



INFACT Canada



IBFAN
North America

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Newsletter
Winter 2002

Mother-to-mother breastfeeding support

Where can new mothers go for help with breastfeeding? In the first few days, they probably rely on their health care providers for tips on techniques and help with getting breastfeeding established. But where do they go for support to sustain breastfeeding?

Lesley had planned, even before she became pregnant, to breastfeed her baby. The first few days, however, didn't go quite as smoothly as she had hoped. She had been induced at 38 weeks due to rising blood pressure. Immediately after the birth she had difficulty persuading her new baby, Jessica, to latch onto the breast. By the time she got home, Lesley was exhausted and her nipples were very sore.

When Lesley talked to her doctor about her concerns, he suggested she switch to bottle feeding. "That wasn't what I wanted," says Lesley. "I wanted to breastfeed. I just needed some help."

She found the help she was looking for in a mother-to-mother support group, La Leche League (LLL). Lesley found out what mother-to-mother groups can do to assist new mothers when she attended meetings at her nearby LLL group.

➤ The group's two Leaders were able to help her improve the way

her baby latched onto the breast so that her nipples were less sore and the baby got more milk as she fed.

➤ She learned a lot just by watching the other mothers at the meeting

that helped her see what options were available that supported breastfeeding.

➤ She enjoyed meeting other mothers who had experience with breastfeeding. They gave her the confidence she needed.



La Leche League International

A group of caring women sharing their ideas and experiences

as they responded to their babies' cues and positioned them for breastfeeding.

➤ Others nodded in agreement and empathy as she talked about her feelings about breastfeeding and the problems she was experiencing.

➤ Lesley heard about different approaches to problems such as night-waking and fussy babies

feeding mothers.

The Baby Friendly Hospital Initiative includes referring new mothers to mother-to-mother support groups as one of the ten steps needed to support breastfeeding. New research supports the effectiveness of this kind of support.

A study reported in the *Canadian Medical Association Journal* (2002; 166(1):21-8) recruited 256 breast-

feeding mothers and randomly assigned them to either a peer support group or conventional care. Those in the peer support group received telephone calls from women who were experienced in breastfeeding and who had attended an orientation session.

Their results: At three months, 81.1 per cent of the peer support group were still breastfeeding, com-

pared to 66.9 per cent of the control group. About 56.8 per cent of the peer support group were breastfeeding exclusively, while only 40.3 per cent of the control group were. In addition, significantly fewer mothers in the peer support group expressed dissatisfaction with their breastfeeding experience, and all (100 per cent) recommended peer support programs for breastfeeding mothers.

La Leche League International

The largest and best-known mother-to-mother support group is La Leche League International with groups in Canada, the U.S., Mexico and more than 60 other countries. Founded 45 years ago, this organization has groups and Leaders in all parts of North America. It offers a wealth of information through pamphlets, books, videos, and events such as conferences for families and seminars for professionals.

La Leche League's breastfeeding support is unique because it is not only prenatal and post-natal, but also extends far beyond the initial establishment of breastfeeding to, at six months, the introduction of appropriate solid foods, and throughout childhood. Explains Kimberley McKenzie, La Leche League Canada's National Development Manager and an active Leader, "We don't go by a textbook – we value every mother's experience as her own and help her see ways to fit breastfeeding into her family."

Before a woman can become a La Leche League Leader, she needs to have breastfed her own baby for at least a year. McKenzie believes this is often important to new mothers: "The mother may not know anyone else who has breastfed that long. If breastfeeding for a year or more seems daunting to her, through LLL she gets to know at least one person who has done it."

McKenzie also stresses the value of mother-to-mother support for all nursing mothers, whether or not they are having specific problems with breastfeeding. "Many women don't call because they think it's only for people having difficulties," she says. "But there is something very special about hanging out with other breastfeeding mothers – like a celebration of nurturing your baby."

In fact, McKenzie encourages mothers to attend meetings while they are pregnant, so they are well-prepared when the baby arrives. Typical LLL meetings include a mix of pregnant women, new mothers, and mothers of older babies or children. ❖

Welcome to Suzanne Elston

Suzanne Elston has recently joined our staff at INFACT Canada in the capacity of Membership Coordinator and Special Events. In addition to taking care of our members, Suzanne is currently researching a history of breastmilk banking. Suzanne has a background in fund-raising management and public membership and is also a well-known writer. Her work focuses on the environment and sustainability issues – a natural complement to our work at INFACT. ❖

Mothers also benefit by increased involvement in breastfeeding issues. As they talk with other women, mothers discover that they aren't the only ones who have received free formula during their pregnancy, or have been told to stop breastfeeding in a public place. They realize that by working together, they can protect and support breastfeeding for women and babies in a much broader aspect. ❖

Benefits plus

Patricia Martens, researcher and lactation consultant, describes a peer counseling pilot project offered in the Sagkeeng First Nations community near Winnipeg. Her research found that 61 per cent of the peer counseling clients were still breastfeeding at two months, compared to only 48 per cent of those who did not get peer support. At six months, the difference was even more dramatic: 56 per cent of the peer counseling group were still breastfeeding, but only 18 per cent of those who had no peer counseling continued.

