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Informed Decision Making and Infant Feeding Position Paper

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Submitted by the OPHA Breastfeeding Workgroup

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Informed Decision Making And Infant Feeding Position Paper

Executive Summary

It has come to the attention of the Ontario Public Health Association (OPHA) Breastfeeding Promotion Workgroup that many prenatal and postpartum families in Ontario are voicing concern that they are not being fully informed about infant feeding options. Only partial information is being used to make decisions that have both short and long term health consequences for infants, mothers and the community. This concern prompted the Workgroup to write this position paper with the hope that it will increase awareness regarding the issue of informed decision making and infant feeding and lead to a change in policy and practice.

The public looks to health care professionals for information that is current, accurate and reflective of best practice. Historically, regarding infant feeding, the practice has been to inform the public solely about the benefits of breastfeeding, and not to discuss the risks associated with choosing to use artificial baby milk (ABM), commonly referred to as infant formula.

Health Canada recommends that all healthy term infants be exclusively breastfed for the first six months of life and then continue to be breastfed, with the addition of safe and appropriate complementary foods, up to two years of age or beyond. The initiation and continuation of breastfeeding is heavily impacted by the early, unnecessary supplementation with artificial baby milk**.** Ensuring informed decision making regarding infant feeding has not been identified in the Ontario Public Health Standards or former Mandatory Health Programs and Services Guidelines. This has impacted policy, programming and practice and in turn influenced the information that is conveyed to the public. The OPHA Breastfeeding Promotion Workgroup recognizes that this gap in the Ontario Public Health Standards may be impacting current breastfeeding rates in Ontario.

The Baby-Friendly Initiative provides guidelines to facilitate informed decision making about infant feeding. It describes what constitutes appropriate care for women and families who decide to breastfeed, as well as for those who decide not to breastfeed. These guidelines are based upon evidence based best practice standards. Increasing awareness and utilization of the guidelines by health care professionals would foster evidence informed best practice which is consistent with the mission, vision, and values of OPHA.

Health care providers need knowledge, skill and support around delivering risk and benefit messages regarding infant feeding and infant feeding practice. As parents and caregivers are empowered to engage in informed decision making around the issue of infant feeding their level of satisfaction with the decision that they make and their ability to provide their infant with safe and informed care will be optimized. This is an emerging issue for which OPHA can provide leadership to inspire organizations to increase education, skill development and related policy.

Rationale for the Position Statement

The issue of informed decision making and infant feeding affects all babies born in Ontario since babies need their parents or caregiver to act on their behalf and determine how and what they will be fed. Information about infant feeding is available from many sources, including the infant formula and food industry as well as other commercial enterprises. Health care providers, however, are unique in their obligation and ability to be an objective source of information to the public. The public looks to health care providers for health information that is current, evidence based and reflective of best practice. Research shows that health care providers impact the health decisions that clients make.[1]

Health Canada recommends that all healthy term babies be exclusively breastfed for the first six months of life and then continue to be breastfed, with the addition of safe and appropriate complementary foods, up to two years of age and beyond.[2] This recommendation was based on a careful review of evidence presented by the World Health Organization (WHO) and information relevant in a Canadian context. Health care providers are encouraged by Health Canada to promote and implement this recommendation at a national, provincial and community level.

Informed decision making around infant feeding is important in health policy programming and practice in Ontario public health. Ensuring informed decision making regarding infant feeding has not been identified in the Ontario Public Health Standards or former Mandatory Health Programs and Services Guidelines. This has impacted policy, programming and practice and in turn influenced the information that is conveyed to the public. The OPHA Breastfeeding Promotion Workgroup recognizes that this gap in the Ontario Public Health Standards may be impacting current breastfeeding rates in Ontario.

