



LEARNING FROM STORIES:

Supporting Exclusive Breastfeeding

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Use of this Resource

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Introduction

Through funding from the Government of Ontario, the Best Start Resource Centre supported Ontario service providers in addressing populations with lower rates of breastfeeding. In developing this resource, the Best Start Resource Centre used a Healthy Communities Approach¹ to explore the actions being taken in Ontario to support breastfeeding and younger women.

The qualitative² results of the interviews were gathered into stories by the interviewers/writers.

We know that narrative is the primary form of human understanding.³ In telling these stories, we hope to help health care and social service providers in Ontario to protect, promote, and support breastfeeding. We thank the women, health care and social service providers who shared their wisdom and insights through these stories.

The stories in this booklet were collected in a collaborative fashion by Janet Allingham, Joan Hepp, Anne Kirkham, and Gillian Szollos. These four authors completed the interviews for the case stories in this booklet.

Gillian reports the following:

Breastfeeding impacts every member of society and every member of society has a role to play in supporting it. In spite of the importance of breastfeeding for human health, research has made it clear that there are many barriers to exclusive and continued breastfeeding. Early supplementation for non-medical indications, lack of family and social support, and lack of knowledge have all been identified as barriers. Innovative work has been done across the province looking for ways to educate breastfeeding mothers, their support networks, their health care providers, their employers, and society as a whole. The following chapters will look at some of those initiatives and the impact they have had.

When you have finished reading this resource perhaps you could take a moment to ask yourself:

- How can I be supportive of breastfeeding families in my community?
- How can I support exclusive breastfeeding?

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CASE STORY ONE:

Judgement Call

“I felt judged by everyone – for everything! I felt judged for breastfeeding at night; judged by my family; judged in public by the public; judged in bed; judged by my friends. I don’t think we can escape judgement in any aspect of our life. We are human - we judge! That doesn’t mean that we should let judgement prevent us from doing what we know is best. Other things might prevent us from that but what other people think should not be a factor.”

– Shannon

In Ontario, nearly 92% of women initiate breastfeeding, and only 33% are still exclusively breastfeeding at six months of age.¹ With such a steep drop-off in breastfeeding rates, there is bound to be a significant number of women, and the people who love and support them, who feel disappointed. There are so many barriers that put families on the path to early weaning. Many of these barriers have been identified, and solutions are being sought. People’s words and actions can have a negative or positive effect on a woman’s perception of her breastfeeding experience.

Shannon was lucky; it was not her first baby, and she had a supportive partner. She was able to brush off the comments and the perceived judgement. For Van it was different, “I felt guilty, and my baby only had one bottle in the hospital. I just did what they suggested.”

When it comes to exclusive breastfeeding, sometimes all the best intentions in the world are not enough. There are some barriers that can disrupt best intentions. These barriers can include supplementation in the hospital for non-medical reasons; social pressure to adhere to a standard; pressure from family members or friends comfortable within a formula-feeding culture; pressure to maintain individuality and me time; and public expectations to cover up or be modest to name a few. Many of these barriers can be removed by education and support.

Victoria recalls, “My mother breastfed me in the closet – literally! She was afraid that her mother would find out and think less of her. At that time, women who had the means formula fed and only the poor breastfed. Bottle feeding was about status. When I had my children, I knew I wanted to breastfeed them, but it was a tough road. I overcame a lot of barriers and felt guilty about a lot of decisions, but I always had the support of my family.”



Programs such as the *Prenatal Breastfeeding Information Sessions* offered in Ottawa help mothers wishing to breastfeed to experience success. In 2014 and 2015, a provincial grant allowed Carlington Community Health Centre to engage an entire community in order to improve exclusive breastfeeding rates. The project encouraged physicians, midwives, other health care providers, and community partners to refer pregnant clients to the two-hour *Prenatal Breastfeeding Information Sessions*.

With the support of community partners, the sessions were delivered multiple times and in multiple locations each month for easy access by expectant families. The sessions did not focus on traditionally-covered topics such as latch and positioning, but instead focused on building confidence. Mothers learned how to advocate for immediate skin-to-skin contact that would last a minimum of one hour; how to hand express their breastmilk in the last few weeks **before** their babies arrived; and were given a hand expression kit and teaching tools to support this knowledge. The importance of seeking skilled breastfeeding support within one week of birth was highlighted in every class in order to assess and sort out any small issues before they became big problems.

Local physicians and midwives were given the tools to better prepare and encourage mothers to learn about breastfeeding before they give birth. Posters and prescription pads promoting the *Prenatal Breastfeeding Information Sessions* were distributed to primary caregivers to facilitate referral to the sessions. The results were impressive. Over the course of the project, 88 sessions were held, and 541 clients attended.

