

Regional News

Congratulations New Brunswick

It is a great pleasure to announce that the Baby-Friendly Initiative Policy has been approved in both Health Networks in our province. Horizon Health Network policy was approved in February 2011, closely followed by Vitalité Health Network in March 2011. The approval of these respective policies will facilitate the incorporation of the Baby-Friendly Initiative "Ten Steps to Successful Breastfeeding" into daily practice within the Health Networks.

Although the protection, promotion and support of breastfeeding is the essential and main component of the initiative, the program is designed to improve the quality of maternity care and services in all areas of the New Brunswick health care environment through the incorporation of evidence-based practices.

This was a collaborative effort and is a testament to the dedication and commitment of Health care professionals in our province to the health and well being of our families, now and in the future.

Community happenings in Restigouche

The Restigouche breastfeeding promotion committee is keeping very active offering various activities for parents. They are now posting their activities on facebook. For more information, visit facebook at « Allaitement Restigouche ».

During World Breastfeeding Week, mothers were invited to participate in the Quintessence challenge and a workshop was also offered to parents. Discussion on community support took place involving parents and health professionals.

On March 8th, to celebrate woman's day, a lunch and learn was offered featuring the guest speaker Tina Emond who talked about "what we know about the long term effects of breastfeeding".



Quintessence Challenge

Many New Brunswick regions participated in the Quintessence challenge 2010.



Campbellton site



Miramichi site

Baby-Friendly Initiative gets a special mention

Horizon Health Network went through the accreditation process last fall and received accolades by Accreditation Canada for eight leading practices showing leadership in health care. One of those exemplary practice identified was the Miramichi Public Health Baby-Friendly Initiative. The strong leadership, collaboration and the seamless delivery of care approach was commended. The accreditation report is available on the RHA's intranet site under the heading of accreditation.

A new breastfeeding drop-in

Breastfeeding mothers in the Miramichi region are convened to a drop-in every Wednesday afternoon where they have an opportunity to meet and chat with other breastfeeding mothers and talk with a lactation consultant.

Breastfeeding Drop-in

Where: Superstore Newcastle Community Room

When: Wednesday afternoons 1:30-4:00

Discussion Time: 2:00-3:00

Drop in to...

- meet breastfeeding mothers
- chat about topics of interest
- get your baby weighed
- see a Lactation Consultant

Information line: 627-7569

Book launch

Tina Emond, a clinical instructor at the nursing school of the Université de Moncton, Edmundston campus, published a book about breastfeeding. The book, intended for parents, seeks to promote breastfeeding and help mothers to succeed by offering them advice. It was presented at the Acadian Peninsula book fair and the Dieppe book fair last fall. The official launch was held in the Edmundston last December. The book is currently available in most francophone bookstores in New Brunswick.

Tina Emond has been interested in breastfeeding for several years now. After working as a hospital nurse, she expanded her research into breastfeeding by earning a master's degree in nursing. She strongly believes that women must be informed about breastfeeding during pregnancy to ensure successful breastfeeding. Owing to the initial success of the book, an English version will be available soon. The translation is being done by Jo-Anne Elder-Gomes.



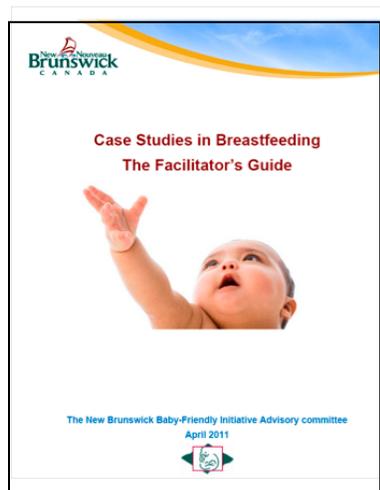
New lactation consultant

Bathurst regional hospital is pleased to announce that Renée Haché who has successfully completed the IBLCE exam and is now a certified lactation consultant working at the breastfeeding clinic.

