# PHYSICIAN BREASTFEEDING RESOURCES: A Roundtable

March 2022

KCR COMMUNITY RESOURCES
Enhancing Lives - Connecting Communities

Interior Health

www.breastfeedingchange.ca

**A cooperative project between KCR Community Resources and Interior Health**

**Led by the Breastfeeding Systems Change Project Steering Committee:**
Karen Graham and Ellen Boelcke, Co-chairs; Linda Trudeau, Secretary; Rhonda Camille, Robert Finch, Carlene George, Dr. Jeanne Mace, Joceline Marquez, Meggie Ross and Dr. Marie Tarrant.
**Interior Health, Manager, Healthy Communities:** Trish Hill
**Interior Health, Director Maternal, Newborn, Child & Youth Network:** Julie McRae

For more information on the Breastfeeding Systems Change Project and to access this report online go to **www.breastfeedingchange.ca** or contact the **Project Coordinator: karen.graham@interiorhealth.ca**

**All Roundtable Participants (see page 2):**

Dr. Kim Allan
Dr. Michelle Arnold
Dr. Emily Budd
Dr. Ilona Hale
Dr. Jeanne Mace
Kristy Poirier
Dr. Shannon Rourke
Dr. Fatemeh Sabet
Alyson Wlasoff
Karen Graham – Co-Facilitator
Tiffany Holdsworth-Taylor – Co-Facilitator

**Additional Reviewers**
Dr. Ruth Brighouse
Dr. Suzanne Campbell

**Author of Report**
Tiffany Holdsworth-Taylor, RM, IBCLC
**Midwife and Lactation Consultant**

**Primary Editor**
Karen Graham, RD, CDE

**Plain Language Editor**
Janice Madill, Easy English

**Design**
Aaryn Secker, Sitehound

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Interior Health Physician Engagement in Health System Redesign
**Doctors of BC**

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**A Comment on Language**
This report uses the terminology mothers, parents and breastfeeding to reflect the language used by participants in the Roundtable. The author recognizes that some of these terms are gendered and do not reflect the identity of all people engaging in infant feeding. The use of inclusive language in healthcare is a recognized priority to improve access to care for all people.

**Acronyms**

| | |
|---|---|
| BFI | Baby-Friendly Initiative |
| IBCLC | International Board-Certified Lactation Consultant |
| ICU | Intensive Care Unit |
| IH | Interior Health |
| KCR | Kelowna Community Resources |
| NICU | Neonatal Intensive Care Unit |
| PHN | Public Health Nurse |
| PRH | Penticton Regional Hospital |

# Contents



**Physicians provide essential support to breastfeeding mothers.**

# Project Description

**Background**
In 2019 parents (25 mothers, one father and one grandmother) and ten health care providers living in the Interior Health Region cooperated in the Breastfeeding Journey Mapping project (breastfeedingchange.ca). We gained an understanding of the entire breastfeeding care experience from before birth to hospital and back home. From this report, existing strengths, opportunities and gaps in service and 15 participant-driven recommendations were identified.

**This report focuses on the first of the 15 recommendations:** Support doctors with breastfeeding resources—create or make available a practical resource for doctors to initiate positive discussions with their patients about breastfeeding.

**Physician Roundtable Process**
Participants consisted of seven physicians, two nurse practitioners, one dietitian, and one midwife/lactation consultant. They are from the Interior Health region and represent both rural and urban settings.

**Participants**

**Dr. Kim Allan**
**Fernie**
Family doctor doing maternity, including caesareans, and breastfeeding support.

**Dr. Michelle Arnold**
**Calgary**
2nd year UofA Fam Med Resident. Was a labour and delivery nurse.

**Dr Emily Budd**
**Kelowna**
Paediatrician at Tier 4 hospital NICU and in the community on the paediatric unit.

**Dr. Ilona Hale**
**Kimberley**
Family physician; sees parents post-natal. Does related research.

**Dr. Jeanne Mace**
**Kelowna**
Family physician, and practice maternity, obstetrics and delivery.

**Kristy Poirier**
**Merritt**
Family Nurse Practitioner with an RN neonatal ICU background.

**Dr. Shannon Rourke**
**Vernon**
Family practice,
obstetrics and assists in the operating room.

**Dr. Fatemeh Sabet**
**Kelowna**
IH Medical Health
Officer, health promotion and prevention. On IH BFI Committee.

**Alyson Wlasoff**
**Kamloops**
Family Nurse Practitioner in rural; does prenatal through postpartum.

**Tiffany Holdsworth-Taylor**
**Penticton**
**Roundtable Co-Facilitator and Report Author**
Midwife and Lactation Consultant at Penticton Hospital and on BFI core team.