Public Health units, for example, provide prenatal and postpartum education and support regarding infant feeding practices. Informing the public about the benefits of breastfeeding and not discussing the risks of using artificial baby milk (ABM), commonly referred to as infant formula, has been usual practice**.** The initiation of breastfeeding is heavily impacted by early, unnecessary supplementation with infant formula**.**[3] Because the rationale for not supplementing and risks associated with supplementation have not been effectively and consistently delivered to the public, breastfeeding duration rates have not met current Health Canada recommendations.[4] If the public received timely, evidence based breastfeeding information, including risk and benefit messages, the tendency to resort to early, unnecessary supplementation would be more commonly avoided. Furthermore, when the risks of giving artificial baby milk are clearly explained to parents the likelihood of exclusive breastfeeding to six months, as recommended globally, is increased because parents know how supplementing with formula or weaning can impact the health and wellbeing of their baby.

The Baby-Friendly Initiative, introduced by WHO/UNICEF in 1991, is an international program to improve breastfeeding outcomes for mothers and babies.[5] The Breastfeeding Committee for Canada is Canada's national authority for the Baby-Friendly Initiative and has guidelines for the Baby-Friendly Initiative in both hospital and community settings. All of

the guidelines are based on evidence based best practice standards. The guidelines include provisions for the initiation and maintenance of breastfeeding if mother and baby are separated and supplementation of the infant when medically indicated. Also included in the guidelines is the information required to make an informed decision about infant feeding and what constitutes appropriate care for women and their families who have decided not to breastfeed.

In order to make a truly informed decision, one must have knowledge of both the benefits and risks of the options available. Health care providers need knowledge, skill and support around delivering risk and benefit messages regarding infant feeding and infant feeding practice. This will not be possible unless there is support by professional organizations/agencies to do so. This is an emerging issue for which OPHA can provide leadership to inspire professional organizations/agencies to increase education, skill development and related policy.

Facilitating An Informed Decision

Clients often seek information from their health care provider when making health related decisions. Health care providers need to be able to provide information about health issues in an objective manner. Information that is accurate and up to date is necessary. The values, attitudes and beliefs of the health care provider about the health issue can significantly impact the way that he or she practices. Reflective practice exercises and transformational learning approaches can be helpful in increasing self-awareness and providing quality care to clients. Most health care providers also have regulatory or governing bodies. Standards of care and practice guidelines often include information about the role of the health care provider in assisting clients in making informed decisions.

When working with families the health care provider can facilitate informed decision making by discussing with the client the infant feeding choices that are available. The benefits and risks of each option as well as the potential barriers to breastfeeding success should be discussed. Health care providers recognize that risk messages are best delivered before challenges are encountered. It is important that the information that is provided is current, evidence based and free from commercial influence. Questions should be encouraged and answered accordingly. Sensitivity to the feelings, wishes and concerns of the family is important in facilitating an informed decision. Preferences need to be respected. When health care providers counsel clients in this manner, clients are empowered to make informed decisions that reflect their own needs and goals and feel supported as they do so.

The International Code of Marketing of Breast Milk Substitutes recognizes that health care providers play a significant role in guiding infant feeding practices.[6] The intent of the Code is to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breast milk substitutes when necessary. When health care providers are aware of their responsibilities under the Code and adhere to the Code and subsequent relevant Health Assembly resolutions they are following best practice.

Linking parents with infant feeding specialists such as International Board Certified Lactation Consultants and registered dietitians can be helpful when the knowledge and skills of these specialists is needed. Community resources such as mother-to-mother support groups also play a key role in helping parents initiate and sustain appropriate infant feeding practices. Working together we can create an environment that enables mothers, families and caregivers in all types of circumstances make and implement informed decisions about infant feeding practices that optimize the health and wellbeing of babies and children.

The guidelines for the Baby-Friendly Initiative outline the information required to make an informed decision.[7] The guidelines state that the health care provider should discuss with the client:

- Information regarding the benefits of breastfeeding for the baby, mother, family and the community
- The health consequences of not breastfeeding
- The risks and costs of formula feeding
- Contraception compatible with breastfeeding
- The steps for hospitals and community health services to become Baby-Friendly
- The right of women to be accommodated in the workplace during pregnancy and breastfeeding
- The difficulty of reversing the decision once breastfeeding is stopped

Infant Feeding Choices

Most mothers can breastfeed and most infants can be breastfed. Breastfeeding is part of the reproductive process. During pregnancy the breasts prepare for lactation, and after placental expulsion, the hormonal climate in the mother's body alters and the breasts are ready to assume the role of nourishing the infant. Human milk is unique in that it is designed specifically for the human infant. No other milk or infant formula provides the exact combination of ingredients needed for optimal human growth and development.

