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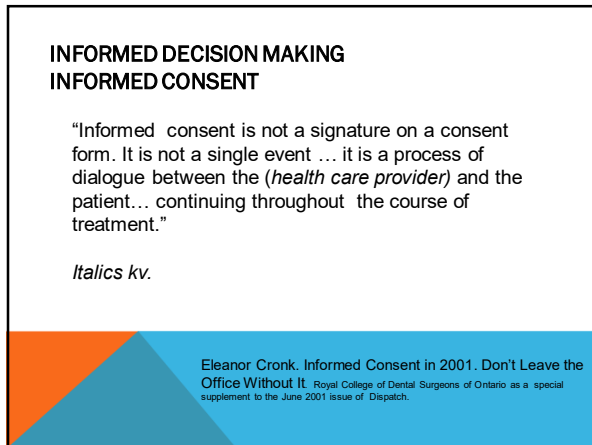
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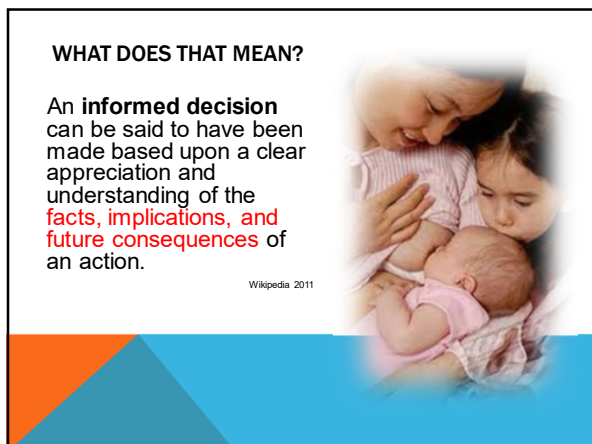
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**WHAT DOES THAT MEAN?**

An informed decision can be said to have been made based upon a clear appreciation and understanding of the **facts, implications, and future consequences** of an action.

Wikipedia 2011




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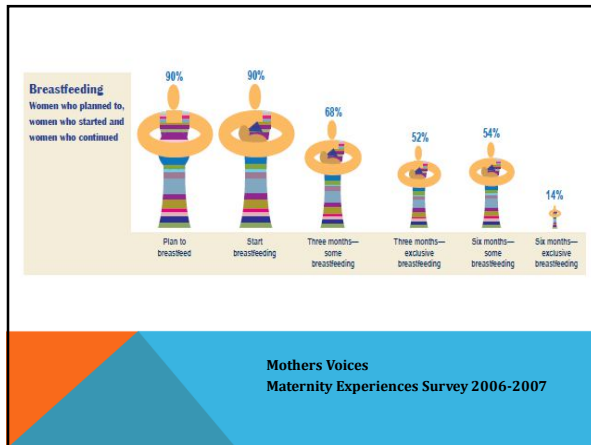
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**Breastfeeding trends in Canada**

by Linda Gionet

**Highlights**

- The majority of mothers, 89%, breastfed their baby in 2011–2012, a slight increase from 85% in 2003.
- More mothers were breastfeeding exclusively for six months (or more): 26% in 2011–2012, compared with 17% in 2003.
- In 2011–2012, mothers who breastfed exclusively for six months (or more) tended to be in their thirties or older, and to have postsecondary qualifications.
- The most common reasons cited for stopping breastfeeding before six months were "not enough breast milk" and "difficulty with breastfeeding technique" in 2011–2012.

