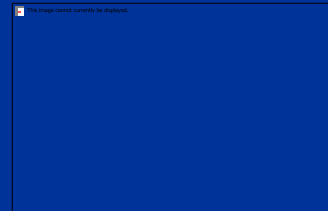


# The Baby-Friendly Initiative: Exploring the *Revised* Indicators

The BCC BFI Assessment  
Committee

# The Team

- **Ginette Belanger**
- **Marianne Brophy**
- **Suzanne Dionne**
- **Louise Dumas**
- **Michelle LeDrew**
- **Kathy Venter**



# History – International

**1981** WHO Code

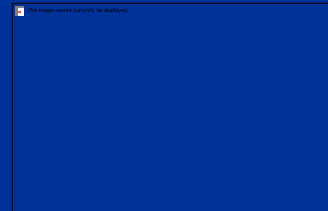
**1989** The Ten Steps

**1990** Innocenti

**1991** The Baby-Friendly Hospital Initiative

**2005** BFHI Revision

**2009** 2<sup>nd</sup> BFHI Revision



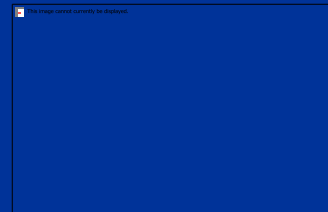
# History - Canada

**1999 First Hospital designated**

**1999-2000 Development of  
Indicators**

**2004 BFHI → BFI**

**– 10 Steps and 7 Points**

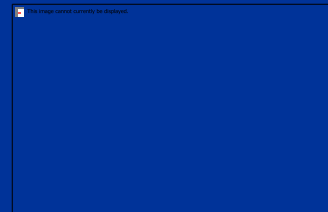


# 2011 Revisions

**Continuum of Care: hospital and  
CHS in Canada**

**Community ⇔ Hospital ⇔  
Community**

**WHO/UNICEF 2009**

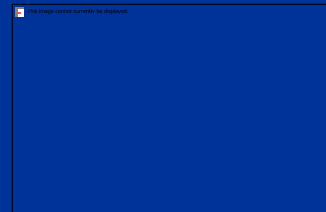


# Back to the Drawing Table: 20 years later

- **Maintain the WHO standard**
- **Simplicity**
- **Empowering language**
- **Continuity of care**



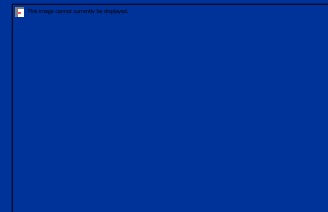
**BFI Integrated 10 Steps  
Practice Outcome  
Indicators  
for Hospitals and  
Community Health  
Services**



# Language

**“The way one talks helps determine the way one thinks and the way one thinks helps determine the way one talks.”**

**Berthold, 1964**





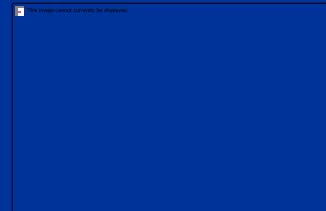
BCC 2011



Breastfeeding Committee for Canada  
BFI Integrated 10 Steps & WHO Code Practice  
Outcome Indicators for Hospitals and Community  
Health Services: Summary

**The WHO 10 Steps to Successful  
Breastfeeding (1989)**

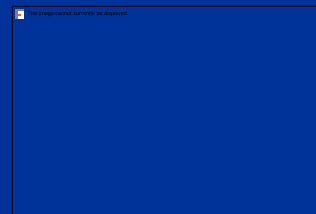
**Interpretation for Canadian Practice (2011)**



Step 1	WHO	Have a written breastfeeding policy that is routinely communicated to all health care staff.
	Canada	Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
Step 2	WHO	Train all health care staff in the skills necessary to implement the policy.
	Canada	Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
Step 3	WHO	Inform pregnant women and their families about the benefits and management of breastfeeding.
	Canada	Inform pregnant women and their families about the importance and process of breastfeeding.