**Karen Graham**
**Kelowna**
**Roundtable Co-Facilitator**
IH Public Health Dietitian. Coordinator of IH/KCR Breastfeeding Systems Change project, Breastfeeding Art Expo and Breastfeeding Journey Mapping.

**Questions:**
Five questions were prepared to help guide discussion during the Roundtable. From the minutes and whiteboard comments, five recommendations and a current resource key are summarized for this report.

- Where do you go to answer your breastfeeding questions to help patients with feeding concerns?
- What conversations do you have antenatally with patients to prevent breastfeeding challenges?
- For patient breastfeeding question, what resources do you recommend?
- What type of feeding challenges do you encounter?
- What breastfeeding resources do you wish you had? What would be your preferred format and level of detail?

# Roundtable Recommendations and Actions

Recommendations from the roundtable were focused on physician resource needs, however, they will be helpful to all healthcare practitioners. With Vancouver Foundation funding already in place, we can start to address critically important actions to create change and collaborate with IH, BC government and educational institutions. These recommendations and actions will be forwarded to the Breastfeeding Systems Change Project, and the IH BFI Committee.

## #1

### Hire Lactation Consultants:

Lactation Consultants are desperately needed in clinic and hospital settings. IBCLC consultation by virtual media would be a second-best option for families and health care providers in rural settings.

**ACTION:** Hire a consultant to work with a core group of physicians to develop a template for a Proof-of-Concept Application to assist with funding to hire Lactation Consultants. Work closely with IH operational leads with a goal to provide proof of return on investment to support ongoing funding to hire IBCLCs. Potential funding from Vancouver Foundation project to hire consultant or support process.

**Timeline:** April - Dec 2022

**ACTION:** Advocate for IBCLCs to be hired for 8-1-1 phone line and/or a physician support line.

**Timeline:** 2022-2023

**ACTION:** This report will be shared with IH physicians, IH operational leads, provincial perinatal leadership and the British Columbia Lactation Consultants Association.

**Timeline:** April - June 2022

## #2

### Enhance Physician Knowledge:

Participants identified a real need for breastfeeding learning opportunities at medical school, during residency and through continuing professional development. More knowledge leads to more confidence, giving health care providers the time to have positive, non-judgemental discussions with their families about breastfeeding.

**ACTION:** Recommend IH physicians take the UBC CPD course on breastfeeding.

**Timeline:** Ongoing

**ACTION:** Hire an IBCLC consultant to recommend advanced breastfeeding courses for physicians to take. Funding from Vancouver Foundation for consultant.

**Timeline:** April - Dec 2022

# #3

## Collate Existing Resources:

It was identified that many resources currently exist, and the challenge is in collating and vetting the information.

**ACTION:** Hire an IBCLC consultant with funding from Vancouver Foundation to rate and organize resources and disseminate list to physicians. Build in a process for updates (semi-annual or annual) and checks for relevancy. To approach the British Columbia Lactation Consultant Association.

**Timeline:** April - Dec 2022

**ACTION:** Upload resource list to Pathways-BC webpage, and advocate to have a more robust breastfeeding information section.

**Timeline:** by Jan 2023

# #4

## Develop Key Resources for Hot Clinical Topics:

Four hot clinical topics were identified at the Roundtable: ankyloglossia, growth monitoring, medications and a guide to non-judgmental antenatal conversations.

**ACTION:** Prioritize new resource development on emerging issues in lactation and make available to physicians. Hire contractors as Vancouver Foundation budget allows.

**Timeline:** by Sept 2023

**ACTION:** Develop an infographic that would give physicians five or so easy pointers on the most important things for them to do regarding supporting moms to breastfeed.

**Timeline:** Sept 2022

# #5

## Increase Access to In-Person Support:

While IBCLC's should be the essential support for breastfeeding families and physicians, availability of other supports such as nurses, community groups and classes are also critical. Access to all forms of in-person support has been reduced since COVID.

