

Response to the draft document “Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months”

by Kids First Parents Association of Canada

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Kids First Parents Association of Canada strongly believe that both INFACT Canada and La Leche League of Canada should be on the advisory bodies for any groups designing public policy for infant and young child nutrition and that all formula industry representatives should be excluded from these bodies.

Comments on the Draft Document

The introduction of the draft document “Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months” reads, “healthy term infants should be exclusively breastfed to six months of age and then continue to be breastfed with appropriate complementary feeding to two years of age and beyond.” Yet there is no definition yet of exactly what exclusive breastfeeding is.

Furthermore, the phrase, “should be exclusively breastfed to six months” does not account for the individuality of each child. Some babies show every sign of being ready for solids before the 6 month date while others may refuse all solids for many weeks beyond this date. If parents see babies putting food into their own mouths before the 6 months cutoff, the date will seem unnatural/wrong to them thus undermining the legitimacy of the recommendation. Adding the word “approximately” or some other qualifier would better account for normal human variation.

Importantly, the focus on exclusive breastfeeding to 6 months of age has been giving many women the impression that 6 months is the recommended “end date” to breastfeeding in general. There needs to be much more emphasis on the World Health Organization’s recommendation that breastfeeding continue for 2 years or more, in order that women, and Canadian society at large, understand clearly that the first 6 months is only part of the larger breastfeeding experience.

Principle 1

It is not clear from the definition here whether exclusive breastfeeding allows the use of pacifiers. Many mothers end up using pacifiers during the in the earliest days, weeks and months of their child’s life, not realizing that pacifier-use can have a negative impact on an infant’s and mother’s newly developing breastfeeding skills. Although the possible detrimental effects of pacifiers and bottles are very briefly touched upon in the “In Practice” section of Principle 2, it would be good to mention this also in the “In Practice” section of Principle 1, perhaps near the following sentence: “Providing other liquids or foods interferes with the system of demand and supply.”

We are very concerned with the wording throughout the document on the issue of vitamin D supplementation. For example “as long as infants are getting enough breastmilk and supplemental vitamin D...” makes it seem that breastmilk is second-rate compared to formula. Just as some babies in specific circumstances need iron supplementation, some will need vitamin D supplements while others won't. In the section on illicit drug use the wording “based on her circumstances” was used concerning advising women drug users. Why not use the same terminology with respect to vitamin D?

Principle 2

In the section “Factors that influence a mother's decision to breastfeed,” it says “the mother's attitude towards breastfeeding had a bigger influence on breastfeeding initiation and duration than social and demographic factors.” Mother's attitudes are influenced by community acceptance of breastfeeding. If breastfeeding in public is frowned upon or invisible, woman will be more likely to view it as weird or disgusting and choose not to breastfeed. If breastfeeding is generally kept hidden, many people in the community will feel free to harass women who do breastfeed publicly. Government policy must support creating a positive public opinion of breastfeeding in every way.

In the section “Breastfeeding policy and implementation,” one of the policy elements is, “ensure mothers are shown how to breastfeed.” Mothers should be shown how to breastfeed by someone well trained in the matter. Policy should include informing mothers that breastfeeding is not supposed to hurt and encouraging them to seek skilled help immediately if they experience pain.

The section beginning “In other settings, such as community and recreation centers and child care facilities...” is limiting itself with these examples. “A welcoming atmosphere for breastfeeding families” needs to exist in all public spaces including privately owned shops and restaurants.

Ongoing breastfeeding support from medical professionals can only be beneficial if those professionals are adequately trained to give breastfeeding support. In many instances medical professionals have recommend supplementing with formula in cases where it is not necessary. Dentists often scare women into weaning children by telling them night nursing is ruining their children's teeth. Lactation training needs to be mandatory for medical professionals working with newborns and mothers. All medical professionals working with mothers, babies or young children need the basic breastfeeding knowledge to ensure women receive information that helps rather than hinders their efforts to breastfeed.

There is no mention in the draft of making sure women taking prenatal classes learn about the benefits of breastfeeding, the Health Canada guidelines, basic breastfeeding skills, and how to identify and deal with problems such as mastitis. Benefits of breastfeeding, the Health Canada guidelines and breastfeeding biology should also be included in curriculum for sex-education/family-life classes and human biology classes and included in “roots of empathy” types of programs in schools.

In the “Breastfeeding policy and implementation” section it is clear that permitting formula-company free gifts and advertising interferes with breastfeeding success rates. Besides hospital bans on formula-company free gifts, policy needs to protect new and soon-to-be mothers from the aggressive marketing of the formula companies such as internet-based appeals offering mailed-out diaper bags with formula samples. Formula companies should have to print the WHO breastfeeding recommendation prominently on their products and in their information. The WHO International Code of marketing Breast-milk Substitutes needs to be followed in Canada to increase breastfeeding success rates.

Add to the “In practice” section an item advising practitioners to give new mothers La Leche League of Canada (LLLC) contact information because of LLLC's ability to provide 24/7/365 access to breastfeeding help and because LLLC are the only ones providing community and ongoing relationships to both mother and child along with reliable information.

The draft has links to government web sites with information on breastfeeding and infant nutrition. There is no information offered on these sites on how to deal with common breastfeeding problems such as mastitis.

Government support for breastfeeding should ensure that provincial medical plans cover lactation consultants fees.

Principle 4

As discussed in the section on Principle 1, the blanket statement that all babies in Canada need vitamin D sends mothers the wrong message—the message that their milk isn't good enough. The draft says “recommendations for vitamin D intake are set assuming only minimal sun exposure.” Recommendations need to take into account the circumstances of each individual.

Principle 7

In the section “How can parents and caregivers be reassured that the infant is getting enough milk?” no mention is made of assessing whether the baby is wetting a typical number of diapers for its age. As this is something parents can check for themselves without needing to see a doctor or access a baby scale, having this knowledge gives parents an easy way to reassure themselves that all is well.