Step 4	WHO	Help mothers initiate breastfeeding within a half-hour of birth. WHO 2009: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.
	Canada	Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: encourage mothers to recognize when their babies are ready to feed, offering help as needed.
Step 5	WHO	Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
	Canada	Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

Step 6	WHO	Give newborns no food or drink other than breastmilk, unless medically indicated.
	Canada	Support mothers to exclusively breastfeed for the first six months, unless supplements are <i>medically</i> indicated.
Step 7	WHO	Practice rooming-in - allow mothers and infants to remain together 24 hours a day.
	Canada	Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together.
Step 8	WHO	Encourage breastfeeding on demand.
	Canada	Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.



Step 9	WHO	Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
	Canada	Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).
Step 10	WHO	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
	Canada	Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.
The Code	WHO	Compliance with the International Code of Marketing of Breastmilk Substitutes.
	Canada	Compliance with the International Code of Marketing of Breastmilk Substitutes.

# The Structure

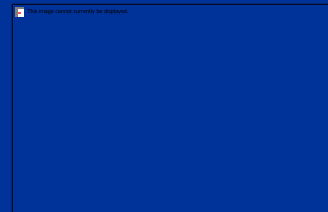
The Step

Global Criteria

Indicators

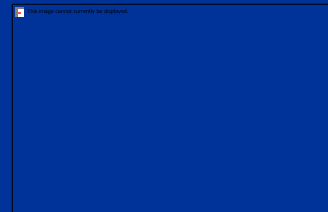
Self assessment

*perfection not expected*



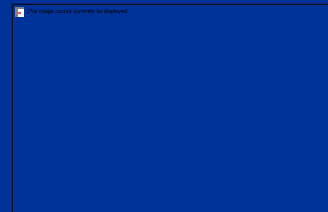
# Process

- **Observations**
- **Interviews**
  - **Mothers**
  - **Staff and midwives/physicians**
  - **Managers**



# The Ten Steps: Themes

- **Policy (1) and Education (2)**
- **Mother Baby Togetherness (4 & 7)**
- **Practical assistance (5 & 8)**
- **Exclusively breastfed at the breast (6 & 9)**
- **Seamless continuum (3 & 10)**
- **WHO Code**

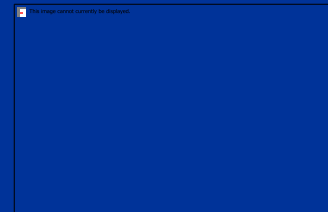


# Policy (1) and Education (2)

## Policy

- **The 10 Steps**
- **WHO**
- **Support for non-breastfeeding women**
- **Awareness**
- **Breastfeeding staff**

ECC 2011



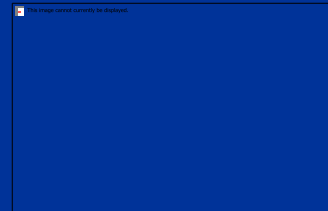
BC Women's

BCC 2011

Grand River  
Hospital

# Education

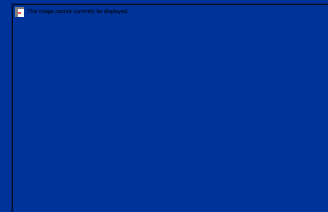
- **20 hours recommended**
- **Records for orientation and education**
- ***All* staff can answer breastfeeding questions according to their role**
- **Support for non – breastfeeding mothers**