Interviews with the mothers in both groups revealed that those in the peer counseling group had fewer breastfeeding problems and greater satisfaction with their breastfeeding experience. Even more striking was the way that contact with the peer counselor increased the mother's confidence in her ability to feed her baby. In contrast, the mothers in the other group tended to say they were fearful, worried or afraid that breastfeeding was not going well or was going to fail.

With research so strongly in favour of mother-to-mother support groups as an effective way to increase the duration of breastfeeding, the tenth step of the BFHI is invaluable. ❖

Mother-to-mother support around the world

Argentina

There are a lot of "Amamanta" groups in Argentina, more than 50 or 60 that have been active for more than 15 years. The national IBFAN organization helps with payment for mobile phones so that mothers have easy access to help. Training is also provided by IBFAN. Mothers are provided with breastfeeding information and knowledge about the International Code. These mothers were very valuable in monitoring for Code violations and contributed significantly to the recent Argentina code monitoring project. As new mothers are trained the network grows. New mothers are placed with experienced mothers and they are working in hospitals by supporting mothers at delivery and in implementing the BFHI.

Information provided by
Fernando Valone,
Fundación, LACMAT,
IBFAN Argentina

Amamanta is a mother-to-mother breastfeeding support group that works in San Fernando since 1986 (20 km. to the north of the Capital). At the beginning a doctor invited a few mothers to talk about breastfeeding and since that time each year we join once a week to share our experience about breastfeeding but also all concerned with children's growth and women's reproductive rights.

We have been working in our community for 15 years to promote BF. We go weekly to San Isidro Hospital to help mothers to initiate and sustain breastfeeding. We continuously monitor the Code as consumers and we collaborate with the Argentine Society of Paediatricians in the BFHI.

Our children are not babies any more but we still think we have something to say about BF and we

expect that telling new mothers of our experience can help them to take a "life decision."

Our training in BF is just to put our ears and our heart for 15 years every week to listen to the mothers that come to Amamanta trying to solve their problems. Many times we noticed that mothers need only to be listened to. They find in Amamanta a place where all of us are equal no matter the profession you have, the religious you practice or where you come from...we are all mommies. Amamanta is a place where you can tell your story, where you can share your problems and



Mother-to-mother support group in Macedonia's "Baby Station" for Kosovo refugee mothers

where you can express your fears and pleasures. None is judged or pointed to or stigmatized. We try to help mothers to feel free to talk. We try to make them strong in their beliefs and to improve their self-esteem.

We think that the BF is a way to make this world a better place to live, more generous and more equal for all human beings.

Thanks to Ines Copertari, IBFAN Argentina.

New Zealand

An interesting example from Christchurch, New Zealand includes a publicly funded midwife birthing centre with paid lactation services. The clinic developed into a centre for mother-to-mother sup-

port, providing not only social but also continuous breastfeeding support. The mothers produced their own newsletter with topical items - their passionate mother stories, and important infant feeding information. Unfortunately the centre became a victim of health care cut-backs and the mothers and babies lost an important resource.

The clinic had the best breastfeeding rates in New Zealand. One of the midwives had a initiation of 97% at birth and 77% at 6 weeks, says Marcia Annandale, "This is far beyond the average in New Zealand and indicates how effective the environments are to enable mothers to breastfeed".

Thanks to Marcia Annandale, lactation consultant and regional representative for IBFAN

Macedonia

As part of their commitment to the BFHI, Macedonia recognized the need for continuous support to establishing a breastfeeding culture, through the launching of mother to mother support groups. Objectives for

the groups were first to inform and empower women to make decisions about their health and the health of their families; secondly, to increase the rates of exclusive breastfeeding for the first six months and continued breastfeeding to two years and more.

Some interesting observations:

- the rates of exclusive breastfeeding for six months have increased to 65 per cent of those initiating breastfeeding,
- communications between mothers is spreading important messages about breastfeeding,
- mothers have become involved in monitoring of the International

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Photo by Dr. Biljana Ancevska Stojanoska

Hazards of breastfeeding? Or hazards of ignorance?

When an article in the Ottawa Citizen entitled, "The Hazards of Breastfeeding," hit the newsstands in Ottawa this past January, women, especially those working as health care providers with mothers and infants hit the keyboards! Just the title alone was considered an insult! The heated reactions from readers both in Canada and internationally kept our inbox hopping for several days.



