



Improving health while reducing cost:
Increasing the rates of exclusive
breastfeeding to six months in B.C.

Rhoda Taylor, B.A., M.P.H., I.B.C.L.C

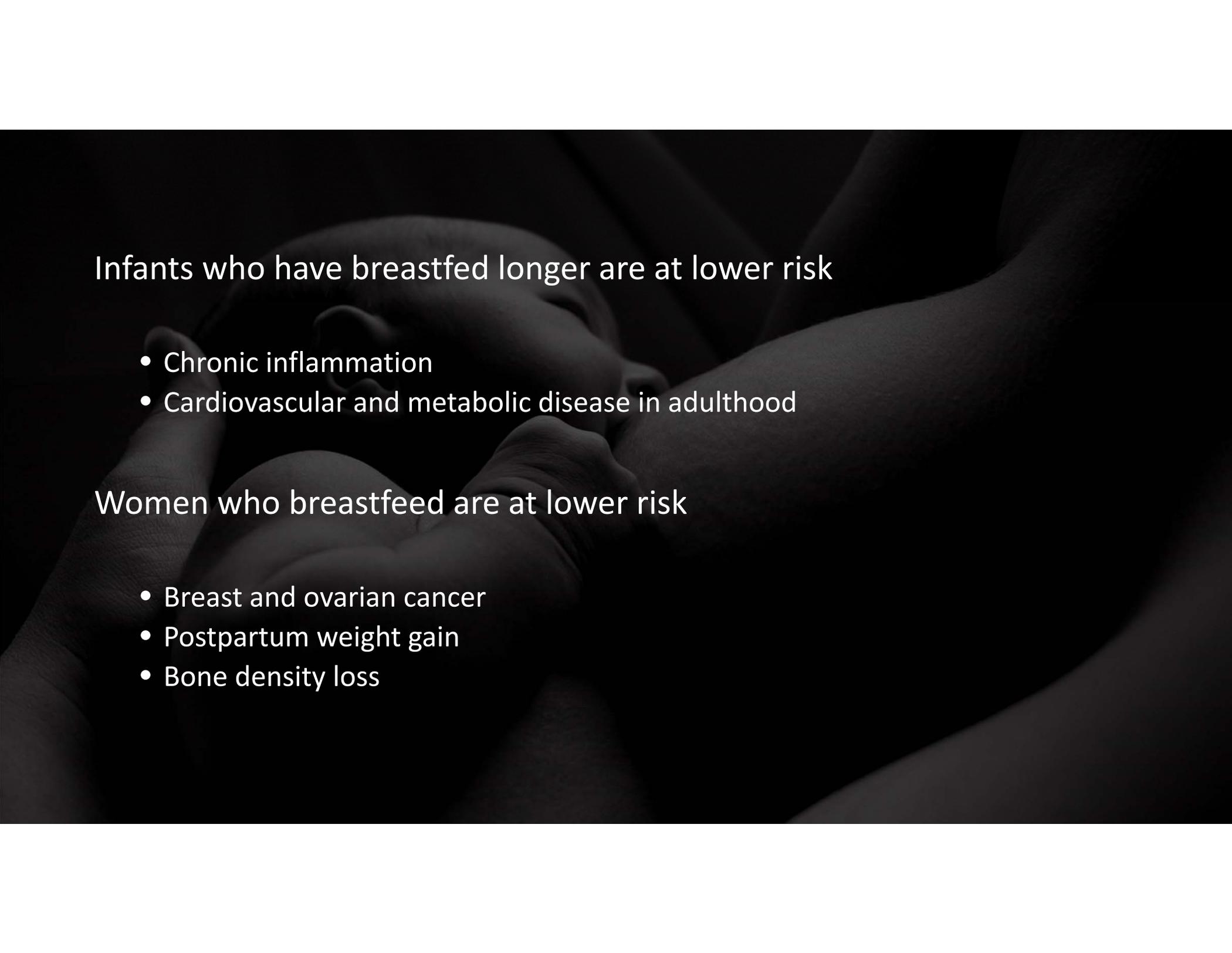


Breastfed infants in high income countries

Have reduced rates of

- Juvenile diabetes
- Gastrointestinal infections
- Inflammatory bowel disease
- Meningitis
- Childhood lymphoma
- Asthma
- Otitis media
- Necrotizing enterocolitis

With significantly lower rates of sudden infant death and infant mortality.

