



Breastfeeding Committee for Canada Baby-friendly Initiative (BFI) Authority

Summary¹: Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community health Services

Introduction

The **Baby-friendly Hospital Initiative** (BFHI) was initiated by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in 1991. The BFHI has a “simultaneous focus on the role of health services in protecting, promoting and supporting breastfeeding, and on the use of breastfeeding as a means of strengthening the contribution of health services to safe motherhood, child survival, and primary health care in general (45th World Health Assembly (WHA) 1992). The BFHI is embodied in the *10 Steps to Successful Breastfeeding*, also called the *Global Criteria*, and describes the minimum standard of care for healthy term infants (including information supporting infants in the special care nursery as appropriate). The BFHI was revised, updated and expanded by WHO/ UNICEF in 2006 and 2009, based on current research and experience in many countries.

The **Innocenti Declaration 2005** called on all governments to “revitalize the BFHI, maintaining the Global Criteria as the minimum requirement for all facilities, expanding the Initiative’s application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children.”

In Canada, the BFHI is called the **Baby-friendly Initiative (BFI)**, reflecting the continuum of care. The **Breastfeeding Committee for Canada (BCC) BFI Integrated 10 Steps Practice Outcomes Indicators for Hospitals and Community Health Services** describe the international standards for the WHO/UNICEF Global Criteria within the Canadian context. Experience with the implementation and assessment of the BFI in Canada led to the development of the BCC 10 Steps and 7 Point Plan Practice Outcomes Indicators in 2004. The revised BCC Integrated 10 Steps Practice Outcomes Indicators provides a single set of criteria for both hospitals and community health services.

The following key applies to each of the 10 Steps in this document:

Statement of the Step reflecting the Canadian context.
WHO/ UNICEF statement of the Step.
Global criteria/ practice outcomes are outlined regarding facility policy, staff, documentation and mothers, with additional information available in the relevant appendices.

For BFI assessment purposes, the facility’s documentation and curricula are reviewed during the pre-assessment phase. For the final external assessment, random samples of mothers and staff are interviewed to confirm the outcomes have been achieved at least 80%. More information about the BFI and the assessment process may be found on the BCC website.

¹ The full document will be posted on the BCC website (<http://breastfeedingcanada.ca/>) in the near future.

Step 1 Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
WHO Have a written breastfeeding policy that is routinely communicated to all health care staff.
<p>Mothers and clients of the facility are aware of the policies and practices supporting breastfeeding.</p> <p>The manager identifies the breastfeeding policy, or areas within the facility's policy statements, which specifically delineate adherence to <i>The 10 Steps to Successful Breastfeeding</i> and protects breastfeeding by adhering to the <i>WHO International Code of Marketing of Breast-Milk Substitutes (The WHO Code)</i> and subsequent, relevant <i>WHA Resolutions</i>. The manager describes how health care providers (hcp), staff and volunteers are oriented to the policy. The manager describes the mechanisms for policy development, policy review and auditing compliance with the policy. The manager describes how staff who are breastfeeding are supported to sustain breastfeeding.</p> <p>The staff, physicians/midwives and volunteers are oriented to the policy, and new staff members receive a copy of the policy.</p> <p>Documents, including the facility's written Breastfeeding policy and other existing policies, protocols and clinical guidelines, indicate that the facility provides care to mothers and babies consistent with <i>The 10 Steps to Successful Breastfeeding</i> and protects breastfeeding by adhering to the <i>WHO International Code of Marketing of Breast-Milk Substitutes</i> and subsequent, relevant <i>WHA Resolutions</i>. Documents show evidence that the policy development process is multidisciplinary with representation by all stakeholders. Documents show evidence of support for staff members who are breastfeeding.</p> <p>Written information for clients includes easily understood summaries of the policies and practices or <i>The 10 Steps</i> and <i>WHO Code</i>, in the languages most commonly understood, visibly posted in all areas of the facility that serve pregnant women, mothers, infants and/or children.</p> <p>See Appendix 1 Policy Checklist in the full document.</p>

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

WHO Train all health care staff in the skills necessary to implement the policy.

