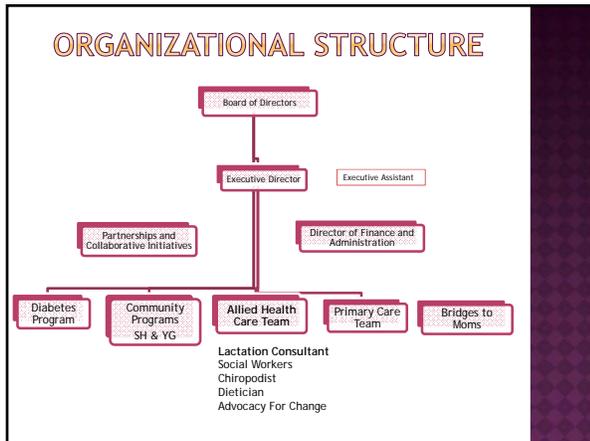
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## LACTATION SUPPORTS AT BLACK CREEK CHC A COLLABORATIVE APPROACH

| LACTATION CONSULTANT (IBCLC)<br>Allied Health Team  |   |  |
|---|---|--|
| PROGRAMS  | INDIVIDUAL SUPPORT  | COMMUNITY HEALTH PROMOTION   |
| <ul style="list-style-type: none"> <li>• Breastfeeding Group (L.C, EYCHW, SW, CLIN, RD)</li> <li>• TPH/BCCHC Partnered Breastfeeding Clinic (L.C, TPHN)</li> <li>• Mom's Group (L.C, EYCHW, SW)</li> <li>• Bits and Bites Program (L.C, DIETICIAN)</li> <li>• La Leche League Canada</li> </ul> | <ul style="list-style-type: none"> <li>• Prenatal Breastfeeding Session</li> <li>• Breastfeeding Assessment and Counselling/ Plans/ Follow-up</li> <li>• Weight checks for primary care</li> <li>• Referrals as needed</li> <li>• Advocacy</li> </ul> | <ul style="list-style-type: none"> <li>• Community Home Visitors</li> <li>• Midwives</li> <li>• Daycares</li> <li>• Healthy Child Screenings</li> <li>• CPNP</li> <li>• OEYC</li> <li>• Networking with other IBCLC</li> <li>• BFI Implementation</li> </ul> |

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### WHAT IS BABY-FRIENDLY INITIATIVE?




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### WHO BENEFITS FROM BABY FRIENDLY?

- > The woman and her child
- > Those who care for mothers and babies
- > Maternity units
- > The family
- > The Community
- > Healthcare system

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### FORMULA USE INCREASES THE RISK OF:

- > Increased risk of lung infections
- > Increased risk of ear infections
- > Higher risk of infection from contaminated formula
- > Risk of lowered intelligence
- > Increased risk of effects of environmental contaminants
- > Increased risk of allergy and asthma
- > Higher risk of heart disease
- > Increased risk of obesity
- > Increased risk of childhood cancers
- > Increased risk of diarrhea
- > Increased risk of death from disease
- > Higher risk of developing diabetes

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### CURRENT HEALTH RECOMMENDATIONS REGARDING BREASTFEEDING

- **Global Strategy for Infant and Young Child Feeding- WHO** ([http://www.unicef.org/infyafee/files/090609\\_Infant\\_and\\_Young\\_Child\\_Feeding.pdf](http://www.unicef.org/infyafee/files/090609_Infant_and_Young_Child_Feeding.pdf))
- **Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months-** A joint statement from Health Canada, Canadian Paediatric Society, Dieticians of Canada, and Breastfeeding Committee for Canada (<http://www.hc-sc.gc.ca/nr-an/nutrition/infant-nourisson/recom/index-eng.php>)
- **No Time to Wait: The Healthy Kids Strategy (MOHLTC)** ([http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy\\_kids/healthy\\_kids.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf))
  - Start All Kids on the Path to Health (1.4 Support and encourage breastfeeding for at least the first six months of life.)
  - Change the Food Environment
  - Create Healthy Communities

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### HOW ARE WE DOING IN CANADA?

