Baby-Friendly Initiative in Canada

Status Report

2014 Update

Breastfeeding Committee for Canada
Baby-Friendly Initiative (BFI) in Canada Status Report
Update 2014

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Introduction

As the context and progress of the WHO/UNICEF Baby-Friendly Initiative continues to evolve in Canada, the need to update the status of implementation was identified. The Public Health Agency of Canada contracted the Breastfeeding Committee for Canada to research and update the 2011 BFI Status Report on the Implementation of the Baby-Friendly Initiative in Canada.

Objectives:

• To describe the state of BFI implementation in Canada in order to document progress to date.
• Inform public health policy and program planners across Canada in the development of evidence based strategies and initiatives.
• To describe the current state of BFI in Canada and highlight BFI accomplishments, key initiatives across the Provinces/Territories and emerging BFI activities.

Background:

In 1991 the WHO/UNICEF launched the Baby-Friendly Hospital Initiative in order to facilitate the implementation of its various initiatives and resolutions to support breastfeeding. The Baby-Friendly Initiative (BFI) was launched in Canada in 1998 and since then has been implemented by the provinces and territories. The Breastfeeding Committee for Canada (BCC) plays an important leadership role overseeing the assessment and implementation of the BFI nationally, and also ensures that the standards and the philosophy of the BFI are kept intact.

In 2011, the Public Health Agency of Canada commissioned the BCC to develop a report summarizing the status of BFI implementation in Canada. The report has been shared with key stakeholders and serves to support collaboration and sharing of promising practices across jurisdictions for the implementation of the BFI.

To promote continued knowledge sharing, the report has been updated to reflect recent accomplishments and achievements for the continued implementation of the BFI.
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**A Synopsis of Activities and Impacts By The Breastfeeding Committee For Canada (BCC) 2012-14**

<table>
<thead>
<tr>
<th>Year</th>
<th>Focus</th>
<th>Activities</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>NHTI (Birth-6 months)</td>
<td>BCC is invited by Health Canada to become a member of the Infant Feeding Joint Working Group to author revisions to <em>Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months</em> document.</td>
<td>BCC joins Health Canada, the Canadian Pediatric Society and Dietitians of Canada in the development of nutrition health recommendations for infants and children in Canada; helping to assure the integration of BFI principles in nutrition policy.</td>
</tr>
<tr>
<td>2012</td>
<td>Website and Bylaws</td>
<td>BCC launches the updated, bilingual website and new logo; BCC bylaws were reviewed, revised and sent to Industry Canada for input.</td>
<td>BCC’s capability to update members about revised documents, membership renewals, and ongoing activities was enhanced.</td>
</tr>
<tr>
<td>2012</td>
<td>BFHI in Industrialized Countries meeting in Oslo, Norway</td>
<td>Two BCC members were supported to attend the meetings. Baby-Friendly Best Practice: Ten Steps for Hospitals and Communities - The Canadian Experience was presented. In addition, members attended from Quebec. Focus included BFI in NICUs</td>
<td>The BCC was able to showcase the work that is underway in Canada with the integration of the indicators into one document, and also learn from networking opportunities how BFI is working in other countries.</td>
</tr>
<tr>
<td>2012-</td>
<td>Accreditation Canada</td>
<td>A core group of BCC members worked on <em>the Qmentum</em></td>
<td>This resulted in many of the key points of the BFI being</td>
</tr>
</tbody>
</table>
### 2013

**Enhancing Knowledge, CPNP handbook, FCMNC guidelines, vulnerable populations, CPS statement, & Summit on Health Weights.**

*Standards for Obstetrics/Perinatal Services for Accreditation* document.

In addition, other key projects were:

- ‘Enhancing knowledge exchange on best practices for the promotion, protection and support of breastfeeding in Canada’;
- PHAC’s *Family Centered Maternity and Newborn Care National Guidelines*;
- Revision and expansion of the *CPNP Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects Update*;
- In addition: a paper exploring the ethics of using incentives to promote breastfeeding among disadvantaged populations.
- Endorsement of the *Canadian Paediatric Society’s statement on the Baby-Friendly Initiative: Protecting, Promoting, and Supporting Breastfeeding* released June 1st, 2012

BCC member participated in a Federal/Provincial/Territorial (F/P/T) Summit on Healthy Weights: *Our Health Our Future: A National Dialogue on Healthy Weights*

### 2012-2013

**BFI Documents**

Key BFI documents were reviewed and revised:
- External Assessment Tool,
- Integrated into the Best Practices that facilities with maternity services are assessed on.

The enhancing knowledge exchange is part of the regular BCC meetings. The CPNP handbook update was the main focus of this project.

The paper on incentives is prepared and has been submitted for publication. The title of the paper is “The use of incentives to promote breastfeeding in vulnerable populations”.

### 2012-2013

**BFI Documents**

Key BFI documents were reviewed and revised:
- External Assessment Tool,
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>2013</td>
<td>NHTI (6-24 months) &amp; INFECT Canada Conference.</td>
<td>BCC is invited by Health Canada to become a member of the Infant Feeding Joint Working Group to author revisions to <em>Nutrition for Healthy Term Infants - Recommendations for 6-24 months</em>. Work on the first document: <em>Nutrition for Healthy Term Infants - Recommendations from Birth to Six Months</em> was completed and published. BCC members attended the INFECT Canada conference: <em>The International Code and North America: Time for Meaningful implementation</em>. BCC joins Health Canada, the Canadian Pediatric Society and Dietitians of Canada in the development of nutrition health recommendations for infants and children in Canada; helping to assure the integration of BFI principles, with enhanced focus on The International Code of Marketing of Breastmilk Substitutes, in nutrition policy.</td>
</tr>
<tr>
<td>2013/14</td>
<td>BFI Assessor certification workshops, National Conference &amp; rights of women advocacy.</td>
<td>Plans are underway to continue to build capacity- two training workshops for assessor certification planned in Manitoba and Ontario 2014 Planning started for a National conference in 2015. BCC sent a letter of support to a BC breastfeeding mother outlining the rights of working mothers and breastfeeding. Increased capacity for BFI implementation and support at every level. Provincial/ Territorial collaboration</td>
</tr>
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</table>
BCC Provincial/Territorial BFI Implementation Committee (P/T Committee)

The P/T BFI Implementation Committee is one of two standing committee of the BCC. All provinces and territories (government and non-government representatives), the Public Health Agency of Canada and Health Canada’s First Nations Inuit Health Branch are represented on this committee.

The P/T Committee provides a forum for ongoing dialogue and enhancing knowledge exchange on best practices for the protection, promotion and support for breastfeeding in Canada. There were formal presentations in 2013 on the following topics:

- Creating an Organizational Culture Supportive of Breastfeeding: The BFI Process at IWK Health Centre.
- The BFI and the International Code of Marketing of Breastmilk Substitutes (WHO Code)
- Kanesatake: A First Nation’s Journey to Baby-Friendly Accreditation
- Baby-Friendly Implementation in Ontario
- BFI Definitions and Data Collection

In addition, there is ongoing mentoring and informal sharing of BFI policies, practices and strategies to build capacity for BFI at the P/T level. The P/T committee has conducted surveys of P/Ts related to: BFI education for front line health professionals, WHO Code implementation, and BFI Data Collection.

BCC P/T members provided consultation and feedback on health care system issues relating to breastfeeding. Under the leadership of the BC representative, committee members reviewed best practices for the safe cleaning and maintenance of breast pump accessory parts in response to a decision by a breast pump company to recommend single patient use for breast pump accessory kits. More recently, P/Ts have provided feedback on the draft Nutrition for Healthy Term Infants 6-24 months document.
BCC BFI Assessment Committee

The Baby-Friendly Initiative (BFI) Assessment Committee is a standing committee of the Breastfeeding Committee for Canada (BCC). The mandate of this Committee is to

- oversee and support the implementation of the BFI (Hospital and Community Health Services) standards and assessment process in Canada, excluding Quebec
- collaborate with and support the BCC Provincial/ Territorial BFI Implementation Committee (BCC P/T Committee)
- collaborate and liaise with the Quebec BFI authority responsible for BFI standards and the assessment process in QC

The work of this committee 2012-13
1. BFI Integrated Ten Steps Practice Outcomes Indicators (Indicators)
   - Updated BFI Indicators according to UNICEF standards and current evidence
   - Reviewed and updated BFI and Code documents on the BCC BFI Web page

2. BFI Assessments
   - Coordinated BFI Assessments in Canada in collaboration with Provincial and Territorial BFI Committees
   - Tracked facilities in progress towards BFI designation.
   - Maintain database of designated facilities
   - Managed BFI Assessments (Pre-, External and Re-Assessments)
   - BFI Assessment Process
     - Reviewed and revised assessment process as necessary
     - Maintained the monitoring process for designated facilities
     - Developed, reviewed and revised assessment and reporting tools as necessary
     - Supported and collaborated with Provincial and Territorial BFI Committees
     - consulted with Ministries as required
     - Monitored and mentored individual P/T Coalition/Committee BFI Assessment Subcommittees
     - Assigned an Assessor, monitored and mentored individual facilities on the BFI journey
     - Liaised with and reported to WHO/UNICEF BFHI
     - Reported on Canadian BFI activities and progress (available upon request)
     - Participated in the International Forum for BFI Coordinators in Industrialized Countries
3. BFI Assessors

- Maintained Canadian BFI Assessors database
- Continued to develop a sufficient number of Assessors to meet assessment needs
- Provided education to assessor candidates on a regular basis
- Provided ongoing education and communication with Assessors and Assessor Candidates on a regular basis
- Tracked availability and performance of Assessors, and made recommendations for Certified/Lead Assessor status.

4. Key BFI documents were reviewed and revised

- External Assessment Tool,
- BFI Assessment process,
- BFI explanatory documents,
- Breastfeeding definitions and Data Collection Periods,
- BFI Assessors handbook drafted
The Baby-Friendly Initiative (BFI) in Canada Status Report Update 2014

Table 2

The following recommendations were developed in 2012 by the BCC Provincial/Territorial BFI Implementation Committee as a means to strengthen the BFI in Canada.

Federal Level

1. Fund the Breastfeeding Committee for Canada for the following deliverables:
   1.1 Develop a proposal and process for the development of a national breastfeeding strategy which includes the BFI and targeted approaches for specific populations such as northern and remote communities
   1.2 Lead BFI designation in Canada in partnership with Provincial/Territorial BFI/Breastfeeding Committees.
   1.3 Support the Breastfeeding Committee for Canada P/T Committee to increase collaboration and sharing of breastfeeding resources, strategies and information.
   1.4 Develop standards for national breastfeeding data collection in consultation with provinces and territories and national organizations such as the Canadian Community Health Survey, Canadian Perinatal Surveillance System.
   1.5 Develop a bi-annual national report on the status of progress on BFI designation to further inform the national strategy.
   1.6 Develop and implement a national breastfeeding social marketing strategy.

2. Establish a formal link between the Breastfeeding Committee for Canada P/T Committee and the F/P/T Group on Nutrition for the purpose of addressing breastfeeding and BFI related issues.

3. Develop and implement a federal workplace breastfeeding policy to protect the rights of federal employees and clients of federal services

Progress

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2 Collaborative partnership developed with PT BFI Committees</td>
<td>1.3 see PT update section of this report for details</td>
</tr>
<tr>
<td>1.4 see surveillance section of this report for details</td>
<td></td>
</tr>
<tr>
<td>1.5 Updates reported for 2011 and current 2014 report</td>
<td></td>
</tr>
<tr>
<td>1.6 no action-TBD</td>
<td>2.0 see Table 1 of this report</td>
</tr>
<tr>
<td>3.0 no action-TBD</td>
<td></td>
</tr>
</tbody>
</table>
4. Take a leadership role in collaborating with other federal departments and federally funded programs, services and resources to ensure they comply with the WHO Code and relevant World Health Assembly Resolutions.

5. Take a leadership role with other federal departments to ensure industry compliance with the Canadian Food Inspection Agency *Letter to Industry: Requirements related to nutrition information and nutrition and health claims for infant formula* (January 2007).


**Provincial/ Territorial Level:**

1. Identify a P/T government representative for participation on the Breastfeeding Committee for Canada P/T Committee and involvement on national BFI initiatives and opportunities.

2. Implement the BFI in hospital and community health services and monitor progress towards implementation.

3. Implement breastfeeding data collection using *the Breastfeeding Committee for Canada Breastfeeding Definitions* at the hospital and community health services level.

4. Develop a strong linkage between the Breastfeeding Committee for Canada P/T representative and the F/P/T Group on Nutrition representative for the purposes of addressing breastfeeding and infant and young child nutrition including BFI related issues.

5. Develop and implement a provincial workplace breastfeeding policy to protect the rights of provincial employees and clients of provincial services.

6. Establish/ensure access to a human milk bank that adheres to the HMBANA *Guidelines for the Establishment and Operation of a Donor Milk Bank*.

4.0 & 5.0 Early dialogue with CFIA regarding advertising and labelling violations by formula industry.

