

Supporting Breastfeeding in Toronto

Date:	January 15, 2007
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

As a recognized leader in breastfeeding practice, Toronto Public Health is working towards the internationally recognized *Baby-Friendly Initiative (BFI)* designation and is well positioned to advocate for exclusive and sustained breastfeeding as well as act as a catalyst for *BFI* in local hospitals. In order to determine compliance with *BFI* in Toronto hospitals and identify gaps in service, Toronto Public Health will: (a) assess current hospital policies, practices, professional attitudes and behaviours as they relate to breastfeeding and (b) survey mothers about their breastfeeding experience in hospital (c) gather information about exclusive breastfeeding initiation rates in hospital and exclusive breastfeeding rates at hospital discharge. The results of these surveys will be summarized in a "Report Card on Breastfeeding in Toronto". The report card will provide baseline data and will be a useful tool for both Toronto Public Health and hospitals to determine gaps and develop strategies for action.

The Board of Health is called on to advocate for provincial policy and funding support for hospitals, public health and community health services to protect, promote and support breastfeeding. Toronto Public Health will continue to champion BFI in public health services, develop a policy that affirms the right of breastfeeding mothers to breastfeed in all public places controlled by the municipality, and support Toronto hospitals to identify challenges and seek solutions.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health endorse the World Health Organization (WHO)/United Nations Children's Fund (UNICEF) International Code of Marketing of Breast Milk Substitutes (the Code) and all subsequent resolutions of the World Health Assembly as outlined in Attachment 1, to enable Toronto Public Health to continue working toward BFI designation;
2. The Board of Health request the Ontario Minister of Health and Long-term Care and the Minister of Children and Youth Services to:
 - a. support the implementation of the *BFI* in Ontario hospitals, public health units and other community health services,
 - b. include the *BFI* in the revision of Ontario Ministry of Health and Long-term Care Health Programs and Services Guidelines, and
 - c. provide funding to support *BFI* implementation in Ontario hospitals, public health units and other community health services;
3. The Medical Officer of Health develop a Breastfeeding Report Card for Toronto based on a survey of hospitals and the breastfeeding experience of new mothers in 2007 and report results to the Board of Health in early 2008;
4. The Board of Health request the Ontario Minister of Health and Long-term Care to provide sustainable funding to the Niday Perinatal Database Project to ensure that Toronto hospitals consistently collect the enhanced data to document feeding practices in hospitals and at hospital discharge; and
5. The Medical Officer of Health report to The Board of Health with a draft City policy for breastfeeding in public places in consultation with the appropriate City of Toronto officials by October 2007.

Financial Impact

There are no financial implications stemming directly from this report.

DECISION HISTORY

At its September 2006 meeting, the Board of Health requested the Medical Officer of Health to provide information on breastfeeding success rates in Toronto, hospital breastfeeding data (including distribution of gift packs to new mothers and whether these

gift packs contain artificial baby-milk i.e. formula) and Toronto Public Health's role in promoting and supporting breastfeeding.

ISSUE BACKGROUND

Breastfeeding is the best way to provide food and immunologic protection for the health, growth and development of infants and children. It also has significant health and economic benefits for mothers, families and society. Toronto Public Health supports the World Health Organization (WHO) and Health Canada in recommending exclusive breastfeeding to six months with the introduction of appropriate complementary foods and continued breastfeeding to two years and beyond. Longer duration of breastfeeding improves the health of infants and children.

The February 2006 Board of Health report "The Health of Toronto's Young Children", outlines the need for better measurement and monitoring of breastfeeding and infant feeding rates at the federal, provincial and local level in order to determine program effectiveness.

The Baby Friendly designation (BFI) is a globally recognized standard for infant feeding that both parents and health care providers can use to assess the service provided by a designated facility. Toronto Public Health began working towards *BFI* designation in 2002.

