

Supporting moms long term

Despite the health benefits, many women are unable to find the support they need to breastfeed long term. BY JANE HAYWOOD-FARMER

DURING my clinical placement on the postnatal floor of a Toronto hospital in the fall of 2007, I noticed nurses explaining to patients why breastfeeding is important. They assisted mothers to establish a good latch, and encouraged them if they became frustrated. While observing one nurse as she conducted an assessment, I was surprised to see the patient's embarrassment when she admitted that she was still breastfeeding her two-year-old daughter, as well as her newborn. I quickly realized her embarrassment was understandable given the judgmental expression of the nurse, and her simple "oh" reply.

Shortly after this incident, I was sitting with fellow nursing students looking at a breastfeeding book that showed a few pictures of mothers breastfeeding their two, three or four-year-olds. The students reacted to the pictures with disgust and made inappropriate comments.

These events alerted me to a new kind of discrimination.

It surprised me that while nurses seem to strongly encourage mothers to breastfeed their newborns; their support is less forthcoming as a child gets older. In fact, my experience has shown me that some nurses express their disapproval of a mother's choice to breastfeed her children long term. My mother breastfed my siblings and me well past infancy, and continues to encourage the practice as we raise our own families.

Although long-term breastfeeding is both promoted and widely practiced around the world, in Canada we have a tendency to disregard the biological or natural age of weaning. According to a 2004 study published in *Clinical Obstetrics and Gynecology*, women should naturally wean children between 2.5 and seven years of age. Rather than focus on this, we tend to focus on what is culturally acceptable, despite the health benefits of long-term breastfeeding.

Incompatible Expectations: The dilemma of breastfeeding mothers was published in *Health Care for Women International* in 2003 and found that judgmental attitudes directed at women who choose to breastfeed long term leads many mothers to wean

their children before they would otherwise have wanted to do so. In fact, the research found that many women felt the longer they breastfed, the more discouragement and guilt they felt as a result of pressure from their partner, family, friends, and even strangers. Despite this overwhelming pressure, a minority still decide to persevere.

Sadly, these women often hide the fact that they breastfeed, which can have negative health consequences on both the mother and child. For instance, if health professionals are unaware a woman is breastfeeding, they may not be able to provide suitable recommendations regarding appropriate nutritional intake for a mother.

It is unfortunate that despite the benefits of long-term breastfeeding, and the normalcy of it, these women are unable to find support.

All breastfeeding mothers, including those who choose to feed their child long term, need a support network. Although unable to take the place of health-care professionals, La Leche League International is one such network. It encourages women to breastfeed as long as possible and fulfills a supportive purpose. As a member of La Leche League, my mother relied on this support while raising all four of her children.

Nurses must play a more active role in promoting long-term breastfeeding as recommended by the World Health Organization, Health Canada, and RNAO. By openly asking mothers if they are breastfeeding long term, nurses can become aware of their clients' complete health needs and mothers will feel more comfortable asking questions and sharing feelings.

I recognize long-term breastfeeding may not be the ideal choice for all mothers or the personal choice of many nurses. But it is important that our profession not only become aware of the discrimination these women experience, but also work at overcoming personal biases in order to provide the support and encouragement they deserve. **RN**

Jane Haywood-Farmer is in her final year of nursing at the University of Toronto.

Off to

THROUGHOUT her pregnancy, new mom Erin Merry discovered there are plenty of benefits to breastfeeding. She heard that it could protect her baby against infectious disease, promote emotional and cognitive development, prevent childhood obesity, and provide an opportunity to bond with her son in a way that she wouldn't find in a bottle of formula.

"Once I became a parent and saw this little life in front of me, I just wanted to do the best for him," she says. She assumed breastfeeding would be tough, but she planned to rely on her doula for support, and knew she could also ask questions of public health nurses and lactation consultants in Kingston, where she lives.

When it came time to deliver her son, Merry discovered things don't always go as planned. Instead of a natural birth, she had a Caesarean section. Once she held her newborn in her arms, she found it was hard to get him to latch onto her breast. Worried he wasn't getting enough to eat, Merry admits she was tempted to supplement with formula. But she persevered thanks to the encouragement and assurances of nurses.

"I think part of the reason I managed to stick with it was because of the nurses' determination," she says. "It's a tough time. You're sleep deprived, and there's a whirlwind of stuff happening. I think the nurses were really key to (my success)."

Merry says the public health nurse who came by a few days after she returned home also helped ensure she could fulfill her wish to provide her son with the best source of nutrition she could.

A year later, Merry is still breastfeeding. In fact, she's so enthusiastic that she's become a breastfeeding buddy at the local health unit, offering support to other moms. She says there's no such thing as too much support.

"If you don't help people right off the bat, they might give up and start with the bottle," she says.

As a public health nurse and chair of RNAO's Childbirth Nurses Interest Group, Nicole Szumlanski says there's plenty of evi-

the BEST start

BY JILL SCARROW



RNs say babies like Noah do better at breastfeeding when their moms receive help from nurses.

dence to support Merry's view. According to a study published earlier this year in the *Journal of Obstetrics and Gynaecology Canada*, 90 per cent of pregnant Canadian women want to breastfeed. By the time their children are six months old, however, just 16 per cent of mothers are breastfeeding exclusively. Szumlanski says that's a concern because the World Health Organization (WHO) and Health Canada recommend breastfeeding exclusively for six months, and introducing complementary foods while continuing to breastfeed for up to two years and beyond.

To ensure families such as Merry's get the support they need, Szumlanski believes Ontario needs a provincial breastfeeding strategy. The creation of such a strategy is something RNAO supports unequivocally. It would require health-care organizations

– including public health units, hospitals and clinics – to become Baby Friendly™ by earning a designation based on the WHO/UNICEF Baby-Friendly™ Hospital Initiative (BFHI), or Baby-Friendly™ Initiative for Community Health Services. Launched in 1991, the

BFHI lists 10 steps that health-care organizations can use to support successful breastfeeding, including helping mothers to start breastfeeding within 30 minutes after birth. It also recommends that mothers and babies remain together in

the hospital, including overnight, and sleep in the same room for the first six months the baby is home. Szumlanski says these practises lead to better health for mother and baby.

“The healthiest choice starts from the

first meal, which is that first mouthful of breast milk,” she says.

Joanne Gilmore agrees. Last summer, the nursing manager at Toronto Public Health and member of the panel that developed RNAO's *Breastfeeding Best Practice Guideline for Nurses* – a comprehensive tool that helps nurses work with moms – joined then NDP health-critic Shelley Martel in calling for a provincial breastfeeding strategy.

Gilmore says supporting breastfeeding moms is crucial, especially when you consider some of the obstacles they face. For instance, it can be hard for a woman who's had an epidural or Caesarean section to position herself to begin breastfeeding. Caesarean sections also decrease the odds that a baby will be placed right on

the mom's abdomen after birth, a practice Gilmore says encourages breastfeeding. And given that women are now going home from the hospital when the baby is just a few days old, Gilmore says a strong structure of breastfeeding clinics, home visits from public health nurses, and peer support will pay off in future health benefits.

“It's good for the health-care system,” she explains. “The more babies who are successfully breastfed, the healthier the mothers and the babies will be.”

Merry says it's also crucial to provide women with more information about breastfeeding. For instance, resources that help parents to understand how to ensure a good latch should be included in pre-natal classes. And she has no doubt that nurses will continue to play an invaluable role in that education, ensuring women stick with it for six months, two years, or beyond. **RN**

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