From **Maureen Kennedy RN, IBCLC** and **Susan Moxley RN, IBCLC**, both of Ottawa:

"In his article, The Hazards of Breastfeeding, Dr. Barry Dworkin says that 'many mothers equate breastfeeding to good mothering' – and for good reason. Breastfeeding is a natural outcome of pregnancy... Because we live in a bottle-feeding culture, however, mothers do not often know how to cope with the problems that can arise when breastfeeding is being established. In other cultures, where breastfeeding is the norm and babies are breastfed for one to two years, girls grow up seeing babies breastfeed on a daily basis and learn how to solve breastfeeding problems... Because we do not live in a breastfeeding culture in Ottawa (and haven't since our grandmothers' or great-grandmothers' time) mothers need a lot of support and information to achieve the breastfeeding experience they want...

"There are many solutions to breastfeeding problems other than using breast pumps or supplementing with formula."

Maureen and Susan went on to outline the many breastfeeding resources available to Ottawa-area families looking for information or support.

From **Janet Zablocki RN, IBCLC**:

"Mothers are not 'made' to feel guilty for failing at breastfeeding. They fail at breastfeeding due to the every day pressures by industry to bottle feed artificial baby milk, thus perpetuating the myth that women do not have enough milk. Health professionals further perpetuate this myth by their lack of knowledge and skill to help a mother get a good latch and to provide her with encouragement and support for breastfeeding.

"Breastfeeding for two hours is not an indication for supplementation with formula. It is an indication for fixing the breastfeeding if this is the mother's goal. You will not see that indication on the list of Acceptable Medical Reasons for Supplementation. (See page 7.22 of *Family-Centred Maternity and Newborn Care National Guidelines*.)

"Is the mother really okay with bottle feeding? Was hers an informed choice? Was she knowledgeable about the nature of the treatment, expected benefits, risks, side effects, alternative courses of action and the consequences of not choosing to fix the breastfeeding and to give formula? Just asking."

From **Katherine Dettwyler PhD**, anthropologist:

"First, Dr. Dworkin writes, 'The American and Canadian pediatric societies advocate breastfeeding for the first 12 months of life.'

"In fact, the American Academy of Pediatrics recommends that all children be breastfed for a minimum of 12 months, and thereafter for as long as both mother and child wish. The World Health Organization recommendation, since 1979, has been that all children everywhere be breastfed for a minimum of two years.

"Dr. Dworkin writes, 'There can be tremendous guilt if breastfeeding does not go well, their baby is not gaining weight, not latching properly, or their technique is poor. The stress from these problems can in themselves make matters worse.'

"I agree that mothers often feel guilty when they are not able to accomplish their mothering goals. Therefore, health care professionals should be helping mothers to breastfeed successfully. The solution to the guilt problem is not to lie to mothers about the importance of breastfeeding or the damage caused by formula. The solution is to fix the latch, figure out why the baby is not gaining well, and teach the mother better techniques.

"Dr. Dworkin writes, 'For those who are unable to produce enough milk, I often suggest formula supplementation.'

"Women know that breastfeeding is important. They feel tremendous guilt if they fail at breastfeeding. Women who bottle-fed their children out of ignorance should regret that they didn't have the information they needed to make an informed decision or get the help they needed. And most importantly, they should feel rage that health care professionals would dare to withhold information and support that would allow them to be successful at breastfeeding their children."

Formula companies use WHO Executive Board to battle Code and labelling

"IBFAN is concerned that activities such as sponsorship; secondment of staff; funding for research and conferences are also not identified as problems. The Strategy has to reaffirm the concern raised in WHA Resolution 49.15 (1996) regarding conflict of interests and recognize it as a recurring threat to the full support for breastfeeding by many institutions, associations and individuals."

—IBFAN Submission to the WHO Executive Board meeting, January 2002

Amid controversy, the World Health Organization's Executive Board met this past January to set the agenda for the upcoming World Health Assembly scheduled for May 2002. WHO's Global Strategy for Infant and Young Child Feeding is on the program for the May Assembly and the formula industry's lobbyists were out in full force to water down important breastfeeding protection proposals.

INFACT Canada was there and together with our IBFAN partners we identified a number of key areas for our focus:

■ Lack of clear specific language on breastfeeding

Instead of discussing infant feeding as set out in Resolution 54.2 passed May 2001, where clear language is used: "exclusive breastfeeding for the first six months of life and continued breast-

feeding with the addition of safe and appropriate complementary foods for two years and beyond," the text of the Global Strategy uses vague terms such as "optimal infant feeding practices" without accurately defining this term.

■ Lack of full recognition of the impact of unethical marketing

Continued unethical marketing in Canada and around the globe is a major barrier to the implementation of full and optimal breastfeeding and complementary feeding practices. The document fails to adequately emphasize the role and responsibilities of infant food manufacturers.

■ Lack of addressing conflicts of interest

The Strategy does not address conflicts of interest as was previously done in WHA Resolution 49.15 which reads, "to ensure that the financial support for professionals working with infant



Joo Kean (right) of IBFAN Penang's Code Documentation Centre and Elisabeth Sterken discussing the Global Strategy at the WHO Executive Board meeting

and young child health does not create conflicts of interest." Instead the document promotes the active participation of "civil society" defined to include "industrial and commercial enterprises and their associations."