6.0 HMBANA conference Vancouver June 2014. BCC members attending.

1.0 All provinces and territories are currently represented on the BCC

2.0 See Table 2 for BFI in Canada Status Report Update

3.0 See surveillance section of this report for details

4.0 See Table 1 for updates of BCC involvement in creating nutritional documents.

5.0 See PT updates for progress workplace breastfeeding policies

6.0 See PT updates for progress on human milk banks
### The Baby-Friendly Initiative (BFI) in Canada Status Report

**Summary: Provincial and Territorial BFI Activity (2014)**

<table>
<thead>
<tr>
<th></th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>QC</th>
<th>NB</th>
<th>NS</th>
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<th>NL</th>
<th>NT</th>
<th>YK</th>
<th>NU</th>
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<tr>
<td><strong>P/T Breastfeeding/BFI Policy or Strategy</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>y</td>
<td>Y</td>
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<td>N</td>
<td>Y</td>
<td>N</td>
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<tr>
<td><strong>P/T BF/BFI Committee/Coalition</strong></td>
<td>Y</td>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
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<td>Y</td>
<td>N</td>
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<td><strong>P/T Breastfeeding Education Opportunities</strong></td>
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<td>Y</td>
<td>y</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
<td>N</td>
<td>N</td>
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<tr>
<td><strong>P/T BFI Survey - Monitoring of BF(I) Implementation</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
<td>N</td>
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<td><strong>Baby-Friendly Designated Facilities</strong></td>
<td>2</td>
<td>N</td>
<td>1</td>
<td>1</td>
<td>15</td>
<td>25</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<td>N</td>
</tr>
<tr>
<td><strong>Human Milk Bank</strong></td>
<td>1</td>
<td>1</td>
<td>N</td>
<td>N</td>
<td>1</td>
<td>1</td>
<td>N</td>
<td>&amp;</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td><strong>P/T Government Financial Support</strong></td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>*</td>
<td>*</td>
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</tr>
<tr>
<td><strong>P/T BFI Coordinator and/or Government Lead</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>*</td>
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</tr>
<tr>
<td><strong>BCC BFI Assessor</strong></td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td><strong>BCC BFI Assessor Candidate/apprentice</strong></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
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* In progress

<table>
<thead>
<tr>
<th><strong>Y</strong></th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td><strong>N</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>&amp;</strong></td>
<td>Investigating implementation opportunities</td>
</tr>
</tbody>
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No information
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Nova Scotia

In Nova Scotia health services are managed and delivered by nine District Health Authorities (DHA) and the IWK Health Centre. There is one facility with an active maternity service in each DHA (two in the Cape Breton DHA). There are several public health offices in each DHA, some of which have very small numbers of staff including a few that are one-nurse offices. At the Department of Health and Wellness level, both Public Health Services, and Acute & Tertiary Care through the Reproductive Care Program (RCP), support maternal and newborn care. These two groups collaborate on many standards setting and monitoring initiatives including those associated with the BFI.

Provincial BFI Committee:

The Provincial Breastfeeding & BFI Steering Committee in its current format has been in existence since 2007 to guide implementation of the provincial Breastfeeding Policy that was approved in 2005.

http://www.novascotia.ca/hpp/publications/Provincial_Breastfeeding_Policy.pdf

There are representatives from each DHA and the IWK on the Steering Committee. The representatives are generally managers from either the hospital maternal-child unit or public health. There are also representatives from the Department of Health & Wellness (Public Health), RCP, First Nations & Inuit Health Branch and Health Canada. The committee is co-chaired by representatives from Public Health Branch and RCP.

When the Provincial Breastfeeding & BFI Steering Committee was established provincial working groups were identified to lead activities in the key implementation areas of the provincial Breastfeeding Policy. Following an implementation evaluation in 2011 and extensive provincial consultation, priorities for the Provincial Breastfeeding & BFI Steering Committee are being revised. The priorities identified have led to revisions in the working group structure.
Ministry participation in BFI

In 2012, the Nova Scotia government released a cross government strategy, Thrive!, focused on healthy eating and physical activity through policies and supportive environments. One of the identified priorities for the strategy is breastfeeding and the Baby-Friendly Initiative, including support for BFI implementation, breastfeeding grants to community organizations, understand provincial jurisdiction to implement components of the International Code of Marketing of Breastmilk Substitutes, etc.. In addition to co-chairing the Provincial Breastfeeding & BFI Steering Committee and facilitating the identification of priorities for the committee, the Public Health branch and RCP have a number of responsibilities that support breastfeeding and the BFI. These include, but are not limited to:

- Providing community grants to support breastfeeding (includes establishing evaluation criteria and rating submissions)
- Capturing data and producing reports for breastfeeding initiation
- Exploring and identifying options for capturing breastfeeding duration data provincially
- Completing an environmental scan and literature review to contribute to determine feasibility of establishing a milk bank in NS.
- Ensuring provincial resources are supportive of breastfeeding and BFI
- Ensuring all healthy eating policies and standards for publically funded institutions are inclusive of breastfeeding (eg School Food and Nutrition Policy, Food and Nutrition Standards in Regulated Child Care, Healthy Eating in Recreation and Sport Settings)
- Supported revision and enhancements to Make Breastfeeding Your Business Action Kit to support initiatives in workplaces and businesses across the province.

Strategies re BFI implementation 2011-2013

As noted above, Nova Scotia conducted a formal evaluation of the Provincial Breastfeeding Policy implementation in 2011. The purpose of the evaluation was to: provide a consistent assessment of policy implementation in all areas of the province; identify successes, challenges and opportunities related to policy implementation; identify additional supports required to achieve full implementation; promote awareness/discussion of the policy and encourage self-assessment/reflection related to implementation of the policy. The evaluation report contained 16 recommendations for action. In 2012 a large provincial gathering was held to share the findings of the implementation evaluation report, discuss alignment of the recommendations with other provincial initiatives, and to begin identifying priorities. Building on this work, the Provincial Breastfeeding & BFI Steering Committee has refined the priorities and is in the process of developing work plans for initiatives grouped in the following four priority areas:

1. Leadership & Coordination of Breastfeeding
2. Breastfeeding Surveillance
4. Continuum of breastfeeding support

Our current policy includes a directive to support implementation of BFI across the province. The policy is currently under review. In the revised version, we expect there to continue to be language to support BFI implementation. Accountabilities will be considered as we move through the policy and department processes.

In December 2013 the Public Health Branch hired a provincial Baby-Friendly Initiative Coordinator to assist DHAs/IWK with their BFI initiatives. Although at this point in time, this is a term position, focused support that is relevant to the specific situation in each DHA and the IWK will be extremely valuable. Plans are to advocate for the position to be permanent, given the focused coordination that is required to support DHAs in moving forward with BFI designation. The need for coordination was also highlighted in policy evaluation as being key to moving forward with BFI designation.

Plans re BFI

One DHA has received a Baby Friendly Initiative Certificate of Participation and another is in process. We anticipate more Certificates of Participation will be provided as many DHAs are moving forward with implementing practices that align with BFI. The Department of Health and Wellness are also planning to provide a BFI grant to the DHAs and IWK to coordinate some of their efforts for BFI designation. Because breastfeeding is integrated in many programs, policies and standards within the Department of Health and Wellness and RCP, breastfeeding and BFI will continue to be a priority.

Key changes since 2012

Hired a provincial BFI Coordinator within the Department of Health and Wellness.

One DHA has received a Certificate of Participation and another is in process.

Additional activities - notes from BCC BFI Scan 2013:

- **Human Milk banking**: Nova Scotia will be completing a literature review, environmental scan and feasibility ‘study’ of establishing a milk bank in Nova Scotia this year. We will be working with a health economist within our department to understand the impact of having/not having a milk bank in the province and also reaching out to others who have been working on or are working on establishing a milk bank in their province/jurisdiction. We may be contacting various members of the BCC P/T Committee and once the report is complete will be happy to share it with the group. Anticipated completion date is June 2014.
Breastfeeding Grants to Community Organizations: Recognizing that much of the breastfeeding support happens at a local/community level, in 2013 and 2014 the Department of Health and Wellness issued a call for grant application to community organizations working with breastfeeding mothers. The intent of this grant was to increase their capacity and fund innovative projects/programs that are directly supporting mothers. Almost $500,000, over two years was distributed to community groups across the province through this process.

Provincial Formula Purchase Agreement and the Code: The IWK Health Centre, with leadership from the Women's & Newborn Health Program, developed a comprehensive request for proposals (RFP) document to guide selection of a company to provide infant formula. The requirements in the RFP clearly reflect the Baby Friendly Initiative and include components related to the Code. The IWK lead this work in partnership with DHAs and Department of Health and Wellness on behalf of the province with the intent that facilities in Nova Scotia adopt a consistent approach to purchasing infant formula. Facilities will move to the new RFP process as their current contracts expire.
Saskatchewan

The Saskatchewan health care system is made up of many provincial, regional and local organizations working together. The Minister of Health oversees and coordinates the delivery of health services in the province. Most services are delivered through the province’s regional health authorities (health regions), their affiliated organizations, and the Saskatchewan Cancer Agency.

The Breastfeeding Committee for Saskatchewan (Inc.) (BCS) provides a provincial framework that works to establish breastfeeding as the cultural norm for infant feeding with Saskatchewan. The BCS was formed in 1994, a network of health professionals that represent many different organizational groups and consumers.

The Breastfeeding Implementation Committee (BFIC) is a Ministerial appointed committee established in 2004 to assist health regions working towards the implementation of the Baby Friendly Initiative in Regional Health Authorities in Saskatchewan. BFIC has compiled resource to support BFI in the province. This committee is currently non-active.

The Breastfeeding Committee for Saskatchewan (BCS)

1. Provides support to local and provincial groups for implementation of the Baby Friendly Initiative.
2. Provides ongoing expert advice and recommendations on breastfeeding and implementing the Baby-Friendly Initiative, to governments and organizations for research, policy and program development, and direction.
3. Facilitates and supports collaborative networks to protect, promote and support breastfeeding in Saskatchewan (ie. Public Health Nutritionists Working Group, Breastfeeding Committee of Canada, local breastfeeding committees).
4. Provides a forum for sharing information and facilitating the sharing of evidenced-based breastfeeding research to the group.
5. Develops resources to support breastfeeding as a cultural norm for infant feeding in Saskatchewan.
6. Develops/revises the strategic plan and develop a yearly action plan at the annual strategic planning meeting

The Saskatchewan Ministry of Health has provided a position statement that supports breastfeeding on the Government of Saskatchewan website.
The BCS are planning to follow up with the listed strategies:

- Meeting with new Minister of Health and follow up
- Write a proposal for a BFI Coordinator (Job description, cost benefit analysis, compare to other provinces)
- Facilitate communication between BCS/BIC/BCC
- Continue to enhance and expand the BCS breastfeeding website
- Continue to build support for human milk bank and establish a human milk bank in Saskatchewan through a mentorship with HMBNA (Human Milk Banking association of north America)
- Develop a BCS position statement on human milk banking
- Advocate for a provincial data collection system (to monitor breastfeeding rates) through Panorama.
- Continue to advocate for health regions to comply with the International Code of Marketing of Breast Milk Substitutes
- Adopt the position statement for support of the International WHO Code including a briefing note regarding the ethical breach of accepting donated formula; and seek endorsements.

The regional health authorities are encouraged to review the BFI self appraisals (combined for hospitals and communities) and work towards areas that have been identified as requiring more information or education.

Ontario

*Ontario is a Canada’s most populous province with over 13 million residents and second largest in total land area.*

The Ministry of Health and Long-Term Care is working to establish a patient-focused, results-driven, integrated and sustainable publicly funded health system. Its plan for building a sustainable public health care system in Ontario is based on helping people stay healthy, delivering good care when people need it, and protecting the health system for future generations. (Appendix 1)

Ontario has 14 Local Health Integration Networks to plan, integrate and fund
local health care services. LHINS are the local system managers for health services delivered in hospitals, long-term care facilities, community health centres, community care access centres, community support services and mental health agencies. There are 36 public health units in Ontario mandated to provide Health Protection programs and services (e.g. immunization, water safety, sexual health) and Health Promotion programs and services (e.g. child and reproductive health, prevention of injuries, substance misuse and chronic disease) including breastfeeding.

BFI Ontario is the lead agency to support BFI implementation in Ontario. The MOHLTC maintains a solid working relationship with BFI Ontario; e.g. participates in meetings and regularly consults with BFI Ontario and the Breastfeeding Committee for Canada (BCC) to support BFI implementation in public health units and other health care organizations. MOHLTC has implemented a performance management indicator for Ontario’s 36 PHUs to measure their progress towards BFI designation. BFI Status is self-reported by public health units to the MOHLTC twice a year. BFI Ontario also provides a summary of key milestones in the BFI process for the ministry at the mid-year and year-end reporting intervals. The indicator was first implemented in 2011 and continues into 2014 as identified in the Public Health Funding and Accountability Agreement.

The province provides some funding support to the Provincial Council for Maternal and Child Health (PCMCH). PCMCH has two primary roles: it generates information to support the evolving needs of the maternal-child health care system in Ontario and acts as a resource to the maternal-child health care system in Ontario to support system improvement and to influence how services are delivered across all levels of care.

- The 15-member Council is comprised of experts and senior representatives from the health and social services sectors across the province, representing maternal, newborn, child and youth services and health services planning. Three standing Advisory Committees provide advice to Council including one focused on maternal-newborn care.
- In November 2009, PCMCH created an expert panel (the Breastfeeding Services and Supports Work Group, Maternal-Newborn Advisory Committee) in response to the MOHLTC’s request for cost-effective recommendations and options to support the delivery of breastfeeding supports and services in Ontario with a focus on improving breastfeeding initiation, duration and exclusivity rates. Recommendations regarding practice standards for direct services and other resources can be found on their website at http://pcmch.on.ca/initiatives/breastfeeding-supports-and-services. These recommendations were reviewed by the ministry in the development of its strategy for breastfeeding, and in response to the Healthy Kids Panel Report. PCMCH is presently partnering with TEGH and Best Start in rolling out the BFI initiative across the system.

The MOHLTC convened the Healthy Kids Panel to make recommendations to decrease childhood obesity by 20% within five years (2018). Several recommendations focus on ensuring every child is on the path to health. Breastfeeding support and
encouragement including the promotion of BFI for all hospitals and pediatric centres is recommended, along with standardized prenatal education and accessibility for all women. To achieve these recommendations MOHLTC is funding new projects with key organizations:

- Toronto East General Hospital (TEGH), in collaboration with the Health Nexus Best Start Resource Centre (BSRC) and the Provincial Council for Maternal and Child Health (PCMCH), is leading the delivery of provincially coordinated supports, resources and training to hospital and community-based healthcare organizations seeking Baby Friendly Initiative (BFI) designation;
- Expansion of Telehealth Ontario’s telephone advisory service to provide 24/7 access to lactation expertise and breastfeeding support to mothers beginning April 2014.
- BSRC is administering grants to community healthcare organizations to develop and implement new initiatives targeted for mothers in population groups that have lower rates of breastfeeding, and/or who experience challenges accessing existing breastfeeding supports; and
- BSRC is developing prenatal education key messages including breastfeeding.

For Ontario’s public health units: the continued implementation of a performance management indicator, requiring all public health units to report their progress (BFI Status) twice per year, as they work towards achieving and maintaining BFI designation.