# **Mother-Baby Togetherness (4 & 7)**

**Step 4: The first feeding**

**Step 7: Mothers and infants  
remain together**

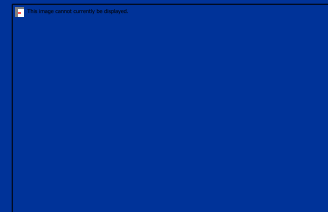


# Mother Baby Togetherness

**Inseparable biological unit**

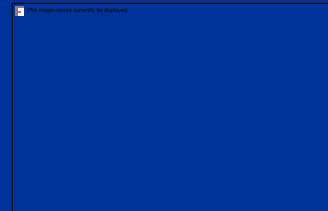
Courtesy M Pessi

BCC 2011

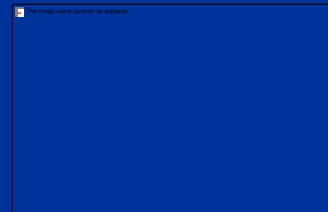


# Skin-to-Skin Care

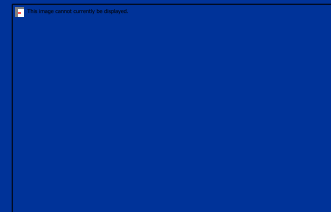
BCC 2011



- **Look for signs of readiness to feed and assist if needed**
- **Painful procedures**



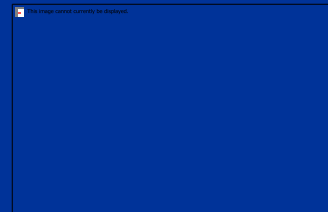
# Stop bundling: place skin to skin



# Welcoming Atmosphere

Family support in the hospital

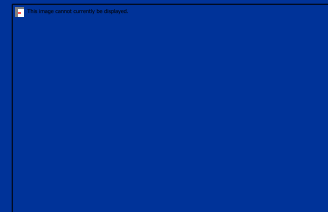
BCC 2011



# Co-sleeping, including co-bedding?

Marianne Brophy (c)

BCC 2011



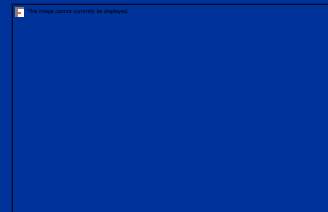
# Welcoming atmosphere

BCC 2011

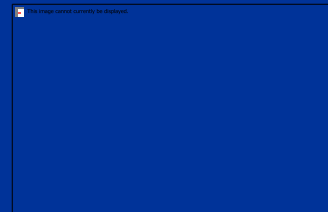
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**Chatham Kent**

# **Practical Assistance and Baby-Led Feeding (5 & 8)**

- **When mothers and babies are together**
- **When separations or other challenges occur**
- **Anticipatory guidance**



- **Assist early:**
  - **Within 6 h in hosp**
  - **24 hours/48h**
- **Establishment of lactation when separated**
- **Knowledge**
  - **Hand expression**
  - **Latch**
  - **Feeding effectiveness**
  - **Cup feeding**

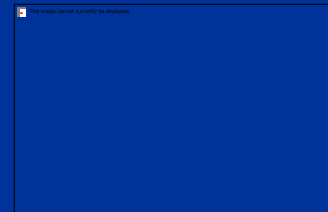


# Mothers who are not Breastfeeding

## Informed Decisions:

- Opportunity to discuss concerns
- Importance of breastfeeding
- Health consequences of not breastfeeding
- Risks and costs of substitutes
- Difficulty of reversing decision

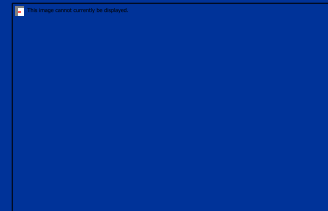
## Documentation



# Mothers who are not Breastfeeding

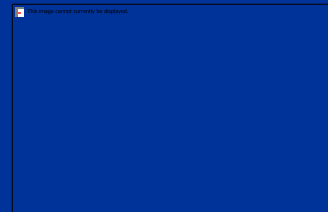
## AFASS

- **Acceptable**
- **Feasible**
- **Affordable**
- **Sustainable**
- **Safe**

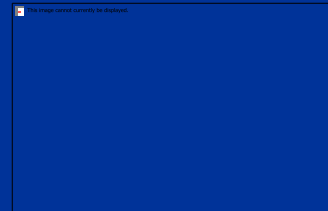


# **Mothers who are not Breastfeeding**

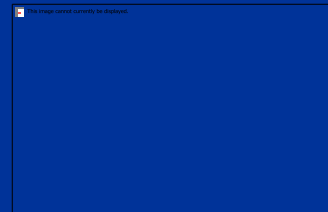
- **Individual instruction**
- **Preparation**
- **Storage**
- **Feeding**