COMMENTS

BFI is a global campaign that supports the implementation of best practice standards in hospitals and community health services for the care of women, children and their families. Best practice standards are represented in the *WHO/UNICEF International Code of Marketing of Breast milk Substitutes* and Relevant Subsequent Resolutions (Attachment 1), *WHO/UNICEF Ten Steps to Successful Breastfeeding* (Attachment 2), and in Canada the *Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Services* (Attachment 3). Both hospitals and community health services must also endorse the principles and aim of the Code and all subsequent relevant resolutions as a prerequisite for *BFI* designation. To be awarded *BFI* designation, hospitals must implement the "*Ten Steps to Successful Breastfeeding*", and community health services must implement the "*Seven Point Plan*". Studies show that *BFI* strategies increase breastfeeding initiation and duration rates (1, 2).

BFI supports the right of parents to decide how to feed and care for their babies. Health care providers have the responsibility to provide parents with accurate information to allow them to make fully informed decisions. All parents are supported in the infant feeding decision that they make, including parents who decide to feed their babies artificial baby milk and those who are unable to breastfeed for medical reasons.

The Breastfeeding Committee for Canada (BCC) is the National Authority for the implementation of the *BFI* in Canada and is responsible for BFI assessment and designation in hospitals and community health services.

The *Ontario Human Rights Commission* protects the rights of breastfeeding women to breastfeed their child in a public area and requires employers to provide a supportive environment for employees who are breastfeeding (3).

BFI in Canada:

Worldwide there are over 19,000 health care facilities that have achieved *BFI* designation. Despite Health Canada's endorsement of *BFI*, only nine health facilities in Canada have achieved *BFI* designation. Quebec, where the provincial government provides policy and financial support for *BFI*, has seven of Canada's nine *BFI* designated health facilities. The other two are in Ontario.

The 1997 Ontario Ministry of Health and Long Term Care Mandatory Health Programs and Services Guidelines objective is to increase to 50% the percentage of infants breastfed up to six months of age by the year 2010. Endorsement of *BFI* as a provincial strategy would strengthen compliance with this mandatory program guideline. Inclusion of *BFI* in the current revisions to the Mandatory Programs and Services Guidelines and funding support to implement *BFI* in for public health units would strengthen the commitment to breastfeeding protection, promotion and support.

In Ontario, endorsement of *BFI* as a provincial strategy by the Ministries of Health and Long Term Care and Children and Youth Services would lend crucial policy support to this initiative.

BFI in Toronto Hospitals:

The Breastfeeding Committee for Canada estimates that at least 50% of Toronto area hospitals have begun working towards *BFI*. Only one Toronto hospital (Toronto East General Hospital) has officially engaged in the process for *BFI* designation.

In order to respond to the Board of Health's information request, Toronto Public Health asked twelve Toronto hospitals with obstetrical units whether infant formula is routinely part of the gift packages provided to new mothers. Six of the eleven hospitals that responded indicated that they distribute formula to "formula-feeding mothers" upon discharge. One hospital distributes formula through a hospital gift pack to new mothers who identify that they are planning to formula feed. At another hospital, the photographer that visits mothers on the postpartum floor distributes gift packages that contain a formula sample and formula coupons. In all instances, the distribution of formula samples is a direct contravention of the Code, which prohibits the distribution of free samples of formula to mothers. This suggests that more needs to be done for Toronto hospitals to achieve *BFI* designation.

In 2005/2006, 89% of women admitted to GTA hospitals indicated that they “intended to breastfeed” (4). This data does not illustrate actual feeding practices, or the incidence of breastfeeding at discharge from hospital. Although data fields for infant feeding during hospitalization and upon discharge are available in the enhanced Niday Perinatal Database, four of the twelve Toronto hospitals with maternity units are not collecting this data. Complete data entry by all hospitals is required to determine actual feeding practice in hospital and at hospital discharge and is essential for understanding breastfeeding initiation and duration rates. Sustainable funding for the Niday Perinatal Database Project is needed to ensure that Toronto hospitals consistently collect the enhanced data that address actual feeding practice in hospital and at discharge.