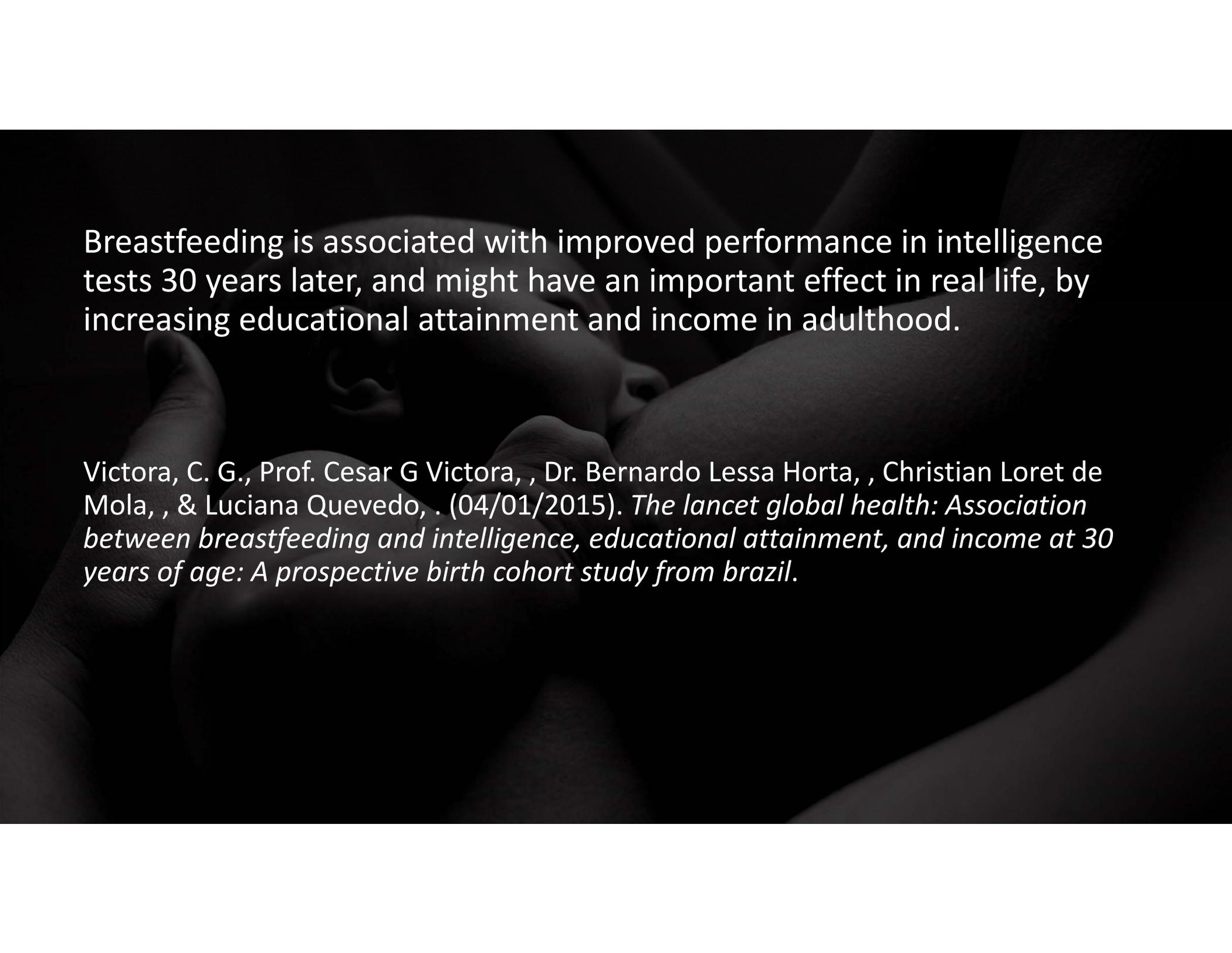


Infants who have breastfed longer are at lower risk

- Chronic inflammation
- Cardiovascular and metabolic disease in adulthood

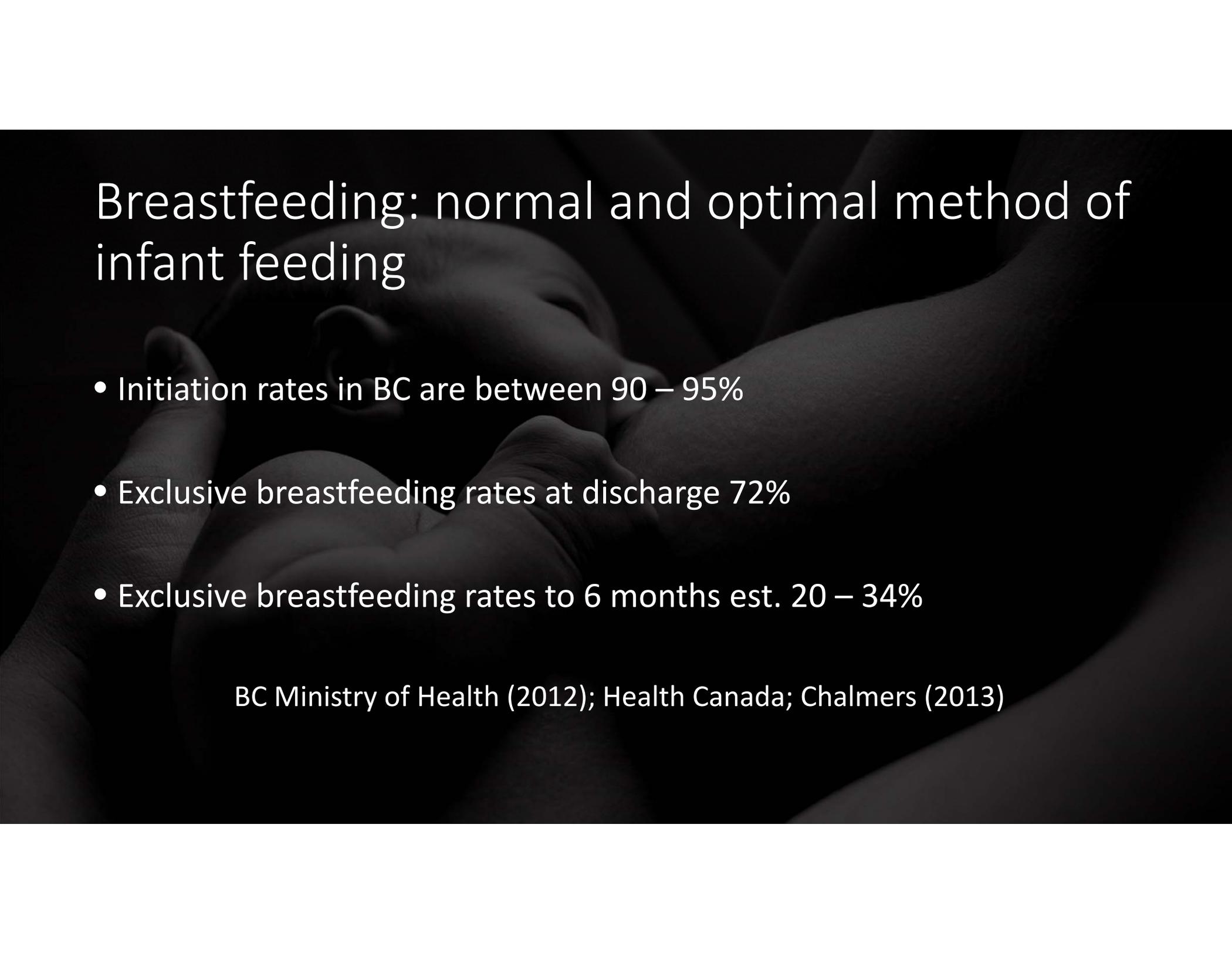
Women who breastfeed are at lower risk

- Breast and ovarian cancer
- Postpartum weight gain
- Bone density loss



Breastfeeding is associated with improved performance in intelligence tests 30 years later, and might have an important effect in real life, by increasing educational attainment and income in adulthood.

Victora, C. G., Prof. Cesar G Victora, , Dr. Bernardo Lessa Horta, , Christian Loret de Mola, , & Luciana Quevedo, . (04/01/2015). *The lancet global health: Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: A prospective birth cohort study from brazil.*



Breastfeeding: normal and optimal method of infant feeding

- Initiation rates in BC are between 90 – 95%
- Exclusive breastfeeding rates at discharge 72%