89% any breastfeeding (up 4%)  
26% exclusive breastfeeding at 6 months (up 9%)

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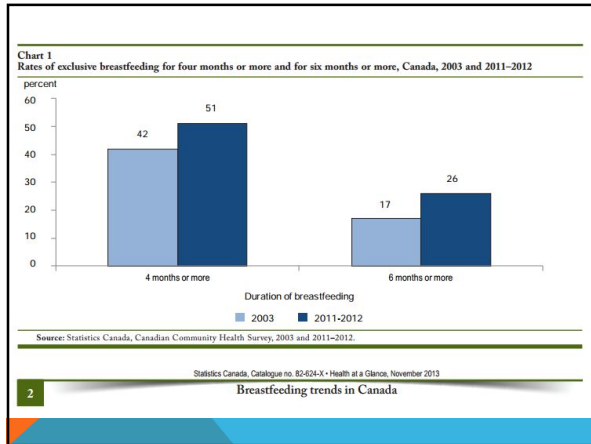
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**HOW TO MAKE AN INFORMED DECISION?**

- Obtain expert /reliable information
- Ask questions
- List and weigh the pros and cons
- Discuss with support persons and trusted HCP's
- Review goals: ? Why
- Consider medical history
- Plan and follow up support.

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Information which should be provided by a health care practitioner during informed consent discussions include:

1. the condition for which the treatment is proposed,
2. the nature and purpose of the treatment,
3. the risks and benefits involved in undergoing the treatment, and
4. the risks and benefits involved in not undergoing the treatment;

**THE MENTAL HEALTH ACT, C.C.S.M. C. M110, S. 27(1).**

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“a person has capacity to make health care decisions if he or she is able to understand the information that is relevant to making a decision and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision. .”

**THE HEALTH CARE DIRECTIVES ACT  
(Manitoba 1992)**

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5. Guidance is provided by the Health Care Consent Act, 1996 (Ontario) and the relevant case law concerning the types of information which should be provided by a health care practitioner during informed consent discussions. These include:

- The nature of the proposed treatment:
- The expected importance of the proposed treatment
- The material risks and side-effects of the proposed treatment:
- Alternative courses of action:
- The likely consequences of not having the proposed treatment:
- The answers to any questions the patient may have regarding the proposed treatment.

**HEALTH CARE CONSENT ACT  
1996 (ONTARIO)**

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Nurses are accountable for obtaining consent that " must be informed, be voluntary, not have been obtained through misrepresentation or fraud”

**HEALTH CARE CONSENT ACT  
1996 (ONTARIO)**

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Nurses provide persons receiving care with the information they need to make informed and autonomous decisions related to their health and well-being. They also work to ensure that health information is given to those persons in an open, accurate, understandable and transparent manner.



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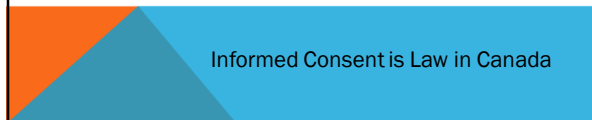
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Medical care is wrongful and a "battery" unless the patient has given consent to it. Health Care Consent Act 1996 (Ontario)



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**How does the Health Care Consent Act 1996 pertain to infant feeding decisions?**

**When a woman has made an informed decision to breastfeed and supplementation is recommended? E.g. a baby who is dehydrated and for whom mother's milk/banked, donor human is not available/adequate (or for any other medical reason, maternal or infant),**

**OR perhaps**

**When a woman has made an informed decision to formula feed and supplementation with human milk is recommended? E.g. the ill or preterm infant who needs human milk to prevent or ameliorate illness.**

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**NB. giving formula is not battery**  
but giving it without consent may be deemed to be so.

There is a precedent setting case according to which cases regarding ABM as an intervention may be considered:  
14827 Sept 1/97 CMAJ /Page553 CAN MED ASSOC J • SEPT. 1, 1997; 157 (5) 553  
©1997 Canadian Medical Association (text and abstract/résumé) Supreme Court reaffirms landmark informed-consent ruling in chickenpox case. **Karen Capen**

Informed Consent is Law in Canada.

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**OPHA POSITION PAPER - INFORMED DECISION MAKING AND INFANT FEEDING**

Decisions about infant feeding have both short and long term consequences for infants, mothers and the community. The Ontario Public Health Association (OPHA) Breastfeeding Promotion Working Group has expressed its position on informed decision making and infant feeding in this paper, which discusses ways to facilitate an informed decision, infant feeding choices, and decisions around artificial baby milk.