**ACTION:** Collaborate with IH perinatal teams on development of prenatal breastfeeding classes for families.

**Timeline:** Dec 2023

# #1 Hire Lactation Consultants (IBCLCs)

**Physicians report families have better breastfeeding outcomes when they have access to an IBCLC and breastfeeding clinics. Care providers value consultation time with an IBCLC about breastfeeding questions. It was noted that many communities struggled without access to this higher-level breastfeeding support.**

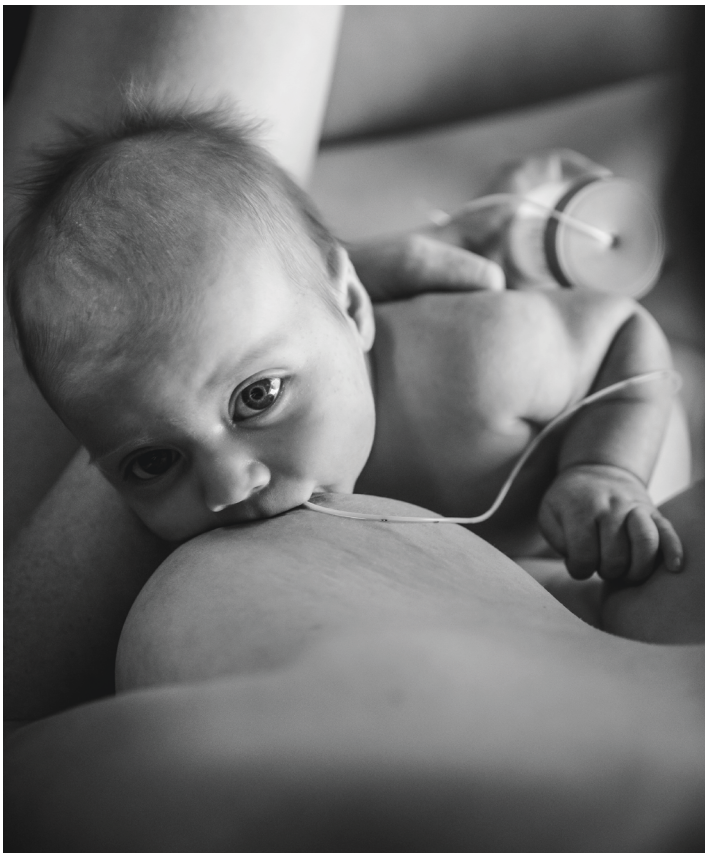
"I want to echo the importance of having IBCLCs. Resources are important but having a live person can't be replaced. There is so much that can't be done from an online or print resource for those parents figuring how to do it, and they don't get emotional support you get from a live person. So, I want to support the idea that women should have more access to IBCLCs in every community."

"Post-partum on the ward we have two IBCLCs who switch off; so most days we have an IBCLC to support every post-partum mom generally within 24 hours, unless born on the weekend. Typically, **I will sit down with the IBCLC and chat about each of my patients and discuss any feeding concerns and make a plan to best support the mom. I recognize that we are very lucky.**"

**"We do have one nurse who is an IBCLC but she is not hired in that capacity, they will assign her to moms who are having trouble breastfeeding, and you can see the difference it makes when she is there or other nurses who have more training."**

"Once the babies are born we do not have a lactation consultant in the hospital. I think our nurses do an amazing job and do what they can but it is unfortunate that a hospital the size of Kelowna Hospital does not have an IBCLC. **This is such a big gap at such an important time and it just sets the tone that breastfeeding is not valued in our community.**"

**"Our breastfeeding clinic gets overwhelmed because of no IBCLC in hospital."**



Supplementation provided at the breast using a feeding tube.

"Totally agree with what is said earlier that **this resource (parent apps) does not replace the actual person watching the mom breastfeeding and watching the latch, saying that latch is too shallow, etc.** I fully support having those hands-on supports from more IBCLCs in the hospitals"

"An in-person IBCLC would be amazing. **It would be great to have a virtual IBCLC or experienced PHN that we as health care providers could contact if we are struggling.** While in person is helpful, Zoom and virtual health is a good option, especially since IH is so spread out."

"I have been fortunate to work with a breastfeeding medicine doctor in Edmonton. She does her first consult in person then does follow-ups virtually, and she says it works pretty well. But also **having that resource to call someone would be really nice**."

"For other projects that our department works on we have done Proof of Concept Applications and applied for sessional payments to write those proposals which our hospital foundation is sometimes interested in briefly paying for the consultant. This helps get staff on board to show IH that it is worth it. So, I don't know if this is within the scope of this project doing a Proof of Concept Application for an IBCLC. That is one of our massive gaps at Kelowna General Hospital."

# #2 Enhance Physician Knowledge

## Education

**All roundtable participants identified that medical school curriculums have little content about breastfeeding. Because participants have a special interest in breastfeeding, they had to search for information and practical experience on their own time and discover resources independently.**

"A lot of my education was on the job."