■ Manipulating the rules

A very large presence of representatives from the Infant Food Manufacturers, Nestle and all the other infant foods and infant formula companies heavily lobbied the various Member States of the Executive Board. A number of countries brought forward amendments to strengthen the breastfeeding language, code implementa-

tion and eliminate conflict of interest.

Brazil proposed in a written amendment that "complementary foods" to supplement breastfeeding be clearly labeled for age, which would have instructed WHO to request the Codex Alimentarius to require such labelling. Although it was never withdrawn, the amendment was not included in the final version of the resolution.

Egypt sought specific language acknowledging the World Health Assembly Resolution 54.2 which says exclusive breastfeeding for the first six months of a child's life. Cuba also proposed an emphasis on the link between formula feeding and obesity.

The U.S. representative, although not a member of the Executive Board but with a right to speak as long as it does not affect decisions made by Executive Board members, took licence to intervene. She argued that the amendments were redundant. Needless to say, the industry reps were delighted with the U.S. support.

The Chair then asked the board whether it would pass the resolution "as presented in the original draft form" without any amendments, and quickly ended the session without waiting for a

response. Several delegates expressed dismay at the abruptness of the closure.

■ Work to be done

Considerable work needs to be done before May. Currently Canada is not a member of the Executive Board but is a full member of the Assembly. INFACT Canada will prepare a briefing document to request the support of the Canadian government to strengthen the draft Resolution proposed for the Assembly in May. We look forward to the help of you, our members, in our attempts for a better and stronger Resolution for breastfeeding ❖

Photo by Patti Rundall, Baby Milk Action, UK

Exclusive Breastfeeding for six months – is Heinz complying?

“...support exclusive breastfeeding for six months as a global public health recommendation taking into account the findings of the WHO Expert Technical Consultation on optimal duration of exclusive breastfeeding and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years or beyond.”

May 2001 marked an important milestone in the development of infant feeding policies. The decisive, science-based World Health Assembly Resolution 54.2 set a new standard for optimal infant feeding practices and new obligations for the infant foods industry to label its products in accordance with national and globally accepted standards.

INFACT Canada wanted to know if the infant foods industry is meeting its obligations. We set out to review the Heinz baby food website and looked for:

- discrepancies with international infant feeding recommendations as set by the World Health Organization¹,
- violations of the International Code of Marketing of Breast-Milk Substitutes and all subsequent relevant resolutions²,
- breaches of the regulations of Canada's Food and Drugs Act³.

What we found

We were not surprised to find that Heinz, which has a virtual monopoly in Canada's commercially prepared infant foods market, is contravening all three standards. In doing so, Heinz plainly puts profit interests ahead of the health of Canadian babies. Using marketing practices contrary to the International Code, misinformation about breastfeeding and confusing labelling, Heinz interferes with infant feeding recommendations as set by the world's highest health authority.

■ Breastfeeding is difficult and tiring

“Unfortunately, some mothers run into problems at the beginning that may discourage them from nursing. Most of these problems can be resolved with a little guidance and patience. Nurses on maternity wards and in the community, as well as your physician, can help you and your baby learn how to breast-feed properly.

“Nursing babies generally need to eat frequently sometimes every two or three hours in the first month or two. That can be quite tiring to a new mother. The resulting fatigue, or any illness or stress you experience, may temporarily reduce your milk supply.”

■ Encourages short duration of breastfeeding

“Here is the general rule. Nursing for at least four months or more is good for your baby and most doctors recommend continuing if the baby is healthy and growing well.”

■ Suggests that breastmilk is incomplete

“Breastmilk is not a dependable source of vitamin D. We can get vitamin D from sunshine; however, the sunscreens and protective clothing we use to block the sun's harmful ultraviolet rays also stop the body's ability to make vitamin D. Vitamin D supplementation is required until your baby is getting enough vitamin D from her diet.

“Infant cereals are fortified with iron. Therefore, if your baby has been taking a standard iron supplement, it will no longer be necessary if your baby begins eating infant cereals regularly. Infant cereals are also enriched with calcium, phosphorus and

vitamins B1, B2 and niacin which your baby needs for healthy growth and development.”

■ Suggests early introduction of complementary foods

“From about 4-6 months you will consider starting your baby on solid foods.”

■ Labelling not consistent with introduction at 6 month of age

Step 1 Beginner
Step 2 Strained 6 to 8 Months
Step 3 Junior 8 to 12 Months
Step 4 Toddler Over 12 Months

Heinz Nutritional Staging

■ Promotes bottles and artificial nipples (with health claims!)

