



POLICY

## **Informed Decision Making - Infant Feeding**

Policy Mgmt #: 10920 – PR - 001

Version: V2.00

Date Approved: October 2, 2014

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## GENERAL INFORMATION

### Content Summary

<b>Covers</b>	Service delivery related to client's informed decision making about infant feeding
<b>Subject</b>	Service Delivery, Informed Decision Making, Infant Feeding
<b>Superseded Documents</b>	Policy Magmt # 10920-PR0—1 V1.00 March 9, 2011

### Dates

<b>Date of Publication</b>	October 24, 2014
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<b>Next Review Date</b>	June 2016

### People

<b>Issued by</b>	Susan Makin, Director, Healthy Families
<b>Owner</b>	Healthy Families, Maternal Infant Health
<b>Contact Information</b>	Olga Jovkovic, Manger, Healthy Families 399 The West Mall, 4 <sup>th</sup> Floor (416) 338-1256    ojovk@toronto.ca

### Revision History

<b>Version #</b>	<b>Version Date</b>	<b>Issued by</b>	<b>Changes in Document</b>	<b>Next Review Date</b>
V2	October 2, 2014	Susan Makin	Updated to reflect current organizational structure, roles and responsibilities and new and updated policies and reference documents	June 2016

### Approvals/ Approval process

<b>Dept/Role</b>	<b>Name</b>	<b>Signatures</b>	<b>Date</b>
Director, Healthy Families	Susan Makin	Approval received via email	October 2, 2014

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## CONTENT

### 1. PURPOSE

This policy provides direction on how to apply the principle of informed decision-making when providing Toronto Public Health (TPH) services related to infant feeding.

### 2. APPLIES TO

All TPH Healthy Families (HF) Public Health Nursing staff and Intake Public Health Nursing staff and managers. All other TPH HF staff and managers should be aware of this policy and complete a referral to the appropriate Public Health Nursing staff for further client teaching.

### 3. EXCEPTIONS OR EXCLUSIONS

There are no exceptions or exclusions to this policy.

### 4. DEFINITIONS AND ACRONYMS

**Baby-Friendly Initiative (BFI)** - an international initiative established by World Health Organization (WHO)/United Nations Children's Fund (UNICEF) in 1991 to promote, protect, and support the initiation and continuation of breastfeeding.

**Artificial baby milk (ABM) or breast milk substitutes** – commonly referred to as infant formula and other products given as a substitute to breast milk.

**Facilitate or Facilitator** – someone who assumes the role to aid, assist or enable others through a process in order to learn, find solutions or make decisions

**The Code** – refers to the WHO/UNICEF *International Code of Marketing of Breast-milk Substitutes*, adopted by the World Health Assembly in 1981. The aim of *The Code* is to “ensure that women are enabled to make informed decisions about infant feeding, without the influence of the formula industry” (Breastfeeding Committee for Canada, 2002). *The Code* and subsequent *Resolutions* help countries establish guidelines to restrict marketing that interferes with breastfeeding (Appendix 1).

### 5. BACKGROUND

TPH has achieved and is committed to maintaining Baby-Friendly Initiative (BFI) designation. The BFI is an example of best practice standards for the care of women, children and their families that facilitates the creation of supportive environments for breastfeeding (Ministry of Health Promotion, 2010). One of the guiding principles of BFI is informed decision making. All mothers and their families have the right to make a fully informed decision about how to feed and care for their babies (Breastfeeding Committee for Canada, 2002). Information required to make an informed decision as outlined by BFI includes the following (Breastfeeding Committee for Canada, 2004):

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- a. Benefits of breastfeeding for baby, mother, family and community;
- b. Health consequences of not breastfeeding for baby and mother;
- c. Risks and costs of feeding artificial baby milk (ABM);
- d. Contraception compatible with breastfeeding, including the Lactation Amenorrhea Method;
- e. *The BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services* (Appendix 2)
- f. The right of women to be accommodated in the workplace during pregnancy and breastfeeding; and
- g. Difficulty of reversing the decision once breastfeeding is stopped.

