



**Breastfeeding Committee for Canada**

The National Authority for the WHO/UNICEF Baby-Friendly Initiative (BFI) in Canada

Aboriginal Nurses Association of  
Canada

Association of Women's Health,  
Obstetric and Neonatal Nurses

Canada Prenatal Nutrition  
Program

Canadian Association of  
Midwives

Canadian Healthcare  
Association

Canadian Institute of Child  
Health

Canadian Lactation Consultant  
Association

Canadian Nurses Association

Canadian Paediatric Society

Canadian Perinatal Programs  
Coalition

Canadian Pharmacists  
Association

Canadian Public Health  
Association

College of Family Physicians of  
Canada

Dietitians of Canada

Federal/Provincial/Territorial  
Group on Nutrition

Health Canada

INFACT Canada

La Leche League Canada

Ligue La Leche

Society of Obstetricians and  
Gynaecologists of Canada

UNICEF Canada

And other individual experts

Statements and opinions  
expressed in this letter are those  
of the writer and not necessarily  
the opinions of the members of  
the Breastfeeding Committee for  
Canada

January 10, 2005

Dr. David Butler Jones  
Chief Public Health Officer  
Public Health Agency of Canada  
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Dear Dr. Butler-Jones:

The Breastfeeding Committee for Canada (BCC) would like to take this opportunity to introduce itself to you. We believe there is an urgent need to begin a dialogue regarding the importance of developing a comprehensive, coordinated national approach to the protection, promotion and support of breastfeeding. The recent establishment of the Canadian Public Health Agency coupled with Health Canada's December, 2004 release of recommendations regarding exclusive breastfeeding means that it is timely for Canada to formally commit to act on the Global Strategy for Infant and Young Child Feeding (Global Strategy).

The Global Strategy serves as a guide for developing country specific approaches to improving infant feeding practices through an integrated and comprehensive approach. We believe the BCC has much to offer in assisting the Public Health Agency of Canada to create the national synergy necessary to move forward with this important public health initiative. As you are aware, breastfeeding provides a positive contribution to health of both the mother and baby. It is clear that a widespread increase in sustained breastfeeding would contribute significant financial savings to our overburdened health care system. For example in 2001 it was estimated that a minimum of \$3.6 billion US could be saved if the prevalence of exclusive breastfeeding increased to what is now being recommended by Health Canada.

When we compare Canada's breastfeeding rates (initiation 81.9 %, duration rates 63% three months or more) to Norway's (nearly 100% initiation, 80% duration rates of six months), it is clear that breastfeeding is not the cultural norm in Canada. To overcome our collective cultural bias for early weaning we need an integrated comprehensive approach to re-orienting Canada to a supportive breastfeeding culture.

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The Global Strategy builds on previous population health initiatives in breastfeeding and calls, in particular, for urgency in reaffirming the four operational targets of the 1990 Innocenti Declaration. The first operational target is “appointing a national breastfeeding coordinator with appropriate authority, and establishing a multisectoral national breastfeeding committee composed of representatives from relevant government departments, nongovernmental organizations, and health professional associations.” As you can see from the membership on our letterhead, the BCC is a multisectoral national breastfeeding committee. Unfortunately the BCC receives no funding other than what we have been able to obtain for particular projects awarded through competitive grants.

The instability in funding and lack of a national breastfeeding coordinator with formal authority means that any initiatives to alter feeding practices of Canadian women are piecemeal and uncoordinated. We draw your attention to the parallel with public health attention and committed funding to decreasing Fetal Alcohol Spectrum Disorder (FASD). Because it is estimated that in Canada at least one child is born with FASD each day, health professionals and governments now recognize that a coordinated public health program is vital. Compare this situation to the lack of a national coordinated public health program on infant and young child feeding. *Every* baby born in Canada *each* day must be fed every day for the rest of his/her life and at least half of Canadian children are being fed less than the optimum.

Clearly, re-orienting Canadians to healthy eating beginning with breastfeeding is a complex undertaking and is not a short-term project. Canada has embarked on the process of changing feeding patterns yet much continues to be done. For example, in 1991 following the World Summit for Children Health, Canada convened a multi-disciplinary Expert Working Group on Breastfeeding. The BCC under Health Canada sponsorship developed from this Expert Group. Until 1996 Health Canada funded attendance of representatives from member organizations to an annual meeting. Since that time meetings have been funded through the various project grants awarded to the BCC and with such unstable funding the ability of representatives from various member organizations to actively participate has been severely curtailed.

