

April 10, 2012

Office of Nutrition and Health Promotion
c/o Infant Nutrition Project Lead
Health Canada
Address Locator: 3303D
Qualicum Tower A
2936 Baseline Road
Ottawa ON K1A 0K9

Regarding: Nutrition for Healthy Term Infants- Recommendations from Birth to Six Months

Dear Sir/Madam:

The Maternal Child Nurses Interest Group and Community Health Nurses Initiatives Group of the Registered Nurses Association of Ontario (RNAO) represent registered nurses who work with individuals, families, and communities in diverse settings and sectors. We thank Health Canada for the opportunity to respond to the draft statement regarding recommendations for infant nutrition.

Our perspectives on infant nutrition draw on the considerable experience of our members who work directly with mothers and babies to promote maternal child health. While overall there is much to support in the statement, we wish to draw attention to two main concerns: the proposed wording changes on the length of breastfeeding and recommendations on the use of breast milk substitutes.

1. Proposed wording change on the length of breastfeeding

We are very concerned about the proposed change in wording: “Recommend exclusive breastfeeding **for about the first six months** of life” and we urge Health Canada to reverse its decision and retain the original recommendation: “Recommend exclusive breastfeeding **for the first six months of life**”. The proposed change is a significant departure from the Health Canada (2004) recommendation and that of other bodies such as the World Health Organization (WHO).

Our concerns related to obfuscation of the length of breastfeeding are as follows:

- a) The need for such a change is not accompanied by a clear rationale. It also runs counter to the significant body of evidence to support exclusive breastfeeding for six months and is inconsistent with current recommendations of other bodies/organizations. The WHO and UNICEF’s recommendations are supported by the evidence of the WHO Expert Review (2001) as well as the Cochrane reviews carried out by Kramer and Kakuma (2002 & 2009). The conclusions reached by such reviews state that exclusive breastfeeding for six months both benefits and reduces risk for infants and mothers.

The recommendation to breastfeed exclusively for six months is also supported by a number of professional, government, and health service organizations, including the Canadian Pediatric Society, the American Academy of Pediatrics (AAP), Center for Disease Control, and Healthy People 2010 and 2020. Such groups consistently use wording that reflects exclusive breastfeeding for six months (e.g. exclusive for six months; exclusive through six months) unless medically contraindicated.

- b) Clear and unequivocal wording in recommendations is essential. The wording Health Canada is proposing is vague and therefore open to misinterpretation. It is simply not clear what “about six months” means. A possible outcome of the change is earlier introduction of solid foods which is associated with shorter duration of breastfeeding as well as too late introduction of solid foods. Such wording will only serve to obfuscate and make health education more difficult.
- c) The current guideline has provided clear direction regarding length of breastfeeding for both health professionals and the public. Registered nurses working directly with childbearing families use the guideline in their practice. Moreover, health professionals already take into account individual differences where appropriate. Such action occurs at the individual level based on the assessment by health professionals. It should not occur within recommendations which serve as guidelines for population health.
- d) The current surveillance system for breastfeeding rates in the world are increasingly consistent and accepted in order to measure changes over time and compare jurisdictions. The proposed change will make evaluation of breast feeding rates more difficult. Population health recommendations need to be clear and measureable. The term: for about six months does not meet these criteria.

2. Recommendations on the use of breast milk substitutes

- a) At this time we recommend a return to the level of detail as it pertains to the various types of commercially available breastmilk substitutes that was in contained in draft #1. The entire section on breastmilk substitutes needs to include a significant amount of detail to support registered nurses and other health care providers to counsel families based on the *Informed Decision Making and Infant Feeding Position Paper* developed in 2007 by the Ontario Public Health Association. There are both short term and long term health consequences for mothers, infants and communities when health care providers provide only partial information to families. The public expects detailed, current and evidence based information from registered nurses; most especially in situations where breastfeeding initiation or duration may be complicated by unanticipated challenges.
- b) Both the Baby-Friendly Initiative and the International Code of Marketing of Breast Milk Substitutes recognize the important role health care providers play in supporting best practices in infant feeding. The entire section related to the recommendations on the use of breastmilk substitutes has been enhanced by reflecting the appropriate hierarchy of

options including pasteurized human milk; however the full scope of detail is also needed for the remaining substitutes. If this information is omitted from our national guidelines, registered nurses will fail to meet their professional obligations and inadvertently compromise the health of mothers and infants. Ultimately, the final version of the Nutrition for Healthy Term Infants must support all health care providers to adequately address their professional responsibilities to deliver risk and benefit messages regarding the appropriate use of breast milk substitutes.

Health Canada exercises a leadership role in setting standards for infant nutrition in Canada and its recommendations guide practice. The MCNIG and CHNIG believe that any changes to recommendations should be consistent with best available evidence and international consensus in infant nutrition. We urge Health Canada to reinstate the original recommendation on length of breastfeeding and to thoroughly address the use of breastmilk substitutes.

Warm regards,

Submitted electronically by Lori Webel-Edgar RN, BScN, MN on behalf of:

Kimberley Ross, RN, BScN, PNC(C); Chair Maternal Child Nurses Interest Group

Katie Dilworth, RN, BScN, MHSc, CCHN(C); President Community Health Nursing Initiatives Group