ADMINISTRATION

Policy & Procedure

Title	BABY FRIENDLY INITITIAVE	Date Effective	May 13, 2014
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Scope	For all employees, sites and facilities	Date Revised	February 7, 2018
Approved By	VP PLANNING & POPULATION HEALTH	Signature	*Original signed by J. Tetlock*
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1.0 PURPOSE

1.1 The Northern Health Region (NHR) commits to protect, support and promote breastfeeding and the right to make an informed decision in regard to infant feeding choices.

1.2 The NHR believes that breastfeeding is the healthiest way for a woman to feed her baby and recognizes the important health benefits now known to exist for both the mother and child.

1.3 The aim of this policy is to enable health care Employees to create an environment where more women make an informed decision to breastfeed their babies. Families will be provided support and information to enable them to breastfeed exclusively for six (6) months, with continued breastfeeding along with appropriate complementary foods up to two (2) years and beyond.

1.4 All mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies.

2.0 DEFINITIONS

2.1 **Baby Friendly Initiative (BFI):** A global initiative of the World Health Organization (WHO) and United Nations Children's Emergency Fund (UNICEF) that aims to give every baby the best start in life by creating a health care environment that supports breastfeeding as the norm.

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3.0 POLICY STATEMENT(S)

3.1 This policy is based on the Baby Friendly Initiative (BFI) and includes the Breastfeeding Committee for Canada (BCC) Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services. The BCC is the national authority for the implementation of the BFI in Canada.

3.2 The BFI endorses the World Health Organization (WHO) International Code of Marketing of Breastmilk Substitutes (AD-12-10 Appendix A)

3.3 In order to avoid conflicting advice, it is mandatory that all health care providers involved with the care of breastfeeding women adhere to this policy. Any deviation from the policy must be justified on an individual basis and recorded in the family's health records.

4.0 PROCEDURE / RESPONSIBILITIES

4.1 **Step 1: Have a written BFI policy that is routinely communicated to all health care providers and volunteers.**

4.1.1. All health care providers, students and volunteers will be orientated to the policy via NHR BFI online module, appropriate to their roles and responsibilities, at the time of employment.

4.1.2. A summary of the policy will be displayed in all public areas of health facilities within the NHR. A copy of the full policy is available upon request.

4.2 **Step 2: Ensure all Employees, health care providers and volunteers have the knowledge and skills necessary to implement the BFI policy.**

4.2.1. All nurses and support Employees who have direct contact with pregnant women, mothers and infants will receive a minimum of 20 hours of training in breastfeeding care within six (6) months of employment. Employees are required to repeat training every five (5) years.

4.2.2. This training will include: the importance of breastfeeding, anatomy and physiology of breastfeeding, how to solve common breastfeeding problems, the impact of introducing formula and artificial nipples before breastfeeding is established and safe storage of breast milk. Training also includes supervised clinical experiences to ensure that each Employee is comfortable in providing consistent, evidenced-based information, counseling and practical assistance to families. Nurses will also receive training on safe formula preparation for one-to-one teaching to those families who have made an informed decision not to breastfeed their infants.

4.2.3. All Physicians, Nurse Practitioners and Midwives who have direct contact with pregnant women, mothers and infants will receive a minimum of three (3) hours of training in breastfeeding care within 6 months of employment.

4.2.4. All health care Employees will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately via NHR BFI online module. Employees are required to repeat training every three (3) years.

4.2.5. All health care Employees working with mother and infants will be knowledgeable in the referral process for breastfeeding support after hospital discharge and the community resources available.

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

4.3.1. All pregnant women are given up-to-date information on the benefits of breastfeeding and the potential health risks and costs of formula feeding. Any opportunities that arise during the prenatal period will be utilized to provide this information.

4.3.2. All pregnant women who receive services in a community health care center will be given an opportunity to discuss infant feeding on a one-to-one basis with a Public Health Nurse (PHN) or Community Health Nurse (CHN).

4.3.3. Prenatal education will include information to help women and their families make an informed decision about infant feeding. The basics of breastfeeding care and the common experiences they may encounter will also be included, with the aim to give mothers confidence in their ability to breastfeed.

