



NEWSLETTER OF THE BRITISH COLUMBIA BABY-FRIENDLY NETWORK

Winter 2011

GENERAL UPDATES

Report on the Baby Friendly in BC Survey

Making BC Baby-Friendly Report – Executive Summary

A survey to determine awareness, progress, and direction for assisting hospitals and community/public health units throughout British Columbia in working towards implementation of the Baby-Friendly Initiative (BFI) was conducted in 2008-09 as a follow-up of a 2004-05 survey. Both surveys were completed by the BC Baby-Friendly Network (BCBFN) in partnership with the Perinatal Services of British Columbia (PSBC) (previously called the BC Perinatal Health Program). Forty-two responses that represented 22 hospitals and 55 community/public health units providing maternity care in BC were received. The full report is available on the BC Baby-Friendly Network website.

Conclusions are:

Interest in and motivation to implement best breastfeeding practices as identified by the BFI has increased during the past five years.

- Leadership and direction from the BC Ministry of Health and the Health Authorities is crucial to advance implementation of breastfeeding best practices through the BFI.
- Breastfeeding education opportunities for professionals providing direct care to women and infants have increased, however, education remains a major issue.
- Hospitals and community/public health units continue to require assistance with the BFI implementation process, particularly in developing an action plan and in completing or interpreting a BFI self-assessment.
- Establishing an interdisciplinary BFI committee responsible for developing and implementing a breastfeeding policy continues to be a challenge for many hospitals and community/public health units.
- Implementing practices that meet BFI standards is most effective and efficient when a hospital and community/public health units in the same geographical jurisdiction work together to provide maternity practices supporting breastfeeding best practices across the care continuum for mothers, infants, and families.

Recommendations to assist BC hospitals and community/public health units in BFI implementation are:

Ministry of Health Services

- Set annual provincial performance targets for rates of breastfeeding initiation and exclusivity at hospital discharge and at six months of age to promote universal implementation of BFI practices.
- Promote the WHO Baby-Friendly Initiative as the key strategy for Health Authority implementation of breastfeeding best practices in hospitals and community/public health units in BC.
- Provide financial and philosophical support for the development and implementation of educational strategies and programs for health care professionals and related personnel working with mothers and

infants that support enhanced breastfeeding exclusivity and duration. Included are: nurses, family physicians, pediatricians, obstetricians, dieticians, administrators, and support staff.

- Continue to support resources (such as *Baby's Best Chance*, *Toddler's First Steps* and the *Best Chance* website²⁷) and to support programs that are congruent with BFI, the WHO International Code, and the Global Strategy for Infant and Young Child Feeding.
- Partner with provincial agencies that contribute to the support and implementation of breastfeeding best practices as identified in the BFI.
 - PSBC as a leader in developing guidelines, facilitating professional education, and monitoring data in regard to breastfeeding initiation and rates and other perinatal outcomes.
 - Provincial funding agencies (e.g., BC Medical Services Association and Michael Smith Foundation for Health Research) that support and fund breastfeeding/lactation research that contributes knowledge and examines evidence-based practices.
- Facilitate mechanisms at community/public health units for monitoring breastfeeding rates throughout an infant's first year of life and beyond.

Perinatal Services BC

- Promote and facilitate breastfeeding educational programs that support breastfeeding best practices as identified in the BFI.
 - Develop and implement education that uses a variety of strategies (e.g. on line learning, teleconferences, telehealth, face-to-face workshops) for health care providers who provide direct care to women and infants, administrators, and support staff within health care agencies.
- Continue providing breastfeeding guidelines that are evidence-based that support breastfeeding best practices for health care professionals.
- Continue systematic evaluation of breastfeeding rates (initiation and at hospital discharge).
- Collaborate with the Public Health Prevention Director's Council to determine key time frames for collecting breastfeeding rates.
- Partner with the BCBFN to systematically monitor and report on the progress of the BFI implementation in maternity hospitals and community/public health units throughout BC.