Of those who registered and came to the sessions, 62.5% left the hospital exclusively breastfeeding compared with 46.5% of those who registered but who did not attend a session. When mothers were polled between six and eight weeks after birth, the impact of the sessions was just as dramatic. Notably, 75.5% of those who attended the sessions were exclusively breastfeeding compared to 43% who did not attend.



Those who attended the *Prenatal Breastfeeding Information Sessions* reported a significant increase in confidence to breastfeed, reported having skin-to-skin contact with their babies longer after birth, practiced hand expression, reported confidence in their milk supply, and accessed community breastfeeding supports sooner after birth and more often. Partners and support people were better prepared with helpful information and had been coached on what **not to say** in those first often bumpy days as well as what **to say**. Participants stated that they appreciated that they were given realistic expectations for the first few days after delivery, taught what constitutes medically necessary supplementation, and how and where to access help. They were given tools to help them and the confidence to stay the course.



These types of simple, cost-effective interventions are a win-win for everybody. All parties involved in supporting, protecting, and promoting exclusive breastfeeding are better equipped to do so. Health care providers, mothers, partners and support people, prenatal and postpartum community breastfeeding supports all work synergistically to fill a major gap – that period of time between birth and the six-week visit. This type of education also normalizes breastfeeding for service providers and families and helps to create a non-judgemental approach where women can make decisions and receive support to achieve their breastfeeding goals.

Key Informants

- Gillian Szollos, Carlington Community Health Centre
- Carla, mother
- Shannon, mother
- Victoria, mother

Resources

1. Prenatal Resources and Classes – Ottawa Breastfeeds
www.ottawabreastfeeds.ca/index.php/prenatal-resources/

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CASE STORY TWO:

Gold-Standard Baby Feeding: Challenges and Opportunities

“...no woman can be “expected” to breastfeed unless she is “enabled” – by culturally sensitive, unbiased information and complete social, economic, and clinical support – to decide to breastfeed, and is then given every and all the social, clinical, political, and economic support she may need to achieve her breastfeeding goals.”¹

How is it that many health care providers are not following the evidence-based recommendation that babies need nothing but breastmilk up to the age of six months? After all, breastmilk as the only food babies need in the first six months of life is an important recommendation² sometimes referred to as the ‘gold standard’. We know that mothers’ milk contains substances that build immunity and provides protection against various health conditions. It is perhaps surprising, then, that today two out of three babies in Ontario are missing out on some, or all, of this protection. Although most babies start out breastfeeding, many do not continue for very long. Soon they are getting both breastmilk and formula, or only formula. This story is about what some Ontario health care providers have been doing in order to give more babies access to breastmilk during their early months.

In Ontario, 91 % of babies start breastfeeding. However, only 62 % are breastfeeding exclusively at discharge, and only 33 % are breastfed exclusively to six months of age.³ Many babies receive formula (and possibly other foods) before they are six months old. By their first birthday, fewer than one in four Canadian babies are breastfeeding.⁴



What do we hear from mothers themselves? In a report from 2011 – 2012, Statistics Canada states that the most common reasons cited for stopping breastfeeding before six months were not enough breastmilk and difficulty with breastfeeding technique.⁴ Knowing that some health care providers are not advising parents according to accepted recommendations, we might also ask:

- Are mothers receiving the information they need to breastfeed their babies exclusively?
- Is there a reliable network of care to support their efforts?
- Do health care providers need to learn more about breastfeeding?



One measure of the state of breastfeeding in Ontario can be found in a recent report from the Canadian Paediatric Society called *Are We Doing Enough? A status report on Canadian public policy and child and youth health*.⁵ In 2016, Ontario received the rating of excellence, showing that great strides have been made in providing breastfeeding services. While Ontario parents can call Telehealth Ontario for breastfeeding assistance, 24 hours a day – seven days a week, there are still gaps to be filled. The evening and weekend availability of breastfeeding services is scarce and depends, for example, on where you live. Health care providers ‘in the know,’ while applauding these efforts, are aware that reliable, consistent, and affordable hands-on breastfeeding care is not yet universally available in Ontario.

One very hopeful strategy is province-wide in scope. The Ministry of Health and Long-Term Care encourages all hospitals to work toward Baby-Friendly designation. The Baby-Friendly Initiative supports the global infant feeding recommendation of exclusive breastfeeding for the first six months of life and continued breastfeeding up to age two years and beyond once complementary foods are introduced.⁶ Current breastfeeding rates show us that many babies are not being exclusively breastfed for the recommended duration. While some receive infant formula for medical reasons or because the mother has made an informed decision to feed formula, at times this isn’t the case. To support infant feeding according to the Baby-Friendly Initiative, health care providers are learning to do things differently than they did in the past. Programs for health care providers that focus on breastfeeding knowledge and skills are now more available, both in person and online. At the same time, educational requirements for some medical residents are in the process of being revised in order to increase breastfeeding knowledge.