- Most women are initiating breastfeeding after birth ( 2011-2012 89%; up from 85% in 2003)
- More women breastfed exclusively for six months ( 2011-2012 26%; up from 17% in 2003)
- British Columbia had the highest rate of exclusive breastfeeding
- Among all mothers who tried breastfeeding, 45% introduced other liquids to their infants when they were three months or younger; 13% at four to five months.
- Most breastfeeding issues related to early cessation can usually be overcome with education and support.
- Prenatal breastfeeding education and peer support has been shown to improve initiation and duration.

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### WHAT ARE THE SOCIAL DETERMINANTS OF HEALTH:

Improving the health of Canadians requires we think about health and its determinants in a more sophisticated manner than has been the case to date. *Social Determinants of Health: The Canadian Facts* considers 14 social determinants of health:

1. Income and Income Distribution
2. Education
3. Unemployment and Job Security
4. Employment and Working Conditions
5. Early Childhood Development
6. Food Insecurity
7. Housing
8. Social Exclusion
9. Social Safety Network
10. Health Services
11. Aboriginal Status
12. Gender
13. Race
14. Disability

The publication outlines why they are important; how Canada is doing in addressing them; and what can be done to improve their quality. The purpose of the document is to provide promote greater awareness of the social determinants of health and the development and implementation of public policies that improve their quality.

[www.thecanadianfacts.org](http://www.thecanadianfacts.org) © 2014

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**SOCIAL DETERMINANTS OF HEALTH  
CONT'D....**

- > Employment, Education and Income
- > Early Childhood Development
- > Food Insecurity
- > Health Services

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**INCOME**

Neighborhoods with a lower median household income, lower levels of educational attainment, or higher rate of unemployment while pregnant or postpartum is associated with lower breastfeeding rates at hospital discharge. Within Ontario 93.1% of women with no pre-existing maternal health conditions intend to breastfeed (BORN Data for 2012/2013).

At hospital discharge:

- 61.8% of all women in Ontario breastfeed exclusively after the birth of their babies.
- 68.4% of women living in the neighbourhoods with the highest median household incomes breastfeed exclusively **VERSUS**
- Only 54.7% of women living in the neighbourhoods with the lowest median household incomes breastfeed exclusively.

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To assess poverty a single question can be asked:

*“Do you ever have difficulty making ends meet at the end of the month?”*

May assist in the assessment of identifying individuals living below the poverty line and can be incorporated into the assessment of a client.

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### EDUCATION

- 66.8% of women living in the neighbourhoods with the highest proportion of residents who have post secondary certificates, degrees or diplomas breastfeed exclusively **VERSUS**
- Only 57.2% of women living in the neighbourhoods with the lowest proportion of residents who have post secondary certificates, degrees or diplomas breastfeed exclusively.) Income, education and employment impact breastfeeding through a variety of ways. For example:
  - Having more education may help parents understand the health benefits of breastfeeding (Heck, 2006).
  - Better educated parents may be more likely to seek out information about health practices such as breastfeeding (Heck, 2006).

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### EMPLOYMENT

- 65.1% of women living in the neighbourhoods with the lowest rates of unemployment breastfeed exclusively **VERSUS**
  - Only 57.4% of women living in the neighbourhoods with the highest rates of unemployment breastfeed exclusively. (BORN Data for 2012/2013)
- While each factor is a determinant of health in its own right, income, education and employment are interconnected as education helps people move up the socioeconomic ladder (Mikkonen, 2010).

The last 3 slides adapted from Best Start Fact Sheet 2: Breastfeeding and Socioeconomic Status

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### EARLY CHILDHOOD DEVELOPMENT

- Breastfed children tend to show higher IQ and better cognitive development by age 5.
- Breastfeeding and child cognitive development: new evidence from a large randomized trial. *Arch Gen Psychiatry*. 2008 May;65(5):578-84. doi: 10.1001/archpsyc.65.5.578
- Breastmilk contains unique brain-building nutrients that cannot be manufactured or bought. (Dr. Sears)
- Attachment and bonding. Having baby so close allows you the opportunity to read and understand a baby's cues for hunger and satiation, eye contact, touching, sts
  - Breastfeeding promotes the right chemistry between mother and baby by stimulating your body to produce prolactin and oxytocin, hormones that give your mothering a boost. (Dr. Sears)

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### FOOD INSECURITY

Families that don't breastfeed spend equivalent of a family vacation (thousands of dollars) in artificial milk in the first year.

