

Baby-Friendly Initiative Policy

Reviewed Date		Number	<i>PP0107</i>
Revised Date	<i>September 7, 2017</i>	Approved Date	<i>December 8, 2010</i>

Introduction

The Baby-Friendly Initiative (BFI) is evidence-based and a globally recognized best practice promoting the optimal feeding of infants/children and improving health outcomes.

The Simcoe Muskoka District Health Unit (SMDHU) welcomes and supports all families through the implementation of the principles and practices of the Baby-Friendly Initiative. BFI principles and practices include informed decision-making, skin-to-skin contact, cue-based feeding, continuity of care and postpartum support for all families.

In addition, the SMDHU identifies breastfeeding as the physiologically normal and optimal method of infant/child feeding. The health unit recognizes the importance of breastfeeding and potential health risks and costs associated with not breastfeeding and the use of breastmilk substitutes.

Global and national recommendations state exclusive breastfeeding for the first six months and sustained breastfeeding for up to two years or longer with appropriate complementary feeding are important for the nutrition, immunologic protection, growth and development of infants and children. It is also recognized that breastfeeding has positive impacts on the health of the breastfeeding parent, family economics and the environment.

Purpose

The purpose of this policy is to support the implementation of the *BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services (2011)* and *The International Code of Marketing of Breast-milk Substitutes (1981)* and subsequent, relevant World Health Assembly resolutions (The International Code). The implementation of the BFI 10 Steps and compliance with The International Code will support SMDHU in achieving and maintaining BFI designation, meeting the Ministry of Health and Long-Term Care accountability agreement performance indicator.

Please note the language below is the original Canadian version of BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services and The International Code. In SMDHU the word mother/women can also mean parent/caregiver to reflect more inclusive language of the various family structures that exist.

The BFI 10 Steps are:

- Step 1 Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
- Step 2 Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
- Step 3 Inform pregnant women and their families about the importance and process of breastfeeding.
- Step 4 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 parent wishes: Encourage mothers to recognize when their babies are ready to feed, offering help as needed.
- Step 5 Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.
- Step 6 Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.
- Step 7 Facilitate 24-hour rooming-in for all mother-infant dyads: mothers and infants remain together.
- Step 8 Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
- Step 9 Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).
- 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 continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

In addition to the BFI 10 Steps, hospitals and community health services are required to comply with The International Code. The aim of The International Code is to “contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution”. The International Code provides guidelines related to the marketing of breastmilk substitutes (e.g. infant formula), feeding bottles and teats, and guidelines related to information concerning their use. SMDHU is required to comply with The International Code and demonstrate compliance through policies, education, practices and resources.

The minimum requirements to protect and promote breastfeeding as outlined in The International Code are:

1. No advertising of artificial feeding products to the public.
2. No free samples to mothers.
3. No promotion of artificial feeding products in health care facilities.
4. No company representatives to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of products.
7. Information to health workers should be scientific and factual.
8. All information on artificial infant feeding, including the labels, should explain the importance of breastfeeding, and the costs and hazards associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
10. All products should be of a high quality and take account of the climate and storage conditions to the country where they are used. (This item applies when infant formula is provided to infants as a part of service delivery.)

Legislative Authority

Health Protection and Promotion Act R.S.O. 1990

Ontario Public Health Standards, 2008 (2014)

Policy Definitions and Interpretation

Exclusive Breastfeeding

Providing no other food or drink, not even water, other than breastmilk to an infant (including milk expressed or from a wet nurse) for the first 6 months of life, but allows the infant to receive oral rehydration solution (ORS), vitamins, minerals and medicines.

Breastmilk Substitutes

Any food or product being marketed or otherwise represented as a partial or total replacement for breastmilk whether or not suitable for that purpose (formula, follow up formula, whole milk, evaporated cow's milk, juice, teas, glucose water, cereals, bottles or teats). This means that if a product is promoted for use as a replacement for breastmilk in an infant under 6 months of age or in an infant/child between 6 to 24 months of age or beyond, then the product is considered a breastmilk substitute for the purpose of The International Code.

Complementary foods

Foods other than breastmilk or breastmilk substitutes (liquids, semisolids, and solids) that are readily consumed and digested by the infant, introduced to provide additional nutrients when breastmilk or breastmilk substitutes becomes insufficient to satisfy the nutritional and

developmental requirements of the infant. Health Canada recommends introducing complementary foods at about 6 months and should include iron rich foods such as meat, meat alternatives, and iron-fortified cereal as an infant's first complementary foods.

