



POSITION STATEMENT ÉNONCÉ

Nurses Association of New Brunswick • L'Association des infirmières et infirmiers du Nouveau-Brunswick

BREASTFEEDING AND ARTIFICIAL BREAST MILK SUBSTITUTES

The Nurses Association of New Brunswick recognizes the importance of balanced nutrition for all infants and further supports the World Health Organization's (WHO) and Health Canada's position that the preferred method of infant nutrition in the first six months (and beyond 24 months) of life is through breastfeeding since human milk is nutritionally superior to artificial substitutes (Health Canada, 2004; WHO, 2003a). Breastfeeding has been well demonstrated to provide primary and some secondary prevention against viral, bacterial and allergic diseases. Evidence is accruing to show physical and mental health problems, in infancy and later years, as a result of not breastfeeding (Health Canada, 1998 & 2004; UNICEF/WHO, 2004).

Breastfeeding is a health behaviour that has a delayed impact on infant morbidity and mortality, and as such is part of the preventive efforts that have great cost savings potential for the health care system (Health Canada, 2004; International Council of Nurses [ICN], 2005). Aside from the direct and indirect benefits to mothers and babies, there are social and fiscal benefits as the health of both mothers and babies is positively affected with sustained breastfeeding. These benefits extend beyond reduced usage of healthcare resources into economic gains, where breastfeeding is supported in employment settings (Health Canada, 2004; ICN, 2004).

Attitudes of health care professionals have an impact on the decisions of mothers who wish to breastfeed. Nurses are the professionals who are most frequently in contact with women during the critical periods in which information on breastfeeding and adequate support (or absence thereof) would most influence the decision to breastfeed. Any nurse, in any professional or personal context, may have a positive or a negative impact, and should be aware of their knowledge limitations and attitudes in this regard (Storr, 2005; WHO 2003b).

Breastfeeding is more likely to be a successful and satisfying experience to mother and infant if nurses protect and promote breastfeeding (Health Canada, 2004; Storr, 2005). *"Breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have accurate information, and support within their families and communities and from the health care system"* (WHO, 2003a, p. 8). There are few reasons why mothers can not or should not breastfeed (WHO, 1999 & 2003a).

The NANB recognizes the need for breastfeeding support during hospital stay, and after discharge from the hospital. This is true especially with shortened post-partum stay approaches. Mothers also need to have available within their work environment adequate time and facilities to continue breastfeeding after returning to the work force (ICN, 2004; WHO, 2003a).

The Association supports WHO's *Code of Marketing of Breast-Milk Substitutes* and believes that artificial breast milk substitutes should neither be advertised nor distributed to new or expectant mothers (WHO, 1981, 2001a & 2001b).

The NANB also endorses WHO's and UNICEF's global "Baby-Friendly™ Hospital Initiative". This international program is designed to create an environment where breastfeeding is the norm, and to improve breastfeeding results for mothers and babies, through improvements in the quality of care and support offered (UNICEF/WHO, 2004; WHO, 1981).

May 1984
Reviewed February 1996
Reviewed and revised February 2006

References

- Health Canada (1998). *Nutrition for Healthy Term Infants: Statement of the joint working group – Canadian Paediatric Society, Dietitians of Canada, Health Canada*. Ottawa: Minister of Public Works and Government Services. Retrieved February 13, 2006 from www.hc-sc.gc.ca/ahc-asc/media/nr-cp/1998/1998_25bk2_e.html
- Health Canada (2004). *Exclusive breastfeeding duration*. Retrieved February 13, 2006 from www.hc-sc.gc.ca/fn-an/nutrition/child-enfant/infant-nourisson/excl_bf_dur-dur_am_excl_e.html
- International Council of Nurses [ICN] (2004). Position statement: *Breastfeeding*. Retrieved September 20, 2005 from www.icn.ch/psbreastfeed.htm
- ICN (2005). Fact Sheet/Nursing Matters: *Maternal and infant nutrition*. Retrieved September 20, 2005 from www.icn.ch/matters_nutrition_maternal_print.htm
- Storr, G. B. (2005). Breast-feeding: I don't work in maternity or in the community – why do I need to know about breast-feeding? *Info Nursing* 36(3), 12-13.
- United Nations Children's Fund & World Health Organization [UNICEF/WHO] (2004). Section 1: Background and implementation. *Baby friendly™ hospital initiative*. New York: UNICEF. Retrieved November 10, 2005 from www.unicef.org/nutrition/files/December_2004_B_n_1_1_1_2_.pdf
- World Health Organization [WHO]. (1981). *International Code of Marketing of Breast-Milk Substitutes*. Geneva, Switzerland: Author
- WHO (1999). *A critical link: Interventions for physical growth and psychological development – a review*. Geneva, Switzerland: Department of Child and Adolescent Health and Development. Retrieved October 14, 2005 from www.who.int/child-adolescent-health/New_Publications/IMCI/WHO_CHS_CAH_99.3.pdf
- WHO (2001a). *Follow-up formula in the context of the international code of marketing of breast-milk substitutes*. Geneva: Author. Retrieved November 10, 2005 from www.who.int/nut/documents/follow-up_formula_eng.pdf
- WHO (2001b). *Infant formula and related trade issues in the context of the international code of marketing of breast-milk substitutes*. Geneva: Author. Retrieved November 10, 2005 from www.who.int/nut/documents/infant_formula_trade_issues_eng.pdf
- WHO (2003a). *Global strategy for infant and young child feeding*. Geneva: WHO/UNICEF. Retrieved September 16, 2005 from www.who.int/nut/documents/gs_infant_feeding_text_eng.pdf
- WHO (09/03/2003b). *Promoting proper feeding for infants and young children*. Retrieved October 27, 2005 from www.who.int/nut/inf.htm