TPH recommends exclusive breastfeeding for the first six months of life for healthy term infants, as breast milk is the best food for optimal growth. Infants should be introduced to nutrient-rich, solid foods with particular attention to iron at six months with continued breastfeeding for up to two years and beyond. As a health service provider, TPH has the responsibility to provide mothers and their families with accurate and unbiased information required to make an informed decision about infant feeding. Sufficient opportunities to discuss benefits and risks of infant feeding options are important in empowering mothers and their families to engage in informed decision making. With knowledge, skills and support, the level of satisfaction with their decision, as well as their ability to provide safe and informed care for their child will be optimized (Ontario Public Health Association, 2007). Unnecessary supplementation with ABM may also be avoided, potentially impacting the initiation and duration rates of breastfeeding.

Once an informed decision has been reached, mothers and their families need to be supported in their infant feeding decision and receive appropriate information and guidance to promote the health and well-being of their infant.

## 6. POLICY

TPH HF Public Health Nursing and Intake Public Health Nursing staff will:

- 1) facilitate informed decision making regarding infant feeding with mothers and their families;
  - 2) provide appropriate support and care for mothers and their families who decide to breastfeed, as well as those who decide not to breastfeed.
1. TPH HF Public Health Nursing staff and Intake Public Health Nursing staff will facilitate informed decision making about infant feeding with mothers and their families.
- 1.1 Staff will provide **one-on-one** education to **prenatal and postnatal** clients based on the individual needs of the client and her family (Health Canada, 2000).
  - 1.2 With **prenatal** clients in **one-on-one and group settings**, staff will facilitate a discussion on the following (Breastfeeding Committee for Canada, 2004):
    - a. Importance of exclusive breastfeeding for six months and continued breastfeeding up to two years and beyond
    - b. Benefits of breastfeeding
    - c. Health consequences of not breastfeeding
    - d. Risks and costs of feeding ABM

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- e. Contraception compatible with breastfeeding, including the Lactation Amenorrhea Method
- f. The importance of hospitals and community health services having policies and practices that are Baby-Friendly
- g. Basic breastfeeding management including:
  - o 24 hour rooming-in
  - o position and latch
  - o hand expression of breast milk
  - o expected normal feeding behaviours (frequency of feeds, output)
  - o benefits of skin-to-skin care, especially for premature infant
  - o infant feeding cues
- h. Difficulty of reversing the decision once breastfeeding is stopped
- i. Breastfeeding support programs
- j. Employment rights of pregnant and breastfeeding women

1.3 With **postnatal** clients in **one-on-one and group settings**, staff will facilitate a discussion on the following:

- a. Importance of exclusive breastfeeding for six months and continued breastfeeding up to two years and beyond
- b. Benefits of breastfeeding
- c. Health consequences of not breastfeeding
- d. Risks and costs of feeding ABM
- e. Contraception methods compatible with breastfeeding, including the Lactation Amenorrhea Method (if applicable)
- f. Basic breastfeeding management including:
  - o position and latch
  - o hand expression of breast milk
  - o expected normal feeding behaviours (frequency of feeds, output)
  - o benefits of skin-to-skin care, especially for premature infant
  - o infant feeding cues
- g. Medical indications for supplementation or cessation of breastfeeding
- h. Difficulty of reversing the decision once breastfeeding is stopped
- i. Supplementing with mothers own breast milk or donor human milk (where available) when possible
- j. Use of pacifiers and artificial nipples
- k. Breastfeeding support programs
- l. Employment rights of breastfeeding women

1.4 With **individual postnatal clients who are feeding or supplementing with ABM**, staff will facilitate a discussion to explore:

- a. Client's infant feeding decision
- b. Use of ABM, pacifiers and artificial nipples
- c. Client's understanding of the difficulty of reversing the decision not to breastfeed

2. TPH HF Public Health Nursing staff and Intake Public Health Nursing staff will support mothers and their families who have made an informed decision to breastfeed, as per TPH Breastfeeding Protocols for Health Care Providers and Protocols for Assessment and Teaching – Infant.