The Canadian Community Health Survey, Cycle 3.1(2005) indicates that 81.7% of Toronto women report that they exclusively breastfed their children during the first week postpartum. However, only 12.2 % of Toronto women reported exclusively breastfeeding for six months (5).

In order to support and further improve exclusive breast feeding initiation and duration rates, Toronto hospitals should actively pursue *BFI* designation. In order to determine compliance with *BFI* and identify gaps in service, Toronto Public Health will: (a) assess current hospital policies, practices, professional attitudes and behaviours as they relate to breastfeeding, (b) survey mothers about their experience in hospital, and (c) gather information about exclusive breastfeeding initiation rates in hospital and exclusive breastfeeding rates at hospital discharge. The assessment and survey tools will be developed and data collected in 2007 and results will be summarized in a “Report Card on Breastfeeding in Toronto” in early 2008. The report card will provide baseline data and will be a useful tool for both Toronto Public Health and hospitals to determine gaps and develop strategies for action.

BFI in Toronto Public Health:

Toronto Public Health is approximately 60% complete in implementing the “Seven Points” of the *Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Services*. A staged approach that includes self-appraisal, documentation review, pre-assessment and external assessment would likely take several years to complete with current resources.

Toronto Public Health offers a wide variety of programs and services that promote and support exclusive and sustained breastfeeding. Toronto Public Health provides information to pregnant women and their families to assist them to make an informed decision about infant feeding and provide opportunities to address potential barriers to breastfeeding success. Public Health Nurses also provide support, education and referrals to all consenting breastfeeding families to facilitate effective breastfeeding. This occurs through prenatal and parenting education sessions, Canada Prenatal Nutrition Programs, and through breastfeeding clinics and home visits. Toronto Public Health is actively exploring the expansion of collaborative community and hospital based breastfeeding

support programs, clinics and networks. In addition, Toronto Public Health's public awareness campaigns promote the importance of breastfeeding.

More work needs to be done to strengthen current policy and practice in order to fully comply with *The Seven Point Plan*. For example Toronto Public Health is continuing to support staff to acquire appropriate knowledge and skills required to assist breastfeeding mothers.

A prerequisite for *Baby Friendly* designation is the adoption of the *World Health Organization (WHO)/United Nations Children's Fund (UNICEF) International Code of Marketing of Breast milk Substitutes (the Code)*. The Board of Health endorsed *the Code* in September 2001. In order to enable Toronto Public Health to continue to work toward BFI designation, the 2001 Board of Health endorsement of the Code must be broadened to include subsequent relevant resolutions.

Breastfeeding in City Facilities:

The City of Toronto policy, "Breastfeeding on City Premises" (July 1999) (Attachment 4) supports employees who wish to breastfeed upon returning to work, and by extension members of the public who wish to breastfeed on City premises. However, the City still requires a policy that affirms the right of all mothers who reside, visit or work in the City of Toronto, to breastfeed anytime, anywhere in public places controlled by the municipality. This would contribute to the achievement of *BFI* and is consistent with the Ontario Human Rights Code.

Why *BFI*?

Through *BFI* the Board of Health has an opportunity to exercise its shared responsibility for the fulfillment of a child's right to good nutrition and the highest potential level of health and well-being. Protecting and promoting breastfeeding and the use of human milk for human infants as the foundation for child health through health systems and public policies such as *BFI* is a wise investment.