Ontario has set an ambitious commitment to achieve a 20% reduction in childhood obesity rates within five years. As part of that goal the Healthy Kids Panel was brought together to make recommendations based on current evidence and consultations with health care providers, school boards, community agencies, parents, youth, academics, business, etc. The recommendations from the Healthy Kids Panel were released in the report No Time to Wait: The Healthy Kids Strategy (2013) found at: http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf and include promotion, support and encouragement of breastfeeding for at least the first six months, including BFI designation for hospitals with obstetrical and pediatric services.

The MOHLTC will continue to monitor public health unit performance related to their BFI status with the expectation that all public health units will become and maintain BFI designated status. To support implementation of the Healthy Kids Panel recommendations the ministry is also providing funding for additional breastfeeding supports especially in communities with lower breastfeeding rates, providing 24-hour telephone access to expert support for mothers who are breastfeeding, and funding for a collaborative consisting of TEGH, BSRC, and PCMCH to lead the delivery of provincially coordinated supports, resources and training to hospital and community-based healthcare organizations seeking Baby Friendly Initiative (BFI) designation.
As of February 2014 in Ontario, there are 13 public health units that have achieved BFI designation including the first public health unit to be redesignated. Many public health units are in the Advanced Category (engaged in the process of BFI designation e.g. have submitted their documentation review, have completed the initial site visit or have an external site visit booked for 2014.) The ministry expects that all 36 public health units will become BFI designated within the next year or two.

The Rogers Hixon Ontario Human Milk Bank at Mt. Sinai Hospital opened in January 2013, in partnership with Mount Sinai Hospital, The Hospital for Sick Children and Sunnybrook Health Sciences Centre. The milk bank provides donor breast milk to very low birth weight babies and some babies in level III neonatal intensive care units by physician prescription.

Best Start Resource Centre, Ontario’s Maternal Newborn and Early Child Development Resource Centre supports service providers (e.g. health care, child care, community services) to enhance the health of expectant and new parents, babies and young children and facilitates the updating and distribution of many resources including: Breastfeeding Matters, a guide to breastfeeding for women and their families (updated in 2013), and The Baby-Friendly Initiative: Evidence-Informed Key Messages and Resources (released in 2013).

BFI Ontario (previously known as Ontario Breastfeeding committee) is the provincial authority for implementing the BFI. Established in 2000 from a multidisciplinary group of stakeholders, the BFI Ontario offers opportunities for knowledge exchange for public health facilities and hospitals which can access mentoring as they work towards the BFI designation. Information about BFI Ontario can be seen at www.bfiontario.ca.

Recommendations for a Provincial Breastfeeding Strategy for Ontario created in 2010 and updated in 2013, provides a framework for the BFI in Ontario. This document has been widely distributed.

BFI Ontario has many ways of supporting organizations to achieve and maintain BFI designation including:

- a BFI resource team to provide mentorship to facilities working towards BFI designation.
- Four annual teleconferences of BFI Ontario
- Regular teleconferences of BFI in Community Health Services during which community organizations can provide and receive mentorship
- Beginning in January 2014 regular teleconferences of the BFI Hospital Network Group for those working in hospitals to share information and give/receive support
BFI Ontario has the capacity to complete the initial phase of BFI assessment process. There are two lead assessors, three assessors and five assessor candidates in Ontario who provide every level of support for BFI implementation.

BFI Ontario continues to collaborate with the Ministry on many levels. The Ministry of Health and Long Term Care developed *Accountability Agreements for 2011-2013* which included BFI designation status as one indicator to measure public health unit performance for both the *Reproductive and Child Health Standards* of the Ontario Public Health Standards (OPHS). It has been decided by the Ministry that BFI designation status will remain as an Accountability indicator for 2014-2016.

In September 2013 the government of Ontario announced that as part of the Ontario Healthy Kids Strategy the government would invest $2.5 million to enhance breastfeeding supports in Ontario. One of the initiatives includes supporting Ontario’s hospitals and community health organizations to implement the Baby-Friendly Initiative across the province. BFI Ontario is involved as a consulting partner in this strategy and also collaborates with the Ministry in other strategies and in evaluating resources.

BFI Ontario is involved in supporting the collection of data by connecting with the Better Outcomes Registry and Network (BORN) and the Locally Driven Collaborative Project LDCP. BORN has incorporated BCC definitions in hospital-based data collection. (LDCP) aims to develop tools and methodology that could be used by any public health unit in Ontario to systematically collect local data related to breastfeeding in a standardized way.

The fourth BFI EXPO was held within the last year and was well attended by both hospital and community members. Plans are underway for BFI Expo 2015. The BFI Expo affords the opportunity for information sharing and networking around the implementation of the BFI.

**Alberta**

The Ministry of Health (government) is responsible for policy and Alberta Health Services is the non-government service delivery provider.

There is no Government of Alberta supported BFI group/committee.
Currently the Alberta Breastfeeding Committee is actively working towards building capacity to support facilities that are interested in BFI designation. The ABCs mission is The ABC will provide leadership and resources to protect promote and support breastfeeding in Alberta as the cultural and biological norm for children, mothers, families and communities. The ABC has representation on the BCC PT committee.

Government’s support in the promotion of BFI is in having an appointed Ministry representative on the Breastfeeding Committee of Canada as well as representation on the Alberta Breastfeeding Committee.

There were no government of Alberta strategies for BFI implementation in 2011-2013. Alberta Breastfeeding Committee strategic plan for 2014-2016 is focused on actively assisting the BFI process in Alberta.

The ABC is in initial discussions with the BCC regarding the feasibility of hosting a national BFI conference in 2015. There is a lot of interest in the BFI in various communities and facilities across Alberta with some hospitals and health units actively working towards designation.

Newfoundland and Labrador

Publicly funded health services provided by the Government of Newfoundland and Labrador Department of Health and Community Services (DHCS) are delivered through four geographically defined Regional Health Authorities (RHAs). Services include emergency and acute care in hospitals and health centres, long term care, and community care including home care and public health.

The services provided by each facility will vary according to their location and range from general surgery, internal medicine and obstetrics to specialized services such as cardiology and neurology. Community-based services include: Health Promotion, Health Protection, Mental Health and Addictions Services, Intervention Services, Community Support Program, Community/Public Health Nursing Services, Medical Clinics and Community Clinics.
The DHCS also provides a lead role in policy, planning, program development, and support to the four RHAs. The department operates as the lead in multi-departmental initiatives for Healthy Living, Healthy Aging, and Mental Health and Addictions, and is a participant in the multi-departmental initiatives for Violence Prevention, Immigration Strategy, Early Child Development and Poverty Reduction.

The Baby-Friendly Council of NL is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative (BFI) in NL. Membership includes representatives from all four RHAs as well as the DHCS, the Perinatal Program NL (PPNL) (www.ppnl.ca), Memorial University Schools of Nursing and Pharmacy, Faculty of Medicine, La Leche League Canada and Health Canada’s First Nation Inuit Health Branch.

Council members are strongly connected to regional breastfeeding/BFI committees, Healthy Baby Clubs and Family Resource Centre Programs, Aboriginal Health Services and Regional Wellness Coalitions.

The Chair of the Baby-Friendly Council is the Provincial Breastfeeding Consultant. The Council oversees four working groups focusing on:

1. BFI
2. Strategy and Communication
3. Research and Surveillance
4. Public Education and Awareness

Membership in the working groups includes social media consultants, researchers, epidemiologists, physicians, dieticians, and community health nurses. The PPNL, with support from the DHCS, is the lead agency supporting the ongoing work of the Baby-Friendly Council.

The DHCS provides annual funding to the PPNL to support the initiatives identified in the provincial Breastfeeding Strategic Plan, which includes public education, health professional education and monitoring of breastfeeding rates in keeping with the BFI.

Parent and Child Health and Nutrition Consultants within the DHCS integrate breastfeeding and the BFI into key government wellness initiatives such as the Provincial Wellness Plan and the Provincial Food and Nutrition Plan. The Department supports World Breastfeeding Week proclamations, the development and distribution of healthy eating and breastfeeding resources and works to ensure health and related policies are consistent with the messages in the BFI. The Baby-Friendly Council also works with other departments, such as Education and Child
Youth and Family Services, to integrate breastfeeding concepts and consistent messages into provincial K-12 curricula, early learning initiatives and child care policies.

The Baby-Friendly Council has updated the provincial Breastfeeding Strategic Plan - A GREAT START: A Breastfeeding Strategic Plan for Newfoundland and Labrador 2013-2017. This updated strategy builds on previous strategies and provides the context for the ongoing protection, promotion and support for breastfeeding in Newfoundland and Labrador. A GREAT START identifies goals, objectives and actions directed at improving initiation and duration rates for breastfeeding in line with national infant feeding recommendations. There are targets for improving provincial initiation and duration rates including exclusive breastfeeding rates on hospital discharge.

All four RHAs have regional breastfeeding policies that reflect the BFI Ten Steps to Successful Breastfeeding. In 2013, the regional BFI committees completed the BFI Self-appraisal Survey and are developing action plans. A BFI compliance study using the Centres for Disease Control and Prevention Maternity Practices in Infant Nutrition and Care (mPINC) Survey was completed in 2012-2013 in all maternity facilities. A qualitative study exploring women’s experiences with BFI practices in the largest maternity facility was completed in 2013. These two studies along with the BFI Self-Appraisal Survey will inform the development of actions to address gaps and successes in the implementation of BFI practices.

Information on hospital breastfeeding rates using data from the Provincial Neonatal Screening Program is collected and monitored by the PPNL. To date, the PPNL can provide provincial, regional and maternity facility rates for the past twenty-seven years (1986 to 2013). This data is valuable for trend analyses and surveillance, but has limitations in regards to its use for research purposes due to the lack of clarity in the breastfeeding definitions in use at the time of the Neonatal Screening blood test (~24 hours within birth).

The Baby-Friendly Council is striving to improve the capture of additional provincial breastfeeding data in the health records, using the revised standardized BCC breastfeeding definitions and recommended data collection periods. Breastfeeding intent, initiation and exclusive breastfeeding on discharge are captured using the PPNL database. Duration rates are captured in the child health clinics, routinely attended by over 90% of all children in the province, at 2, 4, 6, 12 and 18 months. In 2013 it became mandatory for the
public health nurse to complete the breastfeeding fields for each child in the Client Referral Management System (CRMS), an electronic system for public health.

A current province-wide infant feeding study is ongoing and includes qualitative and quantitative data on infant feeding practices. In 2013, funding from the Janeway Research Foundation was received to implement a health services utilization study- “Infant feeding and its impact on health care services use in infants for the first year of life in the Eastern Health Region of Newfoundland and Labrador” comparing exclusively breastfed infants to formula-fed and mixed feeding infants.

The Canadian Institutes for Health Research (CIHR) funding has enabled the Baby-Friendly Council to host two additional Café Scientifiques on breastfeeding in Central Newfoundland and in Labrador. These important public events are opportunities to share knowledge about local breastfeeding research and information about breastfeeding and the BFI.

From 2010-2013, approximately 500 acute care and community health nurses and other front-line health professionals completed the 20-hour Making a Difference (MaD) breastfeeding course. An on-line breastfeeding course for health professionals is now available in 2014 (Step 2 Education Breastfeeding Essentials 20 hour course) and provides an alternative mode of learning for health care staff. The course will be offered to staff in paediatric and emergency departments and Schools of Nursing.

Physician education is also a priority with targeted sessions around the province planned for 2014 with Dr. Jack Newman and the introduction of a physician reference manual and quick reference guide (Physician Tool Kit). Presentations on breastfeeding and the BFI have been made to pediatricians, and family practice physicians through Grand Rounds and other continuing education sessions for health professional groups. A BFI health professional e-newsletter was published three times in 2013 and distributed to all family physicians and dietitians in the province as well as to key maternal newborn nurses and Schools of Nursing. The Association of Registered Nurses of NL is conducting a survey of registered nurses in maternal newborn settings to evaluate the implementation of the recommendations in the ARNNL Position Paper on the Registered Nurses’ Role in Promoting Breastfeeding (2011). The survey questions focus on supports for BFI practices and the adherence to the WHO International Code of Marketing of Breastmilk Substitutes in hospital and community health settings.

The Newfoundland and Labrador Public Health Association in partnership with the Association of Registered Nurses of Newfoundland and Labrador, the College of Family Physicians of Newfoundland and Labrador, Dieticians of Newfoundland and Labrador, and the Newfoundland and Labrador Medical Association have recently formed a Coalition to move forward the actions within the provincial Breastfeeding Strategic Plan specifically around implementing the BFI within hospital and community health services and identifying targets for BFI designation.
The Baby-Friendly Council supports efforts to increase public education and awareness about the importance of breastfeeding and the risks of not breastfeeding. This is accomplished through a social marketing campaign that uses posters, videos, media advertising (print, bus, theatres) and a strong social media presence to promote positive, culturally appropriate breastfeeding messages.

The continued enhancement of the provincial website www.babyfriendlynl.ca as the main vehicle for promoting and supporting breastfeeding in NL is a major initiative for the Baby-Friendly Council. The website includes interactive components such as: video clips, blogs, a Facebook page and Twitter account. The website and social media streams engage families in local research, disseminate new research, and provide a forum for discussion on current topics and practices within the health care system. Insights are monitored on social media to inform Baby-Friendly Council members of number of users, demographic information and interactions between other jurisdictions and related sites. Baby-Friendly NL promotional materials (business cards, crib cards and photo magnets) encourage pregnant women and new mothers to seek out information and support through the provincial website.

In 2013, the Baby-Friendly Council released three breastfeeding promotional videos featuring local and national celebrities. These videos are used in prenatal education and support programs throughout the province and are a prominent feature on the babyfriendlynl.ca website. The Baby-Friendly Council strives to improve the quality of resources for new parents and their families. A resource to support informed decision making about breastfeeding consistent with BFI standards and a fact sheet for fathers were developed in 2012-2013. The core provincial resource The Breastfeeding Handbook was updated in 2013 and includes new information about the BFI.