"I'm pretty sure that the family practice resident with me has had zero breastfeeding education. In the past when they have the core block with me, I have recommended they go to the breastfeeding clinic but this is restricted now with COVID."

"Six months out of completing, **one lecture on breastfeeding so far**... I have gone further [working towards IBCLC] as it is a passion for me."

"As a neonatal nurse I did a lot of courses and I also did the Douglas College breastfeeding course for healthcare providers for one semester with IBCLC placements, I also have done the IBCLC course through my ehealth learning."

"Occasional continuing professional education on breastfeeding and what the nurses have taught me and so I pick it up here and there."

## Personal Experiences

**Participants reflected on their own breastfeeding experiences and struggles. Their challenges motivated them to learn more about breastfeeding; they can now apply their knowledge to their medical practice. Research has shown physicians have high rates of breastfeeding initiation, however, many do not meet their own goals and wean prematurely due to lack of workplace supports, and early return to work.** [1,2]

"All of my education came through my practice and a huge learning curve when I had my own kids and it's a whole other experience, and that helped motivate me to learn for myself and how best to support moms especially with challenges."

[1] Al-Imari, L., Hum, H., Krueger, P., Dunn, S. (2019). Breastfeeding During Family Medicine Residency. *Fam Med, 51(7)*,587-592.

[2] Sattari, M., Levine, D., Neal, D., Serwint, J. (2013). Personal Breastfeeding Behavious of Physician Mothers is Associated with their Clinical Breastfeeding Advocacy. *Breastfeed Med, 8(1)*, 31-37.

"It's so easy to become overwhelmed, **my kids are 20 years old and I still remember my first one, it's really tough, and if you don't have someone to talk to and who can walk you through it, it's tough.**"

"I say how breastfeeding is so tricky and we open up with this conversation and I can share personal experience of how hard it was for me."

"I can speak to my own experience, I was living where there was no nurse to come into the home and **it was awful for the first month and I had such pain and no support or knowledge** and didn't know how to figure it out."

## Antenatal Conversations

**Participants acknowledged that they do not discuss breastfeeding antenatally as much as they could. As their knowledge around breastfeeding increased, they reported more confidence. They repeated the need for professionally educated IBCLCs to fill information gaps and spend time with parents.**

"Starts early when doing the prenatal record with the question 'Do you plan to breastfeed?' So you can start early and see who might need support."

"With the tick box on the form 'Are you planning on breastfeeding?' For the ones that say unequivocally yes, I follow their lead, and ask if they have questions or concerns."

**"I like to do clarification at a couple of different points of the pregnancy especially in the third trimester I talk a bit more about breastfeeding."**

"For myself, I didn't have a lot of knowledge to tell them the impacts of pain medications on breastfeeding, and I am taking the lactation course now and I am finding I am a bit more comfortable to talk about this, so I think the knowledge from that course is really going to help."

"Prenatally we talk about plans for breastfeeding and different opportunities for support."

"Other antenatal questions come up depending on how many weeks they are overdue, and we talk about things as they come up."

"**My first question antenatally is what is their feeding goal?** And then I ask what do they know about breastfeeding? How do they feel about breastfeeding, what are their thoughts? Do they have a support system that is encouraging of breastfeeding? Do they have a job that is supportive of breastfeeding? And do a deep dive into everything as to what their breastfeeding journey might look like after they give birth."

"With almost all my patients we do antenatal expression and people think that is cool and they almost have a relationship with their breast milk before their baby is born; not sure if that helps breastfeeding but I think it does."

"That's a good idea about the expressing milk ahead of time, I've never done that."

**"I wonder if perhaps I don't do enough antenatally now that I think about it."**

# #3 Collate Existing Resources

## Sanctioned Organizations

**Physicians referenced sanctioned medical resources which they use in their general medical practice; some were identified as better than others for breastfeeding information. These sources were referenced over breastfeeding specific sources, such as the Academy of Breastfeeding Medicine.**

**"A plug: The Canadian Paediatric Society has a Position Statement on breastfeeding and contraindications** to breastfeeding and it is fantastic because the actual contraindication chart is short… there are actually very few that are absolute no, it's a really small list…**READ THAT CHART! It is free access and I really recommend that one."**

"I refer to Baby's Best Chance and www.pregnancyinfo.ca which is through the Society of Obstetricians and Gynecologists of Canada."

"The Canadian Paediatric Society has a resource on ankyloglossia; it's a great resource for practitioners to read."

"UpToDate is a website that physician's login through Division of Family Practice and can look up absolutely anything. It's like an evidence-based Wiki with expert summaries of evidence for various topics. It's a fair source, not the best for breastfeeding."

