

Nexus



Vol. 4, No. 2
June 2009

with the Health Care Community

Infant Feeding Trends in Leeds, Grenville & Lanark

— Michelle Murray, RN, BNSc and Katie Jackson, MA

In 2006, the Health Unit completed a survey of infant feeding practices in Leeds, Grenville and Lanark (n=500) to look at trends in our community.

- 84.9% initiated breastfeeding within 2 days of giving birth¹
- 41.2% were breastfeeding at 6 months postpartum¹
- A 13.9% decrease in breastfeeding was observed within the first month postpartum¹

So why is there is such a large drop off?

- The main reason given by women for stopping breastfeeding was “not enough milk/poor quality of milk”.¹
- Respondents also cited “baby not sucking well at breast” as a reason for stopping breastfeeding.¹

Research has suggested that less than 5% of lactating women have “inadequate glandular lactation tissue” leading to insufficient supply.² Diverse factors such as social support, medical practices, smoking status, and successful latching, can affect breastfeeding rates.

What factors affect breastfeeding rates?

- Many issues with latch and supply can be avoided by:
 - not providing early supplementation unless medically indicated³
 - providing knowledgeable breastfeeding support.*
- Distribution of free formula samples and advertising by formula companies on promotional materials influences patient decision making.
 - Not using formula samples resulted in a 3.4 times increase in the likelihood of continuing to breastfeed for at least 6 months.¹
- Including the risks of formula feeding, as well as the benefits of breastfeeding, in preconception and prenatal teaching ensures informed decision making.⁴
 - Women who decided how to feed their baby before becoming pregnant were 3.4 times more likely to initiate breastfeeding than those who decided after their baby was born.¹

How does this connect with child health?

- Breastfeeding decisions and practice impact on other infant feeding decisions such as introduction to solids. There is an evidence-based link between continued breastfeeding and appropriate introduction to solids at 6 months.⁵
- Breastfeeding reduces health risks throughout the lifespan for the infant. It also reduces health risks, both short and long-term, for the mother. There are additional psychological and financial benefits for the mother-infant dyad and the family.⁴

Every opportunity taken by a primary health care provider to promote the normal way of feeding an infant affects the lifetime health trajectory of an individual. If you would like any further information regarding the LGL Infant Feeding Survey or the Baby-Friendly Initiative please contact Katie Jackson, Planning & Evaluation Consultant @ 613 345-5685 ext. 2256.

* Public Health Nurses are available through the Health Action Line or through the Healthy Babies/Healthy Children program to provide breastfeeding support.

Please find enclosed a copy of the College of Family Physicians of Canada ‘Infant Feeding Policy Statement 2004’.

References

- 1) The Leeds, Grenville and Lanark District Health Unit. 2006 Infant Feeding Survey: Factors influencing breastfeeding initiation, duration and the introduction of solids. 2008.
- 2) Feinstein, JM et al. “Factors related to early termination of breastfeeding in an urban population.” *Pediatrics* 78, no. 2 (1986): 210-215.
- 3) WHO/UNICEF. Acceptable medical reasons for use of breast-milk substitutes. Geneva: World Health Organization, 2008
- 4) College of Family Physicians of Canada. “Infant Feeding Policy Statement 2004.” http://www.cfpc.ca/local/files/Communications/Health%20Policy/Final_04Infant_Feeding_Policy_Statement.pdf (accessed 14 May 2009)
- 5) Hendricks, K et al. “Maternal and child characteristics associated with infant and toddler feeding practices.” *Journal of the American Dietetic Association* 106, no. 1 (2006): Suppl-48.



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nexus ('nek-sus) noun,
Latin: bond, tie; from nectere - to bind : a connection or link between things, persons, or events esp. that is or is part of a chain of causation

Source: *Merriam-Webster's Dictionary of Law*, © 1996 Merriam-Webster, Inc.



Lyme Disease

— Kim McCann, BAsC, CPHI (C)
Public Health Inspector

Lyme disease is caused by the bacterium *Borrelia burgdorferi* (Bb) and is transmitted by an infected black legged tick (*Ixodes scapularis*). Residents of Leeds, Grenville & Lanark who find a tick on their body should submit it to the Health Unit for identification and testing for the Bb bacteria. Results from the tick may take several weeks, patients who present with “compelling clinical symptoms should be treated without waiting for diagnostic test results of the submitted tick”.¹ During 2008, 551 black legged ticks were identified and 28 (5%) were positive for Bb. The Health Unit followed up eight confirmed cases of Lyme disease: one case was travel related; seven were locally acquired.