- Breastfeeding has an important role to play in making food security a reality for the 140 million babies born every year world wide!
- Food security means having enough food to maintain a healthy and productive life today -- and in the future.
- Communities enjoy food security when all individuals in all households have access to food -- adequate in quantity and quality, affordable, acceptable, appropriate and readily available from local sources on a continuing basis.
- Breastfeeding provides total food security for infants.
- Breastmilk is the first food for babies, but breastfeeding also benefits women, families, communities, and our planet.

(WABA)

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### HEALTH SERVICES

#### A BASIC HUMAN RIGHT!

- There are continuing issues of access to care. The bottom 33% of Canadian income earners are - as compared to the top 33% of income earners - 50% less likely to see a specialist when needed, 50% more likely to find it difficult to get care on weekends or evenings, and 40% more likely to wait five days or more for an appointment with a physician.

[http://www.thecanadianfacts.org/The\\_Canadian\\_Facts.pdf](http://www.thecanadianfacts.org/The_Canadian_Facts.pdf)

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The following strategies have been shown to be successful with the general population and are promising in situations with women from lower socioeconomic backgrounds:

- Peer counseling (Chapman, 2004; Kistin, 1994; Olson, 2010; Schafer, 1998; Shaw, 1999) Peer counselors support and encourage women to breastfeed (Schafer, 1998) and normalize breastfeeding.
- Combined peer and professional support offered in hospital, at home and over the telephone. This provides women with the benefits of social support and the normalizing of breastfeeding while also addressing negative symptoms such as breast discomfort, fatigue, depression and anxiety (Pugh, 2001).
- Prenatal and postnatal lactation instruction from a lactation consultant (Bonuck, 2005; Brent, 1995; Petrova, 2009). Lactation consultants educate women about the benefits of breastfeeding and overcome perceived barriers to breastfeeding (Bonuck, 2005)

[http://www.beststart.org/resources/breastfeeding/BSRC\\_Breastfeeding\\_factsheet\\_2\\_ENG.pdf](http://www.beststart.org/resources/breastfeeding/BSRC_Breastfeeding_factsheet_2_ENG.pdf)

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**This Code seeks to protect and promote breastfeeding by ensuring the ethical marketing of breastmilk substitutes by industry.**

- No advertising of these products (i.e., formula, bottles, nipples, pacifiers) to the public.
- No free samples of these products to mothers.
- No promotion of artificial feeding products in health care facilities, including the distribution of free or low-cost supplies.
- No company representatives to advise mothers.
- No gifts or personal samples to health workers.
- No words or pictures idealizing artificial feeding, including pictures of infants on the labels of products.
- Information to health workers should be scientific and factual.
- All information on artificial infant feeding, including the labels, should explain the benefits of breastfeeding, and the cost and hazards associated with artificial feeding.
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

For more information about the Code and subsequent World Health Assembly Resolutions go to:  
[www.breastfeedingcanada.ca/TheCode.aspx](http://www.breastfeedingcanada.ca/TheCode.aspx)  
 Integrated Ten Steps for Hospitals and Community Health Services (Breastfeeding Committee for Canada, 2011)  
 Summary of the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly Resolutions

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- GLOBAL**
  - **World Health Organization's International Code on the Marketing of Breast milk Substitutes** and subsequent World Health Assembly Resolutions
  - **Baby Friendly Initiative**
- NATIONAL**
  - **Breastfeeding Committee for Canada (1991)** as a **Health Canada** Initiative
  - Develop strategies for the Implementation of BFI across Canada with stakeholders
- PROVINCIAL**
  - **Baby-Friendly Initiative Ontario**
  - Support Hospitals and Community Health Services with BFI Implementation

