


a place of mind

SCHOOL OF NURSING

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## Land Acknowledgement

I am grateful to live and work on the occupied, traditional, ancestral, and unceded lands of the Semiahmoo, x<sup>m</sup>məθk<sup>w</sup>əyəm (Musqueam), Səlilwətaʔ/Seililwitulh (Tsleil-Watuth), Stó:lō, and Skwxwú7mesh (Squamish) Nations of the Coast Salish peoples.



[illegible]



**Aims**

- Examine the role of health care providers in promoting, supporting, and advocating for families around their infant feeding goals.
- Situate breastfeeding within current theories of health promotion.
- Consider lactation a global context as health promotion in practice.
- Identify best-practice standards for respectful care during infant feeding.
- Provide suggestions and resources for a socio-ecological, relational practice, trauma-informed care approach to lactation care.
- Specify ways forward for the education of all healthcare professionals in foundational concepts of lactation.

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**List of Top 10 Taboo Topics for Moms**  
(Johnson-Grass, 2017 <https://www.health-foundations.com/blog/top-10-taboo-topics-for-moms>)

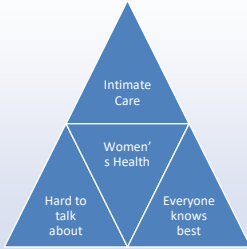
**#1 Breastfeeding vs. Bottlefeeding**

[Link](#)

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**What do taboo topics have in common?**



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**Implications of present societal pressures related to infant feeding (to name a few....)**

- Effects of social media.
- Breastfeeding Apps developed by non-lactation experts.
- Billions of dollars in breast milk substitutes (formula) advertising directed at parents.
- Complex cultural/family dynamics r/t infant feeding.
- Media reports on dangers (focus: PPD, FTT, death).
- Fear of 'pressuring' new parents w/ unrealistic expectations.
- Minimal support for skin-to-skin, supportive sleeping, infant cues.


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**Theory of Planned Behavior (TPB)  
Breastfeeding Self-Efficacy (BSE)**

- Systematic reviews support most important predictors of breastfeeding (BF) duration (Lau et al., 2018).
  - Maternal intention
  - Breastfeeding self-efficacy
- Meta-synthesis efficacy of TPB to predict BF (Guo et al., 2016)
  - Predictors of BF intention: attitude, subjective norms, & perceived behavioral control.
  - Predictor of BF behavior: breastfeeding intention.

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**Social Ecological Theory - Breastfeeding**



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ACKNOWLEDGEMENTS – Presentation: Campbell, S.H.\*, Meek, J.\*, & Revai, T.\* (2018)  
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**Breastfeeding is the biological norm for infant feeding, but is also a social construct. As such, its rates and practices are determined by the same social determinants that shape health inequalities and inequities.**

- Cattaneo (2012)

ACKNOWLEDGEMENTS – Presentation: Campbell, S.H., Meek, J., & Revai, T. (2018)  
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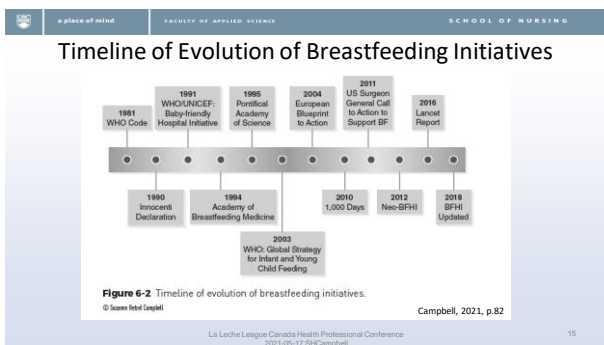
Lactation in a global context-health promotion in practice.

## The Baby Friendly Initiative

WHO and UNICEF launched the Baby Friendly Hospital Initiative in 1991 as an effort to create a world-wide plan to implement practices that would **PROTECT**, **PROMOTE**, and **SUPPORT** breast/chest feeding.



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HCPs role in promoting, supporting, and advocating for families around their infant feeding goals.

- Who is obliged?
  - *Innocenti Declaration* (1991).
  - *United Nations Convention on the Rights of the Child* (<https://www.unicef.org/crc/>).
  - *International Code of Marketing of Breast-milk Substitutes* (1981).
  - *The Global Strategy for Infant and Young Child Feeding* (2003).