Regional Health Authorities

- Set annual Health Authority performance targets for rates of breastfeeding initiation and exclusivity at hospital discharge, and rates at 6 and 12 months of age.
- Promote the WHO Baby-Friendly Initiative as the key strategy for implementation of breastfeeding best practices in hospitals and community/public health units.
- Provide financial support for implementation of educational strategies and programs promoting breastfeeding best practices for health care professionals and others. Included are: nurses, family physicians, pediatricians, obstetricians, dieticians, administrators, and support staff.
- Facilitate and support programs that promote breastfeeding best practices as identified in the BFI.
- Facilitate hospitals and community/public health units within regional jurisdictions to communicate and work together in implementing breastfeeding best practices.
- Partner with PSBC for breastfeeding educational programs.
- Disseminate evidence based breastfeeding information and resources to childbearing families e.g. *Baby's Best Chance*, *Toddler's First Steps*, and authorized BC educational materials.
- Adhere to the World Health Organization (WHO) International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly (WHA) resolutions.

Healthcare Professionals Providing Care to Mothers, Infants, and Families

- Use breastfeeding best practice information and resources provided by professional organizations and health authorities to update knowledge and skills for breastfeeding best practices.
- Participate in education programs or in-services in lactation management.
- Provide mothers and families with evidence-based breastfeeding information to assist them in making informed infant feeding decisions.
- Advocate practices that promote exclusive breastfeeding for the first six months of the infant's life with sustained breastfeeding plus the introduction of complementary foods up to two years and beyond.

- Adhere to the World Health Organization (WHO) International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly (WHA) resolutions.

BC Baby-Friendly Network

- Provide support to hospitals and community/public health units that request assistance for completing and interpreting self-evaluation assessments, developing an action plan, and/or recommending educational resources.
- Review BFI pre-assessments and participate in BFI assessments when requested on behalf of the Breastfeeding Committee for Canada.
- Partner with Perinatal Services BC to systematically monitor and report, for example via survey, implementation of the BFI in BC maternity hospitals and community/public health units.

Promote and advocate to governments, healthcare professionals, childbearing families, and consumers the BFI and its support of breastfeeding best practices.

Representation on the BCC Provincial/Territorial BFI Implementation Committee

Carolyn Solomon, Ministry of Healthy Living and Sport and representative to the BC Baby Friendly Network, will join Barbara Selwood, Network chair, as the BC representatives to the Breastfeeding Committee for Canada (BCC) Provincial/Territorial BFI Implementation Committee. The BCC sent a formal letter to provincial and territorial governments requesting representation from both the Ministry of Health and the provincial BFI committee to the BCC P/T committee, a vital networking forum for the BFI and best practice promotion across Canada.

Submitted by Barbara Selwood, Chair, BC Baby-Friendly Network

Healthy Women, Children and Youth Secretariat, Population and Public Health, BC Ministry of Health Services

World Breastfeeding Week 2010 Materials

Minister Ida Chong noted that “Breastfeeding is vital for infant growth and development, and has a positive impact on the health of both the infant and the mother”. In recognition of this sentiment, World Breastfeeding Week educational/promotional materials were developed by the Ministry of Healthy Living and Sport, along with the official “Breastfeeding Week” proclamation. These materials are available on the BC Baby Friendly Network website (<http://www.bcbabyfriendly.ca/WBW.html>). Feedback regarding these materials has been positive thus far and an evaluation survey will be distributed to determine how the materials were used, what activities were undertaken, and how the Ministry can support Health Authorities in the future.

Submitted by Carolyn Solomon, Healthy Women, Children and Youth Secretariat, Population and Public Health, Ministry of Health Services



Photos taken by Roxanna Froese and submitted by Grace Banks, Fraser Health

Perinatal Services BC

Provincial Level Breastfeeding Support

One of the provincial goals is to improve the health and wellness for British Columbians in promoting healthier populations. This goal is supported by the Provincial Health Services Authority's objective to improve childhood development by assisting Health Authorities in increasing exclusive breastfeeding after birth and increasing breastfeeding duration rates. One strategy will be to host a Train-the-Trainer education session for health authority nurses to be able to deliver a 20-hour breastfeeding course that meets UNICEF/WHO guidelines for education. The session will take place in April 2011 for nurses selected from each Health Authority.