These events demonstrate that health care providers are beginning to take a greater interest in their responsibility with respect to infant feeding. Together, they are adapting the well-known African proverb to say, “It takes a village to breastfeed a child.”



Photo of Dr. Pound supplied with permission

Education for Health Care Providers Means Better Protection for Babies

Research led by Dr. Catherine Pound has shown that many Canadian physicians, while confident in their breastfeeding knowledge, actually do not have evidence-based information.⁷ This research is the basis for current efforts to change the way medical residents in family medicine, emergency medicine, and obstetrics will be trained. At a future date, the Royal College of Physicians and Surgeons of Canada examinations for these specialties will include questions about breastfeeding. Dr. Pound is also calling for physicians to learn hands-on skills to help mothers with breastfeeding challenges.



For the past fifteen years, the Ontario College of Family Physicians has supported breastfeeding, including exclusive breastfeeding, for the first six months of life. Lectures about healthy child development have long included this message. Through a Breastfeeding Community Project grant, the Ontario College of Family Physicians recently held a series of breastfeeding workshops across Ontario. Dr. Patricia Mousmanis and Dr. Lisa Graves were involved in the project.

The workshops included topics like perceived low milk supply, concerns about weight gain, tongue-tie, and jaundice. The goal was to give physicians basic knowledge about the breastfeeding challenges they would see most frequently. Once health care providers become more interested in and knowledgeable about breastfeeding, they are able to help not hinder with their advice.

Dr. Mousmanis sees breastfeeding as a normal part of how a mother and baby interact. She quotes Dr. Fraser Mustard in relation to the importance of breastfeeding *“When a mother is breastfeeding her baby, the child is both receiving good nutrition and experiencing the stimulation of touch, sight, sound, taste, warmth and smell through the sensing pathways. This experience, like others in early life, drives the wiring of the billions of neurons of the brain, which influences or builds the basic capability of the brain.”*⁸

Questions about who does what to support breastfeeding families came up at one of the workshops run by Dr. Lisa Graves. This event stands out in her memory because of what she learned about the value of interprofessional education. The group she was teaching, made up of physicians, hospital-based nurses, and public health nurses, was discussing a clinical issue. The participants were surprised to find out what contribution each group was making to support local breastfeeding families. Hopefully, that learning set the stage for everyday collaboration and better care.

To support exclusive breastfeeding, Dr. Graves frames the problem of supplementing a breastfeeding baby as one that requires teamwork. Physicians are providing increased access to parents coming in to weigh their baby between regular clinic visits or making arrangements for someone else on the team, including community partners, to be available to assess the baby. This teamwork assures continuity of care while protecting exclusive breastfeeding and baby's health.

In 2007, Somerset West Community Health Centre was the first community health centre in Ontario to be designated Baby-Friendly. There were challenges along the way. Dr. Dona Bowers puts it this way, "Doctors struggle with it (the goal of feeding only breastmilk) and feel that it's only one small aspect of the relation between a baby and its mother." Diana Warfield, RN (retired), was the International Board Certified Lactation Consultant (IBCLC) who participated in the process. The protection of breastfeeding and particularly exclusive breastfeeding was often on her mind. She reports that some of the more important strategies related to protecting breastfeeding and access to breastmilk were:

- Teaching health care providers **why** exclusive breastfeeding is so important.
- Teaching health care providers to promote hand expression during pregnancy in case supplementation may be needed later on.
- Providing quick access to a breast pump so that instead of suggesting topping up with formula a health care provider learns to help a mother acquire a breast pump.
- Protecting breastfeeding through supportive language (e.g., "Your baby is not gaining weight the way we would like." instead of "Your baby has poor weight gain.")
- Meeting physicians' expressed need to deal with breastfeeding challenges in a timely manner (e.g., by referring to an IBCLC or other community support).

Dr. Elisabeth Asztalos is a physician who looks after early preterm babies at Toronto's Sunnybrook Hospital. When she describes newborn care at Sunnybrook, you realize that all of the staff support exclusive breastfeeding and access to breastmilk. Babies at Sunnybrook have one of the highest rates of exclusive breastfeeding in Ontario. Dr. Asztalos says that the hospital has a long tradition of supporting breastfeeding. Even before there was a milk bank in Toronto, Sunnybrook was importing breastmilk from Cleveland Ohio. Though expensive, it saved health care dollars in the long run. The people who work at Sunnybrook understand the importance of colostrum and a substance within it called IgA. They know it protects the gut of a newborn baby. Perhaps you will hear the nurses say, "A little dab'll do ya." This little jingle reminds them how important colostrum is for their newborn patients. Perhaps a mother has not been able to feed her preterm baby at the breast. Perhaps a baby in a neonatal intensive care unit (NICU) may not be strong enough to suck. Through hand expression or pumping milk, these babies can receive colostrum. Nurses and parents gently ease it into the sides of tiny mouths. This practice, called Oral Immune Therapy, is especially helpful for babies who cannot yet be fed by mouth.⁹ Babies who are fed by mouth are first given colostrum and then breastmilk. The goal for all babies is exclusive breastfeeding or access to breastmilk. It's how they do things at Sunnybrook.





