

RE: Request for private lactation rooms in every Manitoba hospital for patients and staff.

To Whom It May Concern,

The Manitoba Interdisciplinary Lactation Centre (MILC) Club (www.milcresearch.com/milc-club) is a group of breastfeeding and lactation researchers, clinicians and advocates who collaboratively share ideas and set goals to improve the study of, access to, and promotion of human milk feeding in Manitoba. **We write with a request for the creation of safe, clean and private lactation rooms in every Manitoba Hospital for both staff and patients.**

Our rationale for this request is detailed below, based on **seven fundamental facts**:

1. Human milk saves lives and protects health, but many families struggle to meet their breastfeeding goals.
2. Breastfeeding is a protected Human Right.
3. Healthcare providers and facilities have a key role in supporting breastfeeding.
4. Protecting breastfeeding supports social justice and reconciliation in Canada.
5. Supporting Breastfeeding is an investment in Manitobans.
6. Lived Experiences outline the dire need of staff and patients to have access to breastfeeding support at healthcare facilities.
7. A safe, clean lactation space in hospitals IS healthcare.

1. Human milk saves lives and protects health, but many families struggle to meet their breastfeeding goals.

Increasing breastfeeding rates around the world to near universal levels could prevent 823,000 annual deaths in children younger than five years and 20,000 annual maternal deaths from breast cancer¹. Evidence from MILC and countless studies around the world shows that children fed human milk have reduced rates of sudden infant death, necrotizing enterocolitis, diabetes type 1 and 2, obesity, cardiovascular disease, asthma, allergies, hospitalizations and death. Birthing parents who lactate have less prevalence of type 2 diabetes, obesity, hypertension, cardiovascular disease, breast and ovarian cancer. These statements are supported by professional and evidenced based medical organizations, including the Canadian Pediatric Society². The World Health Organization recommends breastfeeding exclusively for 6 months and with complementary solid food for 2 years and longer³. Breastfeeding initiation rates in Canada are high at around 90%; however, the exclusive breastfeeding rate at six months is just 37% (Breastfeeding Committee for Canada)⁴.

2. Breastfeeding is a protected Human Right.

The Human Rights Commission of Manitoba's Human Rights Code⁵ states: *"Those who provide services to the public should have a clean, comfortable and somewhat private area available for nursing mothers to breastfeed, if requested."* and *"Employees who are nursing have the right to reasonable support from their employer so that they can continue breastfeeding their child"*. In addition, Canada's Human Rights Commission's 2010 Guide for Employers⁶ states: *"During an employee's return to work after pregnancy-related or maternity leave: Provide accommodation for employees who breastfeed or express/pump breast milk."* This document also outlines that failing to provide reasonable accommodation for an employee who is pregnant or recently gave birth (i.e. lactating parents) can be considered pregnancy-related discrimination.

3. Healthcare providers and facilities have a key role in supporting breastfeeding.

New families frequently describe barriers to being able to breastfeed exclusively, and for the duration that they choose. The World Alliance on Breastfeeding Action (WABA), states that supporting and promoting breastfeeding is a "shared responsibility" among all players in our society⁷. The health care team and employers can and should play a pivotal role in helping families reach their breastfeeding goals. Families breastfeed longer if their care providers and employers support their choice, make accommodations and provide a private and clean space to breastfeed or express and store milk.

4. Protecting breastfeeding supports social justice and reconciliation in Canada.

A family may choose to breastfeed, but their social situation may not permit this choice to be actionable, driving health inequities. Breastfeeding rates are lowest among families with food and financial insecurity, racial and weight stigma, lower education, physical and mental health conditions and inadequate access to healthcare. In Manitoba, our northern-rural and Indigenous populations are especially vulnerable to social inequities and related barriers to breastfeeding. Dr. Nathan Nickel, Assistant Professor in Community Health Sciences and Research Scientist for the Manitoba Centre for Health Policy explains: "We need to decolonize the Healthcare System", and, "in Canada, we have the history of institutional racism and historical trauma which impact health and well-being, including breastfeeding."⁸

The 19th Call to Action of the Truth and Reconciliation Document states: *"We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and **close the gaps in health outcomes** between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: **infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.**"* Breastfeeding is inextricably related to many of these (**bolded**) outcomes; thus, supporting breastfeeding should be a high priority strategy for Truth and Reconciliation.

