



Kanesatake Health Center Inc.

Baby-friendly policy

If a multinational company developed a product that was a nutritionally balanced and delicious food, a wonder drug that both prevented and treated disease, cost almost nothing to produce and could be delivered in quantities controlled by the consumers' needs, the very announcement of their find would send their shares rocketing to the top of the stock market. The scientists who developed the product would win prizes and the wealth and influence of everyone involved would increase dramatically. Women have been producing such a miraculous substance, breast-milk, since the beginning of human existence. ~ Gabrielle Palmer

*A baby nursing at a mother's breast.....
is an undeniable affirmation of our rootedness in nature. ~ David Suzuki*

*"A community and a nation that takes the responsibilities of breastfeeding seriously, that honors and respects the needs of the birthing woman to have the time and support they need in order that breastfeeding is established, is a nation that cares about the long term health of its people."
~ Carol Couchie, Expert from NONASOWIN, Union of Ontario Indians, 1995*

Introduction

The WHO/ UNICEF Baby –Friendly Initiative was established in 1991 to promote, protect, and support the initiation and continuation of breastfeeding. Breastfeeding has been shown to improve the overall health of babies and their mother regardless of their social and economic background. Research has shown that it:

- Reduces the risk of maternal type 2 diabetes;
- Reduces the risk of hypertension in mothers and their children;
- Protects against obesity;
- Increases the psychological wellbeing of mothers;
- Increases feelings of parental confidence and sense of empowerment;
- Increases cognitive development in children.

Breastfeeding is deeply rooted in Mohawk tradition. However, with the influence of baby formula marketing, feeding practices have changed in Kanesatake. The Kanesatake Health Center recognizes that breastfeeding is a natural method for feeding and nurturing an infant and that breastfeeding provides numerous benefits to mother and child health. As such, all families have the right to clear, objective and complete information that is provided to parents at opportune moments.

Objectives

1. Provide leadership for the protection, promotion and support of breastfeeding.
2. Improve the health status of mothers and babies by increasing breastfeeding initiation and duration in the community of Kanesatake.
3. Support the implementation of the Baby Friendly Initiative.

Policy Statement

The Kanesatake Health Center adopts the present breastfeeding policy which aims to:

- Provide a supportive and favorable environment to protect breastfeeding;
- Promote exclusive breastfeeding for six months, and then up to 2 years old or more as long as the mother and child desire to continue, by communicating to families all its benefits in order to make an informed choice;
- Support mothers who choose breastfeeding by helping them acquire skills and by offering resources from the Kanesatake Health Center and in the community that are necessary for successful breastfeeding;
- Support Kanesatake Health Center employees who are breastfeeding by providing the time needed to breastfeed or pump and a private space if needed.
- Support mothers who choose not to breastfeed by respecting their choice and teaching them safe artificial feeding and promoting natural nurturing (for example skin to skin contact, proximity and feeding on demand).

To apply this policy, the Kanesatake Health Center will:

- Implement *The BCC BFI 10 steps and WHO Code Outcome Indicators for Hospitals and Community Health Services* (Appendix 1)
- Adhere to *International Code of Marketing of Breastmilk Substitutes and Subsequent Resolutions* (Appendix 2)

Definitions

Baby Friendly Initiative: The Baby Friendly Initiative is an international program established by the World Health Organization and UNICEF to promote, support and protect breastfeeding worldwide in hospital and in the community. Two evidence based documents provide the foundation for the Baby Friendly Initiative: *The Ten Steps to Successful Breastfeeding* and *The International Code of Marketing of Breast-milk*.

International Code of Marketing of Breast-milk substitutes: The International Code was adopted by a resolution of the World Health Assembly (of which Canada is a member state) in 1981. The Code bans all promotion of formula and sets out requirements for labeling and information on infant feeding. Any activity that undermines breastfeeding also violates the aim and spirit of the code.

Breastfeeding Initiation and Duration: Exclusive breastfeeding is recommended for the first six months of life for healthy term infants with continued breastfeeding for up to two years & beyond with the introduction of complementary foods at six months. (2013 - *Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months* and 2015 - *Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months*. Joint statements of Health Canada, Canadian Pediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada)

Policy review:

The Baby Friendly Policy will be reviewed by the BFI committee every 5 years and signed by the Kanesatake Health Center Inc. Executive Director.

