



# Ontario Breastfeeding Committee Newsletter

Volume 3: # 1: February 2004

## ***Meeting Accreditation Standards in Maternal Child Health services through the Baby Friendly Initiative™***

Lori Levere.

The goal of accreditation is to promote excellence in health care and the effective use of resources in health services organizations. Indeed accreditation does make a difference in improving the quality of health care in Canada. It has been shown that recommendations from accreditation reviews are consistently used to make improvements and that institutions implementing recommendations from accreditation, often adopt a philosophy of quality improvement in the long term. It is no wonder that many institutions enter into this process in the hope of meeting the standards of excellence.

The similarities between the standards of the accreditation process and the Baby Friendly Initiative.™ (BFI) make possible the achievement of accreditation goals through BFI. This is because the thrust of BFI is also to provide a road map for quality improvement of care in maternal infant environments enabling better outcomes for the public served.

The outcome of the accreditation evaluation process is the generation of recommendations for the institution to review in order to shape future service provided for their clients. In 2002 the areas that **most frequently** generated recommendations in the accreditation process were shown to be:<sup>1</sup>

- Improving the quality improvement system
- Monitoring and improving quality of service
- Assessing clients and planning for care/service
- Protecting and promoting the rights of clients and families
- Planning services to meet population needs
- Obtaining informed consent
- Using research and best practice, and
- Evaluating staff performance

This list invites the comparison of these activities to the suggestions made within the *The Ten Steps* and *The Seven Points* of BFI. For example, institutions that have undertaken the process to implement BFI have coincidentally improved the system in place to improve quality in the care they deliver. The offering of a logic model or workplan for BFI during an accreditation process would clearly demonstrate the presence of a system in place to achieve this standard.

<sup>1</sup> The National Health Accreditation Report, Canadian Council on Health services Accreditation, 2002

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Entering into the BFI process does imply the occurrence of monitoring and improvement of service because the continuing education of staff delivering service is the focus. This education enables staff to enhance assessment skills in the area of breastfeeding. It is through *Step 10* and *Point 7* of BFI that staff are encouraged to plan for the continued care of the client breastfeeding in the community. These areas are both standards open to review by accreditation surveyors.

One of the cornerstones of BFI is to provide parents to make fully informed decisions about infant feeding by providing them with accurate, evidence based information. So too, inherent in the accreditation process is the focus on obtaining informed consent. The BFI process would provide a vehicle for staff to be competent in this area because they would be adequately trained to address the information needed about the risks of deciding not to breastfeed. Any systems in place to assist staff to address this informed decision making, such as a breastfeeding policy, protocols or documents to inform clients would be seen as a demonstration of this accreditation standard.

Documents such as the outcome indicators for BFI and the Breastfeeding Best Practice Guidelines for Nurses (RNAO) are based on research and evidenced based practice. In clinical and community environments, these tools are instrumental in shaping practice. Both of these documents, would be recognized as evidence of this intent if used for the purposes of designing programs and protocols.

The accreditation process is a self evaluative process by its design. Considerable effort, planning and attention to standards reflective of values in client care are present. This self evaluative feature is also evident in the BFI process. The embracing of BFI creates a climate of comfort with the process of self evaluation for the greater good. This comfort has the effect of taking the emphasis off of the designation outcomes for both accreditation and BFI designation and onto the real goal which is one of improved outcomes for people and excellent health care.



## **Health Canada: revised infant feeding recommendations**

Health Canada's Office of Nutrition Policy and Promotion has posted the **draft recommendations on Vitamin D Supplementation in Breastfed Infants and the Duration of Exclusive Breastfeeding** on their web-site for comment. The comment period begins in mid-February and will be open for a period of six-weeks.

Your comments could help determine whether the current recommendations contained in Nutrition for Healthy Term Infants (published in 1998) will be changed to recommend exclusive breastfeeding TO 6 MONTHS as recommended by WHO in 2001.

The BCC will be preparing comment on both draft recommendations under the direction of the Infant Nutrition Committee, chaired by Johanna Bergerman.

If you are interested in making a response to either of these recommendations we would encourage you to respond personally and directly to Health Canada at [healthy\\_eating@hc-sc.gc.ca](mailto:healthy_eating@hc-sc.gc.ca) : URLs for the comment forms are: Vitamin D - [http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/comment\\_form\\_vitamin\\_d\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/comment_form_vitamin_d_e.html) Duration of exclusive breastfeeding - [http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/comment\\_form\\_ebf\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/comment_form_ebf_e.html) and/or respond to the BCC for inclusion in their organizational response.