- Exclusive breastfeeding rates to 6 months est. 20 – 34%

BC Ministry of Health (2012); Health Canada; Chalmers (2013)

Health Authority	Newborn Breastfeeding Initiation Rate - Percentage 2009/2010)	Exclusive (Breast Milk Only) Breastfeeding at Hospital Discharge - Percentage (2009/2010)
Fraser Health Authority	95.57	69.81
Interior Health Authority	93.75	78.64
Island Health Authority	95.87	78.63
Northern Health Authority	92.24	76.82
Vancouver Coastal Health Authority	95.04	70.31
Provincial Health Services Authority	97.14	65.83

BC Ministry of Health (2012)

- 
- The primary reason given for stopping breastfeeding was a belief that a mother did not have enough milk.

B.C. Ministry of Health, (2012)

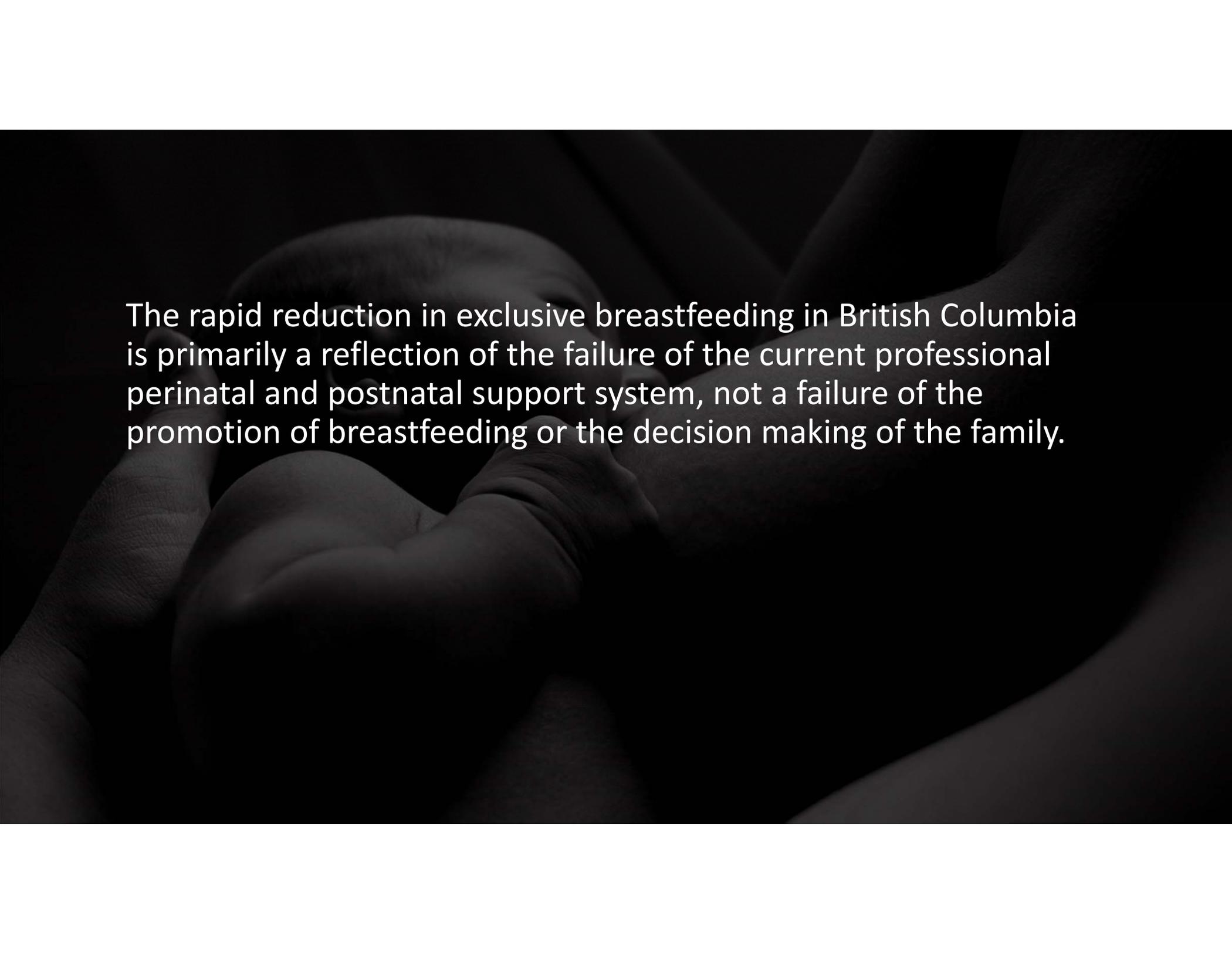
- Fewer than 5% of women have a medical condition which might impact milk production. Milk supply issues are primarily due to poor management and lack of support