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3. TPH HF Public Health Nursing staff and Intake Public Health Nursing staff will support mothers and their families who have made an informed decision to feed with ABM, and will discuss with individual clients:

- a. Safe and hygienic preparation, storage and feeding of ABM
- b. Health hazards of inappropriate preparation, storage and use of ABM
- c. Cue-based feeding with a bottle and the importance of holding their baby to promote development and attachment.

4. TPH HF Public Health Nursing staff and Intake Public Health Nursing staff will not provide education or written materials on feeding of ABM during prenatal and parenting groups. Staff will only provide this information to individuals on a one-on-one basis. The written information on feeding of ABM will be provided in a separate document from breastfeeding information.

5. TPH HF Public Health Nursing staff and Intake Public Health Nursing staff will comply with *The Code* when facilitating informed decision making in infant feeding and when providing support to mothers and their families who have decided to breastfeed or not to breastfeed (Appendix 1).

## 7. ROLES AND RESPONSIBILITIES

**Managers** – It is the responsibility of Healthy Families Managers to notify staff of the policy and related documents. MIH Managers with lead responsibilities in breastfeeding and infant feeding will support training for staff to have the knowledge and skills to implement this policy.

**Baby- Friendly Initiative Workgroup** – It is the responsibility of the Workgroup to develop and implement training necessary for staff to comply with this policy. It is the responsibility of the Workgroup to develop and review educational and written materials necessary for staff to implement this policy.

**HF Public Health Nursing staff and Intake Public Health Nursing Staff** – It is the responsibility of each individual member of staff to follow this policy and its related documents.

**Other HF Managers and Staff**— It is the responsibility of all other HF managers and staff to be aware of this policy and complete a referral to the appropriate Public Health Nursing staff for further client teaching.

## 8. RELATED POLICY DOCUMENTS

Breastfeeding Protocols for Health Care Providers

Protocols for Assessment and Teaching – Infant

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## 9. CONTINUOUS IMPROVEMENT/QUALITY ASSURANCE

Policy will be published centrally in the TPH Policy Document Library and included in the orientation programs for all TPH HF Public Health Nursing staff and Intake Public Health Nursing staff.

Policy will be reviewed by the BFI Workgroup every two years to ensure consistency with best practices.

TPH HF Public Health Nursing staff and Intake Public Health Nursing staff will be trained and updated in knowledge and skills necessary to implement this policy by means of ongoing training and professional development opportunities.

Resources will be reviewed as per the Baby-Friendly Initiative Compliance – Development, Revision and Review of Resources that Reference Infants and Young Children Procedure.

Breastfeeding and infant feeding educational and written materials necessary to implement this policy are developed and up-to-date.

## 10. REFERENCES/SOURCES

Breastfeeding Committee for Canada. (2011). *The BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services.*

Breastfeeding Committee of Canada. (March 2002). *The Baby-Friendly Initiative in Community Health Services: A Canadian Implementation Guide.*

Health Canada. (2000). *Family-Centred Maternity and Newborn Care: National Guidelines.* Ottawa: Minister of Public Works and Government Services.

Medical Officer of Health. (2010). *Breastfeeding in Toronto: Promoting Supportive.* Toronto: Toronto Public Health.

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Ontario Public Health Association. (2007). *Informed Decision Making and Infant Feeding Position Paper.*

Toronto Public Health. (2013). *Breastfeeding Protocols for Health Care Providers.* Toronto.