## Collation of Resources

**Many resources from a wide variety of topics were shared during the roundtable. An identified challenge for many physicians is in collating and vetting resources that do not come from an already trusted organization.**

"How do we vet all of these and narrow these down, and determine which ones are good or bad?"

**"The other thing I would advocate for is for pathways for access to this information,** if I go into Pathways as a physician and log in to breastfeeding and then it would go directly to this link…if those physician statements could be added to PATHWAYS. It was **developed primarily for family physicians, but nurse practitioners and midwives can also use it. As an instructor of residents and medical students it is a great resource and may prevent us to develop another resource.** They even have a patient resource side with limited resource."

## Resource List from Roundtable Discussion

**To date, these resources have not been rated or vetted, but are listed here because they were discussed by participants.**

"If I need support I will often go to the public health nurses or to our local lactation consultant. We often don't even see them in their very early days when parents have all their questions."

"We don't actually have a lactation consultant at the hospital at the NICU. But we do have a speech language pathologist who does a lot of feeding consultation so that is our main support, as well as our paediatric dietitian."

"The Newfoundland Breastfeeding Toolkit has a pretty comprehensive section on medications...it covers the first day to later challenges like mastitis and questions around medications. The Newfoundland resource is fabulous with great photos. This would be helpful for a newer doctor or even refer families to it as it is user friendly."

"Dr. Milk is a Facebook page which is physcian-geared."

"Dr. Katrina Mitchel's www.physicianguidetobreastfeeding.org is a website that is geared to breastfeeding education for physicians it is developed by a breast surgeon who is also a lactation consultant. It has the more medical sides of things, mastitis and lots of pictures to help with issue identification; not sure how commonly used it is. It divides up via age of infant and common challenges at the different stages."

"The BreastfeedingSolutions app was developed by a well-respected Lactation Consultant in the US, Nancy Morbacher. It came out a year ago, and costs $7. It is well organized, and lists common challenges and questions with a concise paragraph or two about that particular topic. It's nicely laid out and simple, but doesn't have a lot of photos or graphics to actually show moms the issues. A lot of parents have reported that they enjoy using it. Practitioners can use it as well."

# Resource List from Roundtable Discussion

| | |
|---|---|
| **Sanctioned Resources:**<br>Canadian Pediatric Society (CPS)<br>SOGC Guidelines<br>Perinatal Services BC<br>IH Public Health Resource Binder<br>UpToDate | **Professionals Specializing in Lactation:**<br>Lactation Consultant (IBCLC)<br>Colleagues – Physician, Nurse Practitioner, Midwife<br>Vancouver Breastfeeding Clinic (Closing March 2022)<br>IH Healthy from the Start<br>Speech Language Pathologist (SLP)<br>Paediatric Dietitian<br>Pharmacist |
| **Websites:**<br>pregnancyinfo.ca<br>Pathways BC<br>KellyMom<br>www.physicianguidetobreastfeeding.org<br>UpToDate | **Social Media:**<br>Facebook: Dr Milk (For breastfeeding physicians)<br>Facebook: Doctors Practicing Breastfeeding Medicine (or want to) |
| **Print Resources:**<br>Baby's Best Chance (limited print copies available) | **Videos:**<br>Dr. Jack Newman Videos<br>La Leche League videos |
| **Medication Information:**<br>Pharmacists<br>Newfoundland Physicians Toolkit<br>LactMed<br>UpToDate | **Parent Resources:**<br>Baby's Best Chance<br>PregnancyInfo.ca<br>Dr. Jack Newman Videos<br>La Leche League videos<br>KellyMom<br>Breastfeeding Solutions app (by Nancy Mohrbacher) |
| **Professional Courses, on-line, webinars, podcasts**<br>UBC CPD – latched on<br>Douglas College<br>IABLE – Institute for the Advancement of Breast-feeding and Lactation Education<br>Health-e-Learning<br>Lactation Education Resources | |

**Author's Note: The following are important resources not discussed during the Roundtable.**

| | |
|---|---|
| Academy of Breastfeeding Medicine<br>Perinatal Services BC<br>Toronto Public Health CPG's<br>British Columbia Lactation Consultants Association<br>International Lactation Consultants Association<br>The Journal of Human Lactation<br>Breastfeeding Medicine: Journal of ABM<br>i-human.com<br>Residents and physicians can accompany maternity care public health nurses on breastfeeding home visit. | Stanford Medicine: Newborn Nursery<br>Step 2 Education<br>GOLD lactation<br>HaleMeds<br>Breastfeeding Answers Pocket Guide. Nancy Morbacher<br>The Little Green Book of Breastfeeding Management for Physicians and Other Healthcare Providers<br>Interior Health Breastfeeding Quality Bundle (InsideNet) |