Related document:  
[OPHA.InformedDecisionMaking.PP.final.August2007\[1\].doc](#)

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**WHO MAKES AN INFORMED DECISION?**

...the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts ...



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**EXAMPLES OF INFORMED DECISION MAKING IN THE PERINATAL PERIOD:**

- Type of prenatal care
- Birth plans
- **Infant feeding decision**
- **Breastfeeding and Supplementation methods**
- Parenting roles
- Support persons
- Choosing follow up care

▪ More examples ... the process continues through life



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**BFI: INFORMATION REQUIRED TO MAKE AN INFORMED DECISION INCLUDES**

- health outcomes
- risks and costs of breastmilk substitutes
- contraception compatible with breastfeeding
- Rights of women
- *The 10 Steps to successful breastfeeding*
- difficulty of reversing the decision once breastfeeding is stopped



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**The Importance Of Breastfeeding**

- Perfect nutrients
- Easily digested
- Efficiently used
- Protection against infection & chronic disease
- Optimal brain development





Photo courtesy of A. Ratsimandresy



Health outcomes

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### Importance Of Breastfeeding



Photo courtesy of R. Wyse

- Helps bonding & development
- Helps delay a new pregnancy
- Protects mothers' health
- Costs less than formula feeding

Health outcomes

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### Consequence of not breastfeeding for baby

- heightened risk of allergies
- upper and lower respiratory infections and asthma
- deficient response to immunizations.
- increased risk of developing insulin dependent diabetes mellitus
- Increased risk for necrotizing enterocolitis for preterm babies

Risks & costs

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### Consequence of not breastfeeding for mother

- Increased risk of postpartum heamorrhage - slower involution of the uterus
- earlier return of fertility
- Increased risk of certain types of cancer
- Increased risk of osteoporosis
- do not experience the same release of maternal hormones - adaptation postpartum

Risks & Costs

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**FORMULA SUPPLEMENTS ARE USEFUL WHEN HUMAN MILK IS NOT AVAILABLE**

- Provides calories for energy and nutrients for growth.
- Commercially available. Predominantly cows milk based.
- Safer option than home-made baby milks
- Requires careful preparation and storage
- Adequate teaching must be given re use.

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Enterobacter sakazakii Infection and Powdered Infant Formulas Page 1 of 2

**Contamination**

Health Canada / Santé Canada

Food Program

Health Professional Advisory

**Enterobacter sakazakii Infection and Powdered Infant Formulas**

Background:

On April 9, 2002, the United States associated with *Enterobacter sakazakii* based, powdered infant formulas, small *E. sakazakii* outbreaks reprod powdered formula products from powdered milk-based formulas, pose a hazard.

*E. sakazakii* is a motile peritrichous *Enterobacteriaceae*. This organism pigmented *Enterobacter cloacae*\* new species based on differences reactions, and antibiotic susceptit threatening cause of neonatal meningitis. In general, the report among newborns diagnosed with meningitis caused by *E. sakazakii* with cyst formation and severe ne

There is still a paucity of informat

**Incorrect preparation**

HEALTH HAZARD ALERT

CONSUMPTION OF POWDER ENFALAC PREGESTIMIL HYPOALLERGENIC INFANT FORMULA MAY CAUSE ADVERSE HEALTH EFFECTS

OTTAWA, March 31, 2004 - The Canadian Food Inspection Agency (CFIA) and Mead Johnson Nutritionals are warning consumers not to use the powder Enfalac Pregestimil Hypoallergenic Infant Formula described below. The affected product may contain an incorrect size of scoop, which would result in the prepared formula being overconcentrated. The affected product, powder Enfalac Pregestimil

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**FORMULA RECALLS**

To see a current list of US formula recalls:

<http://www.naba-breastfeeding.org/images/Recalls.pdf>

In Canada, see Health Canada's Advisories

<http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index-eng.php>

Risks & Costs

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## NEONATAL EMERGENCIES: TABLE 1.