Skouteris, Nagle, Fowler, Kent, Sahota & Morris (2014); Chalmers (2013); American College of Obstetricians and Gynecologists, (2013); Center for Disease Control, (2013).

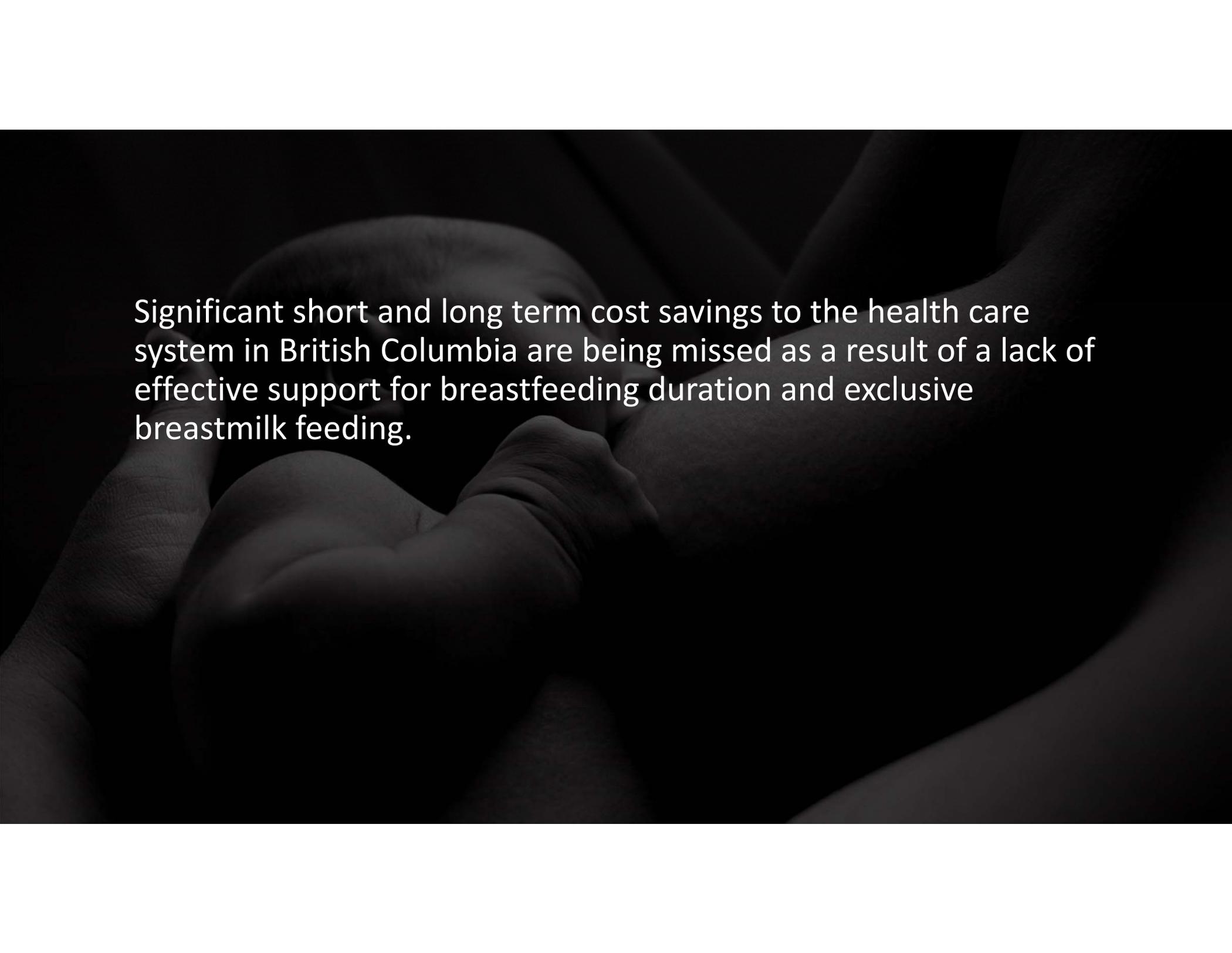


Once we assist families in making educated decisions about breastfeeding, we need to provide supportive environments in our hospitals, medical practices, workplaces and communities that implement the best ways to support breastfeeding.