Learning from Stories: Opportunities and Questions

What can we learn from the stories of the health care providers who shared their experiences?

- The need for changes in how physicians are educated about breastfeeding has now been documented. This knowledge may open up opportunities for increased interprofessional and hands-on learning.
- Discussions about child development can open up opportunities to teach both parents and health care professionals about the importance of breastfeeding and practices that support it.
- Recommendations pertaining to avoiding or limiting the use of artificial supplements can be taught within the context of problem management. Then services that address the support and management of breastfeeding challenges can be put into place.
- A robust culture of breastfeeding support with, for example, its own supportive language was reported to reinforce organizational values.
- The need for timely collaborative support for breastfeeding raises the issues of access to care from International Board Certified Lactation Consultants and an increased working collaboration of professionals and peers providing breastfeeding services in both hospitals and the community.

It's up to every 'village,' its government, policy-makers, educators, and families, to decide how many health dollars will go towards the goal of improving the way the youngest members of our society are nourished. Breastfeeding has impacts that last a lifetime. Education about the important contribution that 'gold standard' infant feeding makes to health, infant development, and fiscal outcomes is fundamental to this discussion.

Key Informants

- Dr. Elizabeth Asztalos
- Dr. Dona Bowers
- Dr. Lisa Graves
- Dr. Patricia Mousmanis
- Dr. Catharine Pound
- Diana Warfield

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CASE STORY THREE:

Creating a Place to Develop Skill and Confidence

“A few decades ago, nurses cared for a woman by taking care of the baby for her and letting her rest. What we thought was caring wasn’t truly helpful.”

– Sue Hermann

Sue Hermann, a Registered Nurse and Advanced Practice Nurse, works in the Women’s and Babies program at Sunnybrook Health Sciences Centre. She remarks on how care practices had evolved, “When I started out as a nurse, babies were separated from mothers. We had created an environment that made breastfeeding very challenging. In the past couple of decades, we have tried to help mothers by focusing on techniques like helping baby to latch onto the breast in certain positions.”

“Over time we have learned more about babies’ behaviour and how they strive to start breastfeeding instinctively. Skin-to-skin is so helpful.” Sue saw a turning point when she learned how babies use their reflexes and innate behaviours to find the breast and suck. Sunnybrook now creates an environment where staff members try not to interfere. Instead, they give a lot of positive feedback and encouragement.

“For many years, we have been encouraging birthing parents to hold their newborn skin-to-skin after birth. Our interprofessional, Baby-Friendly Initiative committee has worked to reduce interruptions immediately after delivery. We now hold off on weighing the baby, giving the vitamin K injection, or completing other routine procedures until after mother and baby have had plenty of skin-to-skin time, and have had the first breastfeed.” Sue adds, “Right now staff are working on giving families the opportunity to benefit from this same experience in the operating room after a caesarean birth.”

Expectant parents can find out about these helpful practices in the Center for Resources & Information: Birth, Babies & Beyond (CRIB). Staffed by prenatal educators, the centre is filled with print and online resources and provides a welcoming drop-in space both physically (on the fifth floor) and virtually (online). New parents learn about birth and breastfeeding. Pregnant women can discuss individual questions before their baby arrives.





Natasha, who is breastfeeding her 19-month-old daughter, says she was happy to learn that breastfeeding was encouraged right after birth. “I learned during pregnancy that breastfeeding goes better when the baby can be with you and breastfeed in the first hour. And the nurses and doctors really encouraged this when the baby was born.” Natasha had an uncomplicated birth at Sunnybrook, and her baby went to the breast right away. But a few days later she had some challenges, so she called Sunnybrook’s 24-hour telephone helpline. With engorgement, the baby just couldn’t latch, but Natasha was prepared. “The hand expression I learned early on and the little spoons the nurse provided helped me until I got to the breastfeeding clinic. I really wanted it to work, and I needed that early help,” she says.

Sue Hermann from Sunnybrook’s Women’s and Babies program says, “We try to ensure all staff members have a goal to facilitate mothers gaining confidence and skills. This is not about us doing things for the mother but helping them so they can do it on their own before they leave. There is still a place for teaching skills, but it’s not about doing it ‘the right way.’ She says new parents want to know they are doing fine. She adds, “It’s also a skill to know just when to provide more help. Nurses need to identify

effective breastfeeding and then be able to communicate that, so the mother learns what effective breastfeeding looks like.” Sunnybrook provides staff with training to support this style of nursing care.