If you do respond, the BCC would be interested to receive your comments which can be sent to Marilyn Sanders at [bfc.can@sympatico.ca](mailto:bfc.can@sympatico.ca) .

### **The Ontario Breastfeeding Committee:**

The Provincial Contact for the Breastfeeding Committee for Canada –the National Authority for the WHO/UNICEF Baby Friendly™ Hospital Initiative in Ontario.

### **For information contact:**

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## **What's happening in Ontario?**

### **We want to hear from you!**

The OBC would like to provide a useful resource by including on our new web-site a list of breastfeeding coalitions and also a list of breastfeeding support resources for Ontario families. Please send us contact information for your group and let's network!

Contact:

[Kventer1@cogeco.ca](mailto:Kventer1@cogeco.ca) or Tel: 905-331-7922

## **The OBC Annual Report 2002 – 2003**

The past year has been another year of evolution for the Ontario Breastfeeding Committee. The significant ground work established by a core of dedicated volunteers based in central Ontario is being recognized and built upon by colleagues who share the commitment for promoting the Baby Friendly Initiative in Ontario both in hospitals and communities.

The Ontario Breastfeeding Committee (OBC) exists to facilitate the implementation of the Baby Friendly Initiative (BFI) in Ontario by developing partnerships and collaborative strategies with health care organizations, health care providers, consumers and multisectoral organizations interested in breastfeeding. It also advocates for breastfeeding in Ontario and serves as a resource for BFI information. Members provide expert advice and recommendations for policy and guideline development and implementation.

### **The following summarizes key activities during the past year:**

Two members had the privilege of attending the Provinces and Territories Committee of the Breastfeeding Committee for Canada meeting in March 2003. This session provided an opportunity for the provincial and territorial groups to share strategies and successes with the BFI throughout the country. Representatives of the OBC have been actively involved in the development of detailed assessment guidelines for BFHI/BFI designation of Canadian hospitals and community health services.

The OBC is developing a website as a means of furthering communication with interested individuals and partners.

The OBC participated in a special session of "Bringing Evidence to Practice" - the Mount Sinai Hospital Women's and Infants' Health Program 3<sup>rd</sup> Breastfeeding Conference on November 7, 2003. The presentation "Achieving Baby Friendly Status: From Dream to Reality" was shared by the OBC and ST. Joseph's HealthCare, Hamilton, Ontario. Members of the OBC was active in the promotion of the third annual breast-feeding challenge as part of the World Breastfeeding Week, October 1–7, 2003. The challenge included the most mothers breastfeeding at the same time in one location as well as the most mother breastfeeding at the same time within a province or territory. Ontario was second to British Columbia in having the most babies feeding at once across the province. The event was an initiative to bring public profile to the advantages of breastfeeding.

The OBC has undertaken a survey of Ontario hospitals with maternity services, birthing centres and community health centres to determine the general status of work related to the BFI within the province. The information will be invaluable in guiding the future activities of the committee, and will enable the OBC to support hospitals and community health services in the province on the journey towards BFI. Individuals from diverse areas of the province attended the most recent BFI Assessors training session. With the new expectation of all assessors being actively involved with the OBC, we have now gained broad provincial representation

## **"Step-by-Step, Day-by-Day ...that's the Baby Friendly way"**

### **Step 3. Inform pregnant women and their families about the benefits and management of breastfeeding.**

(Extracts from the The Ten Steps and Practice Outcome Indicators For Baby-Friendly™ Hospitals. October 14, 2003. Guidelines for WHO/UNICEF Baby-Friendly™ Initiative (BFI) in Canada)

The BFI Indicators document clearly explains what is expected of hospitals and community health services when implementing Step 3, for example:

- Prenatal education should cover the importance of exclusive breastfeeding for 6 months, the benefits of breastfeeding, the hazards of not breastfeeding, the risks of artificial feeding, infant feeding cues, and basic breastfeeding management, including the value of 24 hour rooming in, early skin-to-skin contact and cue-based feeding.
- Breastfeeding counseling should be given to all pregnant women using the facility. If no prenatal clinic or service exists, links with the community prenatal programs should be recorded. Prenatal women hospitalized longer than 48 hours should be provided with breastfeeding information.