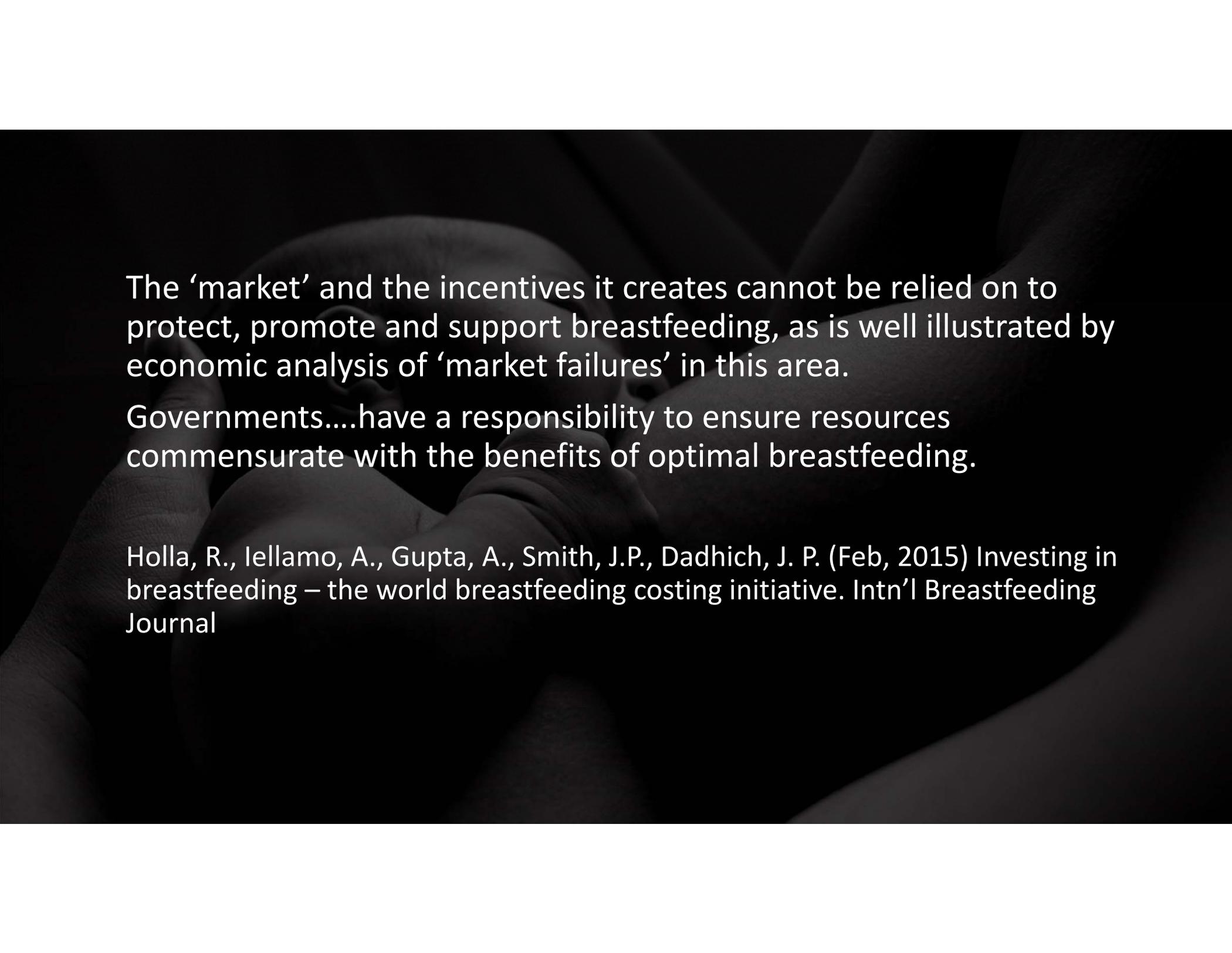
Brenner, M.G. & Buescher, E. S. (2011). Breastfeeding: A clinical imperative. *Journal of Women's Health* 20 (12), 1767-1773.



The rapid reduction in exclusive breastfeeding in British Columbia is primarily a reflection of the failure of the current professional perinatal and postnatal support system, not a failure of the promotion of breastfeeding or the decision making of the family.



Significant short and long term cost savings to the health care system in British Columbia are being missed as a result of a lack of effective support for breastfeeding duration and exclusive breastmilk feeding.



The 'market' and the incentives it creates cannot be relied on to protect, promote and support breastfeeding, as is well illustrated by economic analysis of 'market failures' in this area.

Governments....have a responsibility to ensure resources commensurate with the benefits of optimal breastfeeding.