The manager shows records of orientation of all hcp, volunteers and staff to the breastfeeding policy and staff attendance at breastfeeding education programs, either during their employment, prior to being hired, or, if new, are scheduled for education within 6 months. The manager is aware that, for hcp providing direct breastfeeding care, at least 20 hours, including 3 hours of supervised clinical instruction, is strongly recommended. The manager describes how hcp attain necessary education and skills and how competencies are assessed.

The staff confirm that they have received education appropriate to their role, or if new, have been oriented to the breastfeeding policy and practices. All staff, including physicians, identify that the *10 Steps* and the *WHO Code* protect, promote and support breastfeeding. All staff answer questions on breastfeeding promotion and support correctly, appropriate to their role.

Documents: The written curricula or course outlines for staff orientation and education adequately addresses the *10 Steps* and the *WHO Code*, appropriate to their role.

The following records are available:

- record of staff orientation to breastfeeding policy and practices
- record of staff attendance at education programs
- schedule for education of new employees and
- evidence of ongoing competency validation.

See Appendix 2: Education Checklist in the full document.

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

WHO Inform pregnant women and their families about the benefits and management of breastfeeding.

Pregnant women at 32 weeks or more gestation using a prenatal service who have had two or more prenatal visits or classes, confirm that they are given sufficient opportunity to discuss their infant feeding decisions with knowledgeable staff, and that the importance of exclusive breastfeeding has been discussed with them. These women can describe at least 2 benefits of breastfeeding and the importance of skin to skin contact, and two of the following: exclusivity of breastfeeding, risks of non-medically indicated supplementation, cue-based feeding, position and latch, rooming-in, and sustained breastfeeding. These women confirm they have received no group education on the use of human milk substitutes. Hospitalized pregnant women confirm they have also received information appropriate to their needs.

The manager of a community health service describes health promotion and community outreach strategies to increase public awareness and support of breastfeeding, and the creation of a breastfeeding culture in the community. The manager shows liaison with the local hospital(s) and collaboration regarding the development of the prenatal curriculum.

The manager of a hospital shows that breastfeeding information is provided to at least 80% of pregnant women using the facility's perinatal services. The manager shows liaison with the community prenatal programs and collaboration regarding the development of the prenatal curriculum.

Staff providing prenatal education confirm that they have received breastfeeding education as outlined in Step 2.

Documents: A written curriculum for prenatal education used by the hospital and/or the community health service and **written information for prenatal clients** (such as booklets, leaflets, handbooks and text books with general information on pregnancy, parenting, infant feeding and child care) provide accurate, evidence based information. They are free of information on the feeding of human milk substitutes. Women who have made an informed decision not to breastfeed receive written materials on the feeding of human milk substitutes that is current, appropriate and separate from breastfeeding information. All written information is free of promotional material for products or companies that fall within the scope of the WHO Code.

See Appendix 3: Prenatal Education Checklist in the full document.