All available options should be carefully explained in situations where infants cannot or should not be breastfed, or the mother decides not to exclusively breastfeed. The best alternative for the baby should be discussed with the mother before she makes her decision. Alternatives include expressed breast milk from the infant's mother, pasteurized breast milk from a human milk bank, or commercially available artificial baby milk.

The guidelines for the Baby-Friendly Initiative provide information regarding acceptable medical reasons for the supplementation of infants.[8] The feeding of severely ill babies, babies in need of surgery, and very low birth weight infants who are usually in special care units should be individually determined and breastmilk given whenever possible. When babies are well enough to be with their mothers after birth there are few indications for supplementation. Infants whose mothers are severely ill (e.g. psychoses, eclampsia), infants with inborn errors of metabolism, infants with acute water loss which cannot be resolved

with exclusive breastfeeding, and infants whose mothers are taking one of the few medications which are contraindicated when breastfeeding (e.g. cytotoxic drugs, radioactive drugs) may need to be supplemented. Supplementation may also be required when the infant has not regained birth weight by the age of two to three weeks, or in situations where the infant cannot obtain sufficient intake by exclusive breastfeeding.

When it is medically necessary to supplement a breastfed infant it is important to preserve the breastfeeding relationship. Thoughtful consideration of the potential risks and benefits of the supplement and how the supplement will be given are needed. Mothers need to know how to establish or maintain lactation, and the health care provider can provide the information and support to do so. Whenever possible mothers and babies should be kept together.

Infants who are not breastfed or who do not receive breastmilk are at greater risk of developing health problems. Counselling regarding risk management is appropriate. The parents or caregiver need to be aware of safety issues relevant to the selected option, as well as strategies to protect the baby against illness. Health care providers play a key role in providing monitoring and follow up in regards to the heightened risk factors

The Decision To Give Artificial Baby Milk (Infant Formula)

The giving of artificial baby milk is traditionally considered an act that has no negative consequences. However, a steadily growing body of evidence shows us that feeding artificial baby milk has health consequences for babies, mothers, and society. Many lactation texts provide information about the benefits of breastfeeding. Few authors discuss the risks of feeding artificial baby milk and risks of not breastfeeding.

The feeding of artificial baby milk can increase the risk of the baby developing health problems. For example, the gastrointestinal tract of breastfed and formula fed infants differ. The GI tract of formula fed infants promotes the growth of potentially harmful microbes.[9] Feeding a baby just one bottle of cow milk based formula can sensitize the baby to cow's milk protein and heighten the risk of allergies.[10] Various respiratory diseases such as upper and lower respiratory infections and asthma are seen more frequently in infants who are fed formula.[11] Studies also show that infants who are fed artificial baby milk have a deficient response to immunizations.[12] Differences in the brain composition of babies who are fed artificial baby milk and babies who are breastfed are well documented.[13] Furthermore, some long term and chronic diseases have been found to be more common in formula fed babies. Research shows, for example, that the baby who receives artificial baby milk has an increased risk of developing insulin dependent diabetes mellitus.[14] Additionally, there is also compelling evidence that for premature babies the risk for necrotizing enterocolitis, a potentially fatal disease, can be mediated with the exclusive use of human milk.[15]

Not breastfeeding carries health risks for the mother. Not breastfeeding increases the risk of postpartum hemorrhage due to slower involution of the uterus following childbirth.[16] Mothers who do not breastfeed have an earlier return of fertility.[17] The risk of certain types

of cancer is higher in mothers who do not breastfeed when compared to mothers who breastfeed.[18] Studies also show that not breastfeeding can increase a woman's risk of osteoporosis.[19] As well, mothers who do not breastfeed do not experience the same release of maternal hormones that breastfeeding mothers experience. The hormones released during breastfeeding promote the development of maternal behaviour and bonding between mother and baby.[20]