### "THE MISFITS"

- T** - Trauma (nonaccidental and accidental)
- H** - Heart disease/hypovolemia/hypoxia
- E** - Endocrine (congenital adrenal hyperplasia, thyrotoxicosis)
  
- M** - Metabolic (electrolyte imbalance)
- I** - Inborn errors of metabolism: Metabolic emergencies
- S** - Sepsis (meningitis, pneumonia, urinary tract infection)
- F** - Formula mishaps (under or over dilution)
- I** - Intestinal catastrophes (volvulus, intussusception, NEC)
- T** - Toxins/poisons
- S** - Seizures

Neonatal Emergencies CME/CE  
Tonia J. Brousseau, DO Ghazala Q. Sharieff, MD  
www.medscape.com/viewarticle/557824

Risks & Costs

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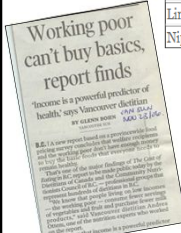
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**Working poor can't buy basics, report finds**  
Income is a powerful predictor of health, says Vancouver decision by James O'Neil, MD, PhD

B.C. A new report based on a cross-sectional survey of 1,500 low-income households in Vancouver and the surrounding area of the metropolitan area...  
"That's one of the hallmarks of the 'cost of quality' of care... the more you pay, the better the care..."  
"My home is in a high-income area... I can't afford to pay for the best care..."  
"The report... is a call to action for the health system... to ensure that all people have access to the best care..."

Formula Feeding	Cost
Tin of Formula (40 bottles)	1 - 2 per week @ \$25.00
BPA-free Bottles	\$50.00 per 4 - pack @ 8 minimum
Liners	\$7.00 per 50
Nipples	\$8.00 per 4 - pack @ 8 every 2 months

+ unseen costs

Health outcomes  
Medical care  
> productivity  
environmental impact etc.

Risks & costs

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**Can breastfeeding be used as a method of contraception?**

**Yes.** Breastfeeding can be used as a method of contraception if you follow these rules:

- Your recently periods have not returned.
- Your baby is fully or nearly fully breastfed.
  - Fully breastfed means your baby gets all food from suckling or the breast.
  - Nearly fully breastfed means, in addition to breastfeeding, vitamins, minerals, juice, water or any other fluids are given infrequently (no more than 1 or 2 spoonsful a day).
- Your baby is less than 6 months old.

**Method:** Lactational amenorrhoea method

**A =** Amenorrhoea means having no monthly period

**M =** Method

**Can I use the Lactational Amenorrhoea Method (LAM)?**

**If you answer "YES" to all of the four rules below, LAM may be a good method for you then:**

- My monthly period has not returned.
- My baby is fully or nearly fully breastfed.
- I am breastfeeding often, at least every 4 hours, and not going longer than one 4 hours or stretch between breastfeeding in a 24-hour period.
- My baby is less than 6 months old.

**If you answer "NO" to any of these questions, begin another method of contraception. Keep breastfeeding as often as you can for your baby's health.**


**To use LAM effectively, you need additional medical contraception. For more information on LAM and other methods of contraception, call:**

British Columbia Health Connection  
416-386-7629

ADHA & Sexual Health InfoLine  
416-977-8387  
or  
1-800-668-3837

Ontario Health  
www.ontario.ca/health

**Breastfeeding and Contraception (Birth Control)**



**Lactational Amenorrhoea Method**

Contraception

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**PREGNANCY & BREASTFEEDING**  
Your Rights & Responsibilities

**WHAT ARE MY RIGHTS AS A PREGNANT WOMAN?**  
In Ontario, women are legally protected from discrimination and harassment because of sex, including pregnancy and breastfeeding. There is also protection based on Family Status for being in a parent and child relationship.  
It is illegal to discriminate because a woman is pregnant. It is also illegal to discriminate because a woman was pregnant, had a baby, or may become pregnant.  
You have the right to keep your job, with an agreement, or sign a lease or other contract, without discrimination because of your pregnancy.  
Services should also be provided free from discrimination. Some of these services and areas include:  
• restaurants and cafes  
• stores and malls  
• schools  
• parks

**WHAT ABOUT BREASTFEEDING?**  
You have rights as a nursing mother. For example, you have the right to breastfeed a child in public areas. No one should prevent you from nursing your child simply because you are in a public area. They should not ask you to "cover up", disturb you, or ask you to move to another area that is more "discreet".