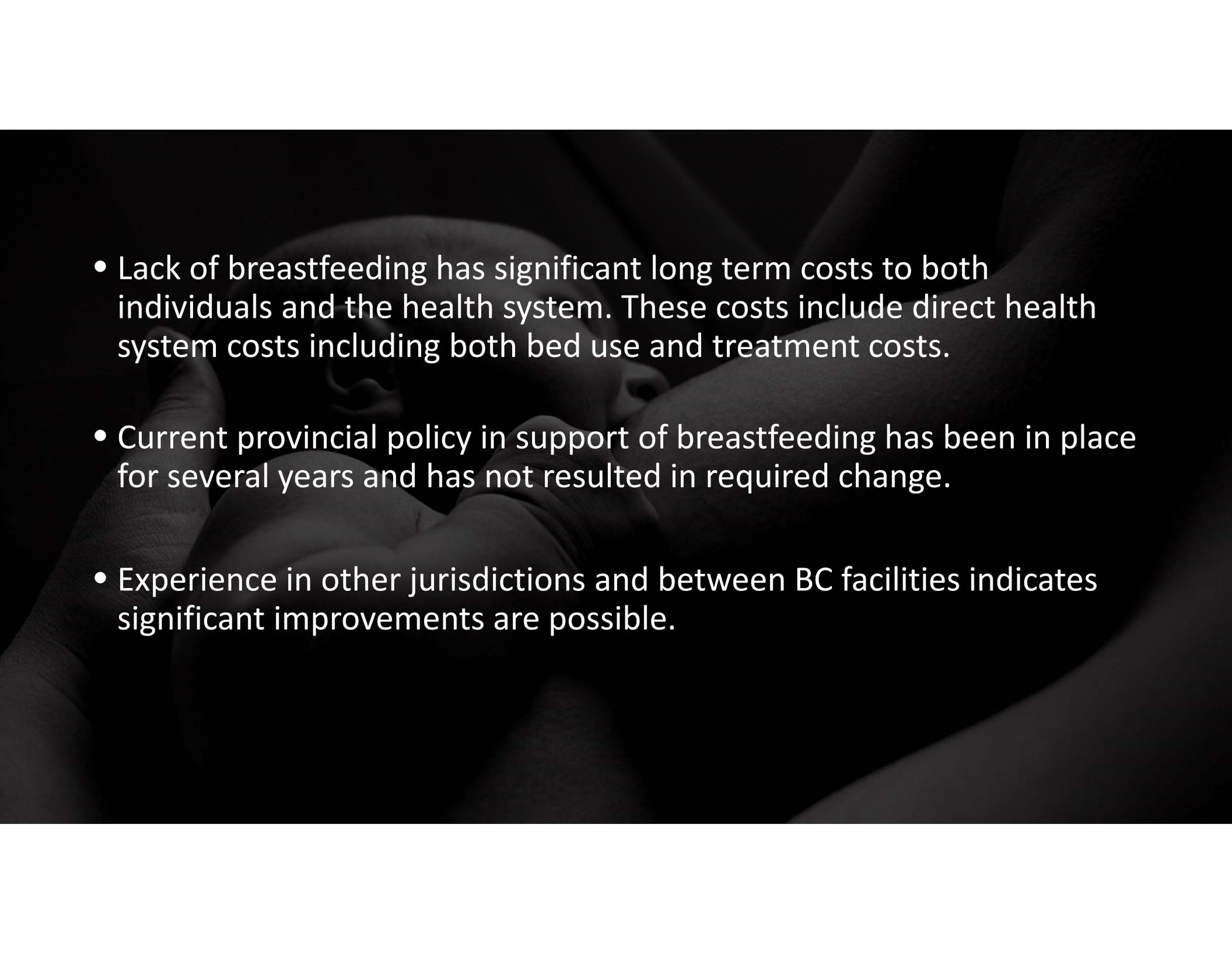
Holla, R., Iellamo, A., Gupta, A., Smith, J.P., Dadhich, J. P. (Feb, 2015) Investing in breastfeeding – the world breastfeeding costing initiative. Intn'l Breastfeeding Journal