One of the early signs of Lyme disease is Erythema migrant (EM) lesions, commonly found where the infected tick bit the patient. “The lesions are typically >5 cm in diameter and not associated with skin inflammation, itchiness, scaling, pain, swelling or exudation”.¹ EM lesions, the classic symptom of Lyme disease, appear within one to two weeks of being bitten. However, they may take as long as one month to appear. The skin lesions occur in 60%-80% of patients with Lyme Disease.² Other symptoms include flu-like



Erythema migrans (bull's eye rash)

Photo credit: Photo courtesy of Arun District Council, West Sussex, England

symptoms such as fatigue, headache, joint and muscle pain.¹ If Lyme disease is not detected and treated in its early stages the disease can progress and may cause neurological, cardiac, and musculoskeletal sequelae and multiple EM lesions.¹

The new Public Health Standards developed by the Ministry of Health and Long-term Care include the Infectious Diseases Protocol, 2009. Appendix A and B of the protocol has useful information that would help physicians in the diagnosis of Lyme disease. This protocol can be found online at: http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/infdispro.html

References

- 1) Ogden, N.H. et al. “Lyme Disease A zoonotic disease of increasing importance to Canadians.” *Canadian Family Physician*, (2008): 1381-1384.
- 2) MOHLTC. “Ontario Public Health Standards, Infectious Disease Protocol, 2009- Appendix B.” http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/infdispro.html (accessed 15 June 2009).

Alcohol and Cancer — Making the Link

— Lucia Taggart, RN, BNSc

Recommendations from the National Alcohol Strategy and the Centre for Addiction and Mental Health list brief interventions that can be delivered by doctors and other health care providers as useful in reducing high risk drinking. This is an effective strategy to reduce cancer risks and other harms associated with heavy drinking.¹

Alcohol consumption has been linked with over 60 medical conditions.² It has also been labeled a carcinogen by the International Agency for Research on Cancer and the US National Toxicology Program. Cancers associated with alcohol consumption have a dose-response relationship that is linear in terms of relative risk, and all are significant at low dose.¹

The Regional Cancer Prevention and Screening Network of Southeastern Ontario, along with partner agencies, hosted an education forum last fall that presented some of the research linking alcohol to cancer. Participants were also made aware of the CAGE+2+Y tool, developed to assist health professionals in assessing their patients’ alcohol use. In addition the Low Risk Drinking Guidelines were reinforced.

FOCUS Resource Centre has posted the proceedings from the forum on their website at www.frcentre.net/AC_link.htm. A copy of the CAGE+2+Y tool is included in this copy of Nexus. Should you require additional copies, please contact Lucia Taggart, RN, BNSc, Coordinator, Smiths Falls FOCUS Community Coalition at 613-283-2740 or you can download a copy at www.smithsfallsfocus.org/programs.htm.

References

- 1) Centre for Addiction and Mental Health. *Alcohol and Cancer: Best Advice*. Centre for Addiction and Mental Health, 2007.
- 2) Haydon, Emma, et al. *Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Preventive Priorities . Summary of full report*, Toronto: Ontario Chronic Disease Prevention Association, 2006.

Please Note:

Healthy Babies Healthy Children Postpartum Contact

The provincial Healthy Babies Healthy Children (HBHC) program provides contact to postpartum mothers within 48 hours from hospital discharge.

Due to budget constraints, weekend coverage by a Public Health Nurse with the HBHC Program at the Leeds, Grenville & Lanark Health Unit has ended. Referrals that are received from the hospital by the Health Unit after 3:00pm on Friday afternoons will not be contacted by Public Health over the weekend. A Public Health Nurse will attempt to contact the mother as soon as possible in the following week, during regular business hours (8:30am to 4:30pm Monday to Friday).

— Cathy Millard, RN, BNSc, Healthy Babies Healthy Children Program Coordinator

Advising Patients on the Introduction of Complementary Foods to Infants

— Dianne Oickle, MSc, RD, Registered Dietitian/Public Health Nutritionist

The position of the Canadian Pediatric Society is that exclusive breastfeeding for the first six months of life is the optimal food for infants, and that breastfeeding may continue for up to two years and beyond.¹ This extends the recommended duration of exclusive breastfeeding from the previous guideline of 4-6 months.² Promoting exclusive breastfeeding to six months of life has the potential to improve health for all infants, particularly those who are economically and socially disadvantaged.³

Results of the Leeds, Grenville, and Lanark District Health Unit Infant Feeding Survey 2006⁴ showed that 75% of respondents had offered pablum to their infants by the age of six months. More specifically, 25% had given pablum by four months of age, and 50% by five months of age.

There are several risks to infant health of offering complementary “solid” foods to infants before the age of six months. These risks include the replacement of breastmilk or formula,^{1,5} weight loss or failure to gain,¹ iron depletion and anemia,⁵ gastrointestinal infections,^{1,6} respiratory infections,^{1,6} inadequate fatty acid intake⁵, and food allergies.^{1,4,6}

At the age of six months, iron-containing foods should be the first solid food. Heme sources of iron such as meat, poultry and fish should be encouraged at the age of six months since this type of iron is absorbed at a highly efficient rate. Non-heme sources of iron, including lentils, chickpeas, kidney beans, and tofu for example, are absorbed less efficiently; however these sources can provide iron to a six month old infant. The non-heme form of iron is still absorbed at a more efficient rate than the supplemental iron in infant cereal, also known as pablum. All meat and meat alternatives are safe to introduce after six months of age except:

- Egg whites, which should be delayed until one year of age
- Other foods may need to be delayed, depending on an infant’s food allergy risk.⁷

After iron-containing foods are being consumed, vegetables, fruits and some dairy products can be offered to infants older than six months. Cheese and yogurt, for example, are suitable dairy products for an infant after the age of 6 months. However, the introduction of homogenized milk should be delayed until the age of 9-12 months,¹ and then only if a variety of foods are being consumed on a regular basis from each of the four food groups in Canada’s Food Guide.