# #4 Develop Key Resources for Hot Clinical Topics

## Non-Judgmental Conversations

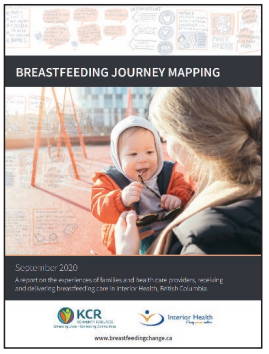
**Having discussions and providing resources that are non-judgemental and do not lead to feelings of guilt was identified as a challenge. Practitioners were wary to discuss implications of pain medications, type of birth etc. on breastfeeding because it was felt it could lead to increased guilt if breastfeeding challenges occurred. IBCLCs can assist physicians by having those non-judgmental conversations prior to birth.**

"Have conversations to help people with expectations. **It's not easy and when mothers do struggle they feel like failures, so there is a lot of debriefing, and supportive talk** and meeting them where they are at and trying to encourage breastfeeding. If they are really struggling where do they want to start? Sometimes they are just too overwhelmed and you have to feel that out."

"An initial feeler to see where they are at and circle back to breastfeeding and supports."

**"I find there is so much to cover in pain-medication conversations to then add breastfeeding. Again, talking with the non-guilty.** Breastfeeding is hard then making a decision about pain medications. So adding on the breastfeeding part of it is really challenging."

"I spend more time prenatally with the ones that are unsure, a little hesitant or even who say no. It can be a tricky conversation."




**Non-Judgmental Conversations is also discussed in Breastfeeding Journey Mapping**

Feeling judged was a significant issue identified by mothers. See the section: Mothers' Theme: We need to be empowered on Pages 18 to 22. For example, p. 20 – "Doctors were more cynical and technical." ... "I wish there was someone who said you have a choice." and p. 21 – "Every morning they'd ask, Has your milk come in? It was a really, really stressful time."

## Growth Monitoring

**Parents find frequent growth monitoring stressful – it is a major reason for cessation of breastfeeding. Interdisciplinary training and resources by professionals are needed to provide parents with consistent information to avoid misconceptions.**


"Need more interdisciplinary training so that parents are getting more consistent information [about growth monitoring] from nurses and family physicians, midwives etc."

"The main reason that I refer moms to the breastfeeding clinic is inadequate weight gain and usually around the 6-week mark."

"A lot of my research lately has focused on growth monitoring and failure to thrive. What I saw in practice and what I heard from parents doing qualitative research is that the confusion and anxiety induced by growth monitoring was actually one of the major reasons that they stopped breastfeeding."

**"I would wonder if there is more of an association than causation** with increased growth monitoring with failure to thrive. We do monitor the babies more closely who have had significant weight loss in the first two weeks of life, and **a child not growing well on its own does cause anxiety, and there are still ways to support breastfeeding while treating a child for failure to thrive."**

"These were not failure to thrive babies in this study. Many moms don't understand the growth charts and that 50% [percentile] is not necessarily a concern."

"We need more consistency of information so parents better understand the growth monitoring process."


**Growth Monitoring is also discussed in Breastfeeding Journey Mapping**

Here is one of the mother's quotes from page 34: "At home, tracking is hard when you are already sleep deprived and worrying. There is such as focus on birth weight. My sister and my boyfriend were my best supports….My boyfriend didn't let the dark moments make me turn to formula."

## Medications

**There are two topics related to medications and breastfeeding. Medications used during labour and delivery are known to have an impact on initiation of breastfeeding. Second, practitioners are often asked "How safe are these medications?". A previously valued resource, Motherrisk, is no longer available.**

"It would be nice on the IH website to have info on meds and breastfeeding."

I've had a lot of questions about medications during breastfeeding. In the hospital I could easily call the hospital pharmacist but in the community it's not as easy for a quick resource for myself and for parents."

"There used to be an amazing resource from Toronto but we are no longer using that. My go-to is UpTo-Date as there is a section on breastfeeding and pregnancy med safety ...but I miss the Toronto one."

"I'll be honest I don't usually bring up breastfeeding when I'm talking about pain control options. No, it didn't occur to me, to be honest."

"The only time I bring it up [medications and their negative effect on breastfeeding] is when they bring it up, "What happens if I have a C-section?