**WHAT ARE MY RIGHTS AT WORK?**  
In an interview, it is illegal for an employer to ask you if you:  
• are pregnant  
• have a family  
• plan to have a family  
It is also illegal to fire, demote, or lay you off because you were, are or may become pregnant. You have an equal right to opportunities and promotions, regardless of the fact that you are planning to be pregnant, are pregnant, or have a pregnant.  
Your employer must make your environment free from discrimination. You have the right to be free from insulting comments about your pregnancy by your employer, co-workers, and even from clients.  
At work, your employer should provide you with enough time to breastfeed or express milk for your child.  
**WORKING TOGETHER**  
Both you and your employer share the responsibility of finding a way to meet your needs. If you have medical or other needs, you have the right to explain those needs to your employer. In turn, if it is necessary, your employer may ask you to provide supporting medical information.

In Ontario, women are legally protected from discrimination and harassment because of sex, including pregnancy and breastfeeding.

Human Rights

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**BREASTFEEDING**  
**Just 10 Steps!**  
The Baby-Friendly Way

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**Staff members providing direct breastfeeding care** (from a random sample of at least 80%)

- have a clear understanding of the medical reasons where supplements are required (see *Acceptable Medical Reasons for Supplementation* on page 19)
- recommend supplementing with the mothers own breastmilk, or donor human milk (where available) wherever possible
- document the rationale when supplements have been recommended, including medical reason and evidence of parental consent
- effectively help breastfeeding mothers of fussy babies by encouraging more frequent, effective breastfeeding, skin-to-skin cuddling, rocking and carrying
- are able to articulate the benefits of exclusive breastfeeding<sup>7</sup> during the first 6 months from birth, the benefits of continued breastfeeding for 2 years and beyond and the risks of feeding supplements to breastmilk.
- inform mothers of the above benefits and risks, with emphasis on ensuring that families make informed decisions. (BFI Assessors will not penalize the hospital or community health service when families have made a truly informed decision to use supplements)
- do not distribute breastmilk substitutes, products or promotional items that fall within the scope of *The Code*.

BCC BFI Practice Outcome Indicators:  
Staff questionnaire

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**SUPPLEMENTATION FOR MEDICAL REASONS**



World Health Organization  
unicef

Acceptable medical reasons for use of breast-milk substitutes

Infant reasons  
&  
Maternal reasons

Unicef : Acceptable medical reasons for the use of breastmilk substitutes.

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**Breastfeeding Committee for Canada**  
*Comité canadien pour l'allaitement*  
The National Authority for the Baby-Friendly Initiative

BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services

**In addition ...**  
infants who have not regained birth weight at two to three weeks of age or who have insufficient weight gain, when increased breastfeeding cannot provide adequate intake.

The Breastfeeding Committee for Canada

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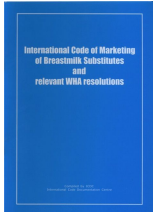
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**PARENTAL INFORMED DECISION (NON-MEDICAL REASON)**



**Maternal Reasons**

- Cultural
- Personal life/work/family/
- Lack of support
- Lack of confidence
- Health

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Women who make an informed decision to use AMB must be supported to do so safely and appropriately.

Alerts:

- Powdered/liquid formula
- Mixing/diluting correctly
- Appropriate amounts
- Responsive, cue based feeding
- Signs that baby is getting enough food

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**MATERNAL CARE**



Physical  
Mental  
Emotional

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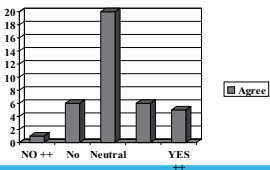
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**QUESTIONS NURSES CAN ASK THEMSELVES**

**“There is a real health difference between babies who are breastfed and babies who are (bottle) formula fed.”**  
(Martens, 1997)

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree



Response	Count
NO ++	1
No	6
Neutral	20
YES	6
++	5

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**QUESTIONS NURSES CAN ASK THEMSELVES**

(decision-making process)

- Am I presenting the information in a calm and respectful manner?
- Am I presenting all the options under consideration?
- Am I presenting my personal opinion?
- Am I pressuring the patient to decide on a particular option?



