

Churchill Regional Health Authority Breastfeeding Interim Report March 7, 2006

Churchill RHA has made substantial progress in the area of the Breastfeeding Deliverable. Up until September 2005, there were no children born in Churchill. The CRHA has hired a midwife who has since September delivered six babies and has championed breastfeeding.

In the year prior to September 2005, there were no children born in Churchill due to a lack of consistent physician services. However, there were twenty-four babies born to Churchill residents since January 2005. Of these twenty-four mothers, twenty still reside in Churchill. Twenty of these women initiated breastfeeding.

There have been six births in the Churchill RHA since September 2005. Five of these women were from Nunavut. Information about these women continuing breastfeeding is unknown. The local woman is no longer breastfeeding at six weeks post delivery. In the same period of time, September to present, six local women have been referred out of the community to deliver their babies. Of these six women, five initiated breastfeeding. To this date three are still breastfeeding exclusively. This would give a 50% breastfeeding rate at five months.

It must be pointed out, that our new midwife wrote the Breastfeeding Policy. A copy of the draft policy is included with this report. The policy is in compliance with the Baby Friendly Hospital Initiative which was launched in 1992 by the World Health Organization (WHO) and the United Nation's Children's Fund (UNICEF). The proposed policy was reviewed by Senior Management and passed February 20, 2006. A copy of this policy is attached to this report.

Two breastfeeding classes for pregnant women have been conducted by the Midwife. The classes have been small in size, but this has allowed for greater imparting of breastfeeding information. The midwife and public health nurse continue to provide information for pregnant women about the many benefits of breastfeeding. The midwife is available on a 24/7 basis for breastfeeding advice and support in the post delivery period.

The midwife has undertaken on-line program called "Breastfeeding Essentials for Nurses and Midwives" in December. This same program is being promoted to the CRHA nursing staff. The midwife is in the process of creating training sessions concerning breastfeeding for delivery to the nursing staff.

Summary

The Midwife and the Public Health Nurse have done a commendable job in collecting statistics. The Midwife and Public Health Nurse have given several educational sessions to expectant and nursing mothers. The CRHA will continue to explore ways of promoting breastfeeding in the community.

Churchill RHA Inc.
Regional Health Authority

POLICY

Division: Nursing	Number: NR-B-110
Distribution: Nursing Public Health Clinic	Date in Effect: February 20, 2006 Reviewed:
	Policy approved by the Management Committee Date: February 20, 2006
Topic: BREASTFEEDING	Cross Reference: CS-3.6-05, MC-3.2-3.5
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PREAMBLE:

Hospitals endorsing the recommendations of the Baby-Friendly Hospital Initiative (BFHI), which was launched in 1992 by the World Health Organization (WHO) and the United Nation's Children's Fund (UNICEF), have demonstrated increased initiation, duration and degree of breastfeeding. This policy is designed to comply with the "Ten Steps to Successful Breastfeeding" of the Baby-Friendly Hospital Initiative.

POLICY:

The Churchill RHA supports and encourages mothers to breastfeed through endorsement and implementation of best practice standards and the Baby-Friendly Hospital Initiative.

GUIDELINES:

1. All health care staff involved in the care of birthing women will receive a copy of this policy. The policy will be available in the ward.
2. All health care staff involved in the care of birthing women will be required to attend an annual training session designed to provide the skills necessary for implementation of these policy guidelines.
3. Staff providing prenatal care will provide pregnant women with information about the benefits and management of breastfeeding. Prenatal breastfeeding classes will be offered.
4. Ward staff will assist mothers to initiate breastfeeding within a half-hour of birth.
5. Ward staff will show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming-in; allow mothers and infants to remain together 24-hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants and discourage their use by parents.
10. Refer mothers to breastfeeding support services including Public Health on discharge from the hospital.

Reference:

Breastfeeding Best Practice Guidelines for Nurses, September 2003
Baby Friendly Hospital Initiative, WHO 1992

**Churchill RHA
Goals and Progress to Date**

Goal	Progress	Notes
To achieve a breastfeeding initiation rate of 80% upon discharge from the Churchill Regional Health Authority.	<p>Since Jan 05 – 24 babies have been born to Churchill women – 20 initiated breastfeeding at the place of birth. This gives an 83.3% compliance.</p> <p>Of these 20 women the following rates of breastfeeding are known 2 months – 8 women (40%) (8/20) 4 months – 4 women (20%) (4/20) 6 months – 3 women (15%)*(3/20) * (Since September 2005, there have been six women who delivered their babies outside of Churchill. At the end of Jan 06, only 3 of these women are continuing to breastfeed. This gives a rate of 50% at five months.)</p>	
To maintain breastfeeding rates of 60% at two months post birth.	Eight of 20 women were still breastfeeding at 2 months or 33% (8/20)	
To maintain breastfeeding rates of 50% at four months post birth.	Four of twenty women were still breastfeeding at 4 months – or 20% (4/20)	
To maintain breastfeeding rates of 40% at six months post birth.	Three women out of twenty were breastfeeding at six months or 15% (3/20)	
To maintain breastfeeding rates of 20% at twelve months post birth.	Information is not available for this time interval.	The CRHA will encourage women to breastfeed their babies at the 12 month interval.
To maintain breastfeeding rates of 10% at eighteen months post birth.	The CRHA has no data concerning breastfeeding rates at 18 months	The CRHA will encourage women to breastfeed their babies at the 18 month interval.

Churchill Regional Health Authority Breastfeeding Deliverable March, 2005

Introduction

Human milk is baby's first immunization. It provides antibodies, which protect baby from many common respiratory and intestinal diseases, and it also contains living immune cells. First milk, colostrum, is packed with components, which increase immunity and protect the newborn's intestines. Artificially fed babies have higher rates of middle ear infections, pneumonia, and cases of gastroenteritis (stomach flu). Breastfeeding an infant also provides protection from developing immune system cancers such as lymphoma, bowel diseases such as Crohn's disease and celiac sprue, and juvenile rheumatoid arthritis, all of which are related to immune system function.

Breastfed babies generally mount a more effective response to childhood immunizations. In all of these cases, benefits begin immediately, and increase with longer duration of breastfeeding.

New data from the World Health Organization confirms that breastfed infants grow faster initially, then slow down as they approach their first birthday. Artificially fed infants go on to have a higher risk of obesity as adults.

Research is demonstrating that breastfeeding leads to optimal brain development. Human milk has special ingredients like DHA (docosahexaenoic acid) and AA (arachidonic acid) which contribute to brain and retinal development.

All breastfed babies tend to spend a lot of their time in the "quiet alert" state which is most conducive to learning.

In addition, breastfeeding has been shown to improve maternal health, with demonstrated effects, including reduction in postpartum bleeding, earlier return to pre-pregnancy weight, reduced risk of pre-menopausal breast cancer, and reduced risk of osteoporosis, continuing long after the postpartum period.

In general, increasing the rate of breastfeeding, particularly among the low-income, racial, and ethnic populations that are less likely to begin breastfeeding in the hospital or to sustain it throughout the infant's first year, is an important public health goal.

Rates of breastfeeding are highest among college-educated women and those aged 35 years and older.

The lowest rates of breastfeeding are found among those whose infants are at highest risk of poor health and development; those aged 21 years and younger and those with low educational levels.

The Churchill Regional Health Authority is therefore committed to increasing the initiation rates for breastfeeding overall and optimization of the duration of breastfeeding with those who have initiated breastfeeding.