<p>Step 4 Place babies in skin-to-skin² 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.</p>
<p>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.</p>
<p>In the hospital: Postpartum mothers of healthy, term infants report that, unless there were medical indications for delayed contact, their baby was placed skin-to-skin immediately after birth (vaginal or cesarean delivery without general anaesthesia) or as soon as the mother was responsive or alert (cesarean delivery with general anaesthesia) for at least 60 minutes or until the completion of the first breastfeed, or for as long as the mother wished. These mothers confirm that they were encouraged to look for signs that their baby was ready to feed and that they were offered assistance as needed. Mothers with babies in special care report that they were able to hold their baby skin-to-skin as soon as mother and baby were well enough unless there were medical indications for delayed contact. All mothers report that they had been informed prenatally of the importance of skin-to-skin contact and were encouraged to discuss this with their health care providers. Mothers transferred to a different area confirm that skin-to-skin contact was maintained (e.g. by stretcher or wheelchair) as long as mothers wish even after completion of the first feeding. If baby is well but the mother was ill or unavailable, mothers confirm that skin-to-skin contact with another support person of her choice (commonly her partner) was encouraged.</p> <p>The manager confirms that skin-to-skin care is initiated immediately after birth unless separation is medically indicated, and describes how this practice is monitored.</p> <p>The staff confirm that normal observations and monitoring of the mother and baby (temperature, breathing, colour and tone) continue throughout the period of skin-to-skin contact. The baby is removed only if medically indicated or requested by the mother, and this is recorded in the baby's chart.</p> <p>Documents show that skin-to-skin contact remains unhurried and uninterrupted for at least one hour or until the completion of the first breastfeed, unless there is a recorded medical indication for separation. Routine procedures, monitoring and measurements are delayed until after the first breastfeed. Medications required are given while the baby is on mother's chest preferably near the end of the first breastfeed in order to decrease pain.</p> <p>In the hospital and community health service, written information for clients outlines information consistent with the issues cited above.</p> <p>See Appendix 4: Birth and First Hour Checklist in the full document.</p>

² The phrase « skin-to-skin care » is used for term infants while the phrase « kangaroo care » is preferred when addressing skin-to-skin care with premature babies.

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

WHO Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

This step encompasses three circumstances:

- I. Initiation and establishment of breastfeeding of infants rooming in with their mothers
- II. Initiation and maintenance of lactation if mother and baby are separated
- III. Anticipatory guidance for mothers in the hospital and community

In the hospital:

All postpartum mothers report that they were offered further assistance with breastfeeding within 6 hours of delivery and at appropriate subsequent intervals. Observations of feedings are completed as needed and at least once per shift

In the community health service:

Mothers discharged from hospital or birthing centre confirm that assistance with breastfeeding concerns is available within 24 hours and routine follow-up is available within 48 hours after discharge (care may be provided by the hospital, CHS, a breastfeeding clinic and/or midwife, etc.). Mothers report that they were offered timely help with positioning and latch by CHS staff and that feeding was assessed.

In all hospitals and community health services:

All mothers describe hand expression of their milk and have written information on expression and/or advised where they could get help, should they need it. All mothers explain cue-based feeding. All mothers are aware of the signs that their infant is breastfeeding effectively, and they know when to seek help.

Mothers have written information on available knowledgeable support persons (health professional and peer support).

In addition, mothers

- **who are breastfeeding** demonstrate effective positioning and latch. All relate they have been given age-appropriate anticipatory guidance about possible breastfeeding concerns, their solutions and available resources that will assist with breastfeeding
- **who have made the decision not to breastfeed, or who elected to supplement their babies for non-medically indicated reasons** report that they received information to support an informed decision (importance of exclusive breastfeeding, support to overcome breastfeeding concerns, information on the cost, safe preparation and use of human milk substitutes) and were instructed about correct preparation, storage and feeding of supplements.
- **with babies in special care, or mother with babies who are unable to breastfeed, or who are separated from their babies during illness, or while at work or school,** confirm that they received instruction on the maintenance of lactation by frequent expression of milk (beginning within six hours of birth and eight or more times in 24 hours to establish lactation), how to store and handle milk, and where to obtain equipment and how to clean it.

The manager confirms that mothers who have never breastfed, or who have previously encountered challenges with breastfeeding receive additional attention and support both in the prenatal and postpartum periods. The manager describes a reliable and formal system in place to ensure the continuity of care, and for communication between hospital and CHS staff regarding a mother's prenatal breastfeeding concerns, and her breastfeeding progress postpartum.

