

Baby-Friendly News!



Research Corner

Warm Up to Better Milk Flow

Current research, as cited on the United States Lactation Consultant Association website, indicates that warming the breasts prior to pumping resulted in significantly higher amounts of milk obtained than in non-warmed breasts. The researchers state this is potentially due to the effect on the milk ducts or milk flow, with subsequent higher amounts of milk to be pumped, rather than actual breastmilk production.

A Weighty Issue

Term babies may lose between 7-10 % of their birth weight in the first few days following birth (Breastfeeding Handbook, 2010). However, according to a recent study, as cited by Nancy Mohrbacher, IBCLC, FILCA, due to increased IV fluids given to the mother during labour, the baby's birth weight may be inflated. In turn, the baby's weight loss may be greater than 10% related to this excess fluid, not to breastfeeding and milk intake. This is important to note as weight loss should **never** be the only determining factor as to whether or not a baby needs supplementation. The researchers suggest that a measurement of weight at 24 hours after birth, as opposed to birth weight, would be a better baseline when assessing weight change in newborns.

Breastfeeding Decreases the Risk of Ovarian Cancer

Australian researchers from Curtin University studied the length of lactation and the number of children breastfed. The study was conducted in China, and the sample included 493 ovarian cancer patients and 472 hospital-based controls with unrelated problems. Results indicated that women who breastfed for more than 13 months were 63 percent less likely to develop ovarian cancer than women who

breastfed for less than 7 months. The findings also showed that the benefits increased the longer the women breastfed. Women who had three children and cumulatively breastfed for 31 months had a 91 percent decreased chance of developing ovarian cancer than women who breastfed for less than 10 months. It is thought that because breastfeeding delays ovulation it can help prevent ovarian cancer. Ovarian cancer is the second most prevalent reproductive Cancer in Canada (Canadian Cancer Society, 2012).

What's in a Diaper... Does it Matter?

A Canadian study, published in the *Canadian Medical Association Journal* looked at the digestive microbes of healthy term infants and reported differences based on mode of delivery and diet of the infant. The researchers studied the stool samples of 24 babies when they were 4 months old. They found that babies born vaginally receive their first immunization against microbes during delivery. Babies receive the microbial content from their mothers, and in time, they can distinguish between "good" and "bad" bacteria defending against the harmful bugs, and leaving beneficial ones alone. Babies born via caesarean section do not have this opportunity for immunization during delivery. In turn, they do not receive critical bacteria such as *Escherichia-Shigella* that get the body ready to distinguish between potentially harmful and helpful bacteria. Although breastfed babies showed lower bacterial richness and diversity (due to oligosaccharides that limit the number of microbes in the gut), bottlefed babies showed more *Peptostreptococcaceae* bacteria and *C. difficile*. Although babies do not seem to be affected by *C. difficile*, research has shown this pathogen is associated with intestinal and atopic disease, such as asthma. The researchers plan to look at how these changes impact on childhood conditions such as asthma, allergies, and obesity. What's in the diaper does matter!



The newborn baby has only three demands. They are: warmth in the arms of its mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three.

~ Dr. Grantly Dick-Read

Questions & Answers



My baby had a fussy night while in hospital and they said it was because I ate turkey soup. Now I am worried that I need to watch everything I eat.

A breastfeeding mother should try to eat a balanced diet, but neither needs to eat any special foods nor avoid certain foods. A breastfeeding mother does not need to drink milk in order to make milk. A breastfeeding mother does not need to avoid spicy foods, garlic, cabbage, or alcohol. A breastfeeding mother should eat a normal healthful diet. Canada's Food Guide recommends that pregnant and breastfeeding women include an additional 2 to 3 food guide servings, as well as a multivitamin containing folic acid, every day. Although there are situations when something the mother eats may affect the baby, this is unusual. Most commonly, "colic", "gassiness", and crying can be improved by changing breastfeeding techniques, rather than changing the mother's diet.

www.breastfeedingonline.com/newman.shtml
<http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>

I have received an invitation to attend a nutrition seminar sponsored by one of the formula companies at a local hotel. It seems like a great opportunity to learn about new products and have a free breakfast. Should I participate in this event?

Health professionals are increasingly faced with the question of whether to participate in industry-sponsored education events. It is always hard to turn down a nice meal when there is such a limited budget for education within the current fiscal climate. However, by attending this type of event you are in conflict with your health authority's breastfeeding policy that includes adherence to the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes, which was established to protect breastfeeding and ensure the ethical marketing of breastmilk substitutes (i.e. formula).

