

700 Lawrence Ave. W., Suite 310
Toronto, Ontario M6A 3B4

Tel: (416) 367-3313
1-800-267-6817 (Ont)
Fax: (416) 367-2844
E-mail: info@opha.on.ca
www.opha.on.ca

Honorary Patron

The Hon. David C. Onley
Lieutenant Governor of Ontario

President

Carol Timmings
E-mail: ctimmings@opha.on.ca

Executive Director

Connie Uetrecht
E-mail: cuetrecht@opha.on.ca

Constituent Societies

ANDSOOHA – Public Health
Nursing Management in Ontario

Association of Ontario
Health Centres

Association of Public Health
Epidemiologists in Ontario

Association of Supervisors of Public
Health Inspectors of Ontario

Canadian Institute of Public
Health Inspectors (Ontario Branch)

Community Health Nurses' Initiatives
Group (RNAO)

Health Promotion Ontario:
Public Health

Ontario Association of Public Health
Dentistry

Ontario Public Health Libraries
Association

Ontario Society of Nutrition
Professionals in Public Health

Public Health Research, Education
and Development (PHRED)
Program

Charitable Registration
Number 11924 8771 RR0001

June 6, 2006

Honourable George Smitherman
Minister of Health and Long-Term Care
80 Grosvenor St, 10th Flr, Hepburn Block
Toronto ON M7A 2C4

Dear Minister Smitherman,

The Ontario Public Health Association (OPHA) represents the interests of more than 3,000 community and public health practitioners across Ontario. The mission of OPHA is to provide leadership on issues affecting the public's health, and to strengthen the impact of people who are active in public and community health throughout Ontario. The Breastfeeding Promotion Workgroup of the OPHA focuses on promotion, support and advocacy for breastfeeding.

Breastfeeding provides infants and young children with the essential nutrition for healthy growth and development. As breastfeeding is the optimal and safest method of infant feeding, support of breastfeeding initiation and continuation is crucial during times of emergency and natural disaster. The World Health Organization strongly urges emergency relief agencies and operations to protect, promote and support breastfeeding during crisis (WHO, 1994).

During emergency situations, a clean water supply, sterilization equipment and refrigeration are often extremely difficult to procure, hence the safe preparation and storage of infant formula may not be possible. Exclusive breastfeeding offers complete food security for infants under six months of age and greatly reduces the incidence of infant malnutrition, infectious diseases (particularly those causing diarrhea), and death.

Exclusive breastfeeding fulfills all the fluid, nutritional and immunologic requirements of an infant for the first six months of life, without risk of contamination. Conversely, formula feeding places infants at increased risk of malnutrition, morbidity and mortality. After six months, when age-appropriate complementary solid foods are introduced, breastfeeding continues to offer young children protection from illness and disease.

In almost all instances, even women with sub-optimal nutrition are capable of producing breastmilk of appropriate volume and quality. While stress and anxiety may temporarily reduce the flow of mother's milk, this is generally a short-term response. A critical goal in emergency management can be the provision of food for mothers to enable them to meet their own energy requirements and continue to breastfeed their children.

Mothers who have ceased to breastfeed their infants and young children prior to an emergency may be able to resume breastfeeding and relactate with support and education from relief workers. High quality breastpumps may be useful in this process and should be included among emergency preparedness equipment.

When direct breastfeeding is not an option for a family, the best alternative would be pumping and feeding expressed breastmilk. If this is not possible, the use of breastmilk substitutes may be necessary. In such circumstances, it is vital that steps be taken to ensure the safe preparation, use and storage of breast milk substitutes.

International organizations caution relief agencies that offers of formula, bottles and teats to breastfeeding women during a crisis may undermine breastfeeding when its continuation is of utmost importance, and potentially vital for child survival. While relief organizations must ensure that they have supplies of formula on hand for those in need, the protection of breastfeeding is an extremely important goal of the relief effort.

The OPHA Breastfeeding Promotion Workgroup is available to provide consultation and support to the Emergency Management Unit with regards to the preservation of breastfeeding in emergency situations.

If you have any questions or you would like further information regarding evidence-based breastfeeding practices, please contact the Workgroup Chair, Jennifer Hutcheson, at (705) 445-0804 Ext. 7614. Thank you in advance for your commitment to optimizing the health of women and children through the protection, promotion and support of breastfeeding in situations of crisis and beyond.

Sincerely,

Dr. Garry Aslanyan
President, Ontario Public Health Association