Everyone hired to work in the Women’s and Babies program attends a two-day Breastfeeding Skills course, then spends one day observing in the breastfeeding clinic. The Breastfeeding Skills course covers:

- Values, biases, and societal influence.
- Positioning, latching, and how the breast works.
- Infant reflexes, skin-to-skin, and self-latching.
- First feedings and case studies.
- Medications and breastfeeding.
- Breastfeeding the late preterm infant.
- The value of human milk and oral immune therapy in the neonatal intensive care unit (NICU).
- Supplementation protocol.
- International codes and statements.
- Protecting breastfeeding exclusivity.



Staff also complete Baby-Friendly Initiative education modules online and discuss new breastfeeding protocols as needs arise. One of Sunnybrook's big projects has been training nursing staff to support women with diabetes. Glucose monitoring, keeping mothers and babies together, encouraging skin-to-skin contact, and teaching expression of colostrum for those first feedings has increased their success with exclusive breastfeeding. "We're not 100% there yet, but our rates have improved considerably," states Sue.

"We have other new practices to improve more families' experiences with exclusive breastfeeding. Prenatally, we offer one-to-one breastfeeding counselling for women who might have more difficulty than average," says Sue. Women are referred for breastfeeding counselling by the diabetes clinic as well as family practice doctors and obstetricians. A woman who has diabetes, prior breast surgery, prior loss of a baby, or other health issues, or anything else that could impact breastfeeding confidence is referred. Sue adds, "We are now making these antenatal sessions available for women who have a history of breast cancer."

A booklet, given to mothers after they had given birth, was revised by an interprofessional team, including nurses, a prenatal educator, a lactation consultant, a family practice doctor, and parents. The booklet presents information parents need after discharge. There is a new focus on:

- Holding baby skin-to-skin.
- Expressing colostrum and how this practice enhances early milk production.
- Feeding baby according to cues.

There is a renewed emphasis on helping parents read their baby's early feeding cues in the daily inpatient breastfeeding class. "Nursing staff teach each family about feeding cues and get away from talking about feeding by the clock," says Sue.

Preventing unnecessary use of formula

Learning also happens when new ideas are tried. Sue remembers a situation where a mother was anxious and concerned about her milk supply. Her first baby, a sleepy newborn, did not breastfeed well, needed to be supplemented with formula, and the mother had struggled with low milk production in the first few weeks. Now her second baby was feeding non-stop and loudly crying whenever he was taken away from the breast. All signs of effective feeding were looking normal. Sue recalls “The staff nurse had asked me if I had any ideas to help the mother. At Sunnybrook, we had just started trying out a fabric tube-top for holding babies skin-to-skin. Maybe this could help?” The baby cried when moved into position. Sue remembers that once he was secured in the fabric against the mother’s chest, he settled right down. The mother did not have to move him, and he was quiet. “We were amazed! Everyone there found out that babies do not always fuss and cry to eat. Other solutions will calm a baby who might just miss the closeness of the womb.” The mother felt calmer. She also learned to express some colostrum and give this to her baby a few times. Sue explained, “It was just what she needed to get over her fears and carry on to exclusively breastfeed.”

Not all breastfeeding challenges can be solved before discharge. At Sunnybrook, both prenatal education and postpartum followup are a priority.



Jen found it quite difficult to get breastfeeding started four years ago. “While I was pregnant, I was extremely worried about my ability to breastfeed,” says Jen. “Speaking with a lactation consultant and practicing with a doll were very helpful, but I think nothing could have fully prepared me for breastfeeding an actual baby.”

Jen’s baby had difficulty latching. She says she found it confusing and frustrating to have many different pieces of advice to try and solve the problem. “When the baby finally started latching that solved one issue,” but Jen still needed more help for breastfeeding to work well. “I think it’s important to know that breastfeeding should never hurt.” Jen advises other mothers, “Don’t put the pain aside in order to make sure your baby is eating and thriving because ultimately that will make you want to stop.”

Both Natasha and Jen went to the Sunnybrook Breastfeeding Clinic for a one-on-one appointment with a lactation consultant in the early weeks. “It was imperative for breastfeeding success,” says Jen.

Down on the fourth floor, Beth Nolson, a Registered Nurse, works with parents whose babies are sick or premature. Beth says, “In the NICU, one exceptionally valuable thing that a mother can provide for her baby’s health is the milk she expresses.

Human milk is a vital priority for these babies.” Lactation consultants and nursing staff at Sunnybrook support families through the details of expressing milk and even provide free pumping supplies through a generous foundation donor. Parents do not need to spend family funds on pumping equipment while their baby is in Sunnybrook’s NICU. Also, if a mother is still building her milk volume, small premature babies can still receive 100% human milk through the hospital’s donor milk program until the mother has enough of her own milk for her baby.