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**STUDIES CONFIRM THAT MARKETING OF BREASTMILK SUBSTITUTES UNDERMINE INITIATION AND DURATION OF BREAST FEEDING**

- **The association of prenatal media marketing exposure recall with breastfeeding intentions, initiation, and duration.** (<http://www.ncbi.nlm.nih.gov/pubmed/23686404>)
- **Understanding Women's Interpretations of Infant Formula Advertising.** (<http://onlinelibrary.wiley.com/doi/10.1111/birt.12044/abstract>)
- **Marketing infant formula through hospitals: the impact of commercial hospital discharge packs on breastfeeding.** (<http://www.ncbi.nlm.nih.gov/pubmed/18172152>)

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**New Investments in Breastfeeding Supports (MOLTCH)**

*To help babies get the best start in life, the (Ontario) government HAS established the following new initiatives:*

- Access to 24-hour expert support through telephone service
- Training, tools, guidance and other resources to help Ontario hospitals, Community Health Centres, Family Health Teams, Public Health Units, Aboriginal Health Access Centres and Nurse Practitioner-led clinics achieve the World Health Organization's [Baby-Friendly Initiative](#) designation and adopt clinical best practices in infant feeding.
- Targeted support for mothers who find it difficult to access breastfeeding services. The government will fund local community health organizations to develop and implement support programs focussed on reaching out to mothers in population groups that have lower rates of breastfeeding, such as women having their first baby, Aboriginal women, and women who plan to return to work within six months, among others.
- New resources through Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre. ( Guides, Manuals)

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**BLACK CREEK CHC WELCOMES  
LA LECHE LEAGUE**

Black Creek receives a grant from  
Best Start Canada in 2015!

LLLC-BLACK CREEK

officially launched at our satellite location  
(Jane & Finch)\*\*\*Strategic\*\*\*

Grant allocation:

- |   |                                  |
|---|----------------------------------|
| ➢ Coordinator<br>(salary & benefits, 14hrs/month) | ➢ Communication                  |
| ➢ Fees for service                                | ➢ Child-minding                  |
| ➢ Transportation                                  | ➢ Program Materials/<br>Supplies |
| ➢ Snack   |                                  |

Incentives:

The first 15-20 attendees received gift bags including:  
➢The WAB, breast pads, sweet sleep.....  
Many more received the WAB

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We now have 2 Leader  
applicants at Black  
Creek!




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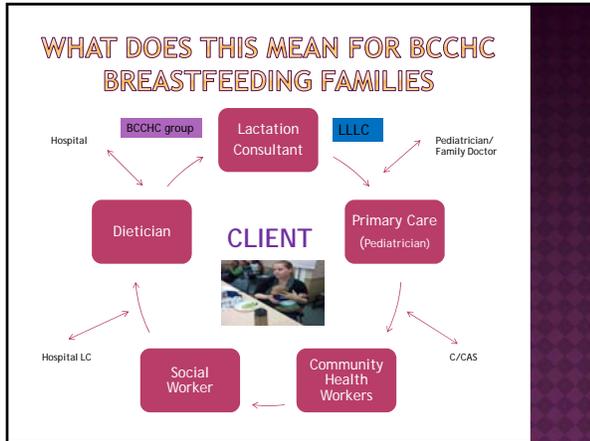
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### CASE STUDY

- > 23 year old female; mother of 2yr. old and new baby boy 4 months old at initial appointment with LC. Referral from RN at centre.
- > Previously seen by SW at centre during pregnancy; ct. was unsure if she would keep the baby. Became difficult to get a hold of ct. by phone. SW checks in with ct. post birth-ct. is keeping the baby.
- > RN does some teaching re: ABM and refers ct. to LC for breastfeeding support/education.
- > Breastfeeding Assessment completed with a plan for increasing supply. However, LC notices weight is .5 oz lower than previous weight. Supplement continues to be used.
- > FU visit post holidays and baby has gained not even minimal weight; LC consults with attending physician re: supplementation
- > Doctor and LC continue to collaborate with this dyad and baby weight monitored on a weekly basis
- > Next visit, baby's weight is down again. LC consults Dr. immediately for a plan. Dr. and LC decide to have ct. back the next week and do some teaching re: pumping, etc. Ct. sent home with tube at breast.
- > LC suggests to Dr. that perhaps she is diluting the formula. Paed. sends baby to hospital same day; admitted.
- > CAS becomes involved, she discloses that she has been diluting the formula for financial reasons; sees Dietician and LC at hospital.
- > Hospital RD contacts BCCHC RD re: case.
- > Case collaboration completed for this dyad incl. SW, RD, RN, LC. At f/u ct. indicates that she will stop breastfeeding. RD AND RN will follow dyad.