Toronto Public Health. (2012). *Baby-Friendly Initiative Compliance Policy.*

Toronto Public Health. (2012). *Baby-Friendly Initiative Compliance-Development, Revision and Review of Resources that Reference Infants and Young Children*

Toronto Public Health. (2012). *Baby-Friendly Initiative Compliance- Support of Breastfeeding on City Premises*

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Toronto Public Health. (2012). *Healthy Babies Healthy Children Protocols for Assessment and Teaching – Infant*.

Toronto Public Health. (April 2014). Understanding "The Code" For All Toronto Public Health Staff. Toronto.

World Health Organization. (1998). *Evidence for the Ten Steps to Successful Breastfeeding*. Geneva, Switzerland: World Health Organization, Division of Child Health and Development.

World Health Organization. (1981). *International Code of Marketing of Breast-milk Substitutes*. Geneva, Switzerland.

## 11. APPENDICES

APPENDIX 1: Understanding "The Code" For All Toronto Public Health Staff, Revised April 2014

APPENDIX 2: Breastfeeding Committee for Canada  
Integrated Ten Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services: Summary

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APPENDIX 1

**Understanding “The Code”  
For All Toronto Public Health Staff  
Revised April 2014**

In September 2001, The Toronto Board of Health adopted the International Code of Marketing of Breast-milk Substitutes, henceforth referred to as “The Code”. This document was created to help you understand your responsibilities as a Toronto Public Health employee as they relate to “The Code”. Recognizing that breast milk is better nourishment for healthy term infants and children than breast-milk substitutes, the World Health Organization (WHO<sup>1</sup>) in 1981 drafted the The Code to help countries establish guidelines to restrict marketing that interfered with breastfeeding. The Code sets minimum guidelines for countries to follow when they make their own laws or policies. Some have adopted laws regulating breast milk substitutes that are even stricter than the Code; some have asked manufacturers to comply voluntarily with the Code; others have adopted only some of the Code’s provisions.

Canada endorsed the Code and took a voluntary approach that required the infant food products industry to self regulate its marketing practices.

In 1990, UNICEF and WHO issued the Innocenti Declaration, calling on all governments to take action towards adopting the provisions of the Code and subsequent relevant World Health Assembly resolutions in their entirety by 1995.

The following table will assist you in understanding all of the individual provisions of “The Code” and how they may apply to your practice:

<b>The Major Provisions of the Code</b>	<b>Your Responsibilities as a TPH Employee</b>
1. No advertising of * Artificial Baby Milk (ABM).	TPH <sup>2</sup> employees should not be involved in promoting ABM. This includes ABM, cereal, and other foods intended to be fed to babies.
2. No free samples to mothers.	TPH employees may not give ABM, bottles, nipples or pacifiers to pregnant women, mothers or their family members, either directly or indirectly. TPH employees are neither to give samples in-person nor to direct a third party to obtain samples. On a one to one basis clients who choose to use ABM, and who do not have the resources to purchase same, will be referred to an appropriate agency.
3. No promotion of ABM in health care facilities.	TPH employees may not display or distribute ABM, bottles, videos, posters, placards, coupons, magazines etc. that promote ABM products or pictures of these products. (see #6)
4. No company representatives, including hired health workers, to advise mothers.	TPH employees may not allow people employed in the marketing of ABM to give any kind of instruction/ demonstration/ contact to mothers prenatally or postnatally at TPH programs.
5. No gifts or personal samples to health workers.	TPH employees may not accept samples, money, gifts, sponsorships, research grants or incentives from manufacturers and distributors of ABM.