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**International Code of Marketing of Breast-milk Substitutes\***

- Adopted in 1981 to protect the practice of breastfeeding.
- The code restricts the promotion of breast-milk substitutes.
- Health care facilities and workers are expected to follow the Code.

\*A Quick Guide to the International WHO Code, 2017

January 12, 2017  
Categories: Keeping Up to Date, Leader Today: Public

**A Quick Guide to WHO Code Basics**

**What does the Code cover?**

- Formulae
- Any food or drink that would substitute for breastfeeding or breast milk or both, stored at home, under six months, or formulae stored at any age
- Bottles
- Teats or nipples

**Who is expected to follow the Code?**

- Manufacturers, distributors and retailers of any of the above items
- Health care workers, both professionals and volunteers
- Health care facilities – hospitals, clinics, etc.

**What must be on the label?**

- Labels must be in the local language
- Information must include the hazards associated with artificial feeding
- Labels cannot use misleading language or images
- Any health care worker in a protected bubble against disease

**What is NOT allowed under the Code?**

- Promotion to parents advertising: free samples
- Promotion to health professionals: gifts, free samples
- Promotion to health facilities: posters, free formulae, gifts
- Promotion of substitute products for babies (such as sweetened condensed milk)

**HELEN GRAY, LONDON, GREAT BRITAIN**

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**The TEN STEPS to Successful Breastfeeding**

April 11, 2018:  
WHO releases the revised TEN STEPS

<http://www.who.int/nutrition/bfhi/en/>

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## Summary BFHI Global Perspective (Perez-Escamilla et al. 2012)

- Evidence-based international consensus meetings/declarations.
- Global infant feeding recommendations issued by UNICEF and WHO.
- International advocacy groups (e.g., International Baby Food Action Network, World Alliance for Breastfeeding Action).
- Local advocacy groups: Coalition building with various stakeholders, including public opinion leaders
- Elicit political will
- Long-term commitment for scale up
- From policymakers through political sensitization
  - Based on cost/savings analyses, and
  - Civil society mobilization and engagement

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## Person Centered Public Health Approach

**One on one:**

- ✓ Work with each unique situation.
- ✓ "Success" always needs to be attainable, flexible, practical & mother-led.
- ✓ Remember what normal feeding is and keep messaging consistent with this, while honoring diversity.

**Creating an enabling environment:**

- ✓ Work to include mothers' voices at the policy level.
- ✓ Advocate for increased focus on diversity & importance of duration not just exclusivity.
- ✓ Resources need to be allocated to create an enabling context.
- ✓ BFHI for birthing facilities and community.
- ✓ Link with other issues/causes.

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## Support measures for new parents to reach their infant feeding goals\*

- Parental leave.
- Enforcement of the WHO International Code of Marketing of Breast Milk Substitutes (WHO Code).
- Education of administrators, health professionals, and paraprofessionals.
- Improve medical/nursing/allied health curriculum on lactation
- Implement BFI ten steps.
- Support community-level infrastructure for lactation management support (step 10).

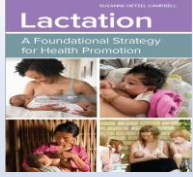
\*Perez-Escamilla et al. 2012

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## Identify best-practice standards for respectful care during infant feeding. HCP Education

- Scoping Review ([links](#))(Campbell et al., 2020)



**Text:** *Lactation: A foundational strategy for health promotion* (2021).



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## Education for health professionals for Lactation

- Systematic review of health professional knowledge & attitudes – only four studies demonstrated students had increased knowledge, attitude, and self-efficacy with study interventions (Yang et al., 2018).
- Clinical simulation has been demonstrated to increase students' knowledge and self-confidence (Berndt, 2014; Boling & Hardin-Pierce, 2016; Cant & Cooper, 2010; Lee & Oh, 2015).
- Social context of lactation requires assessing students' previous experience and attitude toward breastfeeding.

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## Health Care Professional Lactation Education

- Most reported difficulties with breastfeeding:
  - Breast pain (34-96%) (Kent et al., 2015; Dennis et al., 2014).
  - Nipple trauma (16-63%) (Dias, 2017).
  - Breast engorgement (15-50%) (Mangesi, 2016).
- Also main predictors of early weaning (Odom et al., 2013).
  - Causal factor = inadequate breastfeeding technique (Santos, 2016).

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**Applications of experiential learning in the area of lactation education and support.**

- Infant feeding is a critically important component of parenting.
- Health care providers and others often lack confidence in their ability to support parents in their decision-making around infant feeding and skills in supporting lactation.
- There are no best practice standards for lactation curriculum including hands on skills and opportunities to role play relational practice with parents.