CONTACT

Donalda McCabe
Healthy Families Director
Toronto Public Health
Phone: 416-338-1256
E-mail: dmcca@toronto.ca

Olga Jovkovic
Health Families Manager
Toronto Public Health
Phone: 416-338-6181
E-mail: ojovk@toronto.ca

SIGNATURE

Dr. David McKeown
Medical Officer of Health

ATTACHMENTS

Attachment 1: (The International Code of Marketing of Breastmilk Substitutes and Subsequent Resolutions – World Health Organization/UNICEF, 1981 (Summary Statements)

Attachment 2: The Ten Steps to Successful Breastfeeding – A Joint WHO/UNICEF Statement, Geneva, Switzerland, 1989

Attachment 3: The Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services – Breastfeeding Committee for Canada, 2002

Attachment 4: Breastfeeding on City Premises – Category: Working Environment

References

The International Code of Marketing of Breastmilk Substitutes and Subsequent Resolutions

World Health Organization/UNICEF, 1981

The Code includes these 10 important provisions:
(Summary statements)

1. No advertising of artificial feeding products to the public
2. No free samples to mothers
3. No promotion of artificial feeding products in health care facilities
4. No company representatives, including hired health workers, to advise mothers
5. No gifts or personal samples to health workers
6. No words or pictures idealizing artificial feeding, including pictures of infants, on labels of the products
7. Information to health workers should be scientific and factual
8. All information on artificial infant feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies
10. All products should be of high quality and take account of the climatic and storage conditions of the country where they are used

Relevant Subsequent Resolutions

When the *Code* was adopted by the World Health Assembly in 1981 it was recognised that it may require clarification or revision. These resolutions have equal status to the *Code*. Below is a summary of key elements of the relevant subsequent resolutions.

[Resolution WHA35.26 \(1982\)](#)

Member States are urged to give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code as a "minimum requirement" and implemented it "in its entirety".

[Resolution WHA37.30 \(1984\)](#)

Member States, WHO, nongovernmental organizations and all other interested parties are urged to "put into effect measures to improve infant and young child feeding, with particular emphasis on the use of *foods of local origin*".

Member States are encouraged to "examine the problem of the promotion and use of foods unsuitable for infant and young child feeding and ways of promoting the appropriate use of infant foods".

[Resolution WHA39.28 \(1986\)](#)

Member States are urged to ensure that the "small amount of breastmilk substitutes" needed for the minority of infants who require them in maternity wards are made available through the normal procurement channels and *not through free or subsidized supplies*".

[Resolution WHA41.11 \(1988\)](#)

This resolution identifies the need for establishing effective nutritional status surveillance systems, monitoring changes in the "*prevalence and duration of full and supplemented breastfeeding*" with a view to improving breastfeeding rates.

[Resolution WHA43.3 \(1990\)](#)

Member States are urged to protect and promote breastfeeding as "an essential component of their overall food and nutrition policies and programmes on behalf of women and children".

Member States are urged to take action to facilitate breastfeeding among working women.

[Resolution WHA45.34 \(1992\)](#)

Member States are urged to "encourage and support all *public and private health facilities* providing maternity services so that they *become "Baby-Friendly"*".

Member States are urged to take measures...at "ending the donation or low-priced sale of supplies of breastmilk substitutes to health-care facilities providing maternity services".

[Resolution WHA47.5 \(1994\)](#)

Member States are urged to "foster appropriate complementary feeding *from the age of about six months* emphasizing continued breastfeeding and frequent feeding with safe and adequate amounts of local foods"

[Resolution WHA49.15 \(1996\)](#)

Member States are urged to "ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding."

[Resolution WHA54.2 \(2001\)](#)

Member States are urged to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions, regarding labelling and all forms of advertising and commercial promotion in all types of media, and to inform the general public on progress in implementing the Code and subsequent relevant WHA resolutions.

Member States are urged to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months.

[Resolution WHA55.25 \(2002\)](#)

Member States are urged to ensure that the introduction or micronutrient interventions and the marketing of nutritional supplements do not replace or undermine exclusive breastfeeding and optimal complementary feeding.

Member States are urged to improve quality standards of processed foods for infants and young children and to promote their safe and proper use at an appropriate age, including through adequate labelling, consistent with the *Code*.

[Resolution WHA58.32 \(2005\)](#)

Member States are urged “to ensure that nutrition and health claims are not permitted for breastmilk substitutes, except where specifically provided for in national legislation.”