Nursing Care Pathways

Nursing Care Pathways and accompanying documentation forms for postpartum women and newborns in acute and community health settings have been updated to reflect evidence informed practice. These tools will assist all facilities, including those who have not formally engaged in the BFI designation process.

Submitted by Barbara Selwood, Perinatal Services BC

Breastfeeding Committee for Canada

Announcing the Integrated Ten Steps Practice Outcome Indicators for Hospital and Community Health Services

In time for World Breastfeeding Week in October, the BCC was excited to release the new *Integrated Ten Step Practice Outcome Indicators for Hospitals and Community Health Services*. This document is available on the BCC website (www.breastfeedingcanada.ca):

The History

In 1991, WHO/UNICEF created the Baby-Friendly Hospital Initiative based on the Ten Steps for Successful Breastfeeding. Recognizing the need to clarify the application of the Ten Steps in Canada, the BCC accomplished two goals. The first goal was the creation of practice outcome indicators for the Ten Steps. The practice outcome indicators enabled hospitals to clearly envision the care required to meet the provisions of the Ten Steps. The second goal was to extend the Baby-Friendly Initiative to community health facilities. In 2002, the BCC published the Baby-Friendly Initiative (BFI) in Community Health Services using an adaptation of the Baby-Friendly UK Seven Point Plan.

Based on feedback from Canada and other countries, in 2006 and 2009 WHO/UNICEF revised the global indicators. One of the changes recognized the need to change the interpretation of Step 4 around birth practices. The original step, based on the evidence at the time, stated "Help mothers initiate breastfeeding within a half-hour of birth". Newer evidence changed the interpretation of this step in 2009 to: "Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour" and "Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed". Other changes in the 2009 document recognized the need to make more explicit the support of families choosing to formula-feed, providing the opportunity to make informed decisions *and* have accurate information on preparation, storage, and use of artificial baby milks when they were being used.

The Canadian Interpretation of the Ten Steps

Over the last 5 years, it became increasingly apparent that the seamless continuum of care from community to hospital and back to the community would be better reflected in a single set of steps for all agencies - both

hospital and community. Thus began work by the BCC on an integrated document - Ten Steps applicable to all health care facilities.

Changing the Language

It is important to remember the origins of the Baby-Friendly Hospital Initiative twenty years ago. Research in the past 2 decades has clarified the nature of best practice. For this reason, and to reflect the health paradigms in Canada, the BCC revised the language of the original Ten Steps to reflect the Canadian health care system, focus on empowering families, and the new evidence for practice. An example is Step 2 about education. In Canada, it is not enough to provide education to staff. If we are looking at ensuring positive outcomes we want to be able to measure the *learning* of staff.

The Format

To ensure that the new document stays true to the original historic document, each of the Ten Steps is stated first with the Canadian interpretation. The original step is still clearly linked with the original. Below is an example for Step 2.

Step 2	Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
WHO	Train all health care staff in the skills necessary to implement the policy.

The final phase for the new integrated Ten Steps will be an appendix for each of the steps that can be used for self-assessment as a facility begins the Baby-Friendly journey - coming soon to the BCC web page.

http://breastfeedingcanada.ca/pdf/2010-09_Summary-BCC_Integrated_2010_Steps_Practice_Outcomes_Indicators.pdf

Submitted by Marina Green, Breastfeeding Committee for Canada

EDUCATION UPDATES

Upcoming Education Days/Conferences

Mark your calendar!

Baby-Friendly Hospital Initiative Celebrates 20th Anniversary in 2011

The BCC plans to celebrate this milestone with a National Conference in Oakville, Ontario **June 19 – 20th, 2011**. Conference Chair is Kathy Venter. Program details will be posted on the Breastfeeding Committee for Canada Website and the BC Baby-Friendly Website shortly.

16th Annual Breastfeeding Education Day, Douglas College, March 12, 2011

Location: Douglas College, David Lam Campus, Coquitlam

Please join us for an interesting day with Kathleen Kendall-Tackett, health psychologist, an International Board Certified Lactation Consultant, and a specialist in mind-body medicine. Dr. Kendall-Tackett will focus on mood disorders in the breastfeeding woman, with a breastfeeding-friendly approach to assessment, treatment options and support. Please register early to ensure a space.