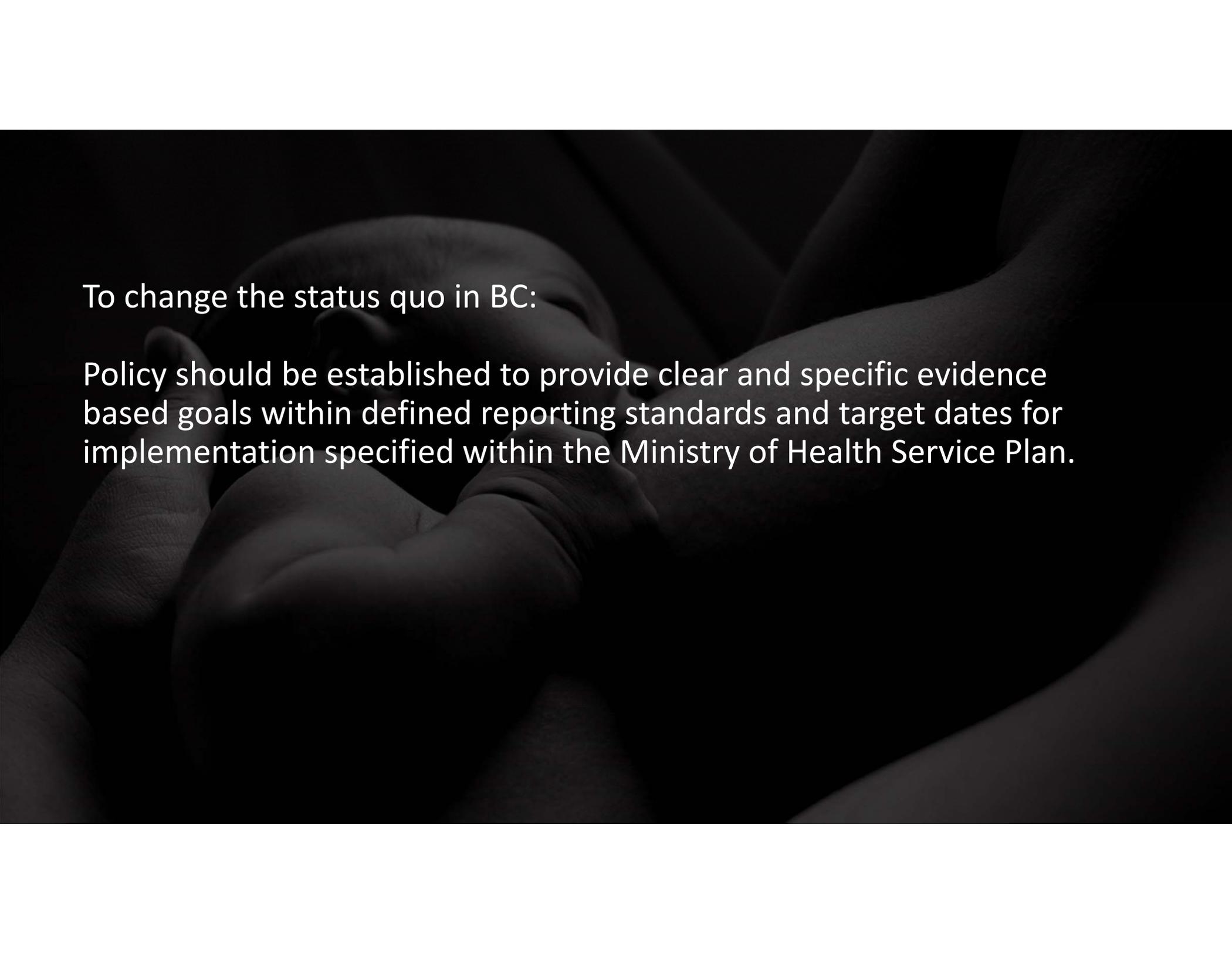


Potential cost savings to health care systems and facilities in developed economies

- Require an up front investment. The investment cost required in BC will be lower than in most jurisdictions as most mothers entering into the system have already made the decision to breastfeed.
- Extensive short and long term costs are being incurred as a result of the ongoing failure to provide staff education, policy development and enforcement.

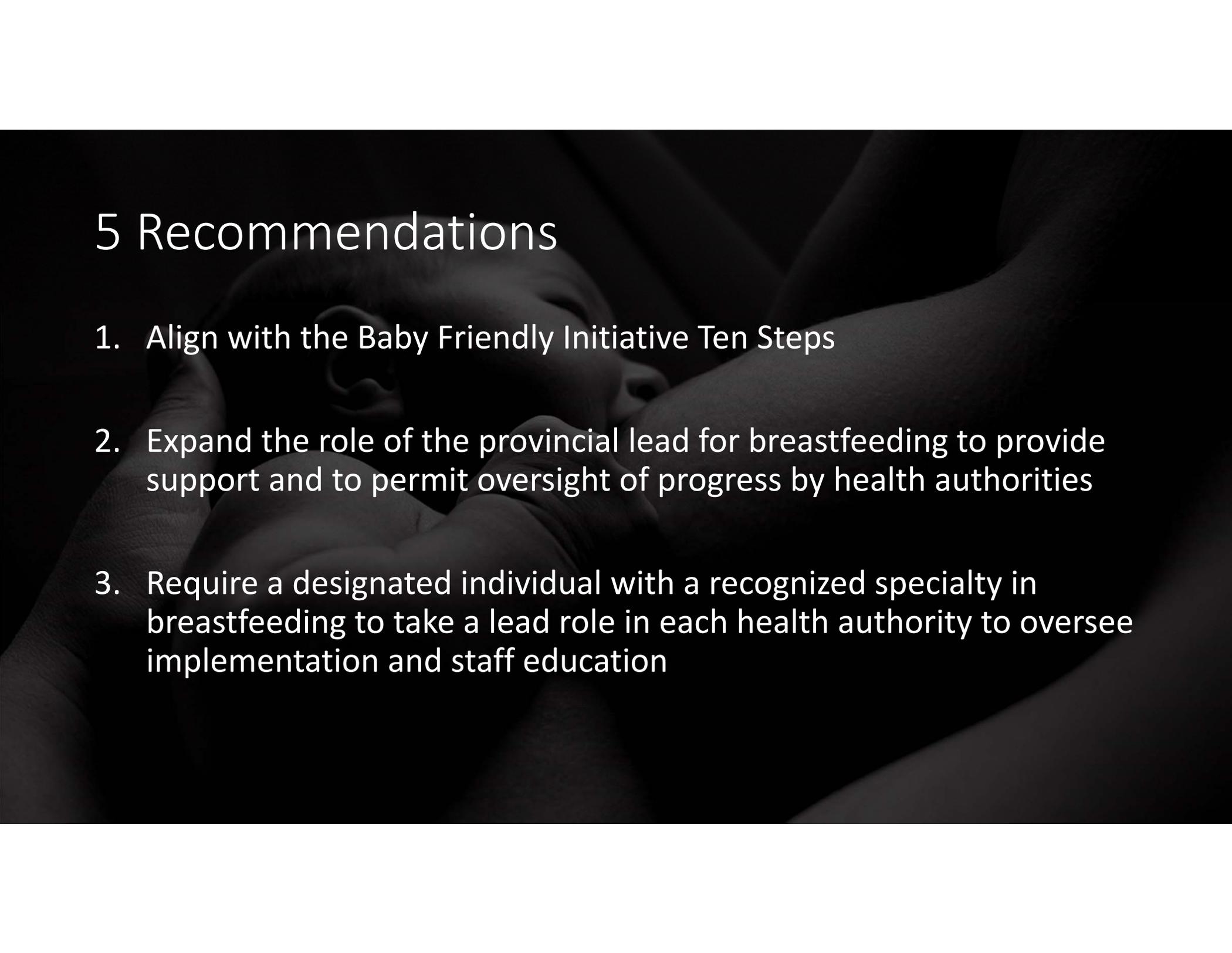
Breastfeeding Committee for Canada (2013); Renfrew et al (2012); Cattaneo et al. (2006); Smith & Ingham (2005); Weimer (2001).