**BFI Activity/Updates**

- Breastfeeding/BFI Strategy in place since 2008 and updated in 2013.
- P/T BFI Committee “Baby-Friendly Council of NL” meets 10 times/year by teleconference; members are actively engaged in regional BFI committees
- P/T BFI education- 20 hour course available for front line staff; education targeting physicians in 2014
- P/T monitoring of BFI Implementation through BFI Self-appraisal survey and regular reporting mechanisms
- No BFI designated facilities; regional BFI committees have completed BFI Self-appraisal.
- Collaborating with Atlantic Canada breastfeeding group regarding the establishment of a Human Milk Bank in Atlantic Region
- The DHCS supports the Baby-Friendly Council of NL with annual funding for initiatives in the provincial Breastfeeding Strategic Plan, and for a part-time Provincial Breastfeeding/BFI Consultant
- The Baby-Friendly Council of NL has two BFI Assessor Candidates.

Yukon

Yukon has three hospitals which are all operated by the Yukon Hospital Corporation which is arm’s length from Yukon Government which provides its funding. Community Health Centres exist in all Yukon communities. Except for Whitehorse, Watson Lake and Dawson City the Community Health Centres provide primary health care by expanded role nurses in addition to public health activities. Whitehorse, Watson Lake and Dawson City have hospitals and local physicians which provide primary care and the Community Health Centres provide public health activities. All Yukoners are eligible for free health care coverage.

There is no BFI group in Yukon at this time
Yukon Government’s Community Nursing Branch is committed to providing breastfeeding education (equivalent to the BFI requirements) to all their nursing staff. There are no provincial/territorial Strategies for BFI implementation in place.
British Columbia

All BC Health Authorities are moving ahead on various steps toward implementation of the BFI and most regions have established an overall policy. There are currently two Baby-Friendly designated sites in BC: GR Baker Hospital in Quesnel and BC Women’s Hospital and Health Centre in Vancouver.

BC Baby-Friendly Network (BC BFN) - a multidisciplinary committee of health care providers and provincial level representatives from the Ministry of Health and Perinatal Services BC - works to protect, promote and support breastfeeding. The Ministry of Health and the Ministry for Children and Family Development have designated the BC BFN as the implementation committee for the Baby-Friendly Initiative in British Columbia. The committee has an active membership that meets quarterly. Recruitment of a public representative for the committee is in progress. The committee supports facilities to implement best practice standards that meet the BFI criteria and to network and share resources. BC led the investigation of the single use only labeling on the Medela pump kits. This investigation informed the development of a discussion paper entitled Cleaning of Breast Pump Kits that was shared with the Breastfeeding Committee for Canada in October 2013.

Breastfeeding education for health care professionals has been enhanced with the launch of The Breastfeeding Experience online education course at the BC Institute of Technology (BCIT), based on the Breastfeeding: Making a Difference® course. The BCIT course also offers practicum experience. The Breastfeeding: Making a Difference® Level 1 “train-the-trainer” course was last held in 2011, and continues to be taught by staff in most health authorities in BC. The need to run another “train-the-trainer” course or share an updated curriculum is under consideration. Other courses being offered include Promoting, Protecting and Supporting Breastfeeding in the Hospital Setting (BC Women’s Hospital) and one health authority pilot program that used a blended learning approach including the Step 2 Breastfeeding Essentials online course, a 4 hour workshop, and a 3 hour clinical mentorship.

Breastfeeding Guidelines for Health Care Providers:
The following resources continue to be used in BC. Many jurisdictions are moving toward an electronic health record and PSBC forms are being used for that initiative and the guidelines are providing evidence for the work.

- Maternity Care Pathway for Health Care Providers – Guideline from Perinatal Services BC that identifies routine care that a pregnant woman can expect from
her care provider during pregnancy. Breastfeeding promotion and information on breastfeeding identified at key timeframes.

- Perinatal Services BC Breastfeeding Healthy Term Infants Guideline:
- Perinatal Services BC: Postpartum and Newborn Nursing Care Pathways – provide evidence-based information on the provision of nursing care for mothers and infants in the postpartum period. Breastfeeding and infant feeding a significant component. Used by all acute and public health nurses who provide postpartum and newborn care across BC.
- Perinatal Services BC: Postpartum and Newborn Clinical Paths (Forms for Documentation) for acute and community settings. Used by acute and public health nurses who provide postpartum and newborn care across BC.

**Provincial Health Services Authority Obesity Prevention Strategy**

Breastfeeding education has been identified as a key component of the Provincial Health Services Authority (PHSA) obesity prevention strategy.

**Breastfeeding education/support for the public**

There are a number of strategies/initiatives that have been implemented in BC to inform, educate and support families in their breastfeeding efforts. These include:

**Healthy Families BC Prevention Strategy: Healthy Start Initiative**

The Healthy Start Initiative is one pillar of the BC government’s *Healthy Families BC Prevention Strategy*, and includes public health service standards which aim to reduce inequities to ensure that every family in BC has similar access to public health support services. This includes access to public health breastfeeding education and support services. Universal services standards that focus on breastfeeding include:

- Ensuring that families are offered support within 24 to 48 hours of discharge from acute care to establish and maintain breastfeeding with continued support provided as needed
- All families are supported to exclusively breastfeed for the first six months with introduction of nutritious and safe complementary foods with continued breastfeeding for up to two years and beyond.

The service standards also support the implementation of core functions by regional health authorities. Core model program papers identify the core elements that should be provided by British Columbia health authorities. This includes universal education on breastfeeding benefits and practices for all pregnant women and proactively supporting breastfeeding along with unrestricted feeding and mother-baby contact in the postpartum period (refer to www.health.gov.bc.ca/public-
Healthy Families BC Parent Resources

The Ministry of Health has developed a suite of evidence-informed print and web-based resources to support expectant and new parents with children up to three years of age. The resources also support public health and other practice settings, prenatal education, and parenting programs, to foster consistent practice, health promotion, and prevention messages.

- **Baby’s Best Chance: Parents’ Handbook of Pregnancy and Baby Care (BBC) (4th Rev, 6th Ed)** is a Baby-Friendly guide to having a healthy pregnancy and parenting a baby up to 6 months of age is available in both a print and online format (available at [www. healthyfamiliesbc.ca/parenting](http://www. healthyfamiliesbc.ca/parenting)). It is also purchased for use by jurisdictions in other parts of Canada. This resource has been translated into French.

- **Baby’s Best Chance DVD** is available online for providers and parents to view best breastfeeding practices (available at [www.healthyfamiliesbc.ca/home/articles/early-days-your-baby](http://www.healthyfamiliesbc.ca/home/articles/early-days-your-baby)).

- **Toddler’s First Steps: A Best Chance Guide to Parenting Your 6 to 36 Month-Old-Child (TFS) (3rd Rev, 2nd Ed)** is a Baby-Friendly guide to toddler care and parenting a child from 6 to 36 months of age. TFS is available in both a print and online format (available at [www. healthyfamiliesbc.ca/parenting](http://www. healthyfamiliesbc.ca/parenting)).

- Healthy Families BC website: The Pregnancy and Parenting section on HealthyFamiliesBC.ca includes breastfeeding articles, videos and an interactive resource called the Breastfeeding Buddy. The Breastfeeding Buddy was developed to provide women and their families with quick access to key information about breastfeeding, support in their community and answers to frequently asked questions. It is also designed to help women keep track of information about their baby’s feeding and sleeping patterns for the first few weeks.

Healthy Families BC Social Media (Facebook, Twitter, Youtube)

- Healthy Families Facebook [www.facebook.com/HealthyFamiliesBC](http://www.facebook.com/HealthyFamiliesBC)
- Twitter (@HealthyfamilyBC)
- Youtube [www.youtube.com/user/healthyfamiliesbc/videos](http://www.youtube.com/user/healthyfamiliesbc/videos)

These accounts are used to promote World Breastfeeding Week and related activities including the provincial government’s BC World Breastfeeding Week Proclamation ([www.health.gov.bc.ca/women-and-children/publications.html](http://www.health.gov.bc.ca/women-and-children/publications.html)), the Quintessence Breastfeeding Challenge ([www.babyfriendly.ca/challenge-home.aspx](http://www.babyfriendly.ca/challenge-home.aspx)) and provincial
resources such as the Breastfeeding Buddy for expectant and breastfeeding families. Regional health authorities also utilize social media to promote local World Breastfeeding Week activities that take place in many maternity care hospitals, public health units and communities across the province.

HealthLink BC

HealthLink BC provides 24/7 telehealth support for the province of BC. This includes telephone nursing advice and support for breastfeeding families. HealthLink BC has also developed the BC Health Service Locator App to enable British Columbians to access health service information from their iPhone, iPod or iPad (refer to www.healthlinkbc.ca/app/). This includes information about breastfeeding services in their local communities. The service locator is also available in an online format at www.healthlinkbc.ca/.

Prenatal Education/Support

All health authorities offer prenatal education which includes breastfeeding promotion and information. Vulnerable populations are also provided breastfeeding information and support through Pregnancy Outreach programming including the Canada Prenatal Nutrition Program (CPNP) and Aboriginal CPNP.

Breastfeeding Monitoring and Surveillance

Exclusive breastfeeding rates from birth to hospital discharge are captured and reported regularly via the PSBC Provincial Perinatal Database Registry.

Breastfeeding data is also collected at the community level by public health nurses. Data standards and definitions are under development to support monitoring and surveillance related to breastfeeding duration and progress towards exclusive breastfeeding to 6 months.

Human Milk Bank

BC Women’s Provincial Milk Bank provides pasturized donor milk to children in need. The donor human milk bank is currently undergoing a much needed expansion. Many of the health authorities have convenient milk depots where mothers can donate breast milk.

Ongoing negotiation for a province-wide infant formula contract: There is a provincial group working with the central purchasing warehouse to have a contract that is in accordance with BFI and the WHO International Code of Marketing of Breast milk Substitutes. This will help all facilities meet that requirement when beginning their BFI journey.
Quebec

Quebec government has a policy on breastfeeding, a national program and related public health programs that are delivered through 18 health regions.

Ministere de la Sante et des Services Sociaux (MSSS) has the lead provincial role for BF. It is also responsible for assessment and certification of Baby-Friendly Initiatives. Each of the health regions has a Breastfeeding Coordinator.

A Provincial Action Plan (1997) mandated implementation of the Baby-Friendly initiative for hospitals and community health centres, so health regions are required to have BFI plans and implementation strategies.

Extracted from:
Review of Breastfeeding Practices and Programs
British Columbia and Pan-Canadian Jurisdictional Scan. BC Ministry of Health 2012

For a list of designated facilities in Quebec:

First Baby-Friendly Aboriginal Centre in Canada

Kanesatake Health Center is the first Aboriginal center to receive this recognition for the excellent work they are doing in their community going back to their traditional ways of caring for their children, starting with breastfeeding. Kanesatake is a small rural community of around 1500 Mohawk people who live in the south west of Montreal, in Quebec. Like many first nation communities in Canada, Kanesatake’s history is linked to survival and resilience and it is considered as a vulnerable area at socioeconomic and health levels.

The journey towards attaining this recognition took many years, not unlike most of the health facilities striving to become Baby-Friendly. However, the difference lies in the commitment of women from the community who decided to work at empowering other women to remember their ancient tradition of breastfeeding all their children.

Mohawk society is matrilineal and the children belong to their mother’s clan. This is why it was so important for them to reclaim this traditional cultural element to promote
breastfeeding and to enlist the support of the whole community around breastfeeding. A creative peer counselor education program was implemented over the years so that women from the community could help other women in choosing and continuing breastfeeding their children. The breastfeeding rates at Kanesatake health center reflect their success. In 1995, their initiation rate was around 32% with only 19% of mothers continuing to breastfeed at 6 months (Whelen Banks, 2003). After many years of ongoing efforts, in 2011, their initiation rate was 90%, persisting at 90% at six months (documentation review for the BFI assessment). The women from the community were determined to convince the younger ones to give something better to their children and to nurture them differently.


New Brunswick

In New Brunswick, the health services are delivered through two Regional health networks (Horizon and Vitalité). There are nine hospitals with maternity unit and seven public health regions. In 2006, The New Brunswick Minister of Health mandated all health care facilities that provide care to women and children move forward with implementing BFI as best practices. The two Regional Health Networks have breastfeeding/BFI policies.

The NB Baby-Friendly Initiative Advisory Committee is the provincial authority for supporting the implementation of the Baby-Friendly Initiative. The committee’s mandate is to provide a foundation that informs, supports, and makes recommendations to the Minister of Health in order to meet the goals and objectives of the Baby-Friendly Initiative. The membership includes representatives from government, the Regional Health Networks (hospital and public health), NB BFI assessor (and candidate assessors), NB universities and breastfeeding interest/support groups. The members are strongly connected with regional and local BFI committees.

The BFI advisory committee has identified four strategic directions for 2010-2015:

- Public awareness and education
- Community support
- Health service delivery support
- Policy

**Public awareness and education**

The production of six video vignettes (three in English and three in French) promoting breastfeeding as the cultural norm while depicting realistic expectations of breastfeeding
was done. English video vignettes available at: http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/bfi.html

French video vignettes: http://www2.gnb.ca/content/gnb/fr/ministeres/bmhc/gens_en_sante/content/allaitement_maternel_initiative.html

**Community support**
An inventory of breastfeeding community support services in the province was done and information was posted on the department of health website. The Dept. of health bilingual facebook page on breastfeeding continues to attract NB mothers by providing a forum for discussion ([https://www.facebook.com/BreastfeedingNB.AllaitementNB](https://www.facebook.com/BreastfeedingNB.AllaitementNB))

A partnership with the NB public libraries and with some NB municipalities was done to create breastfeeding friendly public places

**Health service delivery support**
In 2013, all nine hospitals with maternity unit and public health office completed a BFI self-assessment for the second time (first time was in 2008) which helps them develop an action plan to address their challenges and gaps.

The NB advisory committee continues to support health care facilities by offering a yearly BFI roundtable, and breastfeeding management educational opportunities. Mock assessment was done in two facilities in 2013 and some provincial tools were revised.