Informed Decision-Making about Infant Feeding

Infant/child feeding decisions based on evidence-informed infant feeding information, free from commercial influence, prenatally and throughout the duration of the infant/child feeding experience including decision making related to breastfeeding, use of human milk, breastmilk substitutes, use of bottles and/or artificial teats and introduction of solid foods.

Protection of Breastfeeding

Enabling informed decision-making about infant feeding, free from the influence of breastmilk substitutes (i.e. formula) or related industry marketing practices; and upholding and championing the right to breastfeed anytime, anywhere.

Promotion of Breastfeeding

Includes health promotion and community outreach strategies to increase public awareness, create and maintain a culture in the community supportive of breastfeeding, and provide opportunities for preconception and prenatal education related to infant/child feeding.

Support for Breastfeeding

Includes information, education and intervention to overcome barriers to breastfeeding that may be experienced or perceived.

Policy

SMDHU plays an integral role in the implementation of BFI principles and practices, including:

- Providing families with opportunities to have the information and support required to make fully informed decisions as to how to feed and care for their infants/children;
- Providing clear and impartial information to all families;
- Providing infant/child feeding information and support to all families; and
- Protecting, promoting, and supporting breastfeeding.

All SMDHU Board of Health members, employees, students and volunteers will have an understanding of the role of the Health Unit, in implementing the *Baby-Friendly Initiative*.

All SMDHU Board of Health members, employees, students and volunteers will have an understanding of their role and will fulfill expected outcomes specific to their role, as outlined in the Baby-Friendly Initiative Minimum Standards of Practice (MSP).

All SMDHU services provided to families in the prenatal and postnatal periods will comply with identified best practice standards from provincial, national and international authorities, including the Ontario Public Health Standards 2008 (revised 2014), the *WHO/UNICEF Baby-Friendly Hospital Initiative (1991, 2009)*, as reflected in the Breastfeeding Committee for Canada's (BCC) *BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services(2012)*, The *International Code of Marketing of Breast-milk Substitutes (1981)* and all subsequent World Health Assembly (WHA) resolutions, the *Family-Centred Maternity and Newborn Care: National Guidelines (Health Canada, 2000)* and the RAO Breastfeeding Best Practice Guidelines for Nurses (2003) and Supplement (2007), *Health Canada's Nutrition for Healthy Term Infants: Recommendations from Birth to*

Six Months (2012) and Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months (2014).

In keeping with the requirements of BFI, the development and review of the Baby-Friendly Initiative policy occurs with opportunities for review and feedback with internal and external stakeholders.

Oversight of the Baby-Friendly Initiative within SMDHU is the joint responsibility of the Office of the Medical Officer of Health and the Director, Community and Family Health Department.

Procedures

A Orientation and Education

1. All new Board of Health members will be oriented to the Baby-Friendly Initiative Policy as part of their orientation to the health unit and receive BFI updates through updates at Board of Health Meetings.
2. All SMDHU employees will be oriented to the Baby-Friendly Initiative Policy by their manager/supervisor or designate within 30 business days of hire.
3. All SMDHU employees will complete the BFI e-Orientation within 30 business days of hire.
4. SMDHU employees will complete the educational and practice requirements according to their role, as outlined in the MSP (Appendix A).
5. All employees involved in the planning or provision of services related to infant/child feeding will participate in ongoing educational opportunities that support BFI.
6. All employees involved in the planning or provision of services related to infant/child feeding will communicate participation in ongoing educational opportunities that support BFI using the Conference Approval Application HR0802 (F1).
7. Medical Officers of Health, Service Area Directors or Program Managers will determine and communicate education requirements and expected practice outcomes to relevant students and volunteers.
8. All new SMDHU employees are made aware of the Breastfeeding Friendly Workplace Policy HS0115 as part of the SMDHU BFI orientation.

B Communication

1. The Public Guide to the Baby-Friendly Initiative Policy (Appendix B) is posted in public location(s) in each office (e.g. reception areas, clinic spaces and interview rooms).
2. A travel copy of the Public Guide to the BFI policy (Appendix B) is to be displayed when SMDHU provides service to prenatal families and/or families with infants/young children (e.g. prenatal class, community wide immunization clinic, parent information session, community event, emergency shelters, etc.).
 - Travel copies are available to sign out for use through A/V desk using the AV Request Form (Barrie) and through local office program assistants (outer offices and clinics).
3. Requests for translation and interpretation of the policy to the public is done through "The Language Line Services" as needed.