<sup>1</sup> World Health Organization

<sup>2</sup> Toronto Public Health

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6. No words or pictures idealizing ABM, including pictures of infants, on labels of products	TPH employees should be aware that infant feeding manufacturers use a variety of images to idealize ABM. These images equate ABM as the norm and present it as an icon of normal childhood. This undermines a woman's confidence in her ability to breastfeed. TPH employees must not produce, distribute or display these images.
7. Information to workers should be scientific and factual.	All information from a manufacturer or distributor should be considered by TPH staff only as it relates to scientific (empirical) and factual matters. Sources of such information may be pamphlets, booklets, posters, videos that refer to those products within the scope of the Code.  (see #3 and #6).
8. All information on ABM, including the labels, should explain the benefits of breastfeeding and the costs and hazards associated with ABM.	TPH employees must include the financial and health risks of not exclusively breastfeeding in the development of all education and resource materials that relate to infant feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.	TPH employees should promote exclusive breastfeeding for the first six months of life, and then ongoing to two years and beyond for healthy term infants. In situations where mothers are using ABM, the products used must be those manufactured specifically for infant nutrition.
10. All products should be of high quality and take account of the climatic and storage conditions of the country where they are used.	TPH employees should promote exclusive breastfeeding for the first six months of life, for healthy term infants. When mothers make an informed decision to use ABM, the products used should be those manufactured specifically for infant nutrition, meet all safety standards related to expiration, storage, preparation, and administration.

The endorsement of "The Code" is part of Toronto Public Health's comprehensive commitment to breastfeeding promotion. "The Code" itself has potential implications for a number of different program areas. We have attempted to clarify the major provisions of "The Code" and the practice implications that relate to each. We do, however, acknowledge that there are many practice implications that have yet to be identified and will be best identified from within each program area. We invite you to please bring any questions forward to the Baby-Friendly Initiative (BFI) Workgroup for clarification. Working together, we can be assured that Toronto Public Health will continue to be a leader in breastfeeding promotion.

**Community Partners not complying with "The Code":** If a TPH employee encounters a situation in which a community partner is not complying with the Code, the TPH staff should provide education about the Code to the partner, and bring the situation to his/her managers' attention. If the concern is not resolved, then it is brought to the TPH BFI Workgroup for resolution.

\*Note: Toronto Public Health utilizes the term "Artificial Baby Milk" to denote "Breast-Milk Substitutes".

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APPENDIX 2

**Breastfeeding Committee for Canada  
Integrated Ten Steps & WHO Code Practice Outcome Indicators  
for Hospitals and Community Health Services: Summary**

**The WHO 10 Steps to Successful Breastfeeding (1989) and  
the Interpretation for Canadian Practice (2011)**

**Step 1**

**WHO** Have a written breastfeeding policy that is routinely communicated to all health care staff.

**Canada** Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.

**Step 2**

**WHO** Train all health care staff in the skills necessary to implement the policy.

**Canada** Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.

**Step 3**

**WHO** Inform pregnant women and their families about the benefits and management of breastfeeding.

**Canada** Inform pregnant women and their families about the importance and process of breastfeeding.

**Step 4**

**WHO** Help mothers initiate breastfeeding within a half-hour of birth. WHO 2009: Place babies in skin-to-skin contact with their mothers immediately following birth for a least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.

**Canada** Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for a least an hour or completion of the first feeding or as long as the mother wishes: encourage mothers to recognize when their babies are ready to feed, offering help as needed.

**Step 5**

**WHO** Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

**Canada** Assist mothers to breastfeed and how to maintain lactation should they face challenges including separation from their infants.

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**Step 6**

**WHO** Give newborns no food or drink other than breastmilk, unless medically indicated.

**Canada** Support mothers to exclusively breastfeed for the first six months, unless supplements are *medically* indicated.

**Step 7**

**WHO** Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.

**Canada** Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together.

**Step 8**

**WHO** Encourage breastfeeding on demand.

**Canada** Encourage baby-led or cue-based breastfeeding.  
Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

**Step 9**

**WHO** Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

**Canada** Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

**Step 10**

**WHO** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

**Canada** Provide a seamless transition between the services provided by the hospital, community health services and peer support programs.  
Apply principals of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

**The Code**

**WHO** Compliance with the International Code of Marketing of Breastmilk Substitutes.

**Canada** Compliance with the International Code of Marketing of Breastmilk Substitutes.

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