Dr. Kendall-Tackett is a Clinical Associate Professor of Pediatrics at Texas Tech University School of Medicine in Amarillo, Texas. She is the co-author (with Nancy Mohrbacher) of *Breastfeeding Made Simple*. She is the author of more than 280 journal articles, book chapters and other publications, and author or editor of 20 books in the fields of trauma, women's health, depression, and breastfeeding, including *Depression in New Mothers*, 2nd Edition (2010, Taylor & Francis), *The Psychoneuroimmunology of Chronic Disease* (2010, American Psychological Assn), *Non-Pharmacologic Treatments for Depression in New Mothers* (2008, Hale Publishing).

Reporting on Education Days/Conferences

2010 WHO/UNICEF Meeting for the Baby Friendly Hospital Initiative Coordinators in Industrialized Countries

The sixth biannual meeting was held in the UNICEF Innocenti Research Centre in Florence, Italy, on October 12-14, 2010. It was a privilege to meet in this historic building where the Innocenti Declaration was first crafted. Representatives from WHO, UNICEF, 36 countries, Wellstart International, IBFAN and ILCA discussed the BFHI implementation, assessment, monitoring and reassessment, and expansion of the BFHI beyond the hospital into community health, neonatal, and paediatric care. A full report will be published on the BCC website.

Submitted by Marianne Brophy, Breastfeeding Committee for Canada

Breastfeeding Education/Career Development at Douglas College

We had a busy 2010 at Douglas College with the Breastfeeding Course for Health Care Providers. There were four courses in the spring (one at the David Lam campus, and others in Winnipeg, Victoria and Courteney) and six in the fall (two at the David Lam campus and others at Victoria, Kamloops, Kelowna and Brandon). Breastfeeding Education Day on March 27th with Diana West was thoroughly enjoyable. Diana gave us lots to think about and plenty of new ideas to discuss. The Douglas College 18 Hour Breastfeeding Education Course had some new materials developed for it as well, and was offered four times in 2010.

2011 promises to be just as full, as we continue to provide information to people who want to learn more about the wondrous nature of breastfeeding. We decided to change our text for the course to the new *Breastfeeding Answers Made Simple*, and Brandon was the first location to trial the new materials in the fall. Vera Froese, our instructor at that site, is so excited to be using this text and we are really happy with the changes it has brought to the whole course. In January we have two courses running in Coquitlam, and courses in Victoria and Winnipeg, with several more in various locations planned for the fall. Our intention is that people who take our courses come away with a sound knowledge base, enthusiasm for helping families reach their breastfeeding goals, and an empathetic and caring approach to providing breastfeeding support.

Submitted by Sandra Yates, Douglas College

BEST PRACTICE AND THE BABY FRIENDLY INITIATIVE IN BC

PRINCE GEORGE, BC – *Community and Acute Care: Baby Friendly Baby Steps (Part 2)*

In the spirit of part 1 of this article, the Prince George Baby Friendly Initiative Committee (PGBFI) continues to move forward with Baby Friendly baby steps. Since the spring edition of the BCBFN newsletter, however, our local committee has experienced some profound challenges. It would seem that we are in the midst of taking our one step back (and hoping that two more steps forward will be on our horizon).

Part 1 of this article identified how the PGBFI was able to accomplish significant strides in the past two years, notably the receipt of our Certificate of Participation – the first step! To obtain this certificate, our committee diligently met on a monthly basis to put together a package for the BCBFN that reflected a self-assessment of our facilities, the University Hospital of Northern BC and Preventive Public Health (see The Breastfeeding Committee for Canada's pdf document, *BFI Assessment Process and Costs: a description of the Baby-Friendly Journey*).