Original Policy: March 18, 2011

Updated Policy: February 19, 2019

Appendix 1

Breastfeeding Committee for Canada Integrated Ten Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services: Summary

The WHO 10 Steps to Successful Breastfeeding (1989) and the Interpretation for Canadian Practice (2011)

Step 1	WHO	Have a written breastfeeding policy that is routinely communicated to all health care staff.
	Canada	Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
Step 2	WHO	Train all health care staff in the skills necessary to implement the policy.
	Canada	Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
Step 3	WHO	Inform pregnant women and their families about the benefits and management of breastfeeding.
	Canada	Inform pregnant women and their families about the importance and process of breastfeeding.
Step 4	WHO	Help mothers initiate breastfeeding within a half-hour of birth. WHO 2009: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.
	Canada	Place babies in uninterrupted skin-to-skin ¹ 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	WHO	Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
	Canada	Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

¹ The phrase « skin-to-skin care » is used for term infants while the phrase « kangaroo care » is preferred when addressing skin-to-skin care with premature babies.

Step 6	WHO	Give newborns no food or drink other than breastmilk, unless medically indicated.
	Canada	Support mothers to exclusively breastfeed for the first 6 months, unless supplements are <i>medically</i> indicated.
Step 7	WHO	Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
	Canada	Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together.
Step 8	WHO	Encourage breastfeeding on demand.
	Canada	Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
Step 9	WHO	Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
	Canada	Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).
Step 10	WHO	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
	Canada	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 and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.
The Code	WHO	Compliance with the International Code of Marketing of Breastmilk Substitutes.
	Canada	Compliance with the International Code of Marketing of Breastmilk Substitutes.

Appendix 2

TheInternationalCodeOfMarketingOfBreastmilkSubstitutesAndSubsequentResolutions.pdf

The International Code of Marketing of Breastmilk Substitutes and Subsequent Resolutions

Introduction

What is the International Code?

The **International Code of Marketing of Breastmilk Substitutes** was adopted by a Resolution (WHA34.22) of the World Health Assembly in 1981.

The International Code bans all promotion of bottle feeding and sets out requirements for labelling and information on infant feeding. Any activity which undermines breastfeeding also violates the aim and spirit of the Code. The Code and its subsequent World Health Assembly Resolutions are intended as a minimum requirement in all countries.

What is covered?

All breastmilk substitutes. These are products which are marketed in a way which suggests they should replace breastfeeding, even if the product is not suitable for that purpose. They may include:

- infant formula
- follow-on formula
- baby foods
- gruels
- teas and juices
- bottles
- teats/nipples and related equipment.

Key points:

Baby food companies may not:

- promote their products in hospitals, shops or to the general public
- give free samples to mothers or free or subsidised supplies to hospitals or maternity wards
- give gifts to health workers or mothers
- promote their products to health workers: any information provided by companies must contain only scientific and factual matters
- promote foods or drinks for babies
- give misleading information
- There should be no contact between baby milk company sales personnel and mothers.

- Labels must be in a language understood by the mother and must include a clear health warning.
- Baby pictures may not be shown on baby milk labels.
- The labels must not include language which idealises the use of the product.

Resolutions

When the International Code was adopted by the World Health Assembly in 1981 (see Resolution WHA34.22) it was recognized that it may require clarification or even revision. Accordingly, Resolutions have been adopted every 2 years since 1982. The subsequent Resolutions have equal status to the International Code and close many of the loopholes exploited by the baby food industry. The following resolutions are available.

- Resolution WHA33.32 (1980)
- Resolution WHA34.22 (1981)
- Resolution WHA35.26 (1982)
- Resolution WHA37.30 (1984)
- Resolution WHA39.28 (1986)
- Resolution WHA41.11 (1988)
- Resolution WHA43.3 (1990)
- Resolution WHA45.34 (1992)
- Resolution WHA47.5 (1994)
- Resolution WHA49.15 (1996)
- Resolution WHA54.2 (2001)
- Resolution WHA55.25 (2002)
- Resolution WHA58.32 (2005)
- Resolution WHA59.21 (2006)

Innocenti Declaration 1990

The Innocenti Declaration 1990 was produced and adopted by participants at the WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative", cosponsored by the United States Agency for International Development (A.I.D.) and the Swedish International Development Authority (SIDA), held at the Spedale degli Innocenti, Florence, Italy, on 30 July - 1 August 1990. The Declaration reflects the content of the original background document for the meeting and the views expressed in group and plenary sessions.

Innocenti Declaration 2005

The Innocenti Declaration 2005 was adopted by participants at an event "Celebrating Innocenti 1990-2005: Achievements, Challenges and Future Imperatives" held in November 2005.