- 
- Lack of breastfeeding has significant long term costs to both individuals and the health system. These costs include direct health system costs including both bed use and treatment costs.
 - Current provincial policy in support of breastfeeding has been in place for several years and has not resulted in required change.
 - Experience in other jurisdictions and between BC facilities indicates significant improvements are possible.



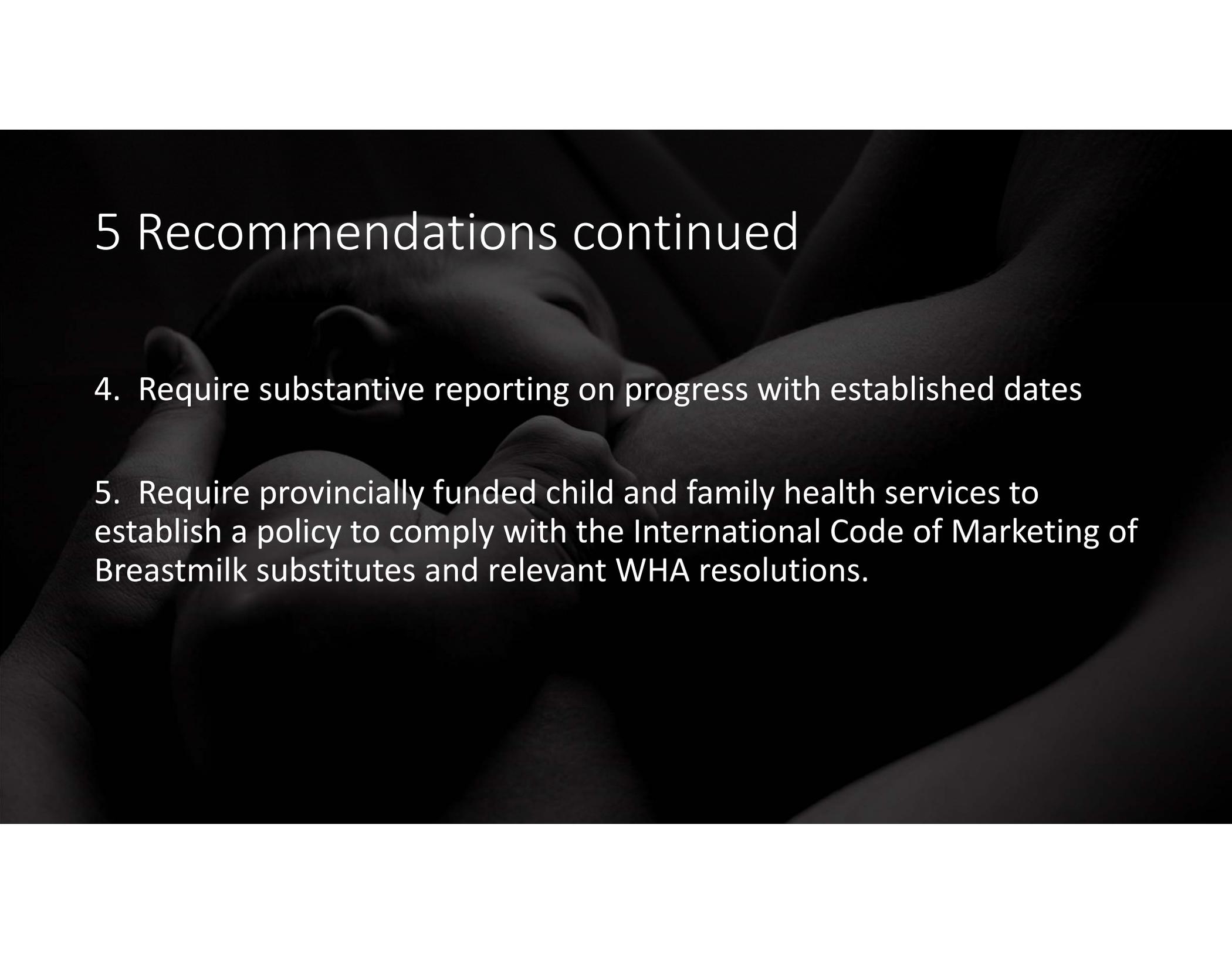
To change the status quo in BC:

Policy should be established to provide clear and specific evidence based goals within defined reporting standards and target dates for implementation specified within the Ministry of Health Service Plan.



5 Recommendations

1. Align with the Baby Friendly Initiative Ten Steps
2. Expand the role of the provincial lead for breastfeeding to provide support and to permit oversight of progress by health authorities
3. Require a designated individual with a recognized specialty in breastfeeding to take a lead role in each health authority to oversee implementation and staff education



5 Recommendations continued

4. Require substantive reporting on progress with established dates
5. Require provincially funded child and family health services to establish a policy to comply with the International Code of Marketing of Breastmilk substitutes and relevant WHA resolutions.



Improving health while reducing costs: Increasing the rates of exclusive breastfeeding to six months in the Province of British Columbia

- Policy Paper
 - Briefing Note
- www.bclca.ca

Rhoda Taylor

rhoda.taylor@gmail.com