Greetings from the Baby-Friendly Council of NL

On behalf of the Baby-Friendly Council NL, we welcome you to our summer edition of Baby-Friendly News. The last few months have seen the retirement of Janet Murphy Goodridge from her position as Provincial Breastfeeding Consultant and Chair of the Baby-Friendly Council. She will be greatly missed, but we would all agree her retirement is well deserved. Anyone in Newfoundland and Labrador who is working or has worked on breastfeeding initiatives, will instantly identify Janet as our driving force, mentor and leader. Her skill, knowledge and kind diplomacy has steadfastly steered our province on a course of supporting, promoting and protecting breastfeeding as the norm for infant feeding.

Janet’s vision for Newfoundland and Labrador was key to the provincial advancement of breastfeeding initiatives and resources, while her skills in leadership, communications and teamwork was the catalyst for the steadily increasing breastfeeding rate. Janet led the introduction of the Breastfeeding Strategic Plan and the Baby-Friendly Initiative in our province and oversaw the development of popular resources and public information initiatives such as the Physician Breastfeeding Toolkit, Breastfeeding Handbook, the Baby-Friendly NL website, metro bus poster campaign, and public information videos.

Janet’s devotion in advocating for women and their babies has led to profound changes in breastfeeding support provided to families in our province, and her skill in developing and mentoring others has ensured that this work will continue and flourish. We wish her the very best in her retirement and sincerely thank her for the tremendous contribution she has made to Newfoundland and Labrador.

Lorraine Burrage, RN, M.Sc.
Clare Bessell, RN, B.VocEd
Co-Chairs (Acting) Baby-Friendly Council of NL

Janet Murphy Goodridge recently retired from her position as Provincial Breastfeeding Consultant and Chair of the Baby-Friendly Council. Janet’s devotion in advocating for women and their babies has led to profound changes in breastfeeding support provided to NL families.
Q & A with Corrine Bursey, RN, IBCLC

Members of the Baby-Friendly Council of NL would like to thank Corrine Bursey (pictured right) for her great leadership in all aspects of breastfeeding promotion and support throughout her career. Congratulations on your retirement Corrine!

1. Tell us about your life and career.

I graduated nursing school in 1982 from St. Clare’s School of Nursing. I began my career working on an internal medicine unit, then moved to antenatal obstetrics. I then moved to the Grace Hospital and began working with postpartum women and realized quickly that I loved helping them achieve their breastfeeding goals. I studied a 2 year program and became a board certified lactation consultant in 1996. I began working in this position shortly afterwards. I am surrounded by men, my husband Ray and 2 grown beautiful sons, Gabriel and Evan. It helps that I now have a daughter in law, Kaitlin. My retirement date was May 31, 2016.

2. What has been the biggest change you have seen during your career?

I think it’s probably the changing nature of family support. As a Newfoundlander, we prided ourselves on the extended family being close by - Nan across the garden or a few doors away and other family a stone’s throw away. Now many new mothers have moms that are still working or moved away and family scattered everywhere.

3. Why did you decide to become a Lactation Consultant?

I fell into the role of Lactation Consultant. I loved being with new mothers, but wasn’t aware of the lactation course. A coworker showed me a brochure and I immediately realized this was for me. It was the best thing that ever happened to me.

4. What were the biggest challenges you faced in your career?

It was recognizing that every mother has a unique definition of success and it may not be the same as mine. That’s difficult. I am there to guide, help, give accurate information, but ultimately the choice is hers.

5. What has surprised you the most about working with breastfeeding families?

It’s the special attachment that is formed with breastfeeding families. I can meet someone years later and have the warmest conversation. That is remarkable!

6. What do you wish other people knew about breastfeeding?

It would be knowledge about the amazing qualities and components of breastmilk. If everyone was aware of the long term health benefits and the biological specificity of human milk, I cannot imagine anyone choosing anything else.

7. What do you expect will happen with breastfeeding around the province in the next five years?

I hope we will continue to see more mothers choosing to breastfeed and have the confidence and support to continue exclusively. Women need to be helped to realize that this is their most important job and breastfeeding is not going to last forever. It is a special time of life and before you know it your baby won’t be in your arms, but running everywhere. Sit back and enjoy the experience. Sorry for the soap box!
The First 24 Hours: The Caregiver's Role

Coralee Kennedy, BN RN IBCLC Central Health

Nature provides 40 weeks to prepare for the birth of a newborn; however, many new moms are not prepared for the first 24 hours of their baby’s life! These early hours with a new family allows direct caregivers time to emphasize the importance of the breastfeeding relationship and to facilitate the early breastfeeding experience.

The first 24 hour needs of a newborn involve maintaining a safe transition from uterus to the outside world. Caregivers play a vital role in this transition for both mother and baby. Mothers can voice their needs and expectations in a birth plan, but it’s the caregivers who facilitate and support the mother’s preferences.

SKIN-TO-SKIN CARE:
Caregivers are the first to support immediate and uninterrupted skin-to-skin contact for as long as possible after birth. If the mother is ill or unavailable, the mother’s designate should be encouraged to hold the baby skin-to-skin. Maintaining skin-to-skin contact within the first 24 hour period and beyond is a key element to a great breastfeeding start.

