# Protecting and Supporting Breastfeeding to Advance Women's Health in Canada

A brief submitted to the House of Commons Standing Committee on Women's Health


**Prepared by Members of the**

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MILC Manitoba Interdisciplinary Lactation Centre

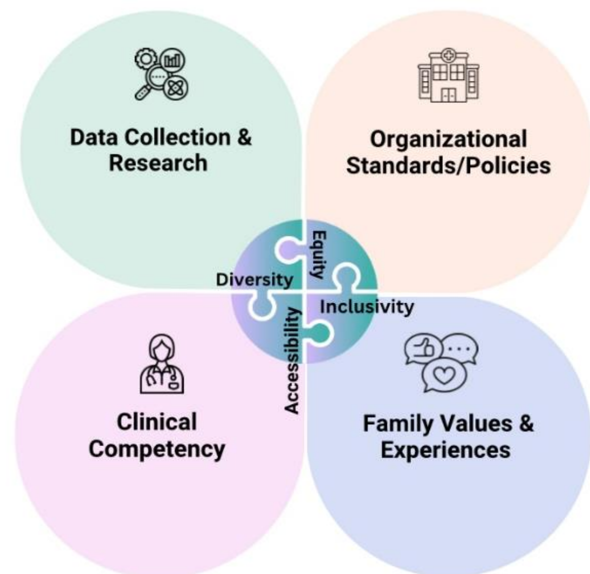
## WHO WE ARE

We are physicians, researchers, maternal-child health advocates, and members of the Manitoba Interdisciplinary Lactation Center (MILC). Our mission is to improve maternal, child and population health by fostering interdisciplinary collaborations and partnerships that support innovation, discovery, knowledge mobilization and policy development focused on human milk and infant feeding. MILC is co-Directed by **Dr. Meghan Azad** (PhD), **Dr. Nathan Nickel** (PhD, MPH) and **Natalie Rodriguez** (MBA, CCIP) at the University of Manitoba in Winnipeg, Canada.

MILC members include **Dr. Katherine Kearn**s and **Dr. Christina Raimondi,** co-founders of the North American Board of Breastfeeding and Lactation Medicine and the Winnipeg Breastfeeding Center - Manitoba's first clinic dedicated to providing evidence-based diagnostic support to families who need help with lactation.

### We Propose Four Calls to Action

1. Increase funding for collection and accurate reporting of infant feeding data
2. Secure and standardize insured, equitable and evidence–based breastfeeding care and devices (such as breast pumps) that protect breastfeeding choice
3. Mandate clinical competency and accessible delivery of breastfeeding support and care in every Canadian community
4. Acquire feedback and apply input from the wide diversity of Canadian families who feed human milk




Language Note: We acknowledge that not all individuals identify with the term 'breastfeeding'. We use the terms 'breastfeeding' and 'lactation' to represent women and gender non-conforming, trans, or nonbinary individuals (i.e. women+) who feed their infants human milk.

# THE PROBLEM

## Canada is falling short of global breastfeeding targets

The World Health Organization (WHO) recommends that *"children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life. From the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for up to 2 years and beyond".* Very few countries meet these recommendations, and Canada is no exception. Recent data from The Public Health Agency of Canada indicate that 91% of parents initiate breastfeeding, but by 6 months just 35% of Canadian babies are exclusively breastfed – falling far short of the 2025 WHO global target of 50%. Unfortunately, breastfeeding rates are even lower among First-Nations and Inuit populations in Canada. Accordingly, the Truth and Reconciliation Calls to Action 19 and 55.iv demand efforts to close the maternal-child health gap between Aboriginal and non-Aboriginal communities.

## Breastfeeding supports women's health, yet we lack a fundamental understanding of human milk and lactation physiology

Breastfeeding saves lives and prevents illness - not only among children who are breastfed, but also among women who lactate. Babies who are not breastfed have an increased risk of mortality and infectious disease during infancy, and higher rates of asthma, obesity and diabetes later in life. Women who do not lactate after pregnancy have an increase in all-cause mortality and higher risks of ovarian and breast cancers, mood and anxiety disorders, diabetes, obesity, hypertension, and cardiovascular disease.

