

Informed Decision-Making & Infant Feeding

Ontario Public Health Association | Position Paper
OPHA Breastfeeding Promotion Network



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1

Executive Summary

The public looks to health care professionals for information that is current, accurate and reflective of best practices. 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 using artificial baby milk, commonly referred to as infant formula.

Health Canada recommends that “Breastfeeding – exclusively for the first six months, and sustained for up to two years or longer with appropriate complementary feeding – is important for the nutrition, immunologic protection, growth, and development of infants and toddlers.”¹

The initiation and continuation of breastfeeding is heavily and negatively impacted by early, unnecessary supplementation with artificial baby milk. Ensuring informed decision-making is part of the therapeutic relationship, regarded as best practice, and is important when counseling families.²

The Baby-Friendly Initiative (BFI) provides guidelines to facilitate informed decision-making about infant feeding. It describes what constitutes appropriate care for women who decide to breastfeed and for their families, as well as for those who decide not to breastfeed. These guidelines are based on evidence-based best practice standards. Increasing awareness and use of the BFI guidelines by health care professionals would foster evidence-informed best practice consistent with the mission, vision, and values of the Ontario Public Health Association (OPHA). Presently, BFI designation is an accountability indicator for all health units in Ontario and a recommendation in the hospital accreditation process.

Health care providers need knowledge, skill and support for delivering risk and benefit messages about infant feeding. OPHA believes that when parents and caregivers are empowered to make informed decisions about infant feeding their level of satisfaction with their decisions and ability to provide their infants with safe and informed care is optimized. This is an issue for which OPHA can provide leadership to inspire organizations to increase education and skill development and implement related policy.

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Rationale for the Position Statement

The issue of informed decision-making and infant feeding affects all babies born in Ontario.

Of course, babies need parents or caregivers 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 are unique in both their obligation and their ability to offer an objective source of information for 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 influence the health decisions their clients make.³

Health Canada recommends that “Breastfeeding – exclusively for the first six months, and sustained for up to two years or longer with appropriate complementary feeding – is important for the nutrition, immunologic protection, growth, and development of infants and toddlers.”⁴ This recommendation was based on a careful review of evidence presented by the World Health Organization (WHO) and on information relevant in a Canadian context. Health care providers are encouraged by Health Canada to promote and implement this recommendation at national, provincial and community levels.

Informed decision-making regarding infant feeding is important in health policy programming and practice in Ontario public health, and is included in the BFI process that is now an accountability indicator for all Public Health Units. It is a current

recommendation in the hospital accreditation process although not an official requirement.

The acknowledgement of the BFI process as the gold standard has impacted policy, programming and practice, and is now influencing the information being conveyed to the public.

Informing the public about the benefits of breastfeeding, but not discussing the risks of using artificial baby milk has been usual practice. Early unnecessary supplementation with infant formula heavily and negatively impacts the initiation of breastfeeding.⁵ Many lactation experts believe that the risks associated with supplementation as well as the reasons for not supplementing have not been effectively and consistently conveyed to the public, resulting in breastfeeding duration rates that do not reflect current Health Canada recommendations.^{5,6} If the public received timely, evidence-based breastfeeding information that included risk and benefit messages the tendency to introduce early, unnecessary supplementation might be avoided. Furthermore, it is believed that when the risks of giving a breast-milk substitute are clearly explained to parents, the number of mothers exclusively breastfeeding to six months, as recommended globally, will increase. If parents are presented with evidence-based information, they will know how the unnecessary supplementation with formula or early weaning can impact the health and well-being of their baby.

In order to make a truly informed decision, one must have knowledge of both the benefits and risks of all available options. Health care providers need knowledge, skill and support for delivering risk and benefit messages regarding infant feeding and infant

The BFI, introduced by WHO/UNICEF in 1991, is an international program to protect, promote and support breastfeeding and therefore improve health outcomes for mothers and babies. The Breastfeeding Committee for Canada is Canada's national authority for the Baby-Friendly Initiative and has developed the Integrated 10 Steps Practice Outcome Indicators for Hospital and Community Health Services.⁷ The guidelines include provisions for the initiation and maintenance of breastfeeding if mother and baby are separated and when supplementation of the infant is 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.



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Facilitating an Informed Decision

When making health-related decisions clients often seek information from health care providers who need to be able to provide information about health issues in an objective manner.

Physicians must express the attitudes and demonstrate skills of evidence-based breastfeeding medicine.⁸ The values, attitudes and beliefs of the health care provider about a health issue can significantly impact the way that he or she practices.⁹ Reflective practice exercises and transformational learning approaches can help increase self-awareness in 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 determining the client's current knowledge about breastfeeding. The potential barriers to breastfeeding success can also be explored. Health care providers recognize that risk messages are best delivered before challenges are encountered. Questions should be encouraged and answered accurately, according to current, evidence-based information that is free from commercial influence. 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 feel supported and are empowered to make informed decisions that reflect their own needs.¹⁰

The Baby-Friendly Initiative Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services (2012) 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 for both mom and baby
- The risks and costs of formula feeding
- Contraception compatible with breastfeeding
- The steps hospitals and community health services need to take 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

Key messages pertaining to infant feeding can be found in the document by BFI Ontario and Best Start Health Nexus: *The Baby Friendly Initiative Evidence-Informed Key Messages and Resource*.¹¹

Timely linking of 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 are 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.¹²

The International Code of Marketing of Breast Milk Substitutes (the Code) recognizes that health care providers play a significant role in guiding infant feeding practices.¹³ 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 artificial baby milk when such use is necessary.