PROVIDING A COMFORTABLE & SAFE SPACE:
24 hour rooming-in supports the need for the mother to have comfort and rest while maintaining the best environment for the breastfeeding relationship to begin. The first 24 hours with a newborn can be very overwhelming and a new mother can place pressure on herself to get it right, creating undue stress and anxiety. Caregivers need to be sensitive to the mother’s learning needs. A lack of sleep, a difficult labour and birth can influence the first 24 hour breastfeeding relationship.

LEARNING INFANT FEEDING CUES:
Mother and baby have just met and understanding the baby’s cues for feeding may not come naturally for all mothers. Caregivers need to support new mothers to recognize when their baby is ready to feed and offer help as needed.

KEEP IT SIMPLE:
New mothers experience “information overload” in the first 24 hours. Keep messages about breastfeeding easy to understand, consistent and relevant for the time. Caregivers should follow the mother’s readiness to learn and her baby’s cues. It’s important to recognize that every mother-baby relationship is unique, and what may be a challenge to one mother might not be for another.

OTHER INFORMATION:
Please refer to the BCC BFI Integrated Ten Steps Practice Outcome Indicators for Hospitals and Community Health Services (July 2011) for more specific information about supporting the early breastfeeding relationship.

Posters supporting new regional health authority practices regarding no bath with the first 24 hours after birth - a practice which promotes the establishment of breastfeeding.
Resources For Your Practice

1. EDUCATIONAL VIDEO: “If Babies Could Talk: What They’d Want You to Know About Breastfeeding”

This new Baby-Friendly NL educational video targets mothers in the first few days after having a baby. With over 250,000 views on Facebook (and counting!), this video includes the following messages: skin-to-skin contact early and often will help your baby learn to breastfeed and will help you make more milk; the first milk looks different than what you may expect, but it is all baby needs; try not to worry about how much milk you are making, baby has a small stomach and will feed often; frequent feeding is normal for newborns, the more you breastfeed the better you get. Part 2 of this video series will be filmed August 2016, focusing on normal breastfeeding and sleeping behaviours in the early weeks and months after birth. Stay tuned!

2. “Making Breastfeeding Your Business” - Toolkit for businesses and community organizations

The Baby-Friendly Council of NL in partnership with many community volunteers across the province have created a toolkit of resources for local businesses and community organizations. This kit contains a window sticker “WELCOME! You can breastfeed here”, as well as other material that can help businesses become more breastfeeding friendly.

More information about the Toolkit, please visit the Baby-Friendly NL website, http://www.babyfriendlynl.ca/community/for-businesses/, or click on the following video link: https://www.youtube.com/watch?v=VH4Lv3eDVRM.
Resources

Resources For Your Practice

3. POSTERS: “Skin-to-Skin in the First Hour After Birth” & “The First Hour After Birth: A Baby’s 9 Instinctive Stages”
(for more information, please click here: http://magicalhour.com/purchase_magical_hour.html)

4. POSTERS: Best Start Posters from Baby-Friendly Initiative Strategy, Ontario
(click on poster below to download)
Effects on Baby-Friendly Hospital Steps When Hospitals Implement a Policy to Pay for Infant Formula


**The Evidence:**
It is well established that breastfeeding practices are improved in hospitals that have practices in line with the 10 steps of the Baby-Friendly Hospital Initiative (BFHI). A key BFHI recommendation is that hospitals pay fair market price for infant formula, as free or discounted products may lead to unnecessary supplementation of babies.

**Study Results and Conclusions:**
This study consisted of two cohorts of breastfeeding mother-infant pairs (n=2470) recruited in the immediate postnatal period and then followed up 12 months postpartum. Findings showed that after hospitals implemented a policy of paying for infant formula, mothers were exposed to more of the BFHI steps. Exposure to more steps was significantly associated with lower risk of mothers cessation of breastfeeding.

**Implications for NL Practice:**
Currently no health care facilities in NL have achieved ‘Baby-Friendly’ designation. Supporting the 10 steps of the BFHI would significantly help mothers reach their breastfeeding goals. A part of the BFHI would be the implementation of a policy to pay for infant formula.

Prepregnancy Obesity Class Is a Risk Factor for Failure to Exclusively Breastfeed at Hospital Discharge among Latinas


**The Evidence:**
Women who are obese prenatally (versus their normal weight counterparts):
- are less inclined to breastfeed
- plan to breastfeed for a shorter period
- have more challenges initiating and maintaining breastfeeding

**Study Results and Conclusions:**
This study consisted of an electronic medical record review targeting Latina women located in Hartford, Connecticut. Findings suggested that the biggest factor to predict nonexclusive breastfeeding, was planned formula use, or planned partial breastfeeding. Obese Class II women had increased risk of failing to breastfeed exclusively, compared to women classified as overweight.