C Facilities

4. All SMDHU offices have a designated private, clean, quiet space that is available to employees and community members. The space will include at a minimum:
 - a chair
 - a table
 - an electrical outlet
 - signage indicating Vacant or In Use

D Compliance with The International Code

To comply with The International Code, SMDHU:

1. Does not distribute breastmilk substitutes (formula) or supplies associated with breastmilk substitutes (e.g. bottles);
2. Ensures client resources are compliant with BFI and The International Code by completing the Baby-Friendly Initiative (BFI) Review Tool (Appendix C) as part of the approval process for all client resources when purchasing, developing, or adapting client resources or planning or attending sponsored educational events.
3. Avoids accepting funding for our work from companies that are in violation of The International Code
4. Encourages BOH members, employees and students to avoid attending professional educational events with sponsorship from and or educational content presented by companies who are in violation of The International Code. When an educational event is sponsored by and or has educational content provided by companies in violation of The International Code, BOH members, employees and students are to complete the following steps:
 - Ask questions: Who is organizing this event? What is the event about? Are there any implications of your attendance as a representative of our agency for SMDHU as an organization?
 - Determine if the sponsors or presenters are in violation of The International Code by referring to Appendix D. Communicate the purpose of your anticipated attendance on the Conference Approval Form, for consideration by your manager and director.
 - Communicate with the event organizers regarding concerns about the sponsorship and/or presenters of the event.
 - Avoid accepting free gifts provided by companies in violation of The International Code at educational events (e.g. promotional products, meals).
5. Requires staff to refer to the Corporate Sponsorship Policy seeking or accepting sponsorship.

E Monitoring and Evaluation

1. Orientation to the BFI policy is documented on the agency orientation checklist and forwarded to Human Resources (HR) by the program manager.

2. Documentation of completion of BFI Orientation e-learning module is automatically electronically forwarded to HR for tracking purposes.
3. All additional education related to BFI is documented by employees involved in the planning or provision of services related to infant/child feeding using the Conference Approval Application HR 0802 (F1) and recorded by HR.
4. Records of all BFI orientation education are held by HR and are communicated to the Child Health Manager upon request.
5. The Health Unit will complete infant feeding surveillance of Simcoe Muskoka residents to support program planning and achievement and maintenance of BFI designation.
6. Reports will be submitted to the Chair of the BFI Assessment Committee for Ontario and the Breastfeeding Committee for Canada as required.
7. Reports on progress or compliance with the accountability agreement with the Ministry of Health and Long-Term Care (MOHLTC) will be submitted to the MOHLTC at intervals identified by the MOHLTC.

Related Policies

FI0108 Corporate Sponsorship

FI0109 Involvement with External Applications for Funding

HR0801 Employee Orientation

HR0802 Professional Development

IM0115 Website Management

HS0115 Breastfeeding Friendly Workplace Policy

PR0105 Resource Production and Distribution

Key Documents

[Family-Centred Maternity and Newborn Care: National Guidelines](#). (Health Canada, 2000)

[Ontario Public Health Standards, 2008](#) (Ministry of Health and Long-Term Care, revised 2014)

[BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services](#). (The Breastfeeding Committee for Canada, 2012)

[Summary of The International Code of Marketing of Breastmilk Substitutes](#). (World Health Organization, 1981)

[Breastfeeding Best Practice Guidelines for Nurses](#). (Registered Nurses Association of Ontario, 2003)

[Breastfeeding Best Practice Guidelines for Nurses Supplement](#) (Registered Nurses Association of Ontario, 2007)

[Breastfeeding Protocols for Health Care Providers](#) (Toronto Public Health, 2014)

Appendices

- A. [The Baby-Friendly Initiative Minimum Standards of Practice](#) (2017)
- B. [The Parents' Guide to the Baby-Friendly Initiative Policy](#)
- C. [The Baby-Friendly Initiative Review Tool](#)
- D. Companies in Violation of The International Code of Marketing of Breastmilk Substitutes
- E. SMDHU Private/Quiet Rooms

Final Approval Signature: _____

Review/Revision History:

2017-09-07
2015-08-12
2012-09-05
2010-12-08