Beth Nolson is one of two breastfeeding resource nurses who guide mothers with milk expression and breastfeeding. Working in the Women’s and Babies NICU for over 30 years, Beth has seen how each team member can encourage families to attain their breastfeeding goals. Last year, Sunnybrook started a peer support program through a Breastfeeding Community Project with funding from the Best Start Resource Centre. Beth explains, “Now we have peer counsellors who can encourage parents with the experience of bringing expressed milk to the NICU. They can also support the idea of donor human milk. But the role encompasses so much more. It’s about coming alongside another parent and checking on how they are managing. Our peer counsellors are graduate mothers who had preterm babies in the NICU. They know in a unique way what families in the NICU experience. They introduce themselves and then it’s all about the parents and what they would like to ask. Peers provide empathy and hope. They’re a visible example of someone who has been there.”

“Our peer counsellors are a valuable way for parents to feel comfortable,” Beth says. “Parents ask questions and bring up concerns they wouldn’t necessarily ask the nurse.” A peer can validate a parent’s concern and encourage them to ask specific questions to either the nurse, doctor, or breastfeeding resource nurse.

“The peer counsellors, along with NICU Family Support Specialist, Kate Robson, help to create a sense of community,” says Beth. The peer support program offers a free weekly mothers’ lunch. The lunch is a key time when mothers connect with one another or with the peer counsellor. Beth explains, “Our grant from the Best Start Resource Centre helped to start the lunch as a weekly mothers’ group. It’s one thing we must continue!” The lunch get together was a little slow to start, but attendance soon mushroomed as word-of-mouth promoted the gatherings. “The room is often jam-packed!” says Beth. Now a graduate father also runs a Dinner for Dads group once a month. Most parents come daily to bring milk, hold their baby, and give kangaroo care. These special mealtimes are a highlight and a place to share experiences and encourage each other.

Back on the fifth floor, Sue talks about the Women’s and Babies program’s new formula practices. “Our newer practices with formula, when it’s actually needed, have helped too.” How could that help to promote exclusive breastfeeding? “Well, we worked on bringing the amounts of formula used down to physiologic amounts. Babies have very small stomachs in the first two days. Research on the normal amounts that newborns take in when they’re breastfeeding has helped us understand that smaller volumes are appropriate even when babies receive formula. I think people are now more comfortable with seeing colostrum in those normal volumes. And formula use has gone down.”



As a mother, Natasha offers these important points to support exclusive breastfeeding:

- Babies should stay with mothers immediately after birth if it is possible.
- Skin-to-skin is very important right after birth and in the first weeks to allow baby to breastfeed as much as possible.
- Babies need frequent feeds as newborns.
- Babies sometimes spend hours feeding until they finally settle, and this is normal.
- Hand expression and giving the baby some colostrum by spoon helps.
- If a baby needs more milk for weight issues, to help jaundice, etc., breast-milk should be used – it does not need to be formula.
- The more you breastfeed, the more milk you make.
- Breastfeeding support from staff is very important.



Key Informants

- Sue Hermann, Sunnybrook Health Sciences Centre
- Beth Nolson, Sunnybrook Health Sciences Centre
- Kate Robson, Sunnybrook Health Sciences Centre
- Natasha, mother
- Jen, mother

Resources

Center for Resources & Information: Birth, Babies & Beyond

<http://sunnybrook.ca/content/?page=crib-pregnancy-birth-baby-resources-information>

CASE STORY FOUR:

Promoting Exclusive Breastfeeding: Like Us on Facebook

Promoting and protecting exclusive breastfeeding is not always easy! The misuse and marketing of commercial infant formulas have had a huge impact on the exclusivity of breastfeeding. So how do service providers promote breastfeeding exclusivity? We need to get back to basics but with a new twist.

The Baby-Friendly Initiative (BFI) aims to create a culture that supports exclusive breastfeeding. It is based on the 10 Steps to Successful Breastfeeding as set out by the World Health Organization (WHO) and UNICEF.¹

An often overlooked method of establishing support groups, as part of Step 10, is through the use of social media. The term did not even exist when the 10 Steps were initially written in 1989. Like it or not, social media is changing the way society communicates, particularly among the millennial generation.

Sarah reported that she developed mastitis when her son was five months old. “I knew what it was when a friend posted a picture of her red, swollen breast on Facebook.” Sarah was able to receive treatment from her health care provider and breastfeed through the fever and pain with the advice she received from her friends. She comments, “The moms you meet on Facebook are all mothers who have gone through what we go through.” She also says, “There are not only moms online – nurses and lactation consultants will also post advice.” She warns, “You have to be careful and may also get the wrong information. You can take the information that you want.”