New provincial resources

Breastfeeding case studies

A series of case studies on breastfeeding have been developed and are offered in a guide for facilitators. This document offers a variety of case studies that reflect different situations whether it is in the hospital with newborns or in the community with older babies. These case study exercises are tools to consolidate skills in teaching and assisting mothers with breastfeeding and can be used by "breastfeeding mentors" or lactation consultants to facilitate "problem solving" group discussions with colleagues and peers.

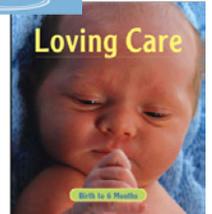
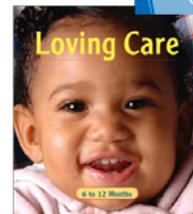


Resources for New Brunswick parents

The New Brunswick Department of Health was granted permission from Nova Scotia to adapt and print two of the "Loving Care" books and the booklet on Infant formula.

The *Loving Care* is a series of two booklets for parents of children from birth to one year old. *Loving Care* focuses on information that will help parents to protect, promote or improve their health and prevent illness and injury.

The booklet on infant formula is intended for parents who made an informed decision to feed their babies with infant formula. It provides extensive information on how to prepare and use infant formula.



Research corner

What do young men think about breastfeeding, and why does it matter?

By Patricia Kelly Spurles, Department of Anthropology, Mount Allison University

In a research study carried out in 2008, two male team members recruited 27 young men and did six focus groups in which we listened to their discussions about breastfeeding. All of the participants were between 18 and 23. They resided in the Tantramar area, near Sackville NB or Amherst NS. Most had some university education.

Why does what young men think about breastfeeding matter so much? Women's perceptions of support and influence are the most significant factors in predicting breastfeeding initiation and duration. Baranowski (1983) showed that while Latina women were most influenced by their mothers, and African American women by their sisters and female friends, non-Latina white women were most influenced by their male partner. In another study, based in a hospital and with a sample of 100 breastfeeding and 100 non-breastfeeding families, after multiple regression to account for the effects of age, ethnicity, and marital status, the partner's preference for breastfeeding increased a woman's likelihood of initiating breastfeeding by an odds ratio of 32. The only other variables that had independent effects were discussions about breastfeeding with people outside the health professions (odds ratio of 3.2) and attending prenatal classes (odds ratio of 2.7).

We don't know much about breastfeeding decision making in men. Perhaps it's different from women. But it's too important to ignore: we have to see men as crucially significant in breastfeeding processes.

The significance of male partners' support is likely both psychological and physical. It ensures a second set of hands as well as an empathetic reminder that breastfeeding is emotionally and technically complex. An ethnographic study by Gail Storr looked at men's accounts of fathering breastfed infants. She noted that their role satisfaction was highest when they felt successful at both helping the mother and bonding with the infant. This gives health care providers and breastfeeding advocates some indication of what to aim for. Storr's study is one of a few qualitative studies of men's experience in breastfeeding families. The research described here is different in that it explores men's expectations and beliefs prior to conception.

These are some of the findings from the Tantramar study. Nine of 27 young men knew or were quite sure they had been breastfed for at least a short period. Four knew or were quite sure they had not been breastfed. Eight said they didn't know.

Three of 27 said they had no previous exposure to breastfeeding. Four said they had significant previous exposure. Just over half were able to describe some of the benefits of breastfeeding.

All participants said that they would want their children to be breastfed, and recognized the complexities of their position. Many participants spoke of breastfeeding as a joint decision and asserted the father's biological right and desire to participate in decisions and care. One said, "As much as this whole breastfeeding thing is the mother, it's still the male's child so he should play as much of a role as he can. Just because you don't know about breasts, you just abandon your child?" Some said that while they would want their infant to be breastfed, they wouldn't attempt to persuade or force their partner if she disagreed. One man said, "If you knew it was a good idea, you could convince her. But it's not that 'It's her body it's her call'... But she obviously have a pretty heavy, like obviously huge role. So consideration of her feelings is important."