**Policy**
The provincial infant feeding data collection tool was reviewed and implemented to collect data on the breastfeeding initiation, exclusive breastfeeding from birth to discharge and skin-to-skin. Data collection tool was implemented at the 18 months assessment at public health to capture the duration of breastfeeding and the duration of the exclusive breastfeeding.

**Prince Edward Island**
The Department of Health and Wellness is responsible for the policy and health care plan of Islanders and Health PEI is responsible for the delivery of health care services. Health PEI is overseen by a Board of Directors and day to day activities managed through its Chief Operating Officer.
In July 2012 the Department of Health and Wellness drafted a Breastfeeding Policy which came into effect September 1, 2012.

“In order for the Department of Health and Wellness to provide leadership of the protection, promotion and support of breastfeeding, and to improve the health status of mothers and babies, we will:

• Make breastfeeding a public health priority
• Re-establish breastfeeding as our cultural norm
• Create momentum to strive for Baby Friendly Initiative status in PEI facilities
• Work collaboratively with stakeholders to develop educational and communication material to improve societal acceptance
• Work collaboratively with Health PEI to implement this policy”

- DEPARTMENT OF HEALTH AND WELLNESS BREASTFEEDING POLICY – July 2012

The Health PEI 2013-2014 Business Plan identifies the implementation of the Department of Health and Wellness Breastfeeding policy as an area of focus during this fiscal year. Breastfeeding is beneficial for infants’ growth, immune system, and cognitive development. This initiative will:

• Bring into operation the broad policy statement of the Department of Health and Wellness, which is supportive of the protection, promotion, and support of breastfeeding as a public health priority.
• Support breastfeeding as the optimal form of nutrition for newborns.
• Provide an example of collaboration between Health PEI and the Department of Health and Wellness in the shared mandate of prevention and education.
• Business Plan Health PEI 2013-2014

The PEI Breastfeeding Coalition (PEI BFC), established in early 1999, is a broad based provincial working group dedicated to the promotion of breastfeeding on Prince Edward Island. The Coalition is multi-disciplinary, represents all regional health authorities across the Province, and has representation from community partners and the Department of Health and Wellness and Health PEI.

In May 2013 the PEI BFC held a symposium with invited guests from NB to talk about their provincial journey toward implementing the Baby Friendly Initiative (BFI).

(Left to right: Carolyn Sanford, DVM PhD, Provincial Epidemiologist, Manager, Epidemiology and Reproductive Care Program, Chief Public Health Office, Department of Health & Wellness; Donna Brown, Chair-NB BFI Advisory Committee; Isabelle Mélançon, Senior Program Advisor, Office of the Chief Medical Officer of Health, NB Department of Health;
The PEI Breastfeeding Coalition is currently developing a work plan to guide members in providing leadership in the promotion, protection, and support of breastfeeding for women, children, and families on PEI through collaboration across community, business, and government sectors, using the Baby-Friendly Initiative (BFI) as a framework.

Manitoba

Manitoba has a sustainable, publicly administered health system that promotes well-being and provides “the right care, in the right place, at the right time.” The provincial government has set up a regional governance structure or Regional Health Authority (RHA), which is responsible for the delivery and administration of health services in five specific geographical areas.

- The Baby Friendly Manitoba Committee is the provincial authority for implementing the Baby-Friendly Initiative. Manitoba Health has developed a Baby Friendly Hospital Working Group and a Baby Friendly Community Health Working Group to assist RHA and Nursing Station staff to implement the Baby Friendly designation standards. Bi-monthly meetings have provided opportunities for strength based strategizing. The committee is co-chaired by government and community leads.
- Additionally regional BFI committees are actively engaged in BFI activities including education (such as the locally developed two-day course which has been shared by the Northern RHA, the Self-Study one-day model that began in Southern RHA and the Douglas Breastfeeding course which is supported by the Winnipeg RHA and open to other RHA health care staff).
- Baby Friendly Manitoba provides a password protected non-public site (SharePoint) for RHAs and Manitoba Health to network, share professional documents, templates, and other tools.
- Baby Friendly Manitoba hosts annual conferences, telehealth breastfeeding rounds and other educational events.
- Since 2001, Manitoba Health has provided ongoing support at the policy level for Manitoba regions and facilities.
- Since 2008, the Ministry released the first breastfeeding strategy.
- Manitoba employs a consultant to provide support to the Breastfeeding Strategy lead, as well as birthing facilities and community sites on their on-going efforts to establish and maintain Baby Friendly best practice.
Since 2011, Manitoba Health provides status reports on the BFI status of birthing facilities and community health services to senior management annually as a report on the department’s initiative.

In 2013, the Ministry released a renewed breastfeeding strategy.

In 2006 MHHL developed a Provincial Breastfeeding Strategy that was operationalized by Regional Breastfeeding Frameworks. The Provincial Breastfeeding Strategy set targets to improve provincial breastfeeding initiation, duration and exclusive breastfeeding rates. The 2006 Provincial Breastfeeding Strategy and RHA Frameworks may be found online at http://www.gov.mb.ca/health/nutrition/bfi2.html

In 2012, Manitoba Health conducted a system review of breastfeeding current practices and compared that to research and other jurisdictions practices to establish an ideal future state. A working group involving multi-departmental stakeholders and RHAs offered recommendations to provide leadership to the health care system regarding breastfeeding best practice which were included in the revised breastfeeding strategy.

The 2013 Provincial Breastfeeding Strategy has set targets to implement Baby-Friendly practices through the international accreditation process, improve provincial breastfeeding initiation, duration and exclusive breastfeeding rates, facilitate data collection on infant feeding post hospital discharge on a provincial population level at entry to community service and one data point after that to fulfill BFI accreditation needs and encourage additional staff education, workplace breastfeeding policy, expanded access to breastfeeding supports for mothers living in northern, rural and remote locations, social marketing as well as creation of a Manitoba Human Milk Bank.

The renewed Manitoba breastfeeding strategy will require that 75% of all birthing hospitals (births 100+/year and 75% of all community public health offices be designated by the Breastfeeding Committee for Canada as Baby Friendly sites by 2018.

Provincial breastfeeding initiation and exclusivity rates at discharge from hospital, birth centre, or following home birth will increase from 81% to 85%. The exclusive breastfeeding rate (including those infants who require medically indicated supplementation) at birth hospital/centre discharge will be 75%.

Improved breastfeeding rates in the community will be achieved including: exclusive breastfeeding on entry to community service to 75%; duration of breastfeeding at 6 months to 55% (25% exclusively breastfed); and continued breastfeeding at 18 months to 25%. http://www.gov.mb.ca/health/bfm/strategy.html

BFI Updates

At the end of January 2014, a Manitoba hospital facility will have their BFI External Assessment site visit.

One other hospital has had a Pre-Assessment document report and site visit.
Six hospitals are at the first stage of the Baby Friendly journey.

One community health site has had their Pre-Assessment Document review and is preparing for their site visit. Another community health site is preparing for the Pre-Assessment document review. Ninety community sites are at the first stage of the Baby Friendly journey.

In 2013, capacity building site visits have taken place in four hospitals and six community health sites (three RHAs).

Two hospitals and four community health sites received renewed BFI certificates of Participation in June 2013.

In order to gain the knowledge and skills to join the BCC BFI Assessment Team, within the last year three out of the four assessor candidates in Manitoba have had learning opportunities during BFI External Assessments. Each of these candidates are mentors in their own regions and help to build capacity in the province.

Human Milk Bank

Two Winnipeg hospitals currently use purchasing pasteurized donor breast milk (DM) (from Ohio Milk Bank) for use in NICU (2011-current).

The renewed Manitoba Breastfeeding Strategy has made a recommendation to establish a human milk bank in Manitoba (compliant to HMBANA standards) with provincial collection sites.

Provincial Government Financial Support

Manitoba Health continues to support the provincial baby friendly committee through contracting a baby friendly consultant, provision of regular educational events, committee telehealth meetings, capacity building visits and the SharePoint site.

Telehealth breastfeeding presentations are offered free to health care providers and peer support.

When planning and hosting the annual Baby Friendly Conference, costs are kept to a minimum to make it affordable for participants to attend.

Data Collection

Many of the community health sites now have electronic data collection methods to gather any and exclusive breastfeeding data upon entry to community health service as well as collecting ongoing exclusive breastfeeding and ongoing breastfeeding duration data. Other sites manually collect ongoing data.

Manitoba Centre for Health Policy (MCPH) provides regular reports of “any” breastfeeding data upon hospital discharge from Population Health Research Data Repository housed at MCHP.
Nunavut

Department of Health and Social Services has the lead role for BF and 2 representatives on the Breastfeeding Committee for Canada (BCC). Federal funding for FNIHB’s CPNP and Maternal and Child Health programs are major components of the service. Breast feeding is an essential component of both programs. Territorial BF committee has not yet been established. The government has a Maternal and Infant Health Care Strategy, a Nutrition Framework and a Public Health Strategy, which all specify that breastfeeding is a priority.

Extracted from:
Review of Breastfeeding Practices and Programs British Columbia and Pan-Canadian Jurisdictional Scan. BC Ministry of Health 2012

Northwest Territory

Wide representation from the Ministry, Canadian Perinatal Nutrition Program, health services, aboriginal health and mother support are working with the BFI Assessment Committee to increase awareness of the BFI and to collaborate to increase capacity for implementation.
- A member attends the BCC PT meetings.
- A capacity building workshop has been held,
- A hospital and a community health service are working together towards Baby-Friendly designation.

The Baby-Friendly Initiative Certificate of Participation for these facilities has been signed by the Minister of Health and Social Services of the North West Territories
Infant Feeding Surveillance

Consistent surveillance methodology is challenging when implementing the Baby-Friendly Initiative in Canada. The BCC has sought the expertise of epidemiologists nationally to provide guidance to facilities implementing BFI as they strive to collect the vital infant feeding data to meet the criteria and achieve designation.

One of the most valuable outcomes of BFI implementation in Canada is the rich dialogue and collaboration which has resulted between Provinces and Territories and even within P/T jurisdictions. The BFI identifies Infant feeding data as the primary measure of best practise outcomes. Since publishing the BFI Status Report in 2011 much progress has been made and two major sources of surveillance information have been selected for this update report. The British Columbia Pan-Canadian Breastfeeding Jurisdictional Scan project was undertaken by the government of British Columbia and supported interprovincial collaboration and information sharing and further built upon BC provincial and national successes in supporting breastfeeding women. The review includes both current and future initiatives with a particular focus on innovative approaches that have advanced the achievement of the Baby-Friendly Initiative.

The results showed that most jurisdictions collect data, based on indicators defined by the Breastfeeding Committee of Canada (WHO definitions). Data is universally collected on initiation rates and at hospital discharge. Data on duration and exclusive breastfeeding are collected during public health contacts with mothers during home visits, breastfeeding clinics, healthy baby clinics and immunization clinics. The duration data is incomplete however, as not all women are in contact with public health services.

In addition:

- A number of jurisdictions have conducted follow-up surveys to assess duration rates. For example, Ontario and New Brunswick have surveyed parents for 'snapshots' of durations rates, Saskatchewan is currently planning a provincial data collection survey, and Newfoundland and Labrador is currently implementing a province-wide infant feeding survey.
- Nunavut has recently established a Maternal and Child Health Surveillance System that will collect data at birth, 6 months and 1 year.
- Manitoba Centre for Health Policy links their provincial data to data from the Canadian Community Health Surveys to provide samples for duration rates.

Comprehensive tables reflecting breastfeeding surveillance are included in this report as well as information about policy, education and Ministry support for the implementation of the Baby-Friendly Initiative.

**The Canadian Community Health Survey (CCHS)**

http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health92b-eng.htm

The CCHS are random samples of provincial populations with numerous questions asked on a number of health issues. The sample is meant to be generalizable to the provincial population as well as the health regions for certain questions.

To illustrate the concern about the usefulness of the breastfeeding data collected:

The NL Centre for Health Information receives the share files (responses from individuals that agreed to share their responses with their provincial MOHs) which comprises about 90% of the sample from the CCHS.

The 2011-2012 NL share file had a total of 3,415 (18+) respondents, 158 (4.6% of total sample) of which were women aged 15-55 who had a baby in the previous five years. Concerns about the reliability and validity of the data given the small sample size and recall bias have been expressed. There is no confidence of comparing this data to provincial perinatal data.

As a result of discussions at the BCC P/T level, plans are being made to have a representative from Stats Canada come to a P/T meeting to discuss sampling issues and how breastfeeding questions are determined. This will be an opportunity to open the dialogue and learn about the national surveillance systems.
Additions to Key BFI Resources

The Baby-Friendly Initiative: Evidence-informed Key Messages and Resources:
- A break-down of each message with supporting rational and evidence.
- Evidence-informed resources that can be used to support the implementation and maintenance of BFI.
- References for each step, listed according to type (for example, Randomised Controlled Trial)


Research supporting the importance of BFI is ongoing.

Highlights from significant current research supporting BFI includes:

When embarking on the BFI process, it’s crucial to gain the endorsement of both local and governmental level policy makers, have effective leadership during the practice change process, implement health-care worker training across all levels to include managers and medical staff, eliminate the marketing influence of formula companies within hospital and community health services, and integrate hospital and community health services (Semenic et al 2012).

A narrative review critically discusses a variety of issues relevant to the uptake and support of breastfeeding and the BFHI, utilizing Australia as a case study. Whilst it enjoys ‘in
principle' policy support, Australia also suffers from a lack of uniformity in uptake and perception of the benefits of BFHI at all levels of the health system (Atchan et al 2013).

Only 500 hospitals are currently designated Baby-Friendly in industrialized countries, including 37 health centres or health authorities in Canada. Health care practitioners have a unique and influential role in promoting and supporting breastfeeding. Provincial and territorial government leadership is essential to ensuring implementation of the BFI in all health care facilities delivering services (Pound et al 2012).

Baby-Friendly accreditation increases prevalence, duration of exclusive breastfeeding and improved cognitive outcomes for children between ages three and seven (Del Bono and Rabe 2012).

Two-thirds of US mothers who intend to exclusively breastfeed are not meeting their intended duration and the authors recommend that increased Baby-Friendly hospital practices, particularly giving only breastmilk in the hospital, may help more mothers achieve their exclusive breastfeeding intentions (Perrine et al 2012).