The PGBFI's marked success since 2007 was clearly aided by Children First, a community initiative dedicated to promoting the wellbeing of children and families. Children First, which oversaw our local Perinatal Steering Committee, was able to classify the PGBFI as one of their subcommittees. Hence, a more structured framework of accountability and conducting business was created, along with clear validation and support for the BFI. What is more, support from Children First also included administrative support (to assist with booking meetings, minute taking, etc.), a small budget for printing costs/light lunches, and honoraria for volunteer committee members. Children First support ensured a solid membership on our committee and kept our proverbial ball rolling.

Since the last edition of this newsletter, I sadly report that our Children First support has largely ended. This rather unexpected announcement reflected the broader restructuring of the Children First initiative, which involved a shift towards regional activities and a stronger emphasis on children and youth with special needs. The PGBFI and many other Children First subcommittees were notified that administrative support would be ending, along with the associated budget. We could still continue to operate as a subcommittee under the Children First umbrella, but there were no longer administrative/financial resources that could be allocated to our work. The news was heartbreaking, given how productive we had been with Children First support.

The months that have followed the news of these cuts have been challenging for our group. The PGBFI experienced a marked reduction in our membership, as extra responsibilities were added onto group members (i.e. largely related to the loss of administrative support). This, compounded by other staffing cuts related to our membership, left the PGBFI wondering how we would continue. I am pleased to share with you that we are not giving up! An emergency meeting of stakeholders was recently struck and we have decided to operate as a quarterly collective for the interim, likely until we receive our feedback from the BCBFN on our self-assessment. The PGBFI will also continue to have a place and voice at our local Perinatal Steering Committee, where we will report on our activities.

In closing, I leave you with a quote that has inspired me and our committee members over the last few months:

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." Margaret Mead

Submitted by: Jessica Madrid, (Prince George Baby Friendly Initiative Committee)

PORT ALBERNI, BC – Working to Increase Breastfeeding Duration Rates and Promoting the Rights of Breastfeeding Families

I am a public health nurse and La Leche League leader that has been working on an advocacy campaign in the town of Port Alberni on Vancouver Island. My goal has been to increase breastfeeding duration rates and to increase the visibility of babies and young children nursing in our community.

My first strategy is to decrease harassment of mothers who breastfeed in public spaces, so I've been going around to public facilities (i.e. the hospital, the community centre, the pool, the library) and informing staff of the protected right to breastfeed in public. The goal is that each location displays a decal with the blue international breastfeeding symbol with the old Health Canada tag line, "Breastfeeding, Anytime, Anywhere". The ultimate target will be local businesses.

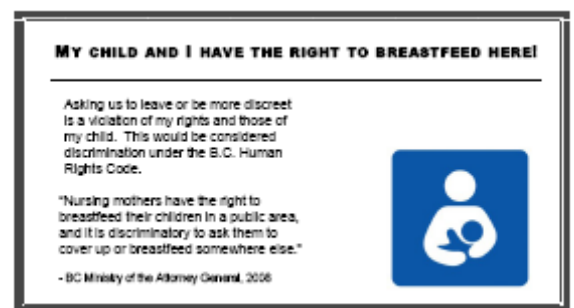
In addition, I offer to help facilities/organizations create a policy and support staff education, as needed. I create a personalized "tip sheet" for each place and this is based on the fine work done by the Breastfeeding Matters Group in Victoria. Thanks Julie McCracken for sharing! The pool has been particularly interesting to work with - and Meggie Ross from Interior Health shared some documents that the Penticton Breastfeeding Coalition worked on that has really helped our progress.

Like many lactation advocates, I envision a world where the decal would not be necessary. But it is my belief in working with women (and my own experience as a long time nursing mama!) that we are not there yet. This is confirmed by a small anonymous survey I did with this past spring with ten women at our local Healthy Beginnings group. The survey was given to mothers who have nursed in public and it asked open-ended questions about their breastfeeding experiences. Three out of the ten mothers described situations of harassment. It would seem that it is still relatively common for mothers to have experiences which are not consistent with BC Human Rights as described in this document:

<http://www.ag.gov.bc.ca/human-rights-protection/pdfs/SexDiscrimination&Harassment.pdf>

It is my opinion that harassment goes unreported most times. None of the women in my survey sought support or followed up with their situations.

