



MIDDLESEX-LONDON HEALTH UNIT

ADMINISTRATION MANUAL

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IMPLEMENTATION:	18 October 2012	APPROVAL:	Board of Health
SPONSOR:	Baby-Friendly Initiative Lead	SIGNATURE:	
REVIEWED BY:	BFI Policy Work Group	DATE:	April 16, 2015

PURPOSE

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 Middlesex-London Health Unit (MLHU) is committed to collaborate with healthcare providers and key organizations in our community to protect, promote and support breastfeeding through the Baby-Friendly Initiative.

“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](#)).

POLICY

As a Baby-Friendly designated organization, staff and volunteers will comply 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 \(WHA\)](#). The Baby-Friendly Initiative (BFI) requires that staff support all pregnant women, mothers, families and caregivers including those who feed their baby a breast milk substitute.

PROCEDURE

Responsibilities

- **Corporate Services** is responsible for ensuring that all new staff and volunteers are aware of the BFI policy.
- **The BFI Committee, in collaboration with managers**, 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 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.
- [BFI Education Recommendations for Student/Intern Placements](#) have been developed.

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- **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.
- All direct care providers (PHNs in the Healthy Start Division working on the Reproductive Health, Smart Start for Babies, Best Beginnings, Early Years Teams and Prenatal Education; as well as the Young Adult Team in Health Living Division) must meet the following documentation requirements as outlined in the [BFI 10 Steps Practice Outcome Indicators](#):
 - Documentation shows evidence of support provided to clients for [informed decision-making](#) to supplement with breast milk substitutes for medical or personal reasons.
 - Documentation shows evidence of support in finding alternative solutions to the use of artificial teats or pacifiers, and for informed decision-making regarding their use.
 - Documentation reflects direct care provider's rationale for recommending supplements for medical indications, including medical reason and evidence of parental consent for supplementation.
 - Documentation shows evidence of medical indications for separation of mothers and babies, the length of separation and anticipatory guidance to protect, promote and support breastfeeding.
 - Documentation shows evidence that mothers receive information on cue-based feeding and continued breastfeeding.
 - Documentation shows evidence of a breastfeeding assessment when a nipple shield is recommended or provided, as well as support, information and follow-up provided to mother.
- **The BFI Lead** with support from the **BFI Committee**, 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 about this policy, and education about the importance of breastfeeding, as well as which Health Unit services provide direct breastfeeding care and support, and how to refer to Health Connection.

New staff will receive orientation to the policy and education appropriate to their role, within 4 months of their start date.

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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 costs of not breastfeeding. 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 breastfeeding management including expression and storage of 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
- On an individual basis, assist mothers to choose a feeding method that is acceptable, feasible, affordable, sustainable and safe for her situation. If a mother chooses to not breastfeed, or to supplement with a breast milk substitute, provide education about the correct preparation and storage of substitutes.
- For a mother who chooses to supplement with a breast milk substitute while she continues to breastfeed, provide information about the impact of supplementation on her breast milk supply.

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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 or human donor milk.
- Support all pregnant women, mothers, families and caregivers including those who choose to feed their baby a breast milk substitute. See [Appendix A Infant Formula Key Points](#)
- 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 [RNAO Safe Sleep for Infants Best Practice Guideline](#).

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,

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- Ensure that all breastfeeding mothers receive education about techniques such as settling infants without the use of artificial nipples,
- Review the risks of early artificial nipple and pacifier use. 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.

*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 pregnant women, mothers, and support people,
- No promotion of artificial feeding products in health care facilities, including the distribution of free or low-cost supplies,
- No company representatives to advise pregnant women, mothers, and support people,
- 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 risks associated with artificial feeding.

To operationalize the International Code of Marketing of Breast Milk Substitutes and subsequent relevant resolutions of the World Health Assembly, as it relates to externally produced

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communications materials (e.g. pamphlets, booklets, magazines); refer to [MLHU and WHO Code Implementation: External Communications Materials.](#)

RELATED POLICIES

[4-160 Donation Acceptance Policy](#)

[4-070 Corporate Sponsorship](#)

[5-185 Breastfeeding Workplace Policy](#)

[5-190 Volunteer Services](#)

[2-140 Healthy Start Policy - Loaning of Hospital Grade Electric Breast Pumps](#)

REVISION DATES (* = major revision): December 2013, December 2014, April 2015
November 2015, September 2016