The costs associated with formula feeding compared with breastfeeding are important to consider and should be discussed.[21] Income is an influential determinant of health and the additional expense of formula feeding can be a risk factor to vulnerable populations. It is also important for mothers to know that the giving of artificial baby milk can interfere with the mother's own milk supply.[22] Clients need to be aware of the difficulty of reversing the decision to formula feed should they change their mind and decide to breastfeed.[23] A woman's right to be accommodated in the workplace while breastfeeding and the right to breastfeed in public places are also relevant and should be discussed with the mother.[24]

Artificial baby milk is manufactured by humans, and as such, is subject to human error. Contamination with pathogens, heavy metals, dyes, chemicals and other harmful substances pose a real and significant threat to infant health. Manufacturing errors involving incorrect amounts of one or more ingredients have resulted in serious health issues for infants. Artificial baby milk is often recalled or withdrawn from the market because it has been found to be unsafe.[25]

Powdered artificial baby milk is not sterile and can be contaminated with microorganisms such as enterobacter sakazakii. Infants who are premature, low birth weight, or immunocompromised are at particular risk of infection from enterobacter sakazakii. Meningitis, sepsis, necrotizing enterocolitis, neurological deficits and even death have been reported. In 2002 Health Canada issued a Health Professional Advisory recommending that whenever possible an alternative to powdered formula, such as ready-to-feed and concentrated liquid formula, be chosen for high risk infants.[26]

Incorrect handling, storage and preparation of artificial baby milk once it reaches the consumer can put the baby at significant risk[27]. Many families have inadequate storage facilities in their home and are unaware of the health risks associated with formula that has been prepared and not kept at an appropriate temperature. Unhygienic practices in the preparation of formula can result in contamination and subsequent illness. Overconcentrated or underconcentrated feedings can occur when an incorrect amount of water is added to powdered or concentrated infant formula and this can cause infant illness and death. Parents and caregivers need to be aware of the importance of carefully following the instructions that accompany the product. Furthermore, the water used to prepare infant formula must be safe. Water must be free of pathogens and other contaminants and not contain high levels of substances such as lead, nitrate, cadmium, fluoride, and sodium. Parents and caregivers need to be informed that all artificial baby milks have an expiry date and should be discarded. Language barriers, literacy issues and inconsistencies in mixing instructions and measuring tools provided by different manufacturers can lead to unsafe handling, storage and preparation of artificial baby milk and put the infant at significant risk.

The Baby-Friendly Initiative makes provisions to ensure that mothers, families and caregivers who decide to feed artificial baby milk are given the necessary information and support.[28] The recommendations indicate that health care providers are to guide the mother in choosing an option that is acceptable, feasible, affordable, sustainable and safe in her circumstances. The safe and hygienic preparation, storage and use of artificial baby milk as well as the health hazards of inappropriate preparation, storage and use are to be discussed and written instructions given. All written materials on the feeding of artificial baby milk need to be current, clear, separate from breastfeeding information and free of any promotional material that is not in compliance with the Code. Information is to be provided on an individual basis and not in a group setting. Mothers and other family members who will be preparing and giving the artificial baby milk are to be shown how to do so safely before they leave the hospital or birthing centre. Health care providers who work in the community can ensure that this information has been understood and is being followed.

Some mothers decide to feed artificial baby milk to their infant. Studies show that if the mother makes an informed decision, she usually feels no regret for the decision she made.[29] The mother needs to feel the support of her health care provider around her decision and receive appropriate information and guidance to promote the health and wellbeing of her infant.