“The 5oz and 9oz bottles are designed to make it more comfortable to feed your baby in the recommended semi-upright position. The upside down angle of the bottle ensures the nipple stays full for as long as possible. The anti-vacuum nipple helps ensure a steady flow of milk so your baby is less likely to swallow air during feeding and experience more comfortable digestion. This may help reduce colic as swallowing air is believed to contribute to colic in young babies.”

■ Portrays home prepared complementary foods as risky

“Keep homemade baby food frozen or refrigerated until use. Do not leave at room temperature for more than one hour, as bacteria will multiply.

“Commercial baby foods offer a quick, safe, and convenient way to feed your baby. Commercial foods are vacuum sealed, making it safe to leave unopened jars at room temperature until you are ready to use them”.

“Safety Tip” [ed. for making baby foods at home]

“Be careful to wash and rinse your hands as well as all utensils to ensure that all food is sterile.

“Be careful not to leave homemade food at room temperature for any extended period of time.”

■ Endorsements by CPS and nutrition “experts” to create “credibility”

A ubiquitous nutrition “expert”, whose endorsements grace the unethical promotions of several infant formula companies, also gives his blessings to the Heinz website. References to the Canadian Pediatric Association (CPS) are littered throughout the website to enhance the trustworthiness of the information. This puts the CPS in conflict of interest by participating in the promotion of products where the primary interest is the creation of profits. This is in contravention of WHA Resolution 49.15

What must Heinz do?

- information regarding the use of commercially prepared complementary foods must be in accordance with the WHO recommendations of exclusive breastfeeding for the first six months of life.
- its entire range of complementary food products must be labelled to indicate that they are not suitable for infants under the age of six months.
- there should be no endorsement from nutrition experts or medical associations who stand to gain financially from their association with the Heinz corporation. ❖

References

1. WHO, Global strategy for infant and young child feeding. The optimal duration of exclusive breastfeeding. A54/INF.DOC./4 1 May 2001
2. WHO, International Code of Marketing of Breast-Milk Substitutes, Geneva, 1981 Resolutions: WHA 34.22, WHA 45.34, WHA 47.5, WHA 49.15, WHA 54.2
3. Food and Drugs Act, Subsection B 25.061. (1), Health Canada, Ottawa (infant foods may not be promoted before the age of six months)

Mother-to-mother support continued from page 3

Code and reporting violations
➤ mothers have become the “assessors” of hospital practices to ensure that they remain consistent with the requirements of the BFHI

➤ new mothers are informed in advance about what to expect in hospitals to ensure that their experiences are in accordance with the BFHI.

Macedonia is also seriously impacted by the war in the Balkan region. Kosovo refugees have flooded across the Macedonian border and in order to support mothers in these critical situations special “Baby Stations” were established. Here breastfeeding support and the re-lactation among refugee women help to prevent the risks of bottle feeding in difficult circumstances. Supported by UNICEF and other international aid agencies, these baby care stations also provide a place of information exchange for mothers as well as health assessments and special care for malnourished children.

To avert donations of free formula through aid agencies, and the harm these can do, extensive training was done with both domestic and international non-governmental agencies. The ban on formula donations was reinforced by a WHO/UNHCR/UNICEF policy statement and widely circulated.

Thanks to information from Dr. Biljana Ancevska Stojanoska of the Centre for Family, Mothers and Child Support of Macedonia

Philippines

Mother to mother support is structured through a network of non-governmental organizations, called Arugaan. Working as a coalition with other organizations involved in community development, it provides training focussed on “food security,” recognizing breastfeeding as the first step in achieving this for both mothers and babies. Significantly the Arugaan network is able to integrate action on important mother support systems such as maternity protection and crèche – day care established in

community “barangay” centres. Although breastfeeding is central, important issues relevant to mothers are incorporated into the counselling and discussions, for example, violence against women and women's rights.

The Arugaan structure is very mother driven in that mothers are the decision makers and the experienced and trained mothers become the counsellors for the new mothers.

Their activities include home visits, nutrition information on indigenous “healing” foods and awareness of the impact of advertising and the promotional effects of the baby food companies.

Thanks to information provided by Ines Fernandez with the Arugaan organization

Africa

Pauline Kisanga, the IBFAN Coordinator for IBFAN Africa reports that mother-to-mother support groups are organized in a variety of ways across Africa. Support and contact is often initiated through traditional birth attendants trained in infant feeding and counselling skills. Thus contact remains after delivery – mothers share advice, get help with breastfeeding problems and can be put in touch with their local health centre. Mothers who successfully breastfeed, are knowledgeable and willing to help others then are given support and training through local IBFAN groups. In turn these mothers form groups and meet regularly for support and social contact.

In Tanzania for example, women are identified for training to then lead cell units of 10 mothers to act as support groups.

Mothers benefit as they receive valuable help with breastfeeding problems, are more confident and better informed. The biggest beneficiaries are their children – breastfeeding is longer and the practice of exclusive breastfeeding is higher. There are reduced acute respiratory infections and fewer episodes of diarrhoeal disease.