Chantelle continues to breastfeed her 14-month-old son and also uses social media to help her with breastfeeding. “Everyone has their cell phones close by. Using social media to access breastfeeding help is just so convenient.” With its ease of access and availability 24/7, social media is a growing form of support for these young mothers.

Fleur Bickford agrees. Fleur is a Registered Nurse and International Board Certified Lactation Consultant (IBCLC) in private practice in the Ottawa area. Fleur has developed a website with information about breastfeeding and social media. According to an article *Can Social Media Help You Breastfeed?*² posted on her website, social media is the way to go. “If we are not reaching out to moms and moms-to-be via social



media, we are missing out on a wonderful way to connect with them and provide accurate information and support.” Fleur also sees disconnection in social media breastfeeding support. With 83 % of millennials (ages 18-33) using social media and only 43-50% of boomers (ages 46-64) using it, there is a generation gap.² “There just are not as many older generations using social media. Sometimes, they are the ones who have the knowledge and expertise.”

In her article, Fleur asked the question online “Has social media been a source of information or support for you? How did this impact your breastfeeding?” She received a flood of responses in return, a few of which are summarized here:

Marlene comments “I can’t afford the (professional) help I really need and along comes Twitter! Thank God for Twitter! I have had so much help from IBCLCs, nutritionists, and moms. I am feeling much more confident, and breastfeeding is flowing better! All thanks to social media!”

Emilie is on LiveJournal and was also introduced to KellyMom.com during her pregnancy. “I asked for and was assigned a mentor to check in with me and help me online with any questions I might have. I didn’t end up needing very much of her help, but it was nice to know that she was there. I ended up becoming a mentor for a couple of other women as well.”

Julie hooked up with Ravelry, a social media site for knitters and crocheters; she comments “It is so much more than a place to find patterns or post your projects. The Ravelry community is where I found the bulk of my support. I joined several groups: Knitters Who Nurse and Breastfeeding Knitters. The ladies in these groups were the people I consulted when I had questions and concerns or just needed to vent. Actually, they are still a part of my daily life! Facebook was also a sanity saver when I was on maternity leave and felt really disconnected from the world. So yes, social media makes a huge impact on today’s breastfeeding moms.”