Health care providers demonstrate best practice when they are aware of their responsibilities under the Code and adhere to the Code and subsequent relevant World Health Assembly resolutions.



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The Risks and Costs of Using Artificial Baby Milk

Although issues have been raised as to the methodological quality of research on the risks of formula feeding, current research and a steadily growing body of evidence appears to support that feeding artificial baby milk can have adverse health consequences for babies, mothers, and society.¹⁴

It is often difficult to adjust for confounders and directly find the link between breastfeeding and specific outcomes and for this reason more research still needs to be done in this area.

Health care providers who present families

with information to enable them to make an informed decision about infant feeding may wish to consider the following:

- The feeding of artificial baby milk has been most strongly associated in the literature with an increased incidence of
 - Otitis media¹⁵
 - Gastrointestinal infections¹⁶
 - Lower respiratory tract infections¹⁷
 - Sudden Infant Death Syndrome¹⁸
- Research also suggests that exposure to cow's milk protein in the first few months of life may increase the risk of type 1 diabetes.¹⁹
- For premature babies the risk for necrotizing enterocolitis, a potentially fatal disease, can be reduced with the exclusive use of human milk.^{20,21}

Not breastfeeding has also been shown to carry health risks for the mother, such as increased incidence of type 2 diabetes, premenopausal breast and ovarian cancer, as well as retained gestational weight gain.²² The introduction of formula in the first six months of life can also have an impact on the natural child spacing that breastfeeding provides.²³

The costs associated with artificial baby milk compared with breastfeeding are important to consider and should be discussed. Income is an influential determinant of health and the additional expense of artificial baby milk 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 production.²⁴ Clients need to be aware of the difficulty of reversing the decision to formula-feed if they change their mind and decide to breastfeed.²⁵ 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.²⁶

The manufacture of artificial baby milk is subject to human error. Contamination with pathogens, heavy metals, dyes, chemicals and other harmful substances poses a threat to infant health.

Manufacturing errors involving incorrect amounts of one or more ingredients have resulted in serious health outcomes for infants. Artificial baby milk can be recalled or withdrawn from the market because of safety concerns.²⁷ Incorrect handling, storage and preparation of artificial baby milk once it reaches the consumer can put the baby at significant risk.²⁸ Families need to be counseled on the importance of formula being prepared and stored properly, as well as the importance of carefully following the instructions that accompany the product. 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. Furthermore, the water used to prepare infant formula must be safe, and free of pathogens and other contaminants. Parents and caregivers need to be informed that all artificial baby milk has an expiry date and should be discarded after that date.

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Supporting the Infant Feeding Decision

Human milk is unique, designed specifically for the human infant, and breastfeeding is the normal way for an infant to feed. No other milk or infant formula provides this exact combination of ingredients needed for optimal human growth and development.

All available options need to 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.

Although there are few instances when a healthy infant requires the introduction of artificial baby milk, there are times when a breast milk substitute is warranted. The World Health Organization provides information about acceptable medical reasons for the use of breast milk substitutes.²⁹ Health care providers who know the medically acceptable reasons for using breast milk substitutes will be able to provide guidance to families who are considering the use of artificial baby milk.

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 it will be given is needed. Mothers need to know how to establish or maintain lactation, and the health care provider can provide the information and support they will need to do so. Whenever possible, mothers and babies should be kept together.

Since individuals who are not breastfed or who do not receive breast milk may be at greater risk of developing health problems during their lives, counseling 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 reduce the risks of artificial baby milk and bottle feeding. Health care providers may discuss strategies such as returning to breastfeeding as soon as possible, cue-based feeding³⁰ and the benefits of skin-to-skin contact.³¹ Health care providers play a key role in providing monitoring and follow-up regarding heightened risk factors.

The Baby-Friendly Initiative equips health care providers with the information necessary to ensure that mothers, families and caregivers who decide to feed artificial baby milk are supported³² and guided to choose an option that is acceptable, feasible, affordable, sustainable and safe. 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 should ensure that this information has been understood and is being followed.

Some mothers decide to feed artificial baby milk to their infants. Studies show that if the mother has made an informed decision, she usually feels no regret for the option she has chosen.³³ The mother needs to feel that her health care provider supports her decision and will provide appropriate information and guidance to promote the health and wellbeing of her infant.

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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 six months of life with the addition of complementary foods and continued breastfeeding after six months optimizes the health and wellbeing of most infants. Health care providers need to be comfortable discussing the risks of not breastfeeding in order to help families make a truly informed decision. When circumstances require that other feeding options be considered, the health care provider can promote informed decision-making by the mother and family by practicing in accordance with the guidelines provided by the Breastfeeding Committee of Canada's Baby-Friendly Initiative Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services and the WHO/UNICEF International Code of Marketing of Artificial Baby Milk. 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.



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 for 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 or longer

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

WHEREAS health care providers need knowledge, skill and support for 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 support 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 Chief Medical Officer of Health for Ontario, and the Ontario Ministers of Health and Long-Term Care, Children and Youth Services, the Public Health Agency of Canada, and the Office of Nutrition Policy & Promotion, Health Canada.

Copies of the position paper and accompanying resolution will also be sent to RNAO, Breastfeeding Committee for Canada, BFI Ontario and all public health units.

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

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