The number of breastfeeding supportive practices a hospital has in place is not significantly associated with higher birth costs. Concern for higher birth costs should not be a barrier for improving maternity care practices that support women who choose to breastfeed (Allen et al. 2013).

Among mothers with lower education, the BFHI increased breastfeeding initiation and, independently, each additional breastfeeding practice was associated with an average increase in breastfeeding initiation (Hawkins et al 2013).


The Baby-Friendly Initiative (BFI) in Canada Status Report Update 2014

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Nova Scotia Baby-Friendly website
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First Six Weeks website
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From
<http://www.breastfeedingcanada.ca/ProvTerrInfo.aspx>
The Baby-Friendly Initiative (BFI) in Canada Status Report Update 2014

Provincial/Territorial BFI Information Scans
The P/T Committee scanned members for information regarding resource development and education. The following tables provide additional information to support the BFI status report. Not all Provinces/Territories supplied information for the scans.

Table 3. Scan 2013: Resource Development

<table>
<thead>
<tr>
<th>P/T</th>
<th>Are resources reviewed to ensure BFI messaging?</th>
<th>Is there a consistent system in place?</th>
<th>Who reviews the resources?</th>
<th>Is there input from a knowledgeable BCC member i.e. assessor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>Each health authority, acute care facility or public health facility has their own way of ensuring resources follow the requirements for baby-friendly since there is a move toward becoming baby-friendly across the province.</td>
<td>Each area has their own system so no, there is not a standard, consistent way of reviewing resources across the province. Not every place has a system in place. Anything that is posted on the BCBFN website is reviewed by a small group of members.</td>
<td>If there is an established BFI committee then they would review but otherwise it would be someone such as an LC who has knowledge of BFI.</td>
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<td>AB</td>
<td>SK</td>
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<td></td>
<td>Public Health resources that are developed here and utilized from other jurisdictions are reviewed correct messaging.</td>
<td>The system is consistent that the people reviewing resources are aware of this but there is not policy or procedure</td>
<td>Resources are reviewed by the gov’t consultant and provincial advisory committee and advocacy group.</td>
<td>Yes for the most part but not consistently.</td>
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<td>MB</td>
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<td>NWT</td>
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<tr>
<td>ON</td>
<td>BFI Ontario has a Resource Team who reviews resources to be sure they are compliant with BFI messaging which includes compliance with the Code</td>
<td>Yes</td>
<td></td>
<td>BFI Assessors and the BFI Resource Team of BFI Ontario</td>
</tr>
<tr>
<td>NB</td>
<td>The NB Brunswick Advisory committee is involved in ensuring that all the NB Department of health resources produced for parents and expectant parents respect the BFI messages.</td>
<td>The resources are reviewed by ad hoc committees of the NB BFI Advisory committee which involves a Dept. of health consultant and Regional health authorities’ representatives and community partners. The two BCC PT members sit on the NB BFI Advisory committee.</td>
<td>The input from a BCC BFI lead assessor is often sought (depending of the issue).</td>
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<tr>
<td>NS</td>
<td>Our provincially produced Public Health resources have been created and reviewed with a BFI lens.</td>
<td>There was a significant amount of work done to ensure messages were evidence based, current and supportive of breastfeeding. Major changes have not been required since the books/resources were published in 2008-09.</td>
<td>Department of Health and Wellness using a BFI lens. There is a strong commitment to consistent messaging across the province.</td>
<td></td>
</tr>
<tr>
<td>NFL/LAB</td>
<td>Yes</td>
<td></td>
<td>When we were developing the messages, we consulted with BCC assessors to ensure we were accurate with our use of language that supported all mothers and respected BFI.</td>
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<tr>
<td>PEI</td>
<td>NL Public Education and Awareness Working Group. is a BCC Assessor candidate, co-chair of the BCC P/T BFI Committee and is chair of the Baby Friendly Council NL.</td>
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<tr>
<td>Nunavut</td>
<td>No consistent process. It is very dependent on staffing availability.</td>
<td>Nunavut Nutrition Advisory Committee (Dietitians) as well as the new Territorial Position titled - Healthy children, families, and communities (HCFC).</td>
<td></td>
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</tbody>
</table>
### The Baby-Friendly Initiative (BFI) in Canada Status Report

**Update 2014**

#### Provincial/Territorial BFI Information Scan

**Table 4. Scan 2013: Education**

<table>
<thead>
<tr>
<th>P/T</th>
<th>Do you have any breastfeeding education system in your P/T?</th>
<th>If so, is it consistent across your P/T?</th>
<th>Is it for health care professionals?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td></td>
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<tr>
<td></td>
<td>Breastfeeding education for health care professionals has been enhanced with the launch of <em>The Breastfeeding Experience</em> online education course at the BC Institute of Technology (BCIT), based on the <em>Breastfeeding: Making a Difference</em>© course. The BCIT course also offers practicum experience. The <em>Breastfeeding: Making a Difference</em>© Level 1 “train-the-trainer” course was last held in 2011, and continues to be taught by staff in most health authorities in BC. Other courses being offered include <em>Promoting, Protecting and Supporting Breastfeeding in the Hospital Setting</em> (BC Women’s Hospital) and one health authority pilot program that used a blended learning approach including the Step 2 <em>Breastfeeding Essentials</em> online course, a 4 hour workshop, and a 3 hour clinical mentorship.</td>
<td></td>
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<tr>
<td>AB</td>
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<tr>
<td>SK</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MB</td>
<td>Yes Annual Baby Friendly Manitoba Conference since 2000 – Canadian and US speakers brought in Three breastfeeding</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Each RHA has different systems for birthing facility and PHNs, although one RHA trains them together (within 6 months of hiring)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• One RHA provides locally produced 2 day face-to-face training based on WHO 20 hour training (within 6 months of hiring)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• One Wpg tertiary hospital provides locally produced face-to-face 2-day training (within 6 months of hiring), the other provides locally produced ½ face-to-face day training within 1 year of hiring.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Several facilities provide RNAO self-learning packets followed</td>
</tr>
<tr>
<td>Province</td>
<td>Details</td>
<td></td>
<td></td>
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<tr>
<td>----------</td>
<td>---------</td>
<td></td>
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</tr>
<tr>
<td>NWT</td>
<td>- No coordinated system at a provincial level. &lt;br&gt; - All 18 or 20 hour courses follow the WHO guidelines. &lt;br&gt; - Yes. Any health care professionals such as nurses, midwives, nurse practitioners, doctors, dieticians, naturopaths are welcome to attend. &lt;br&gt; - There is a course for Breastfeeding Peer Support volunteers which can be organized through the Quintessence Foundation. &lt;br&gt; - There is a short online course available through Best Start Health Nexus. There are several independent organizations and/or individuals who provide the 20 hour lactation management course. Courses are organized by health units or breastfeeding committees/coalitions or by individuals and are advertised through the Best Start Health Nexus and by individuals/organizations. Also, there are breastfeeding education updates organized by some communities and these are advertised through many avenues including Best Start Health Nexus.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ON</td>
<td>- BFI roundtable: Since 2006, the NB BFI Advisory committee &lt;br&gt; - For health care professionals (nurses, nurse practitioners, physicians, dietitians, etc): &lt;br&gt; - Basic 20 hour course: NB Health care professionals are encouraged to register to the “Step 2 Education” online course (<a href="http://www.step2education.com/">http://www.step2education.com/</a>).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NS</td>
<td>Yes. In 2009, we hosted a train the trainer session for the Making a</td>
<td>There are differences across DHAs due to previous</td>
<td>Health care professionals in Public Health, acute and tertiary care and community partners. It is held in the DHAs and frequency varies across the province. Many DHAs use the MAD training as their standard training module and others have used other training courses.</td>
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<tr>
<td>----</td>
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<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>has been organising a yearly roundtable to discuss &amp; learn more about the Baby-Friendly Initiative. This is a face-to-face event where the members of all the BFI committee in the province are invited to participate.</td>
<td><strong>Continuing education:</strong> The NB BFI Advisory committee organizes a yearly one day workshop on breastfeeding management. The location of the workshop varies and is often available to all regions via the videoconference system. The speakers are usually from outside the province.</td>
<td><strong>Supervised Clinical Practicum:</strong> The NB BFI Advisory committee trained a team of “breastfeeding mentors” that are responsible to supervise the clinical practicum of staff in each facility.</td>
</tr>
<tr>
<td></td>
<td><strong>Case study:</strong> A series of case study exercises on breastfeeding were developed by the NB BFI Advisory committee as tools to consolidate skills in teaching and assisting mothers with breastfeeding. These case study exercises are used by health professionals (LC or breastfeeding mentors) with their colleagues in various settings (lunch &amp; learn, staff meeting, etc.).</td>
<td><strong>BFI roundtable:</strong> Since 2006, the NB BFI Advisory committee has been organising a yearly roundtable to discuss &amp; learn more about the Baby-Friendly Initiative. This is a face-to-face event where the members of all the BFI committee in the province are invited to participate. The program is developed by the NB BFI Advisory committee. The event is usually one day to two day long.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>For the public:</strong></td>
<td></td>
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<tr>
<td></td>
<td>NB Breastfeeding prenatal class (Face-to-face):</td>
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<tr>
<td></td>
<td>Course curriculum was developed by the NB BFI Advisory committee and is currently under revision</td>
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<tr>
<td></td>
<td>The course is 2.5 hr long</td>
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<tr>
<td></td>
<td>Offered to expectant parents and their support people (grandparents, aunts, friends, etc.)</td>
<td></td>
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<tr>
<td></td>
<td>NB prenatal online class (online):</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Developed by the CIPA in collaboration with Dept. of health has a component on breastfeeding (module 4)</td>
<td></td>
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</tr>
</tbody>
</table>
Difference (MaD) course. Since then, over 1000 individuals have gone through the MAD training.

Yes. The Making a Difference (MaD) 20 hour breastfeeding course has been delivered in all four regional health authorities. Three of the health authorities have offered the course to the majority of maternal newborn and community health nurses. The largest health authority has offered the course to most of the community health nurses but a large number of hospital maternal newborn nurses have not had the 20 hour education. The

Yes. The MaD breastfeeding course has been offered to front-line registered nurses, regional nutritionists and a few clinical dietitians.

- The MaD breastfeeding course is produced by Kathy Venter and Marianne Brophy and delivered as a Train-the-Trainer model. Regional facilitators deliver the course in the four regional health authorities.
- Other (list all) (e.g. Self-study, Journal group, IBCLC, Douglas College) Step 2 Breastfeeding Essentials on-line 20 hour course will be available commencing in Fall 2013. The MaD breastfeeding course is still recommended.
- Breastfeeding education for the public is consistent across the province with all regional health authorities using provincial resources e.g., The Breastfeeding Handbook, NL Breastfeeds video series, infant feeding related fact sheets and other infant and young child feeding resources. The Baby-Friendly NL website, (www.babyfriendlynl.ca) and social media sites including Facebook (facebook.com/babyfriendlynl), Twitter (twitter.com/babyfriendlynl) and YouTube channel (youtube.com/user/babyfriendlynl) all inform and support pregnant women, breastfeeding mothers and their families. The website and social media targets the public and includes accurate information, local resources, news of breastfeeding events, current research, videos offering support and normalizing views, interactive blogs by NL parent contributors, a poster campaign ‘You’ll See Plenty of Strange Things...Breastfeeding Isn’t One of Them” , and a promotional video series featuring well-known national and local celebrities. Regional health authorities also identify the need for additional resources to reflect population e.g., Aboriginal health services and community groups develop breastfeeding and nutrition resources to reflect local language and culture.

Prenatal education is guided by the Department of Health and Community Services “Education and Support Standards for Pregnancy, Birth and Early Parenting” (2005). The breastfeeding content relates to Standard 11 “Education and
Costs associated with implementing a face-to-face three day course and the challenges in relieving acute care staff have been identified as key issues. The Baby-Friendly Council of NL is now recommending a 20 hour on-line education program (Step 2 Breastfeeding Essentials) to commence this fall as an alternative to the face-to-face course.

Support programs reflect the global standards for breastfeeding as outlined in the WHO/UNICEF Baby-Friendly Initiative.” The Baby-Friendly Council of NL is currently working to ensure accurate and consistent prenatal education messages that reflect the BFI standards as outlined in the BCC BFI Indicators. The core content of prenatal breastfeeding education and support programs is not consistent in all regions.

| PEI | NU | Currently, the territorial office is working to put together a Breastfeeding Committee in order to improve health care practices across the Baffin region (community health centers & hospital) |
|-----|-----| No. The courses are offered when funds are available |
|     |     | We have a lactation consultant at public health. OB Nurses trained in breastfeeding education at birthing hospital. There are courses/workshops provided every couple of years to health care professionals when funds and manpower are available. |
The Baby-Friendly Initiative (BFI) in Canada Status Report
Update 2014

**BFI Designated Facilities in Canada**
(as of March, 2014)

**British Colombia**
B.C.’s Women’s Hospital and Health Centre, Vancouver (2008)
G.R. Baker Memorial Hospital, Quesnel (2007)

**Saskatchewan**
West Winds Primary Health Centre, Saskatoon (2011)

**Manitoba**
Bethesda Regional Health Centre (Hospital, 2014)

**Ontario**

**Hospitals**
Grand River Hospital, Kitchener (2008/2013)
Toronto East General Hospital (2007/2012)

**Community Health Services**
Algoma Public Health (2010)
Centretown Community Health Centre (2012)
Chatham Kent Public Health (2010)
Halton Region Health Department (2009)
Hastings & Prince Edward Counties Health Unit (2014)
KFL&A Public Health (2013)
Niagara Region Public Health (2014)
North Bay Parry Sound District Health Unit (2011)
Ottawa Public Health (2013)
Oxford County Public Health (2014)
Peterborough County-City Health Unit (2008, 2014)
Porcupine Health Unit (2014)
Region of Peel Public Health (2009)
Somerset West Community Health Centre (2007/2012)
Thunder Bay District Health Unit (2006/2011)
Toronto Public Health (2013)
Wellington-Dufferin-Guelph Public Health (2013)