They described supporting breastfeeding through encouragement, although none could offer specific examples. Physical assistance was described in a limited number of ways, such as getting the baby. One man said, "Let's say she's like, 'I have to go breastfeed Chippy.' I don't think I would be like, 'Oh, let me go help you do up your blouse.'" Others described feeding expressed breastmilk or formula. The possibility of help with feeding was suggested as one reason women use formula.

Night time feeding seemed to be a particular focus, and many of their comments about help were framed in terms of helping with nighttime feedings. One said, "You can burp it and put it back to bed. That way she can get back to bed earlier." A few of the participants said they would get up in the night, without exception. But for many, getting up at night to help a breastfeeding partner was perceived to be at odds with other needs or obligations. Note that, along with giving bottles (bottle feeding) and providing verbal encouragement, getting up to help at night was one of the primary ways they described supporting breastfeeding. One young man stated, "I would definitely help out as much as I could, but I wouldn't lose my job over it." Other statements imply some inner conflict involving autonomy and responsibility. For example, "If she's not working and I have to get up at 6 AM and she understands that, but if she says – but then again, I would want to take such a part of the child's life that I would want to. I wouldn't want her to just ask me to..."

Gender stereotypes were often invoked. One man said, "But wouldn't the dad be at work and the mom be at home with the baby or something?" Physiological and emotional differences between men and women were also part of their discussion around supporting breastfeeding. One man said, "Other than information and encouragement, there's not really a lot you can do." Others said that men's relationships with infants were different, and this affected how they were able to help. One man described women as possessing an "innate" ability to care for an infant.

The representations of men's roles that emerged in these focus groups were connected by several entwined themes: the physical and emotional needs of the infant entail a biologically determined division of labor in which the father's responsibility is to provide financially for the family. While some research highlights the effect of partner support on maintaining exclusive breastfeeding, the content of this support hasn't yet been explored. For the young men who participated in these focus groups, support was somewhat vague and largely reflective of conservative gender roles. This might result from limited exposure to fathers' behaviors in breastfeeding families. This study foregrounds the need for providing men with models of concrete support such as developing a repertoire of soothing techniques and taking responsibility for new tasks, in addition to providing verbal encouragement and waking at night.

Interesting resources:

Website:

- Breastfeeding Committee for Canada launched their new BCC website: www.breastfeedingcanada.ca
- Health Canada is now posting new surveillance information on breastfeeding practices in Canada: <http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/prenatal/overview-apercu-eng.php>

Books and DVDs:

- New book and DVD: "*Hold your premie. Skin-to-skin contact for parents of premature babies*". By Jill Bergman with Dr. Nils Bergman : <http://www.geddesproduction.com/kangaroo-mothercare.php>
- *Skin to skin in the first hour after birth. Practical advice for staff after vaginal and cesarean birth* (English DVD): www.healthychildren.com

Upcoming events:

- The 6th Roundtable on Baby-Friendly New Brunswick will be held in Fredericton on June 15 and 16, 2011 (for more information: Isabelle.melancon@gnb.ca)
- Baby-Friendly national symposium will be held in Oakville, Ontario on June 19-20th, 2011: <http://www.breastfeedingcanada.ca/>
- ILCA Annual conference in San Diego, California on July 13-17, 2011: <http://www.ilca.org/i4a/pages/index.cfm?pageid=3798>
- Biological Nurturing: Releasing innate behaviors to enhance breastfeeding with Susan Colson – LLL Health professional seminar in Ottawa on September 26, 2011: <http://www.ilca.org/files/CLCA/PDF/Misc/Conferences/LLLC-HPS-Ottawa-Sept-26-2011.pdf>
- CLCA-ACCL National conference in Vancouver on October 14-15, 2011: http://www.ilca.org/files/CLCA/PDF/Conference/CLCA-ACCL_bclca%20National%20Conference%20Brochure.pdf

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