



MIDDLESEX-LONDON HEALTH UNIT

ADMINISTRATION MANUAL

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Implementation Date:	TBD	Approved By:	Board of Health
Sponsor:	TBD	Signature:	

PURPOSE

“Breastfeeding provides nutritional, immunological, and emotional benefits to infants and toddlers. Breast milk is the best food for healthy growth and development. Healthy term infants should be exclusively breastfed to six months of age and then continue to be breastfed with appropriate complementary feeding to two years of age and beyond” ([Health Canada, 2012](#)).

The Baby-Friendly Initiative (BFI) is a global, population-based strategy that has been shown to increase the health and well-being of children and families through increased initiation and duration rates of breastfeeding. BFI ensures that all families have the information they need to make an informed infant feeding decision. The health unit is committed to collaborate with healthcare providers and key organizations in our community to protect, promote and support breastfeeding through the Baby-Friendly Initiative.

POLICY

The Health Unit will achieve and maintain Baby-Friendly designation by complying with the [Breastfeeding Committee for Canada \(BCC\) BFI 10 Steps Practice Outcome Indicators](#) which include adhering to the [World Health Organization \(WHO\) International Code of Marketing of Breast Milk Substitutes and subsequent relevant Resolutions of the World Health Assembly \(WHA\)](#).

PROCEDURE

Responsibilities

- **Human Resources & Labour Relations** is responsible for ensuring that all new staff and volunteers receive the BFI policy.
- **Managers in collaboration with the BFI Task Force** will ensure new staff receive orientation to the policy, and will support breastfeeding education and training for their staff as appropriate to their role.
- **All Staff and volunteers** will be educated about the importance of breastfeeding, the risks of breast milk substitutes (infant formula), where to refer



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breastfeeding mothers for care and support, and to welcome breastfeeding in our offices as well as community sites where MLHU services are offered. All staff and volunteers will provide client-centered care and support to all families including non-breastfeeding families.

- **The Best Beginnings and Early Years Teams** are responsible for providing one-to-one breastfeeding care and will act as the point of first referral for mothers experiencing breastfeeding challenges.
- **The BFI Lead** with support from the **BFI Task Force**, will provide overall coordination of BFI designation activities, report to the Ministry, act as a resource for staff, and evaluate and support ongoing compliance.

The Ten Steps

Step 1 - Have a written breastfeeding policy that is routinely communicated to all healthcare providers and volunteers.

Step 2 - Ensure all healthcare providers have the knowledge and skills necessary to implement the breastfeeding policy.

Everyone will receive appropriate orientation and education about this policy, the importance of breastfeeding, as well as which Health Unit services provide direct breastfeeding care and support and how to make referrals.

New staff will receive orientation to the policy and education appropriate to their role, within 6 months of their date of hire.

Staff that provides direct breastfeeding care and support will receive ongoing breastfeeding education to support breastfeeding best practices.

The policy summary will be visible in all public areas of MLHU offices in English and French. Spanish and Arabic versions will also be available. Other languages will be made available as needed.

Step 3 - Inform pregnant women and their families about the importance and process of breastfeeding.

Prenatal education will include information to help pregnant women and their families make an informed decision about infant feeding, as well as address the importance of exclusive breastfeeding, the basics of breastfeeding management and the risks and



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costs of offering breast milk substitutes. Staff will not provide group prenatal or postnatal education about breast milk substitutes.

Step 4 - Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least one 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.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Provide education about the importance of initiating skin-to-skin contact as soon as possible after birth, initiating breastfeeding within an hour of birth, responsive infant feeding, and rooming-in (unless medically contraindicated for mother or baby).

Step 5 - Assist mothers to breastfeed and maintain lactation should they face challenges, including separation from their infants.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Assess breastfeeding progress and provide care at each client interaction,
- Teach mothers about effective positioning and latching and how to express and store breast milk,
- Provide information on how to access community-based breastfeeding support,
- Inform parents about their right to have accommodations in the workplace that support and sustain breastfeeding, and
- Assist mothers who have chosen not to breastfeed or who choose to supplement their babies with breast milk substitutes to choose a substitute that is acceptable, feasible, affordable, sustainable and safe.

Step 6 - Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Provide information about the importance of exclusive breastfeeding for establishing and maintaining breastfeeding, and
- Provide information to support informed decision making about feeding their own expressed breast milk, human donor milk, or breast milk substitutes as appropriate.



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See [medical indications for supplementation](#) - Appendix 6.2 of the BFI Integrated 10 Steps Practice Outcome Indicators

Step 7- Facilitate 24 hour rooming-in for all mother-infant dyads, i.e., mothers and infants remain together.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Teach about the importance of mothers and infants remaining together from birth including once they are at home, and will encourage skin-to-skin contact for as long and as often as mothers desire. See [MLHU Safe Sleep for Infants](#)

Step 8 - Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Teach mothers about the signs of effective breastfeeding and how to recognize and respond to their infant's feeding cues by breastfeeding,
- Encourage mothers to give their babies the opportunity to breastfeed frequently especially in the early weeks and inform them about how patterns of feeding change over time,
- Teach mothers about the signs of readiness for complementary foods and discuss the importance of continuing to breastfeed, and
- Teach mothers about their right to breastfeed in public spaces.

Step 9 - Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:

- Support breastfeeding by not providing pacifiers or bottles to breastfeeding infants,
- Ensure that all breastfeeding mothers receive education about techniques such as settling infants without the use of artificial nipples,
- Review the risks of early pacifier use and if the mother decides to use artificial nipples or pacifiers she is encouraged to wait until breastfeeding is well established,
- Encourage appropriate alternate feeding methods such as lactation aids at the breast, finger feeding, cup feeding and spoon feeding when supplementation is necessary.



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Step 10 - 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 continuation of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

The Health Unit will:

- Foster partnerships with hospitals, midwives, doulas, peer support groups and key organizations that advance breastfeeding in Middlesex-London,
- Support research focused on increasing breastfeeding rates,
- Implement strategies that affect the broad determinants that improve breastfeeding outcomes, and
- Engage community members in breastfeeding promotion as well as the review of this policy.

Compliance with the International Code of Marketing of Breast milk substitutes and subsequent, relevant World Health Assembly (WHA) Resolutions.

The Health Unit will protect breastfeeding families by adhering to the World Health Organization (*WHO/UNICEF, 1981*) International Code of Marketing of Breast-Milk Substitutes and relevant WHA Resolutions, summarized as follows:

- No advertising of breast milk substitutes to the public,
- No free samples to mothers,
- No promotion of artificial feeding products in health care facilities, including the distribution of free or low-cost supplies,
- No company representatives to advise mothers,
- No gifts of personal samples to health workers,
- No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of products,
- Information to health workers should be scientific and factual, and
- All information on artificial infant feeding, including the labels, should explain the importance of breastfeeding and all costs and hazards associated with artificial feeding.

RELATED POLICIES

Breastfeeding Workplace Policy 5-280

REVISION DATES (* = major revision):