- **Anticipatory guidance**
- **Support for ongoing challenges**



- **Cue-based (baby-led) feeding – responsive feeding**
- **Sustained for 2 years and beyond**



# Global Guidelines

Exclusive

... breastmilk (6)

... at the breast (9)

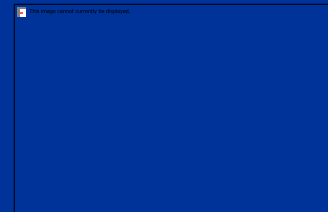
Exclusive breastfeeding for about 6 months

Sustained breastfeeding for 2 years and beyond



# Data Collection

- **Reliable system in place**
- **Breastfeeding rates for all babies**
- **Initiation**
- **Exclusive**
- **Medically indicated supplements**
- **Duration**



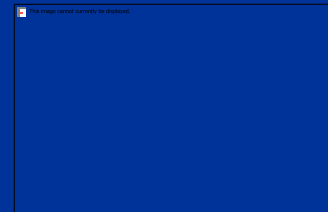
# Data Collection

## Hospital

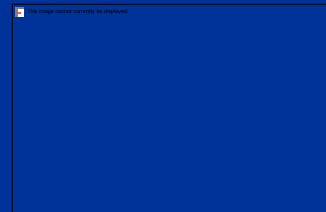
- **Exclusive Breastfeeding rate = 75%**
- **Supplements offered only if medically indicated**
- **Documentation**

## Community

- **Exclusive Breastfeeding rate on entry = 75%**
- **OR: any breastfeeding rate is at least 75% and**
- **Data for last 3 years shows increases in initiation, exclusivity, duration**



# Support to feed and care without artificial teats



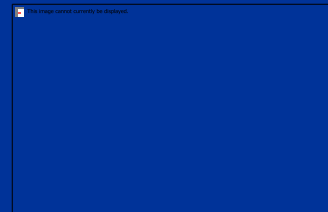
# **Seamless Transition (3 & 10) pregnancy to community**

- **Population Health**
- **Health Promotion**
- **Outreach Activities**
- **Collaboration**
- **Liaison**

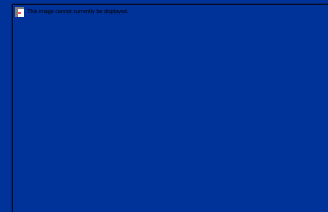
## Quintessence Breastfeeding Challenge

# Peer Support

BCC 2011

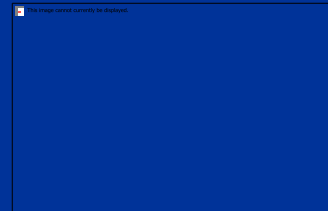


- **Prenatal Information**
  - **One-to-one**
  - **documents**
- **Separate information for mothers making informed decision not to breastfeed**
- **Accessible resources**
  - **Follow-up**



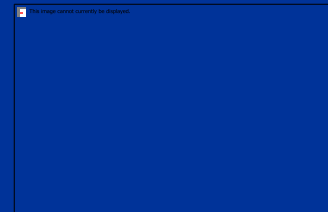
# Creating a Breastfeeding Culture

BCC 2011



# WHO Code of Marketing

- **No marketing to mothers**
- **No group instruction**
- **Staff instruction – scientific**
- **Staff aware**
- **No free gifts**
- **Record of purchase of feeding supplies**



# Future Directions

- **Living document**
- **“Mother- Friendly” Care**