**Quebec**
Please follow link for information:
Summary

The BCC is very proud of its accomplishments since the 2011 report. All of the activities and accomplishments have been achieved by dedicated and knowledgeable expert volunteers across Canada in collaboration with the Public Health Agency of Canada. The report identified an overview of BFI activities in Canada including key BFI resource development, surveillance activity and challenges, current state of BFI assessments and designations, and details of provincial and territorial activities. A recap of recommendations and progress toward the 2012 recommendations were also presented. The BCC is committed to continuing its work to protect, promote and support breastfeeding in Canada based on the World Health Organization and UNICEF Baby Friendly Initiative including the International Code of Marketing Breastmilk Substitutes.
### NATIONAL STATISTICS

#### Your Country:

**Canada**

1. Whenever data is reported, please also list the source of the data (with link, if possible) and the year the data was collected.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
<th>Comment if you need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is statistical surveillance data on infant feeding collected in your country?</td>
<td>Yes</td>
<td>Many different surveillance systems</td>
</tr>
<tr>
<td>If yes, at which level? (specify yes where applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nationally?</td>
<td>Yes</td>
<td>Every 5 years – part of general survey of mothers delivering in the last 5 years</td>
</tr>
<tr>
<td>Regionally?</td>
<td>Yes</td>
<td>Canada’s 10 Provinces and 3 Territories independently collect data at the P/T level and regionally within each P/T.</td>
</tr>
<tr>
<td>By each facility?</td>
<td>Yes</td>
<td>Facilities in the BFI Assessment process.</td>
</tr>
<tr>
<td>How frequently is data collected</td>
<td>Every Y/M</td>
<td>Y and M to meet BFI requirements for surveillance in facilities in BFHI process</td>
</tr>
<tr>
<td>Is the responsible authority for the delivery of health services in your country</td>
<td>Yes/No</td>
<td>Comment if you need</td>
</tr>
<tr>
<td>Regional (e.g. province or regional jurisdiction)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>In your country, what is the Data source &amp; date?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding from birth to discharge rate? (within one hour of birth)</td>
<td>Varies greatly. Mean supplementation rate for non-BFI designated hospitals = 32%, higher for teaching and tertiary care hospitals. (see ref for 1.4)</td>
<td></td>
</tr>
</tbody>
</table>

The hospital stay (on days), on average...

- After vaginal delivery? 24-48 hours a few hours to several days
- After C-section? 72 hours Sometimes less or more


(If reporting exclusive breastfeeding different from 0-6 months, specify the age of the baby in the comments area (e.g. 0-4 months))

Median duration of breastfeeding (months)? unknown


1.5 Number of birthing centres (birthing care facility outside of/not a hospital)? unknown

1.6 Name the body/organization responsible for hospital standards accreditation. Accreditation Canada [http://www.accreditation.ca/](http://www.accreditation.ca/)

<table>
<thead>
<tr>
<th>Is BFHI linked to this body?</th>
<th>Yes</th>
<th>Informally: 3 years of collaboration has resulted in many of the critical BFI practice standards being included in the hospital accreditation measures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>BFHI IMPLEMENTATION:</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Is there a National Breastfeeding, Infant and Young Child Feeding or Nutrition Authority?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, what is the name of this authority?</td>
<td>Health Canada</td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>Does the National Authority have up-to-date, comprehensive or integrated policies and plans?</td>
<td>yes</td>
</tr>
<tr>
<td>Nutrition for Healthy Term Infants. Recommendations for Birth to Six Months and for 6 months to two years. A joint statement of Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada. This statement by the Infant Feeding Joint Working Group provides health professionals with evidence-informed principles and recommendations. Provinces, territories, and health organizations can use it as a basis for developing practical feeding guidelines for parents and caregivers in Canada. This statement promotes the communication of accurate and consistent messages on infant nutrition in the first six months. Guidance on nutrition from six months to two years of age will be covered in a separate statement, available in 2013/14.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Is BFHI linked to this body?</td>
<td>Yes</td>
</tr>
<tr>
<td>For several years now the BCC has had a representative to the expert working group that develops these tools/policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>What is the BFHI initiative called in your country?</td>
<td>Baby-Friendly Initiative</td>
</tr>
<tr>
<td>2.5</td>
<td>Is there a BFH Coordination Group in your country?</td>
<td>yes</td>
</tr>
<tr>
<td>If yes, Which organization/group is designated as the BFHI Coordination Group (BCG)?</td>
<td>Breastfeeding Committee for Canada (BCC)</td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>Does the BFHI coordination group have a relationship with other National organisations (Ministry of Health, professional organizations)?</td>
<td>yes</td>
</tr>
<tr>
<td>Health Canada via Public Health Agency for Canada is represented at the BCC Provincial/ Territorial BFH Implementation Standing Sub-Committee. Most Provinces have both a Ministry of Health and non-government rep at this table. Professional organizations: many independent members, nationally and provincially.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Is there a link to the National Committee for UNICEF?</td>
<td>yes</td>
</tr>
<tr>
<td>If yes, what?</td>
<td>Mutual exchange of information. BCC Assessment Committee Chair informs UNICEF Canada of all BFI designations. A letter of congratulations is sent by UNICEF Canada to the facility.</td>
<td></td>
</tr>
<tr>
<td>2.8</td>
<td>Is there a National BFHI coordinator?</td>
<td>yes</td>
</tr>
<tr>
<td>Breastfeeding Committee for Canada is the National Authority and the coordinating body for the BFI. The Province of Quebec petitioned the</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The BCC has fostered and provides a forum for Provincial and Territorial (P/T) Implementation Committees who network through the BCC P/T BFI Implementation Committee. This has increased awareness and capacity, and created opportunities for individual P/T’s to address their unique issues regarding data surveillance and best practice.

The greatest strength is the passion and dedication of the members who donate their time and considerable expertise to supporting the implementation of best practise standards and the process of BFI designation.

Volunteer work is also a weakness as the work is done “on the side of the desk” and is a considerable responsibility and investment in time. To be more effective and to increase capacity, paid positions will need to be created. Funding is extremely difficult to obtain as the federal government has divested health matters to the individual provinces and territories along with the budgets for this.

Implementation of the BFI since 1997 has seen significant improvements in national collaboration and support, particularly in infant feeding surveillance systems, standards of education for direct care staff and prenatal curricula.
## BFHI Assessment

### 3.1 How many hospitals have been designated Baby-friendly?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Total number since the BFHI started</th>
<th>Number in the last two years</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>using Global criteria?</td>
<td>6</td>
<td>1 designated 3 redesignated</td>
<td>This excludes the 6 hospitals designated in the Province of Quebec.</td>
</tr>
<tr>
<td>using National criteria?</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3.2 How many birthing centres (birthing care facility outside of/not a hospital) have been designated Baby-Friendly?

0

5 birthing centres in the Province of Quebec.

### 3.3 How many ‘home birth’ organisations have been designated Baby-friendly?

0

### 3.4 What was the percentage of births taking place in facilities designated as Baby-Friendly last year?

About 18%

### 3.5 How many hospitals are working towards designation?

unknown

### 3.6 What is the duration of an assessment (how many days on average)?

3-5

### 3.7 What is the cost of each initial assessment (Euro)?

Euro 3666.5  CA$5,700

### 3.8 Who pays for the assessment?

The facility being assessed

### 3.9 What is the number of Master or Lead Assessors in your country?

9

### 3.10 When reporting data for the assessment of the global criteria, are there standardized definitions for the following?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>exclusive breastfeeding from birth to discharge</td>
<td>yes</td>
</tr>
<tr>
<td>skin-to-skin contact immediately following birth</td>
<td>yes</td>
</tr>
<tr>
<td>3.11</td>
<td>Are there BFH Designating Committees (BDGs) recognized by the BFHI Coordination Group that carry out assessments and recommend facilities for designation?</td>
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<tr>
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</tr>
<tr>
<td>If you answered no, does this mean that the BFHI Coordination group is responsible for all assessments?</td>
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<tr>
<td>If you answered yes, Please describe further</td>
<td></td>
</tr>
<tr>
<td>3.12</td>
<td>With respect to BFHI assessment in your country, please share some Opportunities or strengths (e.g. secure funding, dedicated staff, etc.)</td>
</tr>
<tr>
<td>Opportunities or strengths (e.g. secure funding, dedicated staff, etc.)</td>
<td>Lead assessors form the BCC BFI Assessment Committee and the chair of this group does the work of organizing assessment teams, corresponds with facilities, creates and sends contracts to the facilities, invoices facilities for the work and collaborates with the treasurer and the BCC Board as well as acts as a resource to the Provincial/Territorial BFI implementation group. Assessor candidates are recruited and trained/mentored by this committee. Records of assessments and designated facilities as well as contacts in these facilities are maintained by this committee. BFI assessment tools and guidance documents are reviewed and updated. Some Provincial Ministries of Health are requiring facilities to implement the BFI as a CQI strategy for the implementation of best practice.</td>
</tr>
<tr>
<td>Obstacles or difficulties</td>
<td>There is no funding or paid staff at this time.</td>
</tr>
<tr>
<td>Successful strategies</td>
<td>The community of practice, collaborative opportunity provided by the BCC Provincial/Territorial BFI Implementation Committee. The BCC has provided expert consultation to the federal government (Health Canada) for the revision of the national guidelines for the Nutrition for Healthy Term Infants (Birth to Six Months and 6 months to two years) Family Centred Maternity Care. The BCC has a rep at the Canadian Pediatric Society’s nutrition committee. Consultation with Accreditation Canada has resulted in the inclusion of some BFHI principles in the Hospital Accreditation process.</td>
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<tr>
<td>4</td>
<td>BFHI Monitoring (interim reporting by designated facilities)</td>
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<tr>
<td>-----</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>4.1</td>
<td>How frequently do designated facilities report key data (such as exclusive breastfeeding rates?)</td>
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<tr>
<td></td>
<td>Other?</td>
</tr>
<tr>
<td>4.3</td>
<td>Is there a standard report format used by all designated facilities?</td>
</tr>
<tr>
<td>4.2</td>
<td>To whom is this data reported? (e.g. to the BFHI Designating Committee)</td>
</tr>
<tr>
<td>4.4</td>
<td>Do you use any computer software to assist with monitoring?</td>
</tr>
<tr>
<td></td>
<td>UNICEF/WHO 2009 Monitoring Tool</td>
</tr>
<tr>
<td></td>
<td>National Tool</td>
</tr>
<tr>
<td>4.5</td>
<td>Are the reports?</td>
</tr>
<tr>
<td></td>
<td>Confidential (for the reporting facility only)?</td>
</tr>
<tr>
<td></td>
<td>Shared with other designated facilities?</td>
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<tr>
<td>4.6</td>
<td>Does monitoring assist facilities in maintaining BFHI standards?</td>
</tr>
<tr>
<td>4.7</td>
<td>With respect to BFHI monitoring in your country, please share some</td>
</tr>
<tr>
<td></td>
<td>Facilities are aware that continuous monitoring will assist in maintaining BFI standards.</td>
</tr>
<tr>
<td></td>
<td>Obstacles or difficulties</td>
</tr>
<tr>
<td></td>
<td>Successful Strategies</td>
</tr>
<tr>
<td></td>
<td>BFHI Reassessment</td>
</tr>
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</tr>
<tr>
<td>5.1</td>
<td>How frequently are designated facilities reassessed for the BFHI designation?</td>
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<tr>
<td></td>
<td>5 years intervals?</td>
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<tr>
<td></td>
<td>Other?</td>
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<tr>
<td>5.2</td>
<td>How are reassessments done?</td>
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<tr>
<td></td>
<td>Site visit?</td>
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<td></td>
<td>If yes, what is the duration (how many days)?</td>
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<td>If no, what is the method? Please describe</td>
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<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>5.3</td>
<td>What is the cost of each reassessment (euro)?</td>
</tr>
<tr>
<td>5.4</td>
<td>How many reassessments did you have in 2011?</td>
</tr>
<tr>
<td>5.5</td>
<td>With respect to BFHI reassessment in your country, please share some</td>
</tr>
<tr>
<td></td>
<td>Opportunities or strengths (e.g. secure funding, dedicated staff, etc.)</td>
</tr>
<tr>
<td></td>
<td>Some facilities require a period of grace of up to one year to ensure the BFI standards are met prior to re-assessment.</td>
</tr>
<tr>
<td></td>
<td>Obstacles or difficulties</td>
</tr>
<tr>
<td></td>
<td>Budget for a full assessment is onerous for some facilities – a shortened assessment for facilities reporting annual data that meets the BFI requirements is under consideration.</td>
</tr>
<tr>
<td></td>
<td>Successful strategies</td>
</tr>
<tr>
<td></td>
<td>Maintaining communication with the facility</td>
</tr>
</tbody>
</table>
### BFCI IMPLEMENTATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
<th>Comment if you need</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Is there a BF Community Initiative (BFCI) in your country?</td>
<td>yes</td>
<td>Community Health Services and Hospitals use the Integrated Ten Steps Practice Outcome Indicators (2012)</td>
</tr>
<tr>
<td>6.2 What year was the BF Community Initiative started?</td>
<td></td>
<td>1997</td>
</tr>
<tr>
<td>6.3 Who oversees BFCI implementation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the BFCI part of the BFI in your country?</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>If yes, is there a separate Coordination Group for BFCI in your country?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>If no, which organization / group is designated as the BFCI Coordination Group (BCG)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it a national authority?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it a regional organisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please state the name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.4 Does the BFCI coordination group have a relationship with other National organisations (Ministry of Health, professional organizations)?</td>
<td>na</td>
<td></td>
</tr>
<tr>
<td>6.5 Is there a National BFCI coordinator?</td>
<td>na</td>
<td></td>
</tr>
<tr>
<td>Part time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.6 Have you developed National Criteria for the BF Community Initiative in your country? (Please include a copy of your standards)</td>
<td>yes</td>
<td>Incorporated into the Integrated Ten Steps Practice Outcome Indicators and Integrated Assessment Tool in 2012. Criteria for Primary Health Care and Population Health Principles are included.</td>
</tr>
<tr>
<td>Do you use the Ten Steps?</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Do you use 7 Steps?</td>
<td>na</td>
<td>Not since 2012</td>
</tr>
<tr>
<td>6.7 What is the funding source for the Activities of the BFCI?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.8 If you have BFCI publications/resources separate from the BFHI or BFI in your country, please list them and state their target audience (e.g. health professionals, parents)</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>6.9 With respect to BFCI implementation in your country, please share some Opportunities or strengths (e.g. secure funding, dedicated staff, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please see point 3.12 above.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Obstacles or difficulties

- Double standards between hospital and community created barriers to the seamless implementation of best practice standards across the continuum of care. The perception of separate responsibility for maternal child care was not helpful.
- Emphasis on BFI in the community may have lessened the focus on BFI in the hospital.
- Baby-Friendly designation is more difficult in hospitals than in community facilities.