Thanks to Pauline Kisanga, regional coordinator for IBFAN Africa ❖

The price of security

Since the September 11th attacks, global military and security spending had spiraled. In total, \$1.6 trillion – all figures in \$U.S. – is spent annually on military weapons. At the recent Salt Lake City Winter Game alone, organizers spent an estimated \$ 300 million on security measures or approximately \$125,000 per athlete. By contrast, the 1999 WTO meetings in Seattle had a mere \$5 million to spend on security.

This is in response to the deaths of less than 3,000 people. By contrast, in the last twelve months:

- more North Americans were murdered by their spouses
- three times as many people died from food poisoning
- five times as many people were killed by drunk drivers
- ten times as many people committed suicide
- 100 times as many people died from smoking

North American governments are now planning to spend more than 20 billion dollars a year to help fight terrorism. Coincidentally, 20 billion dollars a year just happens to be the amount the World Health Organization has estimated it would take to end hunger in the world. On September 11th alone it's estimated that:

- 24,000 people died of hunger
- 6020 children were killed by diarrhea
- 2700 children were killed by measles
- 1411 women died in childbirth
- 3288 children were made homeless by war

For an additional investment of 48 billion dollars a year (or less than 0.4 per cent of world military spending), we could:

- ensure that all children – both boys and girls – receive a primary education
- reduce the number of maternal childbirth deaths by three-quarters
- reduce the number of children who die before the age of five by two-thirds
- stop the spread of AIDS.

With information from:

The New Internationalist
CBC Radio

The Toronto Star
UN Forum on Global Poverty ❖

Rock request update

Thanks to all of our members who took the time to write to federal health minister Allan Rock and/or their local MP as a follow-up to Elisabeth Sterken's letter last November regarding our request to revise Canada's infant feeding recommendations. Mr. Rock didn't respond to Elisabeth's letter. That responsibility has now been passed to his successor, Anne McLellan. A follow-up call to Ms. McLellan's office in mid-March revealed that she is in receipt of Elisabeth's letter, and that the appropriate people are now drafting a response. ❖

Romanow Commission

INFACT Canada has made an official submission to the Commission on the Future of Health Care in Canada (known as the Romanow Commission) and has requested an opportunity to make an oral presentation at the public hearings in Toronto on April 2nd. The focus of INFACT's submission is the integration of health promotion and disease prevention into the "reorganized service delivery" from the perspective of infant and young child nutrition. Specifically, INFACT has looked at the mitigating impact of breastfeeding on such major killers as asthma, obesity, diabetes, high blood pressure and cardiovascular disease. Anyone wishing to receive an electronic copy of INFACT's submission should send an email to info@infactcanada.ca ❖

CANADA BREASTFEEDS NEWS

Mother's Own Milk campaigns for breastfeeding-friendly doctors' offices

Mother's Own Milk, a breastfeeding advocacy group in Nelson, BC, is eagerly working on a campaign to make doctors' offices breastfeeding-friendly. Group members, in conjunction with INFACT Canada, have developed criteria for the recognition of Breastfeeding Friendly Health Facilities which include:

- > A welcoming atmosphere for breastfeeding women
- > Accurate information about the benefits of breastfeeding and the risks of formula
- > Referrals to breastfeeding experts
- > No samples or advertisements of formula or baby foods

Physicians who agree to these criteria will have their offices inspected by local group members and then will be awarded a certificate of recognition by Mother's Own Milk and INFACT.

Several doctors in Nelson have already expressed interest in the program. The first stumbling block experienced by the group was a doctor

who distributes free copies of the Canadian parenting magazine *Today's Parent* in her office. *Today's Parent* is notorious for being full of formula advertising including coupon inserts for free formula samples. However, this physician felt that the other information included in the magazine was of benefit to her patients and while she is a strong breastfeeding advocate she did not want to discontinue distribution of the magazine. Mother's Own Milk came up with the solution of pasting a warning sticker on the cover of each magazine.

And that's not all. Mother's Own Milk, which is an active Nestle boycott group, informs women about giving to and receiving from the breastmilk bank in Vancouver, advocates for individual women's rights to breastfeed in public and at work, and much more.

For more information on breastfeeding friendly physicians, check out the group's website at ca.geocities.com/mothersownmilk. ❖

WARNING

This magazine contains advertising for infant formula.

Studies have linked formula advertising and offers for free samples to a shortened duration of infant breastfeeding.

Breastfeeding is by far the best nutritional choice for young children. The World Health Organization recommends breastfeeding children for the first two years of life.

This health office fully supports the World Health Organization's International Code which prohibits the advertisement of breastmilk substitutes.

For more information contact:
Mother's Own Milk
Angela (250) 352-3828
Morgan (250) 359-7553

Warning sticker for magazines advertising infant formula.