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### CASE STUDY

- > Linda came to Canada from Ghana with 2 children; husband remains in Ghana; gave birth last year in Toronto.
- > Point of entry at BCCHC was with LC
- > Assessment revealed that breastfeeding management was compromised at the hospital and client disclosed that due to miscommunication, learned before giving birth that she had a huge debt to Canadian gov't!
- > Ct. was hugely motivated to turn things around re: breastfeeding.
- > LC followed ct. quite closely for a few reasons:
- > It became apparent to LC that she could use the support of our CHWs to assist her with navigating the issues with debt- a referral is made.
- > LC also suggested attending the breastfeeding support group.
- > SW services were also offered for this mom.
- > Ct. disclosed at certain times the extreme hardships she faced re: money; LC was able to assist at times with food vouchers.
- > She also disclosed that she was a Christian and prayer remains a huge part of her life.
- > LC was able to ask a staff member to pray with her and offer some suggestions re: debt issues as she too was from Ghana (informally)
- > Continues to regularly attend group for social support and sees her own HCP re: her daughter having some emotional issues due to mom and Dad being separated.

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**Existing Supports for Breastfeeding in Ontario**

Ontario offers a wide range of programs to support and encourage breastfeeding, including:

- 36 Public Health Units in Ontario that provide a wide range of breastfeeding supports across the province, including prenatal education and breastfeeding awareness activities to support groups for new moms and babies.
- The Ontario Midwifery Program that includes breastfeeding instruction and support for clients, as needed after birth until six weeks post-partum.
- Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre that supports health care organizations in Ontario to enhance the health of expectant and new parents, babies and young children and *Breastfeeding Matters*, a guide to breastfeeding for women and their families.
- The Rogers Hixon Ontario Human Milk Bank at Mt. Sinai Hospital. Opened in January 2013, in partnership with Mount Sinai Hospital, The Hospital for Sick Children and Sunnybrook Health Sciences Centre, the milk bank provides donor breast milk to very low birth weight babies and some babies in level III neonatal intensive care units by physician prescription.
- Trained lactation consultants providing support for breastfeeding mothers across Ontario.

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**Integrated 10 Steps for Hospitals and Community Health Services**  
(Breastfeeding Committee for Canada, 2011)

- Step 1**  
Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
- Step 2**  
Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
- Step 3**  
Inform pregnant women and their families about the importance and process of breastfeeding.
- Step 4**  
Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes; encourage mothers to recognize when their babies are ready to feed, offering help as needed.
- Step 5**  
Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

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- Step 6**  
Support mothers to exclusively breastfeed for the first 6 months, unless supplements are medically indicated.
- Step 7**  
Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together.
- Step 8**  
Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
- Step 9**  
Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).
- Step 10**  
Provide a seamless transition between the services provided by the hospital, community health services, and peer-support programs. Apply principles of primary health care and population health to support the continuum of care. Implement strategies that affect the broad determinants that will improve breastfeeding outcomes

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## INTRODUCING BLACK CREEK CHC BFI COMMITTEE

- BCCHC BFI Committee formed early 2013
- We currently have a Terms of Reference and a rewritten Breastfeeding Policy to reflect the 10 Steps in Draft form (pending Board Approval :))

### Our committee membership includes:

- Lactation Consultant
- Program Manager
- Dietician
- Paediatrician
- EYCHW
- Social worker
- Social worker (Diabetes Team)
- Reception Team Member (2)
- Community Member
- Physician from primary care who provides obstetrical care
- Nurse Practitioner
- Former LC at Black Creek



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## THANK YOU



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