**Medications are also discussed in Breastfeeding Journey Mapping**

On p. 22: "I had a 1.5 day labour. I got an epidural. Then I was told she was a lazy baby. I didn't know epidurals carried a risk for breastfeeding. No one told me. It stripped me of my confidence." and p. 32 – "I had to wait one week due to the meds I was taking. My breasts were so full, and I had not been shown how to hand express."

## Ankyloglossia (Tongue-Tie)

**The topic of ankyloglossia management came up multiple times during the Roundtable. Practitioners felt many care providers and patients are not well educated on the topic and community practices vary greatly. In some regions frenotomies are being over-performed, while in others the procedure is under-performed. Both these concerns are due to a lack of access to good breastfeeding support and diagnosis. Access to IBCLC's are needed, in addition to resources for health care providers and parents, to ensure that frenotomies are performed for babies who truly require this procedure. IBCLC's are a key player in reducing the number of unnecessary and risky procedures performed on infants.**

"Tongue-tie is a bit of a trigger point for our department. The Canadian Paediatric Society has a resource on ankyloglossia; it's a great resource for practitioners to read."

"**Sounding like there might be a bit of a cultural difference between communities.** In my training way back when, we were taught how to snip tongue-ties and then when I moved to my community where I work now the Ear Nose and Throat specialists were very adamant that thou should not ever do a tongue-tie snip and even they wouldn't do it and so basically, we had no one who would do it. And parents would read about it. And I was under the impression like you say that often it's not the tongue-tie that is causing the breastfeeding problem. And we were very strongly told that we should not be doing it. Then a dentist moved to town and they were doing it for everyone and so we had a wave that everyone wanted their tongue-tie clipped and then the dentist moved away. It's a really interesting topic and I don't really know the answer."

"But interesting there are certain people that anytime there is any kind of tongue-tie noticed they say, can we fix it. But we can have a much more balanced approach to work on latch etc."

"It is absolutely crazy how we are hearing about this in our office. And some of these babies were doing fine and suddenly everyone thinking there is a pathology with their baby and need to be treated. These parents are caught between what the IH nurse is saying and what the doctor is saying. People are only hearing what the dentist is saying to prevent life-long periodontal problems. Parents need to hear the other side."

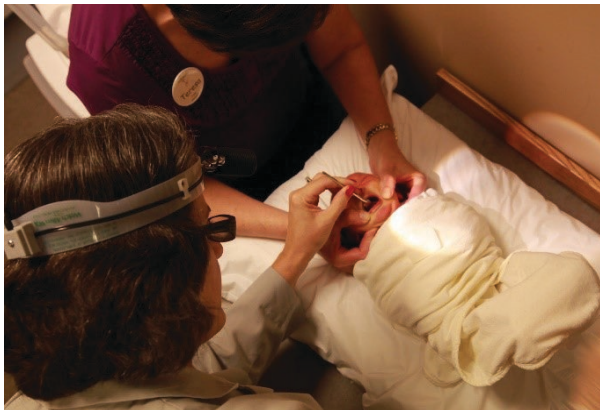
"Yes, it's a constant topic that we are all talking about, and the need of actually needing to do is its own topic."

"The Canadian Pediatric Society is pretty strong about not doing it... **most of the time you don't need to do it, provided that you have good breastfeeding supports in other ways to support latching, such as a breastfeeding clinic or having an IBCLC in your community,** and that is variable."

Baby with tongue-tie with typical forked tongue.

"Because of this culture, sometimes pressure even by public health to really let's fix the tongue-tie that it can be problematic. But it is also a big financial burden for the family and can have post-operative complications."

"A resource that would help me, would be, when should I think tongue-tie versus mom's supply."



Baby getting tongue-tie clipped.

"We've discussed as a bigger group that in fact all that is sometimes needed is supportive care around latch and breastfeeding tips without having to address tongue-ties."

# #5 Increase Access to Other Supports

### Community Supports

**Local community resources such as Healthy from the Start, classes, public health, and local breastfeeding groups are referred antenatally, and are highly valued by physicians.**

## Antenatal:

"A lot of mothers go to the breastfeeding classes."

"I try and link them up with Healthy from the Start as well."

**"I do refer primps [first time mothers] to Healthy from the Start** but don't get a lot of feedback at all, on that so I don't always know if they have received support on breastfeeding. Through Healthy From the Start they are often recommended to do the breastfeeding course. Though not everyone remembers that."

"I frequently recommend Vernon Breastfeeding Clinic where moms can learn prenatally about how to breastfeed."

