



Healthy Weights
CONNECTION™

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Breastfeeding, Aboriginal Practices

Fact Sheet No. 8



Benefits of breastfeeding

Breast milk is viewed as a gold standard of infant nutrition. Evidence suggests that breastfeeding provides numerous health benefits to children not only during infancy, but also produces lasting effects that impact them throughout the course of their development into adulthood. This factsheet will briefly address the benefits that breastfeeding has been found to contribute towards nutrition, immune protection and chronic disease prevention.

Traditional Views of Breastfeeding

Breastfeeding is an important part of the life cycle, as a mother's milk provides nourishment to an infant. Traditionally, Aboriginal women who breastfed their babies were honoured for being life givers. There are many teachings and beliefs supporting breastfeeding held within Aboriginal communities. Elders and traditional knowledge holders can be good breastfeeding resources.¹

Nutrition

Human breast milk contains high levels of essential and nonessential amino acids that are important for nutrition during early infancy. Essential amino acids must be obtained as part of a diet, since the body cannot make them naturally. All nine essential amino acids are found in human breast milk, along with nonessential amino acids. In order to provide babies with adequate protein, the amino acids in breast milk change according to nutritional needs at different stages of infancy². Cow's milk contains different levels of amino acids that are not suitable for promoting healthy development in infants.

Box 1: Colostrum

Colostrum, or first milk, is a special form of breast milk that is produced during late pregnancy, just before a woman gives birth to a child. It has a unique ratio of protein, fat, carbohydrates, vitamins, minerals, and immune cells that play a crucial role in protecting infants from early infection and disease².

Many other important nutrients are found in breast milk. High amounts of carbohydrates are present, mostly in the form of lactose, to provide infants with energy for growth². The fat content of breast milk also contributes to the energy needs of infants, while supporting healthy brain development². Breast milk also contains several vitamins and minerals.

Immune Protection

Breast milk contributes positively to the immune protection of newborns. A notable immunological component of breast milk is the presence of microbial flora; microscopic living organisms that are found in the human gut, like certain bacteria. These help populate a newborn's gastrointestinal tract with healthy bacteria that support digestion and immune tolerance², promoting healthy development of an infant's immune system over the course of their growth into childhood².

Chronic Disease Prevention

Breastfeeding may offer protective advantages against several chronic diseases such as obesity³, type II diabetes mellitus⁴ and cardiovascular disease⁵. These conditions are sometimes considered "lifestyle" diseases, as they are generally mitigated through maintaining healthy eating and regular exercise habits. Several studies have observed the effects that breastfeeding seems to have on lowering the risk of developing these chronic diseases later in life^{3,4,5}. Breastfeeding is often regarded as a modifiable risk factor for developing these chronic lifestyle diseases.

¹ Best Start Resource Centre (2013). *Breastfeeding for the Health and Future of Our Nation: A Guide for Aboriginal Families and Communities in Ontario*. Toronto, Ontario, Canada.

² Ballard, O., & Morrow, A. L. (2013). Human milk composition: Nutrients and bioactive factors. *Pediatrics Clinics of North America*, 60(1), 49-74.

³ Singhal, A., & Lanigan, J. (2007). Breastfeeding, early growth and later obesity. *Obesity Reviews*, 8(1), 51-54.

⁴ Gouveri, E., Papanas, N., Hatzitolios, A., & Maltezos, E. (2011). Breastfeeding and diabetes. *Current Diabetes Reviews*, 7(2), 135-142.

⁵ Aguilar, C. M. J., Madrid, B. N., Baena, G. L., Mur, V. N., Guisado, B. R., & Sánchez, L. A. M. (2014). Breastfeeding as a method to prevent cardiovascular diseases in the mother and the child. *Nutricion Hospitalaria*, 31(5), 1936-1946.

Breastfeeding recommendations

The World Health Organization (WHO) has outlined a set of breastfeeding recommendations intended for all healthy mothers. Newborns should be provided their first feeding of colostrum within the first hour after birth⁶. Breastfeeding should continue exclusively for the next 6 months, without feeding of water, breast milk substitutes, or other liquids⁷. Breastfeeding can be continued with the introduction of other liquids and foods for up to and beyond two years after birth⁷.

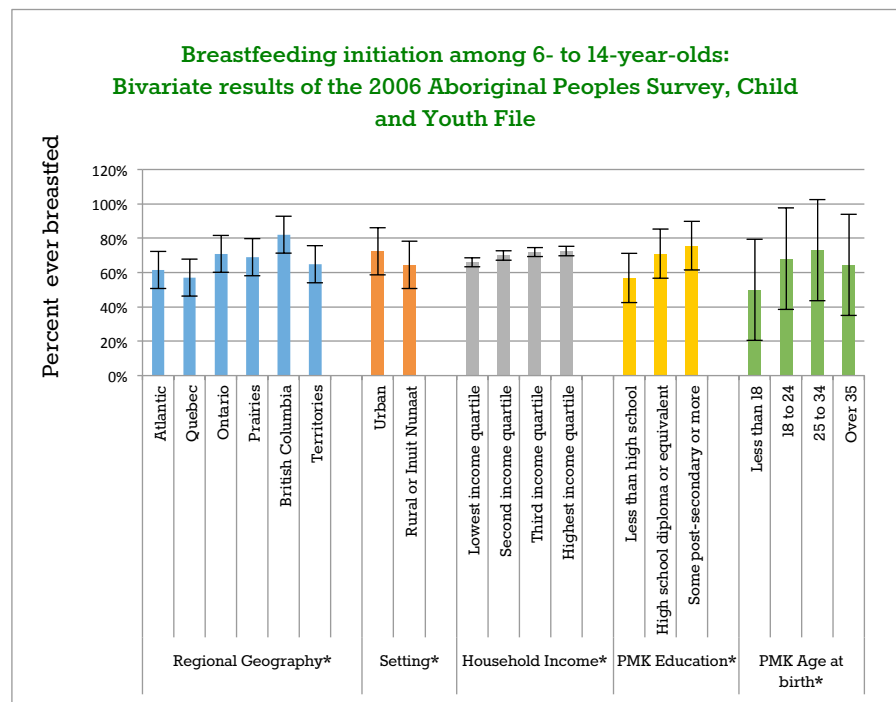
Box 2: Traditional Breastfeeding Practices