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**Assessment**

- Lactation Issues
  - Plugged ducts
  - Sore nipples
  - Engorgement
- Knowledge issues
  - Latch
  - Feeding amounts
  - Newborn behavior



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**Simulation for Lactation Education – Moderate & High-Fidelity**




LiquidGoldConcept

Lactessa®/LSM®

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**Textbook Creation- 2021**



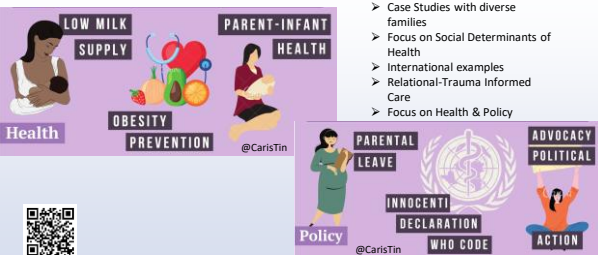
NEW!

LEARN MORE NOW

@CarisTin

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**Textbook Discusses Breastfeeding In Relation to...**



Health

Policy

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**Text Discusses Breastfeeding In Relation to...**



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Open Educational Resources (OERs)  
Interprofessional Lactation Care

Introduction: Physiology of Lactation

1. Prenatal Anticipatory Guidance
2. Cesarean Section in Hospital
3. Effective Breastfeeding
4. Midwifery Clinic, Low Milk Supply

FORMAT:

- Deliberate narrative
- Case studies
- Visual Approaches

Factors that Contribute to Success

- ★ BFI as Steps
- ♥ LOVE Method (Trauma-informed care)
- 🟢 Green Flag
- 🔴 Red Flag
- 🔍 Closer Look

I'm Colin the character and I will appear throughout the slides to give you more information!

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OERs: Interprofessional Lactation Care

Diversity and Inclusivity

- We recognize that much of the language around feeding a baby is gendered in a way that does not match how all people identify. We are striving to create a more gender-inclusive way of talking about feeding a baby.

We recognize that not all people who carry a child are women, and that not all people who feed their babies with the milk they produce identify with the word "breasts".

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OERs: Interprofessional Lactation Care

Storytelling

LEARNING OBJECTIVES

1. Demonstrate how to use the BFI as a narrative tool to support lactation guidance.
2. Implement a plan of breastfeeding with a BFI as a narrative tool to support lactation guidance.
3. Provide anticipatory guidance regarding infant feeding, including the importance of breastfeeding in the first 24 hours.
4. Understand the experience of a lactating parent and the importance of providing support and encouragement.

I'm Colin the character and I will appear throughout the slides to give you more information!

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OERs: Interprofessional Lactation Care

Lesson 1: Prenatal Anticipatory Guidance

MEET MARTHA

Martha is 36 weeks pregnant with her first baby. She lives in a large city in British Columbia, Canada. She sees providers at her health.

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OERs: Interprofessional Lactation Care

Final Product: Comprehensive diagrams

MILK SUPPLY CYCLE

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OERs: Interprofessional Lactation Care

Final Product: Summary Checklists

- ✓ Signs of infant thriving: feeding frequency, output, hydration, weight gain, jaundice
- ✓ Anticipatory guidance and care strategies for nipple pain and engorgement
- ✓ Anticipatory guidance for position, latch, milk transfer, and baby-led milk removal to establish and maintain supply
- ✓ Navigating early breast/chest feeding challenges

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## Future Research

- UBC – CTLT Small Teaching-Learning Enhancement Fund.
- Open-educational resources as Pre-briefing:
  - Anatomical foundational knowledge of lactation
  - Relational practice approaches
  - On-line Modules
- Interprofessional simulations.
- Respectful Care Infant Feeding Pilot Project w/ Dr. Vedam and Birth Place Lab [Link](#) team & BCLCA.
- Evaluating translation to clinical practice.

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## Government of Canada investing in maternal and child health

From [Public Health Agency of Canada](#)

### News release

Funding will support much of the Baby-Friendly Initiative and help improve breastfeeding rates across Canada.

October 1, 2018 Ottawa, ON Public Health Agency of Canada

Research demonstrates that breastfeeding promotes a healthy start by providing optimal nutrition, boosting their immune systems, and nurturing an emotional bond between mother and baby. The Government of Canada supports breastfeeding to promote better nutrition and overall maternal and child health.