## Postpartum:

"At the Conayt Friendship Society in Merritt, on specific resources for Indigenous moms, there is a group called Merritt Mom and they have some perinatal educators who put on some classes for moms."

**"In terms of parent resources, if there was a breastfeeding friendly app, a lot of my patients who are parents are into apps. [One] with breastfeeding problem shooting could be a great tool to help and give out to parents."**

"I recommend public health to learn tips and tricks on breastfeeding."

"With my first there was a breastfeeding support group and I was breastfeeding in public and someone came up to me and gave me a card and it said something like, 'Thank you for breastfeeding in public, the courage in doing this, might give someone else the courage to do this.' It was such a neat little thing but the fact that someone came up and gave me that little card. **I was very encouraged to see how supportive people can be in the communities."**

## In-Person Clinical Supports

**Physicians recognized that postpartum resources varied based on the clinical situation and location of care provided. When challenges were present, individualized care by watching feeds or referring to a clinic that can watch a feed was emphasized.**

"People find information from all over the place, nurses, hospital and their families. But in the office what I have done is create a space to watch breastfeeding, it is important to watch a feed, so we got a chair and pillows so this has really helped me to watch."

"...depends on mom's questions and if they are on the post-partum ward or if they are in office, in clinic then recommend/refer to the breastfeeding clinics."

## COVID Impacts

**COVID has transformed health care delivery. Many doctors now do less antenatal and postpartum in-person office visits, and nurses and IBCLC's have been pulled to other duties. With fewer practitioners providing lactation support, parents have less access to skilled professionals and medical residents have fewer learning opportunities.**

**"I haven't seen mothers as much during COVID** and wondering how much of an impact COVID has had on breastfeeding rates and success."

"Many IBCLCs are also nurses and public health nurses so during COVID many were pulled away to other duties, so we've lost a lot with COVID."

"We certainly have been hit hard, a lot of breastfeeding resources including clinics and PHNs, IBCLCs just aren't able to do the same work, **people are being discharged from hospital early**."

# Summary

The Roundtable of 11 health care providers were professionals from across the Region, who were given an opportunity to voice their opinions of breastfeeding in our health care system. Physicians need a system with lactation consultants and access to in-person supports for mothers. They also identified a need for further education, and collation and vetting of existing resources. The identified supports needed were consistent with those already specified from the Breastfeeding Journey Mapping project.

The Roundtable was an additional step following layers of regional discussions and projects over the last decade. So much of what was said, has already been clearly identified through community petitions, the Breastfeeding Art Expo, the Penticton BFI Pilot Project, the Breastfeeding Journey Mapping and the IH BFI Committee.

Moving forward, the Actions will be presented to the Breastfeeding Systems Change Steering Committee, the Penticton BFI Pilot Project committees, the IH BFI Committee, senior Interior Health management, the Divisions of Family Practice and the provincial perinatal services to move progressively in the right direction to better support physicians in providing breastfeeding care.

# Actions

- **ACTION:** Hire a consultant to work with a core group of physicians to develop a template for a Proof-of-Concept Application to assist with funding to hire Lactation Consultants. Work closely with IH operational leads with a goal to provide proof of return on investment to support ongoing funding to hire IBCLCs. Potential funding from Vancouver Foundation project to hire consultant or support process.

- **ACTION:** Advocate for IBCLCs to be hired for 8-1-1 phone line and/or a physician support line.

- **ACTION:** This report will be shared with IH physicians, IH operational leads, provincial perinatal leadership and the British Columbia Lactation Consultants Association.

- **ACTION:** Recommend IH physicians take the UBC CPD course on breastfeeding.

- **ACTION:** Hire an IBCLC consultant to recommend advanced breastfeeding courses for physicians to take. Funding from Vancouver Foundation for consultant.

- **ACTION:** Hire an IBCLC consultant with funding from Vancouver Foundation to rate and organize resources and disseminate list to physicians. Build in a process for updates (semi-annual or annual) and checks for relevancy. To approach the British Columbia Lactation Consultant Association.

- **ACTION:** Upload resource list to PathwaysBC webpage, and advocate to have a more robust breastfeeding information section.

- **ACTION:** Prioritize new resource development on emerging issues in lactation and make available to physicians. Hire contractors as Vancouver Foundation budget allows.

- **ACTION:** Develop an infographic that would give physicians five or so easy pointers on the most important things for them to do regarding supporting moms to breastfeed.

- **ACTION:** Collaborate with IH perinatal teams on development of prenatal breastfeeding classes for families.

**Timeline for actions: 2022-2024**