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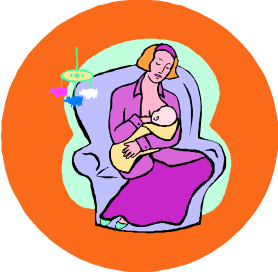
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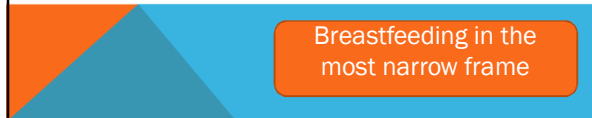
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' Good Mother'

Breastfeeding in the most narrow frame



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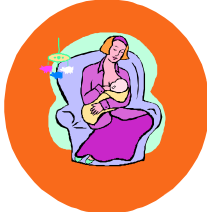
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**RESULTS OF THIS NARROW PERSPECTIVE**

- All the pressure is on the individual mother
- Intense anti or pro breastfeeding sentiment - most often from women
- Sensationalist press
- Industry capitalizes



Breastfeeding in the most narrow frame



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**ZARA**

**Zara** is a 32 year old mother who delivered her second baby by emergency c/ section. The baby is now 36 hours old. She has a two year old at home that was breastfed for 2 weeks before he was switched completely to formula.

Zara has been breastfeeding approximately every 3 to 4 hours and no supplement has been given. Her husband has just come to the nursing station requesting a bottle of formula for the baby. He states that the baby "isn't settling" and has been breastfeeding off and on for the past 2 hours. He states "Zara is exhausted, she needs to get some sleep".

Breastfeeding Best Practice Guidelines for Nurses Clinical Case Studies

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**ZAHIDA**

**Zahida** gave birth to her first baby vaginally 3 days ago. Zahida says she didn't sleep much the night before because her baby was crying a lot and feeding frequently. Her nipples are really painful while breastfeeding.

Zahida and her husband are staying with his parents, her husband is frequently away on business and her mother-in-law isn't supportive of breastfeeding. Zahida really wants to breastfeed but is considering giving up.

Breastfeeding Best Practice Guidelines for Nurses Clinical Case Studies

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**GABBY**

PHN visits a family with a 2 week old baby who is nursing with the aid of a nipple shield. Gabby is breastfeeding exclusively and baby has just returned to birth weight.

Gabby pumps twice a day as baby needs a supplement occassionally at night.

PHN says she should not be using the shield.



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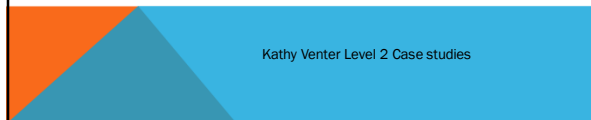
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**CRYSTINA**

Crystina is expecting her 2<sup>nd</sup> baby and she is planning to bottle feed because she fears breastfeeding will take too much time away from her toddler. She fears she will not manage as she is a single parent.



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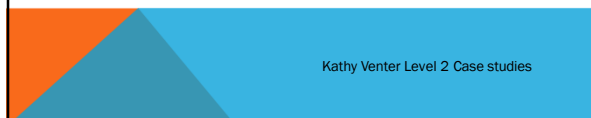
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**HUANG**

Huang says she is “trying to breastfeed” her 1<sup>st</sup>. baby and says she probably has the same problems as her mother who had “no milk”.

Huang is discarding colostrum and giving formula “till the milk comes in”.

Baby is 3 days old.



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Stats. Canada. Mothers Voices. Community Health Survey 2007  
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Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care. Sarah J. Buckley 2015

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