Staff demonstrate effective teaching of positioning/latch and hand expression with one mother at the facility and report that they frequently assess and report on the effectiveness of breastfeeding, the adequacy of the baby's hydration and the baby's milk intake. Staff describe what they tell mothers regarding feeding cues, signs of effective breastfeeding and offer anticipatory guidance about possible breastfeeding concerns and their solutions as well as available resources that will assist with breastfeeding. Staff ensure continuity of care through effective liaison and information sharing between the hospital and CHS. They describe the information needed to support mothers who are giving human milk substitutes to make informed decisions and safely prepare, store and use appropriate commercial infant formula.

Staff members providing care in community health services can answer breastfeeding management questions concerning challenges that occur beyond the first few weeks (e.g., breast refusal, slow growth rates, growth spurts, biting, and the timely introduction of complementary foods).

Documents show an effective liaison and communication between hospital(s) and CHS(s) to ensure the continuum of care.

Written information for clients outlines information consistent with the criteria cited above.

See Appendix 5: Breastfeeding Care Checklist in the full document.

Step 6 Infants are not offered food or drink other than human milk for the first 6 months, unless *medically* indicated.

WHO Give newborns no food or drink other than breastmilk, unless medically indicated.

Mothers of babies younger than about 6 months confirm that their baby is exclusively breastfed, or that they made an informed decision to supplement for a medical or personal reason. Mothers report that they have received anticipatory guidance and an opportunity to discuss sustained breastfeeding with staff, exclusively for the first 6 months then for 2 years and beyond along with the introduction of appropriate complementary foods.

Mothers, including those mothers with babies in special care **who have made an informed decision not to breastfeed**, report that the staff discussed feeding options with them and supported their informed selection of an appropriate commercial infant formula.

For hospitals and birthing centres, the manager

- provides annual data for the facility showing that 75% of healthy term babies have been exclusively breastfed from birth to discharge.
- describes a reliable system of data collection.

For community facilities, the manager

- provides annual data showing that 75% of healthy term babies are exclusively breastfeeding on entry to the community service (which coincides with hospital discharge), and a drop off at two weeks after entry to service of less than 5%. (More than 5% drop off is cause for concern and reflects a gap in the continuum of care.)
- describes a reliable system of data collection. It is expected that breastfeeding duration rates are monitored to reflect the current WHO and Health Canada recommendations of exclusive breastfeeding to 6 months and continued breastfeeding to 2 years and beyond.

Staff describe the importance of exclusive breastfeeding, the medical indications for supplementation, and information provided to mothers to support informed decision making about supplementing with their own expressed breastmilk, human donor milk or human milk substitutes, without the use of bottles or artificial teats. Staff record this important information in client charts or records.

Documents provide evidence of the facility data, and client records of informed decision making, and supplementation for medical indications.

Written information for clients outlines information consistent with the criteria cited above.

See the follow appendices in the full document.

Appendix 6: Global Guidelines Checklist

Appendix 6.1 Medical indications for Supplementation

Appendix 6.2 Calculation of Exclusive Breastfeeding in Hospitals and Birthing Centres

Appendix 6.3 Calculation of Exclusive Breastfeeding in Community Health Facilities

Step 7 Facilitate 24 hour rooming-in for all mothers: mothers and infants remain together.

WHO Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.

Postpartum mothers of healthy term babies, including caesarean deliveries, report that from birth (or from the time that they were able to respond to their babies in the case of general anaesthetic) their infants have remained with them, and that a support person is welcomed to stay with them day and night.

All mothers relate they have received accurate information about safe co-sleeping and bed sharing. All mothers confirm that they are not separated from their infants and are invited to hold their babies skin to skin and breastfeed if painful procedures are necessary.

The manager confirms that teaching and examinations occur at the mother's bedside or with her present. The manager confirms that breastfeeding is welcome everywhere, including all the public areas, and that facilities for privacy are available on request.

Staff report that mothers and babies are separated only for medical reasons, and that anticipatory guidance is given to mothers to protect, promote and support breastfeeding. Staff report that examination, teaching and procedures occur at the mother's bedside or in her presence, and that mothers are encouraged to hold and settle their babies if painful procedures are necessary. Staff describe how mothers are welcomed to breastfeed anytime, anywhere.