The Honourable Claudio Padoa-Schioppa, Minister of Health announced \$3.7 million in funding over five years for the Breastfeeding Coordinator for Canada to strengthen Canada's Baby-Friendly Initiative (BFI). This funding will allow the Commissioner to hire the best public health professionals from the World Health Organization and increase the number of Baby-Friendly facilities across the country.

The goal of the BFI is to provide maternal and child health in Canada by increasing breastfeeding rates across the country. It aims to ensure that mothers and their infants receive the highest quality of care, whether they choose to breastfeed or not.

Originally launched by the World Health Organization and the United Nations International Children's Emergency Fund in 1991, the BFI is an evidence-based initiative that has proven to be effective in increasing breastfeeding rates and improving the likelihood that babies will be exclusively breastfed for the first six months of life. It has since been updated and modified to reflect the Canadian context.

**Chilliwack's public health unit first in B.C. to earn the WHO's Baby Friendly Initiative designation**  
Launched in 1991, BFI is supported by the World Health Organization and UNICEF

BARBARA GARDNER / Oct. 8, 2018 7:30 a.m. / COMMUNITY / LOCAL NEWS

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## Canadian Initiatives - [RNAO Breastfeeding Best Practices](#) ([link](#))

**RNAO**  
NATIONAL RESOURCES AND NURSING ASSOCIATION  
Breastfeeding and Infant Feeding: Supporting Best Practices

Home About Health & Technology Publications & Resources Research Blog Education Funding Contact Us

**Breastfeeding**  
Initiation, Exclusivity, and Continuation of Breastfeeding for Newborns, Infants, and Young Children

**International Affairs & Best Practice Guidelines**

**Guidelines**  
Implementation Resources  
BFI Impact  
Policies and Initiatives  
Transition Guidelines  
National Resources  
Support Organizations  
BFI Literature Database  
Online Courses  
Call Us Now  
Contact the BFI Team

**Topic - Breastfeeding Guidelines - Initiatives**

**Initiation, Exclusivity, and Continuation of Breastfeeding for Newborns, Infants, and Young Children**

The BFI is an evidence-based recommendation that seeks to achieve breastfeeding outcomes in community and health care organizations. It is relevant primarily for nurses and midwives, but other professionals can also contribute to the success of this breastfeeding promotion and support. The secondary audience is parents who support breastfeeding and breastfeeding rates in collaboration with nurses and the professional team. Recommendations are provided at the following three levels:

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## Baby's Best Chance

Parents' Handbook of Pregnancy and Baby Care

Healthy Families BC

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## Breastfeeding Wellness Teachings FOR MOTHERS, FAMILIES AND COMMUNITIES

WHY Breastfeed?  
<http://www.bfiba.ca/WellnessSite/WellnessDocuments/FNIA-Breastfeeding-Wellness-Tips-forMothers.pdf>

**WHY BREASTFEED?**  
Breastfeeding is the natural best feeding for your baby.

**LEARNING TO BREASTFEED IS A TEAM SPORT**  
Breastfeeding is a team sport. It takes time, patience, and support. It's a journey, not a race.

**LEARNING TO FEED YOUR BABY IS A TEAM SPORT**  
Breastfeeding is a team sport. It takes time, patience, and support. It's a journey, not a race.

**WHY BREASTFEED?**  
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## World-Wide Support

- Disseminate comprehensive and locally appropriate information on breastfeeding.
- Improve counseling – Key barrier is lack of communication skills among health care providers and peer counselors/community workers.
- Culturally appropriate information
- Dispel myths – perceived insufficient milk supply (Bazzano et al., 2015; Perez-Escamilla et al. 2012).

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## Conclusions

- Lactation is health promotion with global health implications.
- Respectful care during infant feeding is a right of every parent.
- Societal pressures related to infant feeding affect parents experiences.
- Health care practitioners & others can support new parents in reaching their infant feeding goals.
- Applying experiential learning for pre-licensure health professional students and practitioners in the area of lactation education and support shows future potential for enhanced outcomes.

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## Questions for Consideration

- How might you engage with a person to explore their health promotion needs related to lactation?
- How can we support new parents to overcome barriers exacerbated by stigma and the consequential mistrust an individual might have for engaging in health care (e.g. previous disrespectful care or mistreatment; conflicting advice)?
- What would a strengths-based approach to health promotion for lactation look like?

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Thank You!  
Questions?  
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