

Improving Lactation Support within British Columbia: A Call to Action

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February 6, 2020

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Topic:	Improving Lactation Support within British Columbia
Purpose:	Call to Action
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Issue

In spite of breastfeeding initiation rates of over 95% throughout British Columbia (BC), less than 34% of mothers continue to breastfeed exclusively for the recommended six months (British Columbia Ministry of Health [BCMh], 2012). There is prolific and compelling evidence that exclusive breastfeeding for six months is associated with numerous health and economic benefits. Reduced incidence and severity of maternal and childhood illness associated with breastfeeding can substantially cut health care costs (BCMh, 2012). The BC Ministry of Health lauds the importance of breastfeeding (Provincial Health Services Authority, 2020), but the dramatic decline in exclusive breastfeeding between initiation and six months points to a service gap whereby mothers are not receiving adequate support to maintain this important health behaviour. It is essential that provincially mandated policies be established to improve breastfeeding support delivered by health care providers. This paper recommends that the BC Ministry of Health take action to improve the quality and accessibility of breastfeeding support by setting concrete operational targets that health authorities are required to achieve to ensure standards of training and service delivery are met.

Background

There is agreement among globally recognized agencies that exclusive breastfeeding for six months is optimal (Critch, 2020; Government of Canada, 2019; World Health Organization

[WHO], 2020a). The many health and economic benefits of breastfeeding are well-documented. For the infant, breastfeeding is associated with a reduction in adverse childhood conditions including acute ear infections, childhood asthma, gastrointestinal disturbances, respiratory tract infections, diabetes, childhood leukemia, sudden infant death syndrome, and obesity (Critch, 2018; O’Sullivan, Farver, & Smilowitz, 2017). Exclusive breastfeeding for the first six months is associated with reduced frequency and duration of infant hospital admissions (BCMh, 2012; Kaur et al., 2016). Maternal benefits include protection against ovarian and breast cancers, osteoporosis, anemia, and perinatal depression, and assistance in recovery from pregnancy such as improved uterine involution and post-partum weight loss (Chow, Ateah, Scott, Ricci, & Kyle, 2013; Critch, 2018).

Breastfeeding promotion has been recognized as a priority health prevention strategy by the Government of BC (2019). Though provincial efforts to initiate breastfeeding have been effective, follow-up support for this health behaviour is lacking as evidenced by the downward trend in exclusive breastfeeding rates. There remain no specific accountability guidelines addressing this decline, although “effective health promotion and responsive services” have been identified as priority objectives (BCMh, 2018, p.11). As a result of the lack of clear mandates, access to quality, provincially-funded breastfeeding support remains inconsistent for many women who encounter remediable breastfeeding challenges (Taylor, 2014).

As rates of exclusive breastfeeding have not trended markedly upward over recent years, there is little to suggest that current provincial guidelines will manifest significant improvement. Currently, there is no accountability process to ensure that delivery of service is of a high standard. As a result, limited resources are available for direct support of mothers, as well as for training of frontline workers such as perinatal nurses and primary care providers. Within the

geographically and culturally diverse Northern Health Authority, there is funding for only one part-time International Board-Certified Lactation Consultant, a lactation professional who provides direct support to mothers and contributes up-to-date clinical expertise in policy development and dissemination of knowledge and skill to health care workers.

Recommendations

Through a report published collaboratively by the BC Ministry of Health, Perinatal Services BC and Healthy Women, Children and Youth Secretariat, a provincial commitment to breastfeeding has already been formed (BCMh, 2012). The report identifies essential actions policymakers must adopt to advance breastfeeding support across the province. However, the intention of this report has yet to be translated into action.

An accountability process is required whereby provincial health agencies must develop and maintain a standard of care intended to support sustained, exclusive breastfeeding. A key recommendation is to mandate breastfeeding guidelines to be consistent with the WHO/UNICEF Baby-Friendly Hospital Initiative (referred to as the Baby-Friendly Initiative [BFI] in Canada), which coordinates health care provider training and delivery of cohesive, consistent breastfeeding messaging and support, and enables more mothers and their children to access the considerable benefits associated with sustained exclusive breastfeeding (BCMh, 2012; Breastfeeding Committee for Canada [BCC], 2019; WHO, 2020b).

The BFI is an internationally recognized initiative established to protect, promote and support breastfeeding across the continuum of care from hospital to community health services (BCC, 2019). The program consists of specific criteria, referred to as the Ten Steps to Successful Breastfeeding (Ten Steps [see Appendix]), which when implemented simultaneously, have been proven to significantly increase the duration of exclusive breastfeeding (BCC, 2019; WHO,

1998). The BFI involves an accreditation process, whereby agencies fulfilling the Ten Steps criteria receive BFI designation. Currently, the Ten Steps are implemented inconsistently throughout health care agencies and institutions within BC. The province must assert its commitment to breastfeeding support by developing an accountability process whereby health authorities are required to adjust their practices to align with the BFI's Ten Steps. Mothers require ongoing, dedicated breastfeeding support throughout the perinatal continuum.

Consistency and quality of messaging and support is essential to ensuring the standard of care is delivered to all mothers during this time. The public is motivated to invest in the beneficial practice of breastfeeding. It is time to turn rhetoric into action and see our provincial leaders invest.

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Appendix

Ten Steps to Successful Breastfeeding (WHO, 2020c)**Critical management procedures**

- 1a) Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions
- 1b) Have a written infant feeding policy that is routinely communicated to staff and parents
- 1c) Establish ongoing monitoring and data-management systems.
- 2) Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

- 3) Discuss the importance and management of breastfeeding with pregnant women and their families.
- 4) Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
- 5) Support mothers to initiate and maintain breastfeeding and manage common difficulties.
- 6) Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
- 7) Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
- 8) Support mothers to recognize and respond to their infants' cues for feeding.
- 9) Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
- 10) Coordinate discharge so that parents and their infants have timely access to ongoing support and care.