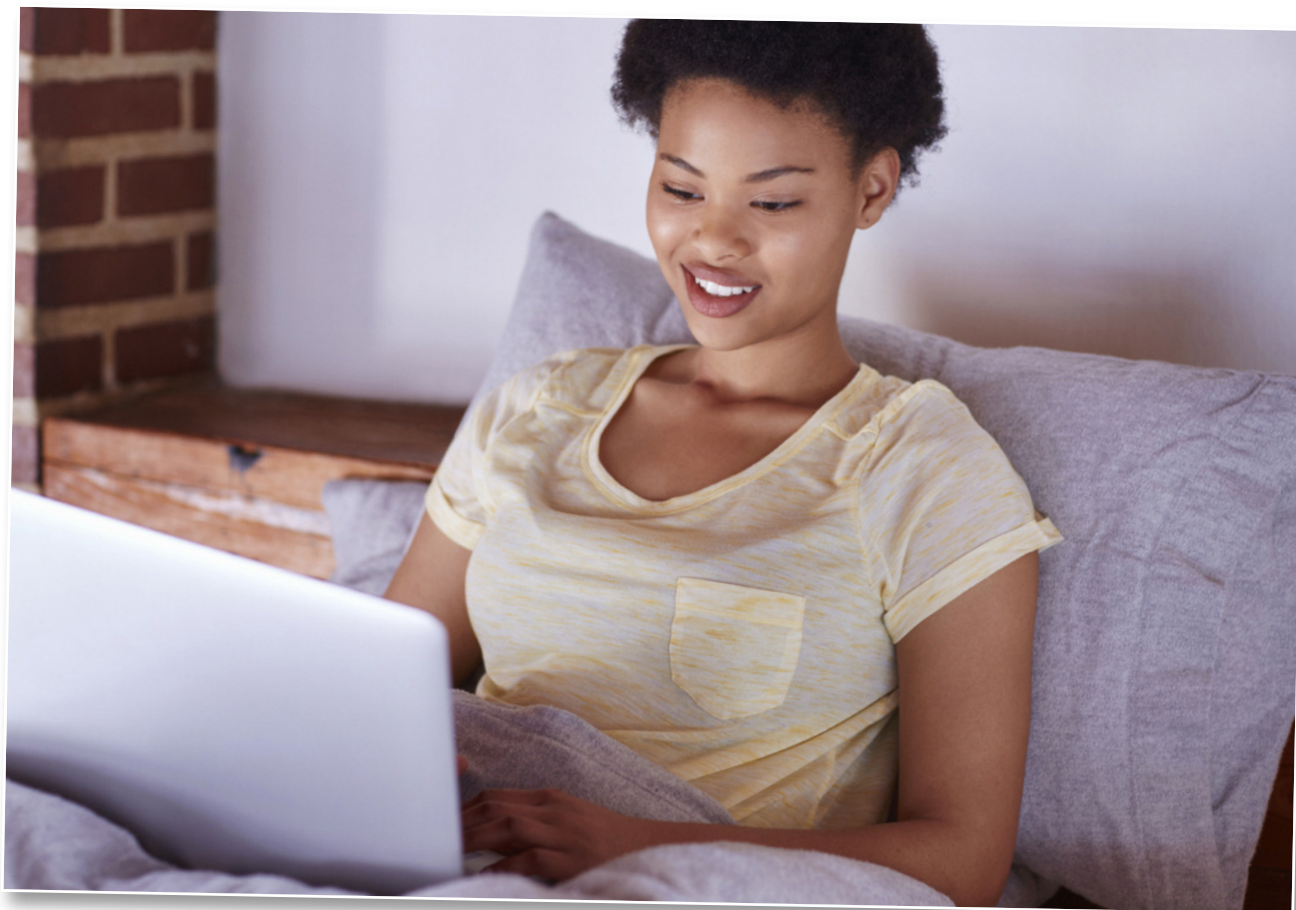


Jessica writes, “... I pumped for 10 weeks. At the beginning, I knew nothing about pumping or breastfeeding or being a mom for that matter. I turned to web forums and YouTube channels for mothers. YouTube moms have taught me so much. I have learned about different positions to use, products to make it easier, and how to leap over [overcome] obstacles.”

Erin comments from her hospital room, “In the wee hours of the night after my mom had left and my husband caught some sleep, I sat with my computer looking at Facebook in my hospital room reaching out to my friends and my family and my YouTube mommy community to get support. So yes, the Internet was my rock (besides my husband), and I don’t think I would have made it through if it wasn’t for social media.”

Amanda posts, “I know no matter what time of day, no matter the day, I always have somewhere to turn for help.”

Economical (online username) cautions, “The only drawback to online support is the overwhelming amount of misinformation out there. I like knowing and very much appreciate that there are licensed and/or certified professionals out there who are willing to help.”



Fleur Bickford's website features a tab for health care professionals and a page dedicated to articles and research on using social media in your practice. It is well worth a visit and may just help as we foster the establishment of breastfeeding support groups into the future.

Perth District Health Unit has run an open Facebook Buddies group to provide breastfeeding peer support since 2012, but it was not receiving as much attention as expected. As part of a Breastfeeding Community Project, the health unit held focus groups with mothers who were part of the group. Glenda Blair, a Registered Nurse, is the public health nurse who worked on the project. "The focus groups revealed that many mothers were not comfortable posting their questions to an open group and preferred a closed group model," states Glenda.

A few months ago the health unit started a new closed group led by coordinator Tanya Chambers. Mothers have to request to be added to the group. Despite this seeming barrier, the group doubled its membership in the first six to eight weeks. There are many postings and replies. Mothers really like when someone posts shareable information from a reputable source. That way they can go right to the information they need. They often comment on helpful advice. When mothers experience challenges, they often post their plans to try an approach that someone else found to be successful. Breastfeeding duration is often discussed including challenges such as teething, biting, nursing strikes, and introduction of solids.

Apart from providing guidelines and supporting the group coordinator, the health unit is taking a mostly hands-off approach. Glenda says, "We want this to be a peer support model." Tanya Chalmers is the group coordinator and administrator. She has had 10 mothers volunteer to be Facebook Buddies administrators; their help will relieve Tanya's workload as the group grows. There are criteria for becoming an administrator and some guidelines on how to moderate postings and post items that will be of interest to the group. Providing more training will be the next step.

Back to Sarah and Chantelle, the young moms who sought help through social media and inspired this story...

When asked about exclusivity, both of these wise moms were encouraging. “Anyone can exclusively breastfeed their child. If you put your heart and soul into it, you can achieve it,” states Chantelle. Sarah, wanting to tell other moms that they can do it, offers her words of encouragement. “Just don’t supplement with formula,” she warns. “If you do you may lose your supply. Stick with it and breastfeed as long as you can.” The message for us, the health care providers, is to listen to mothers, change our culture, normalize breastfeeding, and ensure supports are in place, including supports through social media. This will go a long way to protect, promote and support exclusive breastfeeding.

Key Informants

- Fleur Bickford, International Board Certified Lactation Consultant
- Glenda Blair, Perth District Health Unit
- Amanda, social media user
- Chantelle, mother
- Economical, social media user
- Emilie, social media user
- Erin, social media user
- Jessica, social media user
- Julie, social media user
- Marlene, social media user
- Sarah, mother

Resources

Nurtured Child

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