Traditionally, infants would be breastfed for at least 2 years and often for 4 or 5 years¹.

Who breastfeeds?

Analysis of data collected from the 2006 Aboriginal People's Survey, Child and Youth File, has revealed some important information regarding who might be more likely to breastfeed their children among Indigenous populations in Canada⁸. Data is collected for children aged 6 to 14 years, living off-reserve, by proxy of each child's person most knowledgeable (PMK). A child's PMK is most likely to be his or her parent, but may often be a grandparent, sibling or other relative. Figure 1 represents the reported rates of breastfeeding initiation according to the following five main variables: (1) regional geography of residence, (2) urban-rural setting of residence, (3) household income, (4) PMK level of education, and (5) PMK age at child's birth.

These preliminary findings suggest patterns of higher breastfeeding rates among children living in certain geographic regions and urban-rural settings within Canada. There is evidence of upwards trends in household income, PMK education level and the reported percentage of children having ever been breastfed. Differences in breastfeeding rates according to PMK age at each child's birth may also be indicative of who is more likely to initiate breastfeeding.



* denotes statistical significance. Error Bars show 95% confidence intervals

⁶ World Health Organization [WHO]. (2001). *The optimal duration of exclusive breastfeeding*. Geneva: Department of Nutrition for Health and Development; Department of Child and Adolescent Health and Development.

⁷ World Health Organization. (2003). *Complementary feeding: Report of the global consultation, and summary of guiding principles for complementary feeding of the breastfed child*. Geneva: Department of Nutrition for Health and Development; Department of Child and Adolescent Health and Development.

⁸ Statistics Canada. (2007). *Aboriginal peoples survey (APS)*. Retrieved Aug 13, 2015, from <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SurvId=53045&InstalD=28330>

How to support breastfeeding in your organization

The Public Health Agency of Canada outlined some strategies for promoting and supporting breastfeeding. Use these strategies alongside cultural teachings to support breastfeeding in your organization.

1. Create breastfeeding friendly sites
2. Keep staff up-to-date
3. Empower mothers to make informed decisions
4. Respect the needs of mothers who choose not to breastfeed
5. Identify barriers and explore solutions
6. Sustain support beyond initiation
7. Include families, partners and friends
8. Encourage peer breastfeeding support
9. Engage the community as a partner⁹

Box 3: Breastfeeding challenges

Reasons for not breastfeeding may range from ability to choice, but it should be noted that a lack of breastfeeding does not speak to an inability to provide a loving, nurturing, and supportive environment for a growing infant.

Breastfeeding may be difficult or impossible if children are born with tongue or lip ties¹, or certain genetic conditions¹. Breastfeeding may not be recommended when the mother has an infection that may be transmitted to the infant or the mother is taking any drugs or pharmaceuticals that may be harmful to the infant¹. Mothers may also contract bacterial breast infections, develop blocked milk ducts, or be unable to produce any sufficient amount of milk.

Breastfeeding Resources

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| La Leche League | Promotes breastfeeding of infants across Canada by providing volunteer-based support and education to mothers. | www.lllc.ca |
| Telehealth Ontario | Offers a 24/7 hotline where mothers can seek breastfeeding advice and support services from a Registered Nurse. | Toll-free: 1-866-797-0000 Toll-free TTY: 1-866-797-0007 |
| Breastfeeding for the health and future of our nation | Booklet created to support Aboriginal women with supportive breastfeeding strategies. | http://www.beststart.org/resources/breastfeeding/BFHFN_sept26.pdf |
| A sense of belonging: Supporting healthy child development in Aboriginal Families | Manual was developed to improve service delivery to Aboriginal families in Ontario. | http://www.beststart.org/resources/hlthy_chld_dev/pdf/aboriginal_manual.pdf |
| Protecting, Promoting And Supporting Breastfeeding: A Practical Workbook For Community-based Programs - 2nd Edition | Workbook is intended to assist communities to identify strategies and specific actions to protect, promote and support breastfeeding in a population health context. | http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/ppsb-ppsam-eng.php#c2a |

⁹ Public Health Agency of Canada. (2014). *Protecting, promoting and supporting breastfeeding: A practical workbook for community-based programs*. Retrieved March 30 2016 from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/pdf/ppsb-ppsam-eng.pdf>