Conclusions

The OPHA believes that health care providers play a vital role in assisting mothers and families to make informed decisions regarding healthy and safe feeding practices for their infants and children. To properly assist clients in making informed health decisions, it is imperative that the information presented to clients is current and based on evidence and best practice. Exclusive breastfeeding for the first 6 months of life with the addition of complementary foods after 6 months optimizes the health and wellbeing of most infants. When circumstances require that other feeding options be considered the health care provider can promote informed decision making by the mother and family by practising in accordance with the guidelines provided by the WHO/UNICEF International Code of Marketing of Breast Milk Substitutes, the WHO/UNICEF statement on Protecting, Promoting and Supporting Breastfeeding, and the WHO/UNICEF Baby-Friendly Initiative. All parents and families need to be given the opportunity to make truly informed health decisions and be supported in the decisions they make. Once an informed decision has been reached, information and support around the feeding practice can be provided by the health care provider to help ensure the health and wellbeing of the child.

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OPHA Resolution on Informed Decision Making and Infant Feeding

WHEREAS babies need their parents or caregivers to act on their behalf and determine how they will be fed

WHEREAS health professionals are unique in their obligation to be an objective source of information to the public and need to be able to provide information that is current, evidence based and reflective of best practice

WHEREAS Health Canada recommends that all healthy term infants be exclusively breastfed for the first six months of life and then continue to be breastfed, with the addition of safe and appropriate complementary foods, up to two years of age and beyond

WHEREAS ensuring informed decision making regarding infant feeding has not been a priority in the Ontario Public Health Standards or former Mandatory Health Programs and Services Guidelines

WHEREAS in order to make a truly informed decision a parent or caregiver requires knowledge of both the benefits and risks of the options available

WHEREAS health care providers need knowledge, skill and support around delivering risk and benefit messages regarding infant feeding and infant feeding practices

WHEREAS there are a limited number of medically determined evidence based reasons to supplement babies with artificial baby milk and these are not well known by health professionals

Be it resolved

THAT the OPHA endorse and uphold the principle of informed decision making and infant feeding as written within the Baby-Friendly Initiative in advising the Ontario provincial ministries on future protocols about breastfeeding

THAT the OPHA collaborate on this issue with other professional groups and constituent societies to advocate for the inclusion of informed decision making in infant feeding positions and policies

THAT the OPHA assist with the advocacy efforts of non-governmental organizations that are actively working to apply informed decision making about infant feeding into public health standard protocols

THAT the OPHA encourage and support public health units to address informed decision making and infant feeding by providing this position paper and recommending resources to consider in program planning.

THAT the OPHA supports the development of knowledge, skill and competency of health professionals to address topics associated with risks of artificial baby milk in keeping with best practices for breastfeeding management and support

Implementation Strategy

The resolution will be implemented by the OPHA Breastfeeding Promotion Workgroup with the cooperation of the OPHA Board of Directors and Executive where appropriate and as required.

Copies of the position paper and accompanying resolution will be sent to the Acting Chief Medical Officer of Health for Ontario, and the Ontario Ministers of Health and Long-Term Care, Children and Youth Services, and Health Promotion, the Public Health Agency of Canada, and the Office of Nutrition Policy & Promotion, Health Canada.

Copies of the position paper and accompanying resolution will be sent to RNAO, Breastfeeding Committee for Canada and Ontario Breastfeeding Committee with a request to work together on advocating for the measures identified in the resolution.

Copies of the position paper and accompanying resolution will be sent to all public health units in Ontario with a letter which describes strategies and resources that support the integration of the principles of informed decision making and infant feeding into reproductive health and child health program planning.

Resources which will assist health care professionals, including public health practitioners, in facilitating informed decision making about infant feeding will be developed and/or compiled.

Opportunities for enhancing the knowledge of the public related to informed decision making and infant feeding will be sought.

Regarding Resolutions, Position Papers, and Motions:

Status: Policy statements (resolutions, position papers, and motions) are categorized as:

Active, if:
1. The activities outlined in the policy statement's implementation plan have not yet been completed,
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

Archived, if:
1. The activities outlined in the policy statement's implementation plan have been completed, or
2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supercedes the latter.