Yet, remarkably, we still don't fully understand the composition of breast milk, the physiology of lactation, or the biological basis for its many health effects. In fact, more scientific papers have been published on headaches than breastfeeding, and more federal research dollars from Canadian Institutes of Health Research and the Natural Sciences and Engineering Research Council of Canada have been invested to study canola (~42 million CAD) than breast milk (~$6.5 million CAD)

## Protecting the choice to breastfeed promotes health equity, but is not prioritized by the Canadian government

Breastfeeding is the normal way to feed an infant. Women experience health risks when the choice to breastfeed is not protected by law, society and healthcare. For years the Canadian strategy to improve breastfeeding rates has been to target individual families with education and marketing. These efforts succeeded in improving ***breastfeeding intentions*** but leave Canadian women disappointed in their ***inability to access*** their infant feeding choices. The 'choice' to breastfeed or formula feed is often viewed as a simple decision the mother makes – but in reality, women describe many **structural barriers to breastfeeding** that make that choice unattainable.

For example:

- Many hospitals do not have Baby Friendly Initiative designation, a WHO / UNICEF set of guidelines to ensure breastfeeding support and care.
- Many medical staff have inadequate and often biased breastfeeding knowledge.
- Community primary care is currently unable to meet families' breastfeeding care needs.
- International Board Certified Lactation Consultants (IBCLCs), health professionals with specialized training and clinical skills, are unavailable in many hospitals, and absent in primary care clinics.
- Public insurance does not cover breastfeeding education and IBCLC services. Private insurance has variable and inconsistent coverage for breast pumps and IBCLCs.

By not investing in systems that make breastfeeding a feasible and actionable choice, the government is **failing to protect the health of women who choose to breastfeed**. This perpetuates health inequities because women with privilege (white, higher education and socioeconomic status with adequate social supports) are more likely to actualize breastfeeding.

# CALLS TO ACTION

The World Alliance on Breastfeeding Action emphasizes that breastfeeding is a shared responsibility. To truly protect a woman's choice to breastfeed, structural changes must be made at all societal levels, beginning with data collection and research, implementing access to equitable quality care in our hospitals and communities and applying continuous feedback and quality improvement from Canadian families who feed human milk. We propose four calls to action.

## 1. Increase funding for collection and accurate reporting of infant feeding data

There is a lack of Canadian data on lactation, breastfeeding and other infant feeding practices and barriers. Without accurate data and reporting, our government is unable to make informed and accurate decisions about where to invest time, resources and money.

The most comprehensive national data collection tool, the Maternity Experiences Survey, has been inactive since 2006 (over 15 years). A recent national report on breastfeeding was published by the Public Health Agency of Canada, but it uses data that are already five years old (from 2017/18) and does not report on breastfeeding beyond 6 months. High-level statistics from the Canadian Community Health Survey are reported every year, but they are not detailed enough (i.e. do not measure total length of breastfeeding or ask about barriers among vulnerable subgroups such as Indigenous peoples). In addition, no data are collected on breast milk pumping, an increasingly common practice with differential impacts on maternal and child health outcomes compared to breastfeeding directly at the breast.

### Specific Recommendations

- We call for **mandatory data collection and reporting** on lactation, breastfeeding, and other infant feeding practices in hospitals and in the community, as well as infant feeding experiences, motivations and barriers for all Canadian families.

*Specifically, we ask for:*

- In hospital and community, a **national standard for electronic medical records** for reporting on breastfeeding intention, initiation and duration.
- More **detailed and standardized collection and reporting** of national data on lactation, breastfeeding, and other infant feeding practices from national surveys (e.g. the biennial Canadian Community Health Survey).
- A comprehensive **maternity-specific survey** to be collected and reported on at regular intervals.

## 2. Secure and standardize insured, equitable and evidence–based breastfeeding care and devices (such as breast pumps) that protect breastfeeding choice

Currently, there is substantial variability in breastfeeding and lactation standards, policies and insured services across Canadian hospitals, organizations and provincial healthcare legislation. For example:

- While some hospitals have the Baby Friendly Initiative (BFI) designation, many more do not. Common barriers to BFI designation include gaps in staff knowledge and skills, high workloads and lack of continuity of breastfeeding support.

- Because provincial healthcare does not offer consistent lactation care, third-party insurers have played a key role in providing access to lactation consultants, lactation supplies (e.g. pumps, shields, storage containers), or human milk substitutes when mother's own milk is not available. However, this coverage is often limited and inconsistent.