As the Code also promotes responsible actions by health professionals to protect and support breastfeeding, health professionals have a responsibility to avoid situations that may present a "conflict of interest." Nurses, physicians, and dieticians need

to base their practices on objective evidence, free from commercial influence.

Health professionals may unknowingly assist the formula industry in the marketing of infant feeding products in ways that undermine breastfeeding. Industry uses marketing strategies such as sponsorship of education events as a way to demonstrate that they are responsible corporate citizens. Wright and Waterston (2006) argue:

"Sponsorship by its nature creates a conflict of interest. Whether it takes the form of gift items, meals, or help with conference expenses it creates a sense of obligation and a need to reciprocate in some way. The "gift relationship" thus influences our attitudes to the company and its products and leads to an unconscious unwillingness to think or speak ill of them." "Even if individuals are uninfluenced by sponsorship and subsequently act wholly responsibly in relation to breast and formula feeding, by accepting sponsorship or speaking at an infant formula milk company meeting they still lend credibility to the company by the visible association of their name and position with that company."

How then can health professionals receive information from industry?

Education about new formula and products is acceptable under the Code. Scientific and factual information can be provided to health professionals; however, it must occur without solicitation, promotional benefits, or attempts to bias health professionals with consumer loyalty gifts.

For more information about the Code see the following link:

http://www.ibfan.org/issue-international_code.html

Wright, CM & Waterston, AJ (2006). Relationships between paediatricians and infant formula milk companies. *Archives of Disease in Childhood*.91,383-385.



Photo Courtesy of Dee Dee Voisey

The Baby-Friendly Initiative Step 6:

Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.

Unfortunately, non-medically indicated supplementation of healthy term infants is commonplace in many areas of Canada. Research has shown that providing formula supplements to breastfeeding infants is associated with a shorter duration of breastfeeding. A human milk substitute (e.g., cow's milk formula) should be offered for acceptable medical indications only. Babies who receive formula supplementation, breastfeed less often and take in less breastmilk at feedings. Infrequent breastfeeding may interfere with the establishment of an ample milk production in the mother. Most importantly, non-medically indicated supplements undermine a mother's confidence in her ability to produce sufficient milk and may lead a mother to wean earlier than planned. Skin-to-skin contact, early, exclusive and unrestricted breastfeeding optimizes nutrition for the healthy term infant.



Photo courtesy of Russell Wyse

Great Work in Newfoundland and Labrador! **Provincial Breastfeeding Research**

The Breastfeeding Research Group of the Baby-Friendly Council of NL has several breastfeeding and infant feeding related research studies ongoing. The province-wide infant feeding study, the "FiNaL study: Feeding Infants in Newfoundland and Labrador is going well with 750 Prenatal, 230 Postnatal 1 (3-6 months) and 110 Postnatal 2 (6-12 months) surveys completed. Data analysis is currently in process on the first 500 prenatal questionnaires. We encourage all health professionals who have contact with pregnant women and new families to promote the research in their practices and to replenish their supply of survey questionnaires.

The online survey is available at the following link: <https://www.surveymonkey.com/s/FiNaLstudy2011>

Café Scientifique In April 2013:

The research group has received funding from the Canadian Institutes for Health Research to host a third Café Scientifique in Gander on April 17, 2013.

If you would like to contribute an item to the newsletter, or send a request on a topic of interest, please contact:

info@babyfriendlynl.ca

How can our maternity unit reduce supplementation?

- Store formula and related products out of view.
- Obtain a physician's order when supplements are medically indicated.
- Document all supplementation and the medical indication.
- "Decant" the formula so that mother views the formula as an intervention (e.g., 15 mls provided in a small medicine cup rather than a full bottle).
- Give small volumes more frequently.
- Use a lactation aid at the breast if baby is latching well.
- Cup feed or finger feed babies who are not yet latching onto the breast.
- Use the mother's own expressed colostrum/breastmilk. (Note: Donor human milk from a human milk bank is the next choice, when available).
- Hand express colostrum into a tiny spoon and give to the baby after feeding.
- Provide mothers with the necessary information to make an informed decision regarding non-medically indicated use of formula.
- Document parental decisions and provide support. Suggest alternate strategies for calming an unsettled baby.
- Assess the baby at the breast for proper latch and milk transfer. Do not rely solely on weight gain as an indicator for supplementation.

Save the Date!

**La Leche League Canada
Health Professional Seminar with
Nancy Mohrbacher IBCLC, FILCA
Saturday, September 14, 2013
St. John's, NL**