Member States are urged to ensure parents, caregivers and health workers are “informed that powdered infant formula may contain pathogenic micro organisms and must be prepared and used appropriately” and that “this information is conveyed through an explicit warning on packaging”.

[Resolution WHA59.21 \(2006\)](#)

Member States are urged to “renew their commitment to policies and programmes related to implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions and to the revitalization of the Baby-Friendly Hospital Initiative to protect, promote and support breastfeeding”.

The Ten Steps to Successful Breastfeeding

A Joint WHO/UNICEF Statement, Geneva, Switzerland, 1989

Every facility or agency providing maternity services and care of newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in – allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

***The Seven Point Plan for the Protection, Promotion and Support of
Breastfeeding in Community Health Services***

Breastfeeding Committee for Canada, 2002

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.
2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform all pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to establish and maintain exclusive breastfeeding to six months.
5. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote collaboration between health care providers, breastfeeding support groups and the local community.



Breastfeeding on City Premises Category: Working Environment	
---	--

Policy Statement	The city promotes women's right to breastfeed on city premises and supports employees who wish to breastfeed upon returning to work.
Application	All employees of the City of Toronto
Conditions	<p>All city management will support employees who wish to continue breastfeeding upon their return to work by accommodating an employee's request to do so. An accommodation must respect the dignity of the individual and be provided in accordance with the Ontario Human Rights Code.</p> <p>This accommodation may include:</p> <ul style="list-style-type: none"> • Flexible Hours Managers will work with breastfeeding employees to accommodate suitable work hours, lunch hours and breaks so that an employee can express breast milk or breastfeed the baby at the work site or a nearby location. In consultation with management the employee will be responsible for making up any additional time required for breastfeeding or expressing milk. • City Premises - Space and Facilities A reasonable effort must be made to secure a designated private space appropriate for breastfeeding or expressing breast milk for employees who request it. The designated space may be multi-purpose, provided that alternative space is readily available if that space is in use.
Implementation	<p>Public Health will promote breast-feeding programs and provide information to managers and employees. Human Rights staff can provide advice regarding accommodation issues.</p> <p><i>Employees Responsibilities</i> Employees must make a formal request to management, identifying their needs, approximately four weeks prior to their return to the workplace. Employees are responsible for making up time if necessary and arranging this with their supervisors/managers.</p> <p><i>Management Responsibilities:</i> Upon receipt of a formal request managers shall:</p> <ul style="list-style-type: none"> • Respond in a timely manner to the employee • Examine the workplace to accommodate the request • Consult with Human Rights staff to discuss alternatives or other solutions, if they experience difficulty securing appropriate space or accommodating the request. <p><i>Complaints</i> Complaints should be directed to the Human Rights Office.</p>
Approved by	Workforce Strategy Team
Date Approved	August 21, 2001
Related Information	<p>City of Toronto, Human Rights Policy and Procedure</p> <p>Public Health, Breastfeeding Policy Paper</p> <p>Ontario Human Rights Commission, Pregnancy - Before, During and After: Know Your Rights</p>

References:

- (1) Kramer MS, Chalmers B, Nodnett ED, et al. Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the Republic of Belarus, JAMA. 2001; 285: 413-20
- (2) Merewood, A., Mehta, S.D., & Chamberlain, L.B. et al. (Sep. 2004). Breastfeeding rates in US Baby-Friendly hospitals: results of a national survey. Pediatrics 116(3), 628- 634.
- (3) Policy on Discrimination Because Of Pregnancy and Breastfeeding, Ontario Human Rights Commission, Revised 2001.
- (4) Ng, W., Chapman, B., & Nickoloff, B.J. (2006). Niday Perinatal Database for the Greater Toronto Area: Third Annual Statistical Report (2005/06). Toronto, ON: Child Health Network for the Greater Toronto Area.
- (5) Canadian Community Health Survey, Cycle 3.1, 2005, Share File, Ministry of Health and Long-term Care, Statistics Canada.