In 1996 when Health Canada was still funding annual meetings the BCC identified the WHO/UNICEF Baby-Friendly™ Hospital Initiative as a primary strategy for the protection, promotion and support of breastfeeding. The WHO/UNICEF guidelines for the Baby-Friendly™ Hospital Initiative (BFHI) state that each country must identify a BFHI Authority to facilitate the assessment and monitoring of the progress of the BFHI within its borders. The name of the Baby-Friendly™ Hospital Initiative has been changed in Canada to Baby-Friendly™ Initiative (BFI) to reflect the continuum of care



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for breastfeeding mothers and babies outside the hospital environment. The Breastfeeding Committee for Canada is the National Authority for the Baby-Friendly™ Initiative (BFI) and will implement the Baby-Friendly™ Initiative through provincial and territorial action.

Over the past decade despite unstable funding, the BCC has had a number of successes in the area of breastfeeding.

- Development of the 7 points plan to address BFI standards for community health facilities. Publication of *The Baby-Friendly™ Initiative in Community Health Services: A Canadian Implementation Guide*
- Development of indicators for the assessment of Baby-Friendly™ designation in hospitals and community health services
- Baby-Friendly™ designation of three (3) hospitals and one (1) community health service and successful re-assessment of one (1) hospital
- Development of a set of breastfeeding definitions that can be used for consistent data collection
- Development of a provincial/territorial group with professional and government participation from all provinces and territories
- Development of partnerships with Health Canada, CPNP/CAPC, Canadian Diabetes Association
- Development and delivery of a successful community based project using Diabetes Initiative funding: *Breastfeeding, Healthy Eating and Active Living: Natural Strategies to Diabetes Prevention*

We have witnessed an overall increase in interest in breastfeeding nationally with many local and provincial initiatives complementing those supported by Health Canada. Through its Provincial/Territorial Committee, the BCC plays an important role in coordinating national initiatives, for example the development of an algorithm for collecting data on breastfeeding.

BCC also plays a vital role in assisting hospitals and communities to prepare for Baby-Friendly™ designation. We have received notification that many hospitals and community health services across the country are nearing readiness for assessment for BFI. This is important because although in the past decade, the rates of breastfeeding initiation have increased in most areas of the country the duration rate is lower than that recommended by the WHO and now Health Canada. We view breastfeeding as an upstream health intervention that has many potential health benefits for the children who are breastfed, the women who breastfeed and therefore the population in general.

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In addition to serving as the national authority for BFI, there are a number of areas that the BCC believes are important to the Public Health Agency and that could fall within our mandate:

- Support for breastfeeding by women in the workplace
- Data collection on duration of breastfeeding
- Strategies for promoting sustained breastfeeding
- Strategies for healthy nutrition during the transition period from exclusive breastfeeding to the addition of complementary foods
- Interdisciplinary education of health professionals to prepare them to work effectively with breastfeeding families
- Implementation of the Global Strategy for Infant and Young Child Feeding

A review of the Public Health Agency of Canada website indicates that the work of the BCC fits very well within the parameters of the Centre for Healthy Human Development (CHHD).

The CHHD uses a life stages approach and is responsible for implementing policies and programs that enhance the conditions within which healthy development takes place. Through action founded on the principles of population and public health, the Centre addresses the determinants of health and facilitates successful movement through the life stages.

Many of the determinants of health can be positively influenced with a coordinated national breastfeeding program but currently the responsibility for breastfeeding is spread among various governmental departments. An unfortunate and unintended consequence of this structure is that the significance of a return to a breastfeeding culture to the health of our nation is underestimated and no money is allocated specifically to this important issue. As an example, when the BCC presented to representatives from Health Canada a business case for support for an infrastructure for the Baby-Friendly™ Initiative in June 2004 we were told that no government department currently had the specific mandate or resources to provide funding.

If Canada is to meet the operational targets outline in the Global strategy, it will need to have an infrastructure for the protection, promotion and support of breastfeeding. Rather than developing a new infrastructure it makes sense to take advantage of the BCC network. Currently we estimate that BCC volunteers annually contribute well over one million dollars in in-kind support. Our request for an infrastructure to maintain this level of in-kind contribution was \$323,148 and without it and/or any



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funded projects the BCC is at a nadir in resources. This is particularly unfortunate at a time when the interest in the Baby-Friendly™ Initiative is beginning to accelerate. We are concerned that without an ongoing source of financial resources, the successes we have experienced to date will be lost.

We would be most pleased to have an opportunity to meet with you and discuss how we could be of assistance to the Public Health Agency of Canada to take a premier role in clearly directing policy reforms and reaping the financial benefits of investing upstream in re-creating a breastfeeding culture in Canada. We have taken the liberty of including several BCC documents to demonstrate the work we have done to date.

Sincerely,

Susan James  
Senior Co-Chair BCC

Gail Storr  
Junior Co-Chair BCC

Joanne Gilmore  
Past Co-Chair BCC

cc:

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Enclosures  
Global Strategy for Infant and Young Child Feeding  
The Baby-Friendly™ Initiative in Community Health Services: A Canadian  
Implementation Guide  
BCC Breastfeeding Position Statement  
BCC Breastfeeding Definitions

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