Documents show evidence of medical indications for separation of mothers and babies, the length of separation and anticipatory guidance to protect, promote and support breastfeeding.

Written information for clients, including signage, outlines information consistent with the criteria cited above.

See Appendix 7 Mother Baby Togetherness Checklist in the full document.

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

WHO Encourage breastfeeding on demand.

Mothers describe age-appropriate, cue-based, effective feeding (feeding cues, unrestricted frequency and length of breastfeeds, signs of effective breastfeeding, signs of readiness for solids). Mothers confirm that they have received anticipatory guidance and an opportunity to discuss sustained breastfeeding with staff, exclusively for the first six months, then for two years and beyond after introduction of appropriate complementary foods.

The manager relates that staff offer anticipatory guidance and problem solving to mothers regarding effective, cue-based feeding as per Canadian and International Guidelines.

Staff describe the information mothers are taught about age appropriate differences in infant variables (behaviour, output and feeding frequency) and how to assess their babies for signs of effective breastfeeding. Staff confirm that they discuss breastfeeding progress with mothers at each contact, unless a medical or other emergency takes precedence.

Documents show evidence that mothers receive information on cue-based feeding and sustained breastfeeding.

Written information for clients outlines information consistent with the criteria cited above.

See Appendix 8: Baby-Led Feeding Checklist in the full document.

Step 9 Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).**WHO Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.**

Mothers report that they received information and support to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers. If the baby has been given a bottle or pacifier, the mother confirms that this was her informed decision or a medical indication.

The manager provides records confirming that mothers of breastfeeding infants are supported to find alternative solutions or make an informed decision regarding the use of artificial teats.

Staff describe alternatives recommended for feeding breastfed infants, and soothing techniques for all infants.

Documents show evidence of support and informed decision making.

Written information for clients outlines the risks associated with artificial teats and describes alternatives.

See Appendix 9: Artificial Teats Checklist in the full document.

Step 10 Provide a seamless transition between the services provided by the hospital, community health services and peer support programs.

WHO Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Mothers confirm an effective transition from hospital, birthing centre or midwife to CHS and know at least one way to access breastfeeding support outside of office hours. Mothers confirm that they are able to access peer support programs.

The manager describes an adequate procedure for the transition from hospital to CHS and describes the liaison and collaboration between the hospital, CHS and peer support programs to protect, promote and support breastfeeding.

Staff describe effective transition for all mothers between hospital or birthing centre and community programs and can locate the written support materials provided to mothers.

Documents show evidence of liaison and collaboration across the continuum of care.

Written information for clients lists hospital, community health and peer support providers.

See Appendix 10: Seamless Continuum of Care Checklist in the full document.

Compliance with the International Code of Marketing of Breastmilk Substitutes.	
WHO	Compliance with the International Code of Marketing of Breastmilk Substitutes.
<p>Mothers and pregnant women report that they have not received any marketing materials, samples, coupons or gift packs that include human milk substitutes and infant feeding paraphernalia. Mothers and pregnant women confirm that they have not received group instruction regarding the preparation, storage and feeding of human milk substitutes.</p> <p>The manager confirms that no employees of manufacturers or distributors of human milk substitutes, bottles, teats or pacifiers have any direct or indirect contact with pregnant women or mothers. Scientific information regarding these products is provided to designated clinical instructors, who then provide in-service education to staff.</p> <p>The Staff report at least two reasons why it is important not to give free samples or promotional materials regarding products that fall within the scope of <i>The Code</i>. Staff demonstrate that cans of human milk substitutes and prepared bottles are stored discretely.</p> <p>Documents show that the facility does not receive free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events, from manufacturers or distributors of human milk substitutes, bottles, teats or pacifiers. Research grants require disclosure. A review of records and receipts indicates that any breast milk substitutes, including special formulas and other supplies, are purchased by the health facility for the wholesale price or more.</p> <p>Written information for clients including posters is consistent with the criteria cited above.</p>	