### Successful strategies

- Integrating the hospital and community tools resulted in a higher standard of practice in the community and better collaboration and mutual respect between hospital and public health services.
- In 2010, the BCC BFI Assessment Committee undertook a major revision of the BFI Practice Outcome Indicators to integrate the Seven Point Plan and Practice Outcome Indicators For The Protection, Promotion and Support of Breastfeeding in Community Health Services and the Ten
Steps and incorporate the WHO/UNICEF revisions into one document reflecting the Canadian context. The revised BCC *Integrated 10 Steps Practice Outcome Indicators* provides a single set of criteria for both hospitals and community health services.

- The Summary of this work as well as the full document: *The Breastfeeding Committee for Canada (BCC) BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services* are available in the BFI Section of the website [www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca)

### BABY FRIENDLY COMMUNITY INITIATIVE (BFCI) ASSESSMENT:

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Comment if you need</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>How many clinics-primary care health units, have been awarded baby-friendly, in your country?</td>
<td>16</td>
</tr>
<tr>
<td>7.2</td>
<td>How many are in the process?</td>
<td>19</td>
</tr>
<tr>
<td>7.3</td>
<td>What is, on average, the duration of the process? (years)</td>
<td>varies</td>
</tr>
<tr>
<td>7.4</td>
<td>Who pays for the assessment?</td>
<td>Facility</td>
</tr>
<tr>
<td>7.5</td>
<td>What is the duration of an assessment (how many days on average)?</td>
<td>3-5</td>
</tr>
<tr>
<td>7.6</td>
<td>What is the cost of each initial assessment (Euro)?</td>
<td>E 3666.5</td>
</tr>
<tr>
<td>7.7</td>
<td>Who are the assessors for BFCI?</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>a different group from the BFHI assessors group?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>the same group?</td>
<td>Yes</td>
</tr>
<tr>
<td>7.8</td>
<td>If they are a different group, please answer the following:</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>What is the number of trained/certified assessors?</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>What is the number of assessors in training?</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>How are assessors trained?</td>
<td>As per hospital assessments</td>
</tr>
<tr>
<td>7.9</td>
<td>Are the following standardized indicators required when reporting data for the assessment of the global criteria for BFCI?</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>exclusive breastfeeding from birth to 15 days</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>Other indicators?</td>
<td>yes</td>
</tr>
<tr>
<td>7.10</td>
<td>Do you give information to centres on how to collect bf data to ensure reliability and comparability? (If yes could you please include a copy of the documents you use?)</td>
<td>yes</td>
</tr>
</tbody>
</table>

7.11 Please give some info if other indicators are used

7.12 With respect to BFCI assessment in your country, please share some Opportunities or strengths (e.g. secure funding, dedicated staff, etc.)

Please see 3.12 above

Obstacles or difficulties

Please see 3.12 above
<table>
<thead>
<tr>
<th>8</th>
<th>BFCI Monitoring (interim reporting by designated facilities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>How frequently do designated facilities report key data?</td>
</tr>
<tr>
<td>2 years intervals?</td>
<td></td>
</tr>
<tr>
<td>1 year intervals?</td>
<td>yes</td>
</tr>
<tr>
<td>Other?</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td>8.2</td>
<td>Is there a standard report format used by designated facilities?</td>
</tr>
<tr>
<td>8.3</td>
<td>To whom is this data reported? (e.g. to the BFCI Designating Committee)</td>
</tr>
<tr>
<td>8.4</td>
<td>Do you use any computer software to assist with monitoring?</td>
</tr>
<tr>
<td>National Tool</td>
<td>No</td>
</tr>
<tr>
<td>Other?</td>
<td>no</td>
</tr>
<tr>
<td>8.5</td>
<td>Are the reports,</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>8.6</td>
<td>Does monitoring assist facilities in maintaining BFCI standards?</td>
</tr>
<tr>
<td>8.7</td>
<td>With respect to BFCI monitoring in your country, please share some</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### BABY FRIENDLY COMMUNITY INITIATIVE REASSESSMENT

#### 9.1 How frequently are designated facilities, reassessed for the BFHI designation?

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td>5 years intervals? <strong>yes</strong></td>
</tr>
<tr>
<td></td>
<td>Other?</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
</tr>
</tbody>
</table>

#### 9.2 How are reassessments done?

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td>Site visit? <strong>yes</strong></td>
</tr>
<tr>
<td></td>
<td>Other method</td>
</tr>
</tbody>
</table>

If other method, please describe

<table>
<thead>
<tr>
<th>Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If site visits, what is the duration (how many days)? <strong>3-5</strong></td>
</tr>
</tbody>
</table>

#### 9.3 What is the cost of each reassessment (euro)?

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Same as for initial assessment</td>
</tr>
</tbody>
</table>

#### 9.4 How many reassessments did you have in 2011?

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>none</td>
</tr>
</tbody>
</table>

#### 9.5 With respect to BFHI reassessments in your country, please share some

<table>
<thead>
<tr>
<th>Opportunities or strengths (e.g. secure funding, dedicated staff, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please see 5.5 above</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obstacles or difficulties</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Successful strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
</tr>
<tr>
<td>----</td>
</tr>
<tr>
<td>Yes / No</td>
</tr>
<tr>
<td>10.1</td>
</tr>
<tr>
<td>10.2</td>
</tr>
<tr>
<td>Is the BFI NICU part of the BFI in your country?</td>
</tr>
<tr>
<td>If yes, is there a separate Coordination Group for BFI NICU in your country?</td>
</tr>
<tr>
<td>If no, which organization / group is designated as the BFI NICU Coordination Group?</td>
</tr>
<tr>
<td>Is it a national authority?</td>
</tr>
<tr>
<td>Is it a regional organisations?</td>
</tr>
<tr>
<td>Please state the name</td>
</tr>
<tr>
<td>Yes / No</td>
</tr>
<tr>
<td>10.3</td>
</tr>
<tr>
<td>10.4</td>
</tr>
<tr>
<td>10.5</td>
</tr>
<tr>
<td>Do you use the Ten Steps?</td>
</tr>
</tbody>
</table>
10.6 What is the funding source for the Activities of the BFI NICU?

10.7 If you have BFI NICU publications/resources separate from the BFHI or BFI in your country, please list them and state their target audience (e.g. health professionals, parents)

<table>
<thead>
<tr>
<th>Name of Resource / Publication</th>
<th>Target audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>•</td>
<td>•</td>
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<tr>
<td>•</td>
<td>•</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number</th>
<th>Comment if you need</th>
</tr>
</thead>
</table>

10.8 How many BFI NICU, have been awarded baby-friendly, in your country?

10.9 How many are in the process?

10.10 What is the duration of the process? (years)

10.11 Who pays for the assessment?

10.12 What is the duration of an assessment (how many days on average)?

10.13 What is the cost of each initial assessment (Euro)?

10.14 Are the assessors for the BFI NICU a different group from the BFHI? Yes/No Comment if you need the same group?
If they are a different group, please answer the following:

<table>
<thead>
<tr>
<th>Number</th>
<th>Comment if you need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is the number of trained/certified assessors?

How are assessors trained? (please give us some input below)

<table>
<thead>
<tr>
<th>Specifications or comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Are there any indicators required when reporting data for the assessment of the global criteria for BFI NICU such as: "exclusive breastfeeding from birth to discharge? Please name below

<table>
<thead>
<tr>
<th>Specifications or comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### 11 BFHI Expansion

#### 11.1 Have you expanded the BFHI to other settings with "breastfeeding friendly" designations?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Yes / No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Units?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>Pediatric clinics?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>to Universities?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>to the workplace?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>mother to mother support?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>Other? (if other, please specify which in the comments area and give some input below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 11.2 Have you developed standards/outcome indicators for?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Yes / No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Units?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>Pediatric clinics?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>for Universities?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>the workplace?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>mother to mother support?</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>if &quot;other&quot; please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 11.3 Have you collaborated with another country?

| How?                           | no       |          |

#### 11.4 How many designations?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Total number since the BFI started</th>
<th>Number in the last two years</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Units in Hospitals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Clinics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work places</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother support groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 11.5 Does BFHI oversee these designations in your country?

If not please state the name of the body / organization and give us some more info below

#### 11.6 Who pays for the assessments?

<table>
<thead>
<tr>
<th>Yes / No</th>
<th>Comments</th>
</tr>
</thead>
</table>

#### 11.7 Are the assessors for this Initiative the same as for BFHI assessments?

<table>
<thead>
<tr>
<th>Yes / No</th>
<th>Comments</th>
</tr>
</thead>
</table>

#### 11.8 When reporting data for the assessment, are there standardized definitions for?

<table>
<thead>
<tr>
<th>Yes / No</th>
<th>Comments</th>
</tr>
</thead>
</table>
indicators of breastfeeding?  
other?  
which ones?  
any indicator for complementary feeding?  

Please give some info if other indicators are used

<table>
<thead>
<tr>
<th>11.9</th>
<th>With respect to BFI expansion in your country, please share some</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Opportunities or strengths.</td>
</tr>
<tr>
<td></td>
<td>Obstacles or difficulties</td>
</tr>
<tr>
<td></td>
<td>Successful strategies</td>
</tr>
</tbody>
</table>
### Moving forward with the BFHI and Global Strategy for Infant and Young Child Feeding (GSIYCF)

#### 12.1 What were your main BFI activities in 2011?

As the BFI Ten Steps Integrated Practice Outcome Indicators were revised to provide a single set of criteria for both hospitals and community health services, the BFI Assessment tools and summary sheets have been updated to synchronise with the integrated indicators.

#### What are your main BFI projects for 2014?

Support for Provincial and Territorial implementation of the BFI, building capacity to support facilities on the BFI journey in preparation for successful assessment.

Plans are underway to continue to build capacity - two training workshops for assessor certification planned in Manitoba and Ontario 2014

Planning started for a National BFI conference in 2015 in Alberta

#### What were your main GSIYCF activities in 2011?

- In 2011 the Public Health Agency of Canada commissioned the BCC to develop a report summarizing the status of BFHI implementation in Canada. The report has been shared with key stakeholders and serves to support collaboration and sharing of promising practices across jurisdictions for the implementation of the BFHI.

#### What are your main GSIYCF projects for 2014 - ?

- BCC was invited by Health Canada to become a member of the Infant Feeding Joint Working Group to author revisions to Nutrition for Healthy Term Infants - Recommendations for 6-24 months. Work on the first document: Nutrition for Healthy Term Infants - Recommendations from Birth to Six Months was completed and published
- A core group of BCC members worked on the Qmentum Standards for Obstetrics/Perinatal Services for Canadian Accreditation standards for hospitals
- Enhancing knowledge exchange on best practices for the promotion, protection and support of breastfeeding in Canada
- PHAC’s Family Centered Maternal and Newborn Care Standards
- Revision and expansion of the Canada Perinatal Nutrition Program Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects
- A paper exploring the ethics of using incentives to promote breastfeeding among disadvantaged populations
- Endorsement of the Canadian Paediatric Society’s statement on the Baby-Friendly Initiative: Protecting, Promoting, and Supporting Breastfeeding released June 1st, 2012
- Participated in a Federal/Provincial/Territorial (F/P/T) Summit on Healthy Weights: Our Health Our Future: A National Dialogue on Healthy Weights
- BCC composed a letter outlining the rights of working mothers and breastfeeding
- Key BFI documents were reviewed and revised: External Assessment Tool, BFI Assessment process, BFI explanatory documents, Breastfeeding definitions and Data Collection Periods, Assessor’s handbook.
- BCC members attended the INFACT Canada conference: The International Code and North America: Time for Meaningful implementation

#### 12.2 Other relevant information you may want to share
### 12.3 With respect to moving the BFI forward in your country, please share some:

**Opportunities or strengths**

Liaise and consult with the federal government and other key national professional and standards bodies to
- emphasize the importance of breastfeeding rates as indicators of health
- revise guidelines and key documents to reflect best practice to protect, promote and support breastfeeding, including sustained breastfeeding

Supporting Provinces and Territories to
- implement the BFI (including criteria for The Code) as a strategy to audit and advance evidence-based best practice
- seek opportunities to include the protection, promotion and support of breastfeeding in multiple health agendas such as early childhood development, obesity, diabetes and other chronic diseases, and injury prevention strategies
- apply principles of Primary Health Care and Population Health to support the continuum of care and create strategies that effect the broad determinants of health and improve breastfeeding outcomes.

**Obstacles or difficulties**

Lack of funding for the Breastfeeding Committee for Canada, BFI national authority.

**Successful strategies**

Collaboration, consultation and collegial relationships at all levels (federal, provincial, regional and facility).

### 12.4 With respect to moving the GSIYCF forward in your country, please share some:

**Opportunities or strengths**

As per 12.3

**Obstacles or difficulties**

**Successful strategies**
<table>
<thead>
<tr>
<th><strong>Country</strong></th>
<th><strong>Canada</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of person responsible for BFHI coordination</strong></td>
<td>Breastfeeding Committee for Canada Board of Directors Chair: Kathy Venter</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Chair</td>
</tr>
<tr>
<td><strong>Qualifications (LC, RN, MD, Midwife,)</strong></td>
<td>RN, RM, IBCLC</td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td><a href="mailto:kathy.venter@gmail.com">kathy.venter@gmail.com</a></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>Name of person completing this form: BCC BFI Assessment Committee members BCC BFI Assessment Committee Co-Chair: Marianne Brophy</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:mbrophy@telus.net">mbrophy@telus.net</a></td>
</tr>
</tbody>
</table>