5. Supporting Breastfeeding is an investment in Manitobans.

The global economic and health system costs of inadequate breastfeeding total over \$340 billion annually⁹. These data call for immediate scaling up of financing and implementation of policies, programs, and interventions to meet the WHO's breastfeeding target by 2025. The Canadian Federal Government, through the Breastfeeding Committee of Canada, has been actively investing in increasing the number of Baby Friendly Hospitals across Canada⁴. Baby Friendly Hospitals, where each staff member is educated in the protection of the breastfeeding relationship, are the gold standard of hospital care to support families. Currently, Manitoba has 4 Baby Friendly Facilities with plans to expand. Both major birthing hospitals in Winnipeg (Health Sciences Centre and St. Boniface) are working toward Baby Friendly Hospital Designation. Knowledgeable staff and safe private locations to express and feed human milk are fundamental components of Baby Friendly designation.

6. Lived Experiences outline the dire need of staff and patients to have access to breastfeeding support at healthcare facilities.

The following are examples of situations that we routinely encounter in Manitoba.

- A new mother visited a Winnipeg ER in 2021. She had to come without a helper due to the pandemic restrictions. She was in tears because she could barely sit comfortably, and was still learning how to latch and feed her newborn. She did not yet own a pump and was in the waiting room, worried about COVID-19, the wellbeing of her baby, feeding for the first time in public, and that she wouldn't be able to settle her newborn.
- A mother brought her baby to the emergency department to be admitted for omphalitis but unfortunately had to wait several hours in the emergency waiting room first. Mom was exclusively pumping, and though she had her pump, she could not find an outlet in the waiting room that worked. This led to mom not pumping for several hours which led to blocked milk ducts, pain, and a decrease in her milk production in the following days.
- A mother with a breast abscess avoided ER for fear of being without her baby, or getting her baby sick with COVID-19. When this mother arrived alone at the ER, there was no clean and safe place to pump. Unable to remove milk from her breasts, her condition worsened to near life-threatening as she waited for care.
- An ER nurse mandated to work double shifts through the strain of COVID-19 did not have a space or time allocated to her to remove her personal protective equipment and pump milk while away from her child.

These stories of heightened anxiety and poor access to lactation spaces in Manitoba hospitals are not isolated incidents. Our patients and colleagues share these experiences with us often and they all reflect a failure of our institutions to uphold Manitoba's Human Rights Code.

7. A safe, clean lactation space in hospitals IS healthcare.

If healthcare is defined as “efforts to maintain or restore physical, mental, or emotional well-being”¹⁰, then protecting breastfeeding by providing a safe and clean space for families to breastfeed or pump milk IS healthcare. Providing these spaces will also show that our province prioritizes protecting human and reproductive rights; that we advocate for social justice in healthcare and in our society including working toward reconciliation; and that we minimize barriers for our most vulnerable patients to receive ideal nutrition, and maximize disease prevention. It is a small investment that has big impacts in long term health care savings, and on our society shifting to normalize, protect and promote breastfeeding rights overall. Quite frankly, a clean, safe and private lactation space within hospitals where families go to get help and become well, is long overdue.

Our MILC team would be happy to discuss this matter further and develop a strategy for creation of safe, clean and private lactation rooms in every Manitoba Hospital for both staff and patients.

Thank you for your consideration.

On behalf of the MILC Club,



Dr. Katherine Kearns, MD, CCFP, FCFP, IBCLC
Co-founder Winnipeg Breastfeeding Centre



Dr. Christina Raimondi, MD, CCFP, FCFP, IBCLC PMH-C
Co-founder, Winnipeg Breastfeeding Centre.



Dr. Meghan Azad, PhD
Co-Director, Manitoba Interdisciplinary Lactation Centre

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Additional Resources

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