The second strategy I have been working on has been to educate mothers of their and their babies' rights related to breastfeeding. Thus, inspired by INFACT's cards, I created a BC specific resource. In Port Alberni, these cards are included in every newborn package that is reviewed by the visiting public health nurse. I believe we are the only community doing this. I also regularly visit the Healthy Beginnings group in our community to facilitate a talk about breastfeeding children beyond one year of age, discuss the right to nurse, and bring in extra copies of the cards.



Finally, my third strategy to increase breastfeeding duration from a population perspective is to educate professionals who work with families about the value of breastfeeding children beyond one year of age. I have created a Power Point presentation that addresses some of the questions, concerns, and myths around this issue.

I am happy to be working in my own community on this issue, but really wish that there was a provincial campaign to address breastfeeding in public spaces, the rights of breast feeding families, and the benefits of breastfeeding children beyond one year of age. When more mothers, families, and communities recognize the decal, understand the rights of mothers and babies, and when professionals support and encourage breastfeeding

Breastfeeding Friendly



Anytime. Anywhere.



children beyond one year of age, our breastfeeding duration rates will rise. It is not my goal that any individual woman breastfeed for a specific period of time in order to be successful. Rather it is my hope that through these efforts, "space" is made for mothers to breastfeed for as long as works for them and for their children--without interference and with the support of the greater community in which they live.

Submitted by: Tina Revai, Public Health Nurse

BABY FRIENDLY Q & A

Question:

How does a woman become a breast milk donor? What is the process for getting milk to the milk bank?

"We have a number of clients with an abundant milk supply who are interested in becoming breast milk donors, but are uncertain how to get their milk to the milk bank. Once women have been accepted as milk bank donors, what is the drop off process for women living on the North Shore and elsewhere?"

Vera Berard RM and Brangwynne Purcell RM
North Shore Midwifery Care, North Vancouver, BC

Answer:

The BC Women's Milk Bank in Vancouver is busy providing milk to many babies, including those in the BC Women's Neonatal Intensive Care Unit (NICU). Increasingly, donor milk is being used in NICUs around the world when mother's own milk supply is unavailable or insufficient. For example, a neonatologist at the Connecticut Children's Medical Center along with her colleagues convinced administrators to make human milk – either mother's own or donor milk – the standard of care for babies born either weighing less than 1800 grams or at 34 weeks gestational age as of August 1, 2010. This change was based on the fact that human milk has the potential to save the hospital money, as human milk fed babies tend to be healthier and healthier babies require less medical care (1, 2).

Milk donors are needed on an ongoing basis for the BC Women's Milk Bank. For healthy mothers who have an excess of milk or who are willing and able to express an extra 100-200 ounces or more, the process begins with a phone call to the BC Women's Lactation Service at 604-875-2282. The Lactation Service calls back as soon as possible (depending on work load) for an initial conversation including basic information and questions. Forms are then mailed to the prospective donor and once returned, they are reviewed. Following this, the family doctor or midwife is contacted and blood tests are ordered (e.g. tests for HIV, HTLV, syphilis, and hepatitis, similar to the ones done in pregnancy, but need to be repeated at the time of donation). If the donor meets the eligibility requirements, the donor is called to arrange to get the frozen milk to the bank.

There are a number of milk depots in the areas in Greater Vancouver area. In other areas, the donor and the Milk Bank work out a way to get the frozen milk to the bank. At BC Women's this fall, there has been reduced availability of milk due to staffing issues, but by New Year these issues will be resolved, processing will increase and more milk will be available. Generally, the milk is quickly processed and distributed. We could not provide the milk bank service without our wonderful donors. They are a very special group of women and very appreciated by both the bank and the recipient families. More information about criteria needed to become a milk donor can be found at the Human Milk Banking Association of North America's site <http://www.hmbana.org/index/donatemilk>. Information about BC Women's Milk Bank can be accessed at <http://www.bcwomens.ca/Services/PregnancyBirthNewborns/HospitalCare/Breastfeeding.htm#Milkbank>.

1. Harrison, L. (2010) Study finds donor milk economical for VLBW babies. Elsevier Global Medical News.
2. Sullivan, S. et al. (2010). An exclusively human milk-based diet is associated with a lower rate of necrotizing enterocolitis than a diet of human milk and bovine milk-based products. J Pediatrics, 156(4): 562-7.