Air Canada Centre welcomes breastfeeding mothers

When nursing mom Karen Chaikoff visited Toronto's Air Canada Centre to attend a hockey game, she was prevented from entering at the gate because she was carrying a bottle of water. When she explained that as a nursing mother she needed to keep her fluid intake up, she was pulled out of line and told to drink it before she entered.

Karen felt humiliated by what happened and called the INFACT Canada office for assistance. We in turn contacted the Air Canada Centre and were told that the facility's policy prevented guests from bringing in their own food or beverages.

Working with ACC Fan Advocate Michaela Petrik we were able to provide data that supported Karen's claim

and encouraged her to help the ACC develop a more supportive environment for nursing mothers.

The result is a change in ACC's food and beverage policy that is a step in the right direction, as the following ACC statement explains,

"Air Canada Centre is pleased to welcome nursing mothers. The facility acknowledges the importance of a nursing mother to drink plenty of water in order to breastfeed her baby healthfully. Nursing mothers are welcome to bring their own drinks into the Air Canada Centre, and just need to advise staff that they're breastfeeding upon entrance. Private areas for breastfeeding are available upon request. ❖

Upcoming events

Peel Childbirth Educators Network and Peel Breastfeeding Task Force

Will be hosting a breastfeeding conference of particular interest to childbirth educators, lactation consultants, nurses and doulas.

Dates: October 2 and 3, 2002

Place: Ramada Inn, Oakville, Ontario

For more details call: (905) 799-7700

World Breastfeeding Week

Celebrated in Canada October 1 to 7, 2002

Breastfeeding: Healthy Mothers Healthy Babies

Watch for an exciting World Breastfeeding Week Action Pack that will be available by end of May. Loads of fact sheets, breastfeeding promotional materials, press releases, PSAs and more!

Lactation Management Training

The next Lactation Management Course based on the WHO/UNICEF 18 Hour Course will take place on April 22, 23 and 24, 2002, from 9 am to 5 pm, 6 Trinity Sq., Toronto.

Watch our website for information and registration forms.

National Annual Breastfeeding Conference

Breastfeeding: The Science, The Art and The Myths

June 6 and 7, 2002, Humber College, Toronto

Sponsored by INFACT Canada, Humber College, Toronto

Public Health and Women's College Hospital

Keynote speakers include: Helen Armstrong,

Ted Greiner PhD, Warren Bell MD, and

Jack Newman MD.

Brochures will be mailed in March. Watch our website for information and registration forms.

After all these years

Take me to your boardroom
Sit me on your leather chairs
I'll listen to your profit stories
I know I'm young
But let me say my share
You fed me with your western wonders
My mother bought your tins
You fed me with the milks of progress
But now I'm paying for your sins
You're killing me
You're killing me
You're killing me
After all these years
After all these words and tears
You're still helping killing babies
Come with me and taste our dirty water
Where you rob and steal from my people's purses
Past your pretty pretty posters
Full of propaganda, lies and curses
As the hazy sun
Gives way to calm
Through the crooked streets
I am carried in grieving arms
Amongst the stones and rubble
Amongst the shrines and thieves
My bones wait as artifacts for a future
Crime against humanity

—Malcolm Langford 2001

Malcolm Langford is an active member of the International Baby Food Action Network who resides in Geneva, Switzerland. He is a human rights lawyer by day and a musician at all other times. If you wish to share your appreciation of this poem, get a copy of his CD or music to the lyrics above. You can contact him at Mal.Langford@cohre.org



Nestlé – from cradle to grave

Risky genes in bottles

Scientists express safety concerns about GMOs in formula

Warnings from the UK Royal Society Working Group on Genetically Modified Food express fears about the safety of genetically modified infant formulas. "Bottle-fed babies could be undernourished if given genetically modified infant formula milk because of inadequate regulations and testing regimes for GM foods," leading scientists said.

After spending more than a year reviewing the health risks of GM food, the Royal Society Working Group called for tighter checks before all novel foods, including GMs, are declared fit for human consumption. The report



said that regulations covering foods made from GM plants were "rather piecemeal" and may contain "some important gaps and inconsistencies."

Dr. Eric Brunner, an epidemiologist at University College, London, and one of the report's authors said babies dependent solely on formula milk were particularly vulnerable to any nutritional changes. He said there was a "potential concern that small changes to the nutritional content might have effects on infant bowel function."

Although infant formula is meant not to contain any GM ingredients, Food Standards Agency research published recently found that one in seven loaves, cakes, pies or pastries – some labeled as organic – had trace amounts of GM soya.

The Royal Society said it was concerned that much of the research into the safety aspects of GM foods was kept secret because it was commercially sensitive information. ❖

References

Daily Telegraph, Fears for babies from GM milk. Robert Uhlig, 05/02/2002

The Independent, Scientists to Warn of GM Food Dangers for Babies. Marie Woolf, February 4, 2002,

Abstracts

Breastfeeding and Asthma in Young Children

Dell, S. and To, T. *Arch Pediatr Adolesc Med* 155: 1261-1265, 2001

Approximately five to 10 per cent of Canadian adults suffer from asthma.