- The Non-Insured Health Benefits (NIHB) program of Indigenous Services Canada provides coverage for electric breast pumps, but only after the infant is born and a specific form is filled by a health provider, creating barriers. For infants who have feeding concerns, NIHB does not provide coverage for breastfeeding assessment and management by an IBCLC, even for vulnerable infants with growth faltering, prematurity, low birth weight, or other feeding concerns. Instead, NIHB covers the cost of formula, putting Indigenous mothers and children at an even greater health disadvantage.

### Specific Recommendations

- We call for **national guidelines** that recommend every Canadian province and territory equitably provide the **highest standard of evidence-based breastfeeding and lactation care.**
- We call for **accessible, equitable and increased insured coverage** for all Canadian families who want to breastfeed, or who want access to human milk feeding.

*Specifically, we ask that:*

- In every Canadian hospital, **BFI designation is required**, including standardizing breastfeeding and lactation education among health workers, complying with the International Code on Human milk Substitutes, and providing expert care to vulnerable families at risk.
- In every Canadian community, provincial and federal governments **provide insured coverage** for IBCLCs, including adding IBCLC allied health in primary care offices.
- Every third-party insurer is mandated to **include lactation consultation, and coverage** for breast pumps and breastfeeding supplies in their plans with clarity and consistency.

## 3. Mandate clinical competency and accessible delivery of breastfeeding support and care in every Canadian community

Breastfeeding and lactation are not currently included in many areas of healthcare education. Unfortunately, due to longstanding gender bias against women, the function of the mammary gland in the breast (an active endocrine gland present only in women) has largely been ignored in healthcare and medicine. As a result, the clinical competency of most healthcare providers is poor, leaving those who want more knowledge to seek it out independently, often from sources that are incomplete or out of date. To have effective, equitable, and inclusive care for women and lactating parents at this very common and important phase of life, we need high national standards and expectations for education in this field.

### Specific Recommendations

- We call for **mandatory national standards for education and care** in breastfeeding and lactation medicine.
- We call for **national standards for healthcare structures and remuneration strategies** to support breastfeeding and lactation medicine.

*Specifically, we ask for:*

- A strong national recommendation for high quality breastfeeding and lactation medicine **curriculum** in all medical schools, nursing schools and all other allied health education programs.
- A national standard for breastfeeding and lactation care as **basic healthcare** in both hospital and outpatient settings, and in both primary and specialist care.
- A strong national recommendation to promote **collaboration** between all specialties involved in maternal and infant health.
- National recommendations for **remuneration strategies** that facilitate integration of breastfeeding and lactation care into all medical care.

## 4. While implementing the above recommendations, continually acquire feedback and apply input from the wide diversity of Canadian families who feed human milk

The voices Canadian families can lead quality improvement for the above recommendations. The experiences and needs of systemically marginalized communities are understudied, leading to inadequate clinical access and care in these populations. Moving forward, it is imperative that quality improvement practices prioritize diversity and inclusion to ensure equitable health and care of the wide variety of Canadian families. 2SLGBTQIA+ communities have unique needs that are often overlooked in terms of the amount of support and education available – both to families and the healthcare providers that care for them. It is imperative that marginalized populations who feed their infants human milk, either expressed or from their bodies, be included in routine quality improvement practices to ensure the needs of all Canadian families are being met by healthcare practices.

**Specific Recommendations**

- We call **for universal access to evidence-based lactation information and care**, regardless of location, race, religion, sexual orientation or gender identity.
- To inform investment in research, structural organizational supports, clinical education and care, and quality improvement – the federal government should **seek out feedback from diverse groups and ensure inclusivity among all Canadian parents** including, but not limited to: Indigenous, Immigrant, BIPOC, women with neurodiversity and physical disability, 2SLGBTQIA+ individuals, all socioeconomic levels, all education levels and across all geographic locations.

## CONCLUSION

We believe the Canadian government has several opportunities to protect and promote breastfeeding and lactation choice and equity in Canada to improve women's health. Systemic barriers and lack of public investment make breastfeeding and lactation unattainable for many families despite health recommendations and women's infant feeding intentions. Investment in these calls to action will help remove barriers and ensure breastfeeding and lactation is a choice realized for all, thereby improving women's health.