Answered by Frances Jones, RN MSN IBCLC, Coordinator, BC Women's Milk Bank

WORLD BREASTFEEDING WEEK

World Breastfeeding Week and Quintessence Breastfeeding Challenge 2010

This year's World Breastfeeding Week theme of "Breastfeeding - Just Ten Steps", referring to the Baby-Friendly Initiative and the pivotal role of health care facilities in promoting, protecting and supporting breastfeeding, is timely. Many agencies in Canada have begun working on the BFI and increasing awareness of the initiative and the importance of breastfeeding within communities will help. Providing information to families will assist them in asking for evidence-based care and encourage needed changes.

The Quintessence Breastfeeding Challenge 2010 was a special year! Ten years ago, the first Challenge event was held here in British Columbia. In ten years this health promotion event has gone from one province participating to global! This year the registration was delayed until about a month before the event due to the redevelopment of our website, a project that took much longer than expected. Therefore, we were very pleased that we had about 20 countries register and although not finalized, about 200+ sites, including over 4,300 children! The new site has a few minor glitches and the numbers are being finalized as this newsletter goes to press.

As our new website (www.babyfriendly.ca) is fine tuned, we will be developing materials for next year's World Breastfeeding Week when the Quintessence Breastfeeding Challenge will take place on October 3, 2011. **Registration for the Breastfeeding Challenge 2011 will open in January and we are hoping for many sites and great participation - join us!**

Submitted by Frances Jones, Quintessence Board

A great turn out and a great time was had at the 2010 Breastfeeding Challenge in the little town of Antigonish, NS. 12 moms and their children participated in the event.



One of the best turn outs yet in Prince George, BC, at the 10th annual WBW Breastfeeding Challenge! Mayor Dan Rogers offered warm, welcoming remarks.

About the BC Baby-Friendly Network

The BC Baby-Friendly Network is a multidisciplinary committee of health care providers, ministry representatives, and consumers interested in protecting, promoting, and supporting breastfeeding. The Minister of Health and the Minister for Children and Families have designated the BC Baby-Friendly Network as the implementation committee for the Baby-Friendly Initiative in British Columbia.

Membership is open to relevant organizations or groups interested in working toward a Baby-Friendly province.

Goals:

- To act as the designated resource for the implementation of the Baby-Friendly Initiative in British Columbia.
- To promote exclusive breastfeeding for infants in the first six months of life with continued breastfeeding along with complementary foods for two years and beyond.
- To promote breastfeeding through
 - Sharing information between 'Network' members
 - Advocating for societal awareness and support for women breastfeeding anytime, anywhere including the workplace
 - Advocate for the education of health care providers to support best practices for breastfeeding (e.g. BFI) including the use of pasteurized donor milk throughout the province.
- To provide support to the Ministry of Health and Health Authorities to implement the Baby-Friendly Initiative

BCBFN Newsletter

Editorial Subcommittee: Vera Berard
Marianne Brophy
Jessica Madrid

Submit articles and photos for our next newsletter to the editorial team c/o vera@midwiferycare.ca.

Statements and opinions expressed in this newsletter are those of the authors and not necessarily the opinion of the BC Baby-Friendly Network or member organizations.

BC Baby-Friendly Network Membership

Breastfeeding Committee for Canada; BC Association of Pregnancy Outreach Programs; BC Dietitians' and Nutritionists' Association; BC Lactation Consultants Association; BC Naturopathic Association; Children's & Women's Health Centre of BC; Douglas College Perinatal Department; Fraser Health Authority; Healthy Women, Children and Youth Secretariat, Population and Public Health, Ministry of Health Services; Interior Health Authority; La Leche League BC and Yukon; Midwives Association of BC; Northern Health Authority (Prince George Perinatal Baby Friendly Initiative Committee, Quesnel Perinatal Committee); Perinatal Services BC; Public Health Agency of Canada; Quintessence Foundation; Vancouver Coastal Health Authority; Vancouver Island Health Authority