As many as 20 per cent of Canadian children have asthma.

Researchers at the Hospital for Sick Children, Toronto recently reported that the **risk of asthma and wheezing was reduced by approximately 50 per cent when infants were breastfed for nine months or longer.** The longer the duration of breastfeeding, the greater the protection against the development of asthma and wheeze.

By analyzing the data from the National Longitudinal Survey of Children and Youth, (a population-based study of child health and well-being) the authors were able to use a sample size of 331,100 to end up with 2184 subjects. The prevalence of asthma was found to be 6.3 per cent and that of wheeze 23.9 per cent. About 44 per cent of the children were not breastfed or breastfed for two months or less. Risk factors for asthma were duration of breastfeeding, male sex, parental history of asthma, prenatal and postnatal smoking, prematurity and low birth weight. Interestingly breastfeeding duration showed a dose related response. The longer the breastfeeding the greater the protective impact. As exclusivity of breastfeeding was not examined, the impact of exclusivity cannot be ruled out having a potential stronger effect.

In conclusion the authors noted that more public health efforts need to be directed toward increasing the initiation and duration of breastfeeding. ❖

Exposure to Soy-Based Formulas in Infancy

Goldman, L. R. et al *Letter. Journal of the American Medical Association* 286: 2001

Goldman and others refute the industry-sponsored report by Strom et al published in the JAMA. The Strom article found no differences in later puberty, maturation or growth between infants who had been fed soy-based formula vs milk-based formulas, and subsequently claimed soy formulas to be "safe."

Goldman writes, "This conclusion contradicts the findings of both human and animal studies. A retrospective epidemiological study by Fort et al found that children with autoimmune disease were significantly more likely to have received soy formula as infants than were healthy siblings or control subjects. A recent study from the National Toxicology Program found that rats receiving dietary genistein (an isoflavone found in soybeans) had increased T-cell immune responses. These findings suggest that soy consumption could adversely affect the course of autoimmune disease in children by modulating immune function. Since asthma is a potentiated immune response to an antigen, this finding of Strom et al should not be ignored; clearly, additional studies are warranted before confidence in the safety of soy formula is complete.

"Strom et al also found that women who had been fed soy formula as infants had a small average increase in the duration of their menstrual cycles (0.37 days) and greater discomfort with menstruation. The authors suggested these effects were small and could be disregarded. Both findings, however, might reflect endometriosis or uterine fibroids, which could theoretically result from early life exposure to estrogens. In fact, these conditions were among several reproductive problems that the authors controlled in their analyses, suggesting that their distribution may have differed in the two exposure groups. However, the number of cases in exposed and unexposed subjects was not stated. In addition, the authors reported a four-fold increase of multiple births in women who had received soy formula. Although the absolute numbers were small, a recent study found an excess of multi oocyte follicles in the ovaries of genistein-fed mice.

"There are several other limitations to this study. First, fertility was assessed by using total numbers of live births and whether subjects reported "attempting pregnancy without success." In this young population, only 74 soy-fed women had ever tried to become pregnant. Although fewer of these women succeeded in becoming pregnant than women fed cows' milk as infants, the numbers are too small to draw any conclusions about infertility. The number of men with fertility difficulty was not stated. In addition, the authors did not assess time to pregnancy, which is a more sensitive measure of reproductive impairment, nor did they ask whether women used fertility technologies in order to become pregnant. Second, there was no discussion of male reproduction except pubertal onset, and there was no indication of possible impact of exposure on fertility or semen quality. Third, most of the outcome measures were subjective, such as whether menstrual pain was nonexistent, mild, or severe. Fourth, the authors did not assess the cancer risks that might have resulted from soy-based formulas. However, a recent animal study raises this concern. Finally, this study did not address the actual exposures to estrogenic compounds in the various soy-based formulas.

"Strom et al state that "even if the adverse outcomes under consideration here were relatively uncommon, the potential for a major public health impact is large. Conversely, insupportable allegations of adverse effects can affect a large proportion of the population, denying them access to a useful type of infant feeding product." We agree that the potential public health impacts should be taken seriously and that alarmist positions should be avoided. However, there is now ample reason to question the safety of soy proteins in the diets of infants. Just as scientists should avoid insupportable allegations, they should also avoid absolute declarations of safety in areas whose risks have yet to be assessed." ❖

Books & Booklets

■ Dr. Jack Newman's Guide to Breast-feeding \$26



■ Evidence-Based Guidelines for Breast-feeding Management during the First 14 Days \$13



■ Breaking the Rules Stretching the Rules 2001 - \$8



■ Protecting Infant Health, a Health Worker's Guide to the International Code. IBFAN, 9th ed., 1997, \$6 (aussi disponible en français).

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