**Implications for NL Practice:**
Women need to be supported in the prenatal period to achieve optimal health and wellness. Psychosocial factors that influence exclusive breastfeeding status need to be considered as a part of the care process.
“Surgical deliveries and their effects on fetal and maternal oxytocin”

With this post, we will change the focus just a little, to discuss surgical deliveries and their effects on fetal and maternal oxytocin. Once again, I’d highly recommend accessing this report and saving it, as it is chock full of excellent information to which you’ll refer time and again.

Buckley discusses the various impacts of a surgical delivery on the oxytocin systems for both mother and baby, stating, “…[effect] will vary with timing (pre or in-labor), with the nature of labor onset [inductions may cause deficits in the physiologic pre-labor preparations for mother and baby], and...the proximity to when physiologic onset of labor would otherwise have occurred." (p 81).

With a surgical delivery, the full processes of labor and birth are interrupted, which impacts the complete activation of the oxytocin system. These impacts include lack of oxytocin uptake by uterine cells, as well as in the breasts and maternal brain. Due to the nature of surgical delivery, prolonged periods of safe skin-to-skin care is often interrupted. A two-page chart shows the various possible scenarios for a surgical delivery and both maternal and fetal impacts. Here are only a small sampling of the various outcomes:

Maternal: oxytocin feedback cycles may not be fully prepared or activated; lack of oxytocin surge at birth; desensitization of oxytocin receptors with high-dose or prolonged pitocin use; reduced or impeded newborn contact during the critical period following delivery; reduced or absent oxytocin pulses expected postpartum; potential higher risk of postpartum depression; increased risk of PTSD; reduced self-esteem; and reduced maternal-infant attachment and bonding.

Infant: reduced neuroprotection with exposure to prolonged or high-dose pitocin; decreased maternal contact during the critical period, increasing infant stress hormonal levels; possible impact on sucking with prolonged or high-dose pitocin; lower systemic levels of oxytocin; lower breastfeeding initiation and duration; higher levels of crying when skin-to-skin with mother compared to father; and potential brain structure and function changes which could impact social functioning later in life.

Part of these studies are in animal models, which can be difficult to tie to human behavior and changes. In my opinion, though, if even a portion of these animal-based studies prove true in humans, the short-and-long-term effects are very scary indeed. Surgical deliveries can save lives, there is no doubt about that. But planned, elective surgical births are a process we should be carefully and thoroughly addressing.

# Newfoundland and Labrador Breastfeeding Rates

<table>
<thead>
<tr>
<th>Breasftfeeding at time of NEONATAL SCREENING</th>
<th>2015 RATE</th>
<th>2014 RATE</th>
<th>CHANGE</th>
</tr>
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<tbody>
<tr>
<td>Burin</td>
<td>56.7%</td>
<td>55.6%</td>
<td>UP</td>
</tr>
<tr>
<td>Carbonear</td>
<td>51.6%</td>
<td>53.7%</td>
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</tr>
<tr>
<td>Clarenville</td>
<td>60.0%</td>
<td>55.8%</td>
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</tr>
<tr>
<td>Corner Brook</td>
<td>61.9%</td>
<td>72.4%</td>
<td>DOWN</td>
</tr>
<tr>
<td>Gander</td>
<td>69.9%</td>
<td>63.4%</td>
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<tr>
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<td>65.7%</td>
<td>75.2%</td>
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<tr>
<td>HSC - St. John's</td>
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<td>Grand Falls</td>
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<td>UP</td>
</tr>
<tr>
<td>Janeway - St. John's</td>
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<td>76.9%</td>
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<tr>
<td>Labrador City</td>
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<td>70.8%</td>
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<tr>
<td>St. Anthony</td>
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<tr>
<td>Newfoundland and Labrador</td>
<td>72.8%</td>
<td>72.0%</td>
<td>UP</td>
</tr>
</tbody>
</table>
In Your Community:
Breastfeeding Support via Facebook

An increasing number of Newfoundland and Labrador women are heading to Facebook groups and pages to seek information and support on infant feeding. On June 25, 2016 the Baby-Friendly Council of NL sponsored a La Leche League communication skills workshop.

La Leche League leaders from across NL, administrators from the Breastfeeding Support - NL Facebook Group and representatives from the Baby-Friendly NL Council came together to discuss ways to enhance breastfeeding support online.

About the Baby-Friendly Council of NL

The Baby-Friendly Council of NL established in 1992, is an interdisciplinary committee with representatives from all regions in the province strongly committed to increasing the initiation and duration of breastfeeding. The Perinatal Program, NL (PPNL) evolved as the lead agency supporting the ongoing work of the Council, of which the Provincial Breastfeeding Consultant is chair, and is supported by the Department of Seniors, Wellness and Social Development.

The Baby-Friendly Council of NL, in affiliation with the Breastfeeding Committee for Canada, is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative (BFI) in Newfoundland and Labrador. The BFI is a global campaign of the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). This campaign recognizes that implementing best practices in health and community services is crucial to the success of programs that protect, promote and support breastfeeding. Various contracts are awarded to the Baby-Friendly Council from the Department of Seniors, Wellness and Social Development that are administered through and managed by the PPNL.

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