In a Baby Friendly™ hospital, the manager responsible for client programs or services (or alternate) provides

- A **written description** of the minimum requirement for prenatal education
- A record showing that both group instruction and opportunities for one-to-one discussion on the above curriculum are provided to pregnant women and families using these services
- Samples of all written educational materials made available to women on breastfeeding which are current, accurate and separate from information on the feeding of breastmilk substitutes.

These educational materials are available in the languages spoken by clients, are reviewed on a regular basis, have clear graphics or pictures and acknowledge original authors.

These educational materials

- do not promote the use of breastmilk substitutes or any products covered under *The Code*
- are not produced by companies whose products are covered under *The Code*.

**Written materials** (such as booklets, leaflets, handbooks and text books with general information of pregnancy, parenting, infant feeding and child care) should not be given to women prenatally if they contain information on the feeding of breastmilk substitutes. This information should be provided in a separate document only to those specific women who have made an informed decision not to breastfeed.

Women and their families who have made an informed decision not to breastfeed will have available to them written materials on the feeding of breastmilk substitutes that are

- current, appropriate and separate from breastfeeding information
- free of promotional material that does not comply with *The Code*.

The Ten Steps and Practice Outcome Indicators For Baby-Friendly™ Hospitals provide comprehensive guidelines for meeting the criteria for this step and may be accessed on the BCC web-site at [www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca)

Further information and support is available from: the BCC at [bfc.can@sympatico.ca](mailto:bfc.can@sympatico.ca) or the OBC via [kventer1@cogeco.ca](mailto:kventer1@cogeco.ca)

## **World Breastfeeding Week 2004**

### **"Exclusive Breastfeeding: the Gold Standard--safe, sound and sustainable"**

In 2002, WHO and UNICEF launched the *Global Strategy for Infant and Young Child Feeding* which calls upon all governments and other actors:

*"to ensure that all health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support that they require – in the family, the community and the workplace – to achieve this goal".*

This year's WBW aims to stimulate activity worldwide to get more people to understand the importance of exclusive breastfeeding and to think of ways to enable mothers to do it. The context for this is the new Global Strategy which many people are beginning to implement.

More information is available on the WABA website at <http://www.waba.org.my/wbw/wbw04/wbw2004.html>

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on the committee and have expanded the number of individuals who can serve as expert resource and provide assistance with initiatives.

There is effort underway to increase the membership of the OBC in order to further promote the activities and to share the volunteer workload. This effort is key to development of the partnerships with individuals and organizations to assist with the functions of the OBC.

With the recent election, the OBC is working on the message it wishes to take to the new government. There is a strong desire and need to develop an effective working relationship with all branches of the respective Ministries to secure support for this essential health promotion and disease prevention strategy.

*Eleanor Rivoire. Chair, OBC.*

# Ontario Breastfeeding Committee Membership Form

## Ontario Breastfeeding Committee

**Vision:** Breastfeeding is the norm for infant feeding in Ontario

**Goal:** To facilitate the implementation of "Baby-Friendly™ Initiative" (BFI) in Ontario by:

- Developing partnerships and collaborative strategies with health care organizations, health care providers, consumers, and multisectorial organizations with an interest in breastfeeding
- Advocating for breastfeeding in Ontario
- Act as a resource centre for BFI in Ontario
- Delineating breastfeeding educational needs and encouraging breastfeeding research
- Provide expert advice and recommendations for policy and guideline development and implementation

**Membership:** Multidisciplinary health care providers, multisectorial organizations and consumers from across Ontario who have an interest in breastfeeding.

**Annual Membership Fee due January 2004: Amount: \$10.**

Name:

Affiliation:

Address:

Postal Code:

Tel:

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E-mail:

Please indicate the following:

I am interested in the work of the following sub-committee:

- COMMUNICATION/PUBLIC RELATIONS       FUNDING & DEVELOPMENT       EDUCATION & RESEARCH
- POLITICAL ACTION & POLICY
- I PREFER A GENERAL MEMBERSHIP AT THIS TIME

Membership fee enclosed

Signed: ..... Date: \_\_\_\_\_

**Return to:** OBC, 2915 Headon Forest Drive, Suite #8, Burlington, ON L7M 3Z6