The Health Unit Infant Feeding Survey 2006 also showed that women who planned prenatally to breastfeed for longer than six months were 2.6 times more likely to introduce solid food after six months of age than those women who planned prenatally to breastfeed for less than six months.⁴

Therefore, in supporting patients to reduce the risks associated with the introduction of complementary foods before six months of age, the promotion of breastfeeding as the exclusive source of infant nutrition and education on the appropriate timing of introducing “solid” foods to infants is critical.

References

- 1) Canadian Paediatric Society, Dietitians of Canada and Health Canada. *Nutrition for Healthy Term Infants*. Ottawa: Minister of Public Works and Government Services, 2005.
- 2) Canadian Paediatric Society, Dietitians of Canada, and Health Canada. *Nutrition for Healthy Term Infants*. Ottawa: Minister of Public Works and Government Services, 1998.
- 3) Boland, M. 2005. “Exclusive breastfeeding should continue to six months.” *Pediatric Child Health* 10, 3 (2005): 148.
- 4) The Leeds, Grenville and Lanark District Health Unit. 2006 Infant Feeding Survey: Factors influencing breastfeeding initiation, duration and the introduction of solids. 2008.
- 5) Guthrie, H.A. “Introduction of Solid Foods – Part 2. Consequences of Early and Late Timing”. <http://www.hini.org/HINI/solid1.htm>. (accessed May 19, 2009).
- 6) Guthrie, H.A. “Introduction of Solid Foods – Part 1”. <http://www.hini.org/HINI/solidfood2.htm>. (accessed May 19, 2009).
- 7) Greer, F.R. et al. “Effects of early nutritional interventions on the development of atopic disease in infants and children: The role of maternal dietary restriction, breastfeeding, timing of introduction of complementary foods, and hydrolyzed formulas.” *Pediatrics* 121 (2008):183-91.

Thinking ahead to Manage the Novel H1N1 Influenza A Virus

— Michele de Jonge, RN, BScN

It can be a challenge to sort through all the information coming at you from a variety of sources on the Novel H1N1 Influenza A Virus. Here are a few web sites that we recommend to add to your Favorites for easy access.

The “H1N1 Flu Virus” Web site from the Ministry of Health and Long Term Care.

http://www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/default.html

This comprehensive web site has information for Emergency Departments, Ambulatory Care Settings, and Long Term Care Settings.

Some guidelines to review over the summer are:

Important Health Notices

<http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>

Information on the use and fit-testing of N95 Respirators (Fact Sheet)

http://www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/sf_docs/N95_fit_test_qa_20090512.pdf

Ontario’s Agency for Health Protection and Promotion

<http://www.oahpp.ca/index.php>
Up-to-date laboratory testing guidelines, requisitions and order forms for supplies.

Public Health Agency of Canada

http://www.phac-aspc.gc.ca/alert-alerte/swine_200904-eng.php

Information on the number of cases of H1N1, frequently asked questions, immunization, antivirals and information for travellers

The Leeds, Grenville and Lanark District Health Unit – click on **Health Care Professionals**

www.healthunit.org
Includes the ‘Family Practitioner Pandemic Tool Kit’ to help maintain your family practice, posters and other resources to use in your office. It also highlights your role and responsibility in the Tri-County Pandemic Plan.

Please note: The links to the above websites are also available on the Health Unit website.

Date: _____

From: _____

Fax to: **(613) 345-2879**

We value your opinion. Please feel free to send us your comments.

1. Comments/suggestions for the newsletter: _____

2. I would like to receive the newsletter:

By mail By e-mail _____
e-mail address

3. Can we provide information on specific topics? Please check all that interest you.

Clinical Services

- Infection Control
- Communicable Disease
- Immunization/Vaccine Preventable Diseases
- Sexual Health
 - STI/AIDS

Health Protection

- Rabies
- Food Safety
- Safe Water
- Vector-borne Illness
- Emergency Response
- Health Hazard Investigation

Health Promotion

- Cancer Prevention (Breast, Cervical & Skin)
- Dental Health
- Injury Prevention
- Substance Abuse Prevention
- Chronic Disease Prevention
 - Healthy Eating
 - Healthy Weights
 - Physical Activity
 - Tobacco-Free Living

Family Health

- Child Health
 - Growth & Development
 - Parenting
 - Breastfeeding
 - Nutrition for Infants, Toddlers & Preschoolers
 - Healthy Babies/Healthy Children program
 - Family Abuse Prevention
- Reproductive Health
 - Preconception Health
 - Pregnancy

Disease Surveillance

- Information on the health status/health risks in our community
- Information from local, provincial & national health surveys

Other? _____

4. Is there any change to your contact information?

Name: _____

Address: _____

Phone: _____

Fax: _____