4.3.4. Educational materials provided to families will be in compliance with the WHO International Code of Marketing of Breastmilk Substitutes (AD-12-10 Appendix A).

4.3.5. Multi-disciplinary breastfeeding committee in the NHR provides collaboration between physicians/midwives, clinics, hospital and community Employees to promote consistency of breastfeeding information to families.

4.4 **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 mother wishes. Encourage mothers to recognize when their babies are ready to feed, offering help as needed.**

4.4.1. Health care Employees promote breastfeeding by educating expectant and postnatal mothers and their support persons about the importance of initiating safe skin-to-skin contact as soon as possible after birth.

4.4.2. In hospital, the baby is immediately placed on the mother’s abdomen skin-to-skin safely for at least an hour, regardless of the intended feeding method.

4.4.3. Early breastfeeding is promoted, in an unhurried environment without interruption, unless there is a medical contraindication (AD-12-10 Appendix B Medical Indications for Supplementation). Mothers will be encouraged to recognize when their babies are ready to breastfeed.

4.4.4. In the case of a medical emergency, safe skin-to-skin contact and breastfeeding will be initiated as soon possible.

4.4.5. Even after discharge from hospital the importance of safe skin-to-skin contact is encouraged for all mothers.

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

4.5.1. All health care Employees support evidence-based practices that are known to facilitate the initiation, establishment and maintenance of exclusive breastfeeding for six (6) months. For example safe skin-to-skin, responsive feeding and avoiding non-medically indicated supplements.

4.5.2. The instruction support given during hospital stay allows mothers to acquire the knowledge and the necessary skills to breastfeed their babies, including responsive feeding, positioning and latching at the breast and when their babies are getting enough milk. The LATCH-R tool will be used to assess breastfeeding.

4.5.3. All breastfeeding mothers will be made aware of the value of early hand expressing their milk and be given instruction on how to do so, and if required, how to use a breast pump and store breast milk. Mothers will be given written information on hand expression to use as a reference, as well as where to access support if they are unsure.

4.5.4. Mothers of babies who are unable to breastfeed or are separated from their baby are shown how to hand express milk as soon as possible – at least within the first hour of birth and encouraged to express milk at least six (6) times in the first 24 hours and at least eight (8) times in each 24-hour period thereafter. The expressed breast milk should be fed to the infant by spoon or cup. This should continue until effective breastfeeding is established.

4.5.5. Nurses will explain the detrimental effects of artificial nipples and pacifiers during the establishment of breastfeeding.

4.5.6. Families will be provided with information on how to access community-based breastfeeding and parenting support on a 24-hour basis.

4.5.7. An assessment of the mother and baby's progress with breastfeeding will be undertaken within 48 hours of discharge from the hospital. Those mothers unable to be seen on the weekend will be able to access support from trained hospital Employees. An individualized plan of care will be developed if necessary. This early visit will build on initial information and support provided by hospital Employees.

4.5.8. Breastfeeding progress will be assessed at each subsequent follow-up to provide reassurance and enable early identification of potential concerns with breastfeeding.

4.8.9. Responsive feeding will be explained to parents and encouraged for all healthy babies. Usual feeding patterns will be discussed as well as cluster feeding and growth spurts. This teaching will include the importance of night-time feeding for milk production and baby's optimal growth.

4.5.10. All health care Employees promote and discuss exclusive breastfeeding to six (6) months and continued breastfeeding for two (2) years and beyond with appropriate introduction of complimentary foods. Parents will be informed about their right to have accommodations in the workplace that support and sustain breastfeeding.

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4.5.11. All health care Employees respect the feeding decision of each mother and provides written information and one-to-one teaching on safe formula storage, preparation and responsive feeding to families who have made a fully informed decision to formula feed or to use both breast and formula. Those mothers who choose to use both breast and formula will receive information on how to maintain an adequate milk supply.

4.6 **Step 6: Support mothers to exclusively breastfeed for the first six (6) months, unless supplements are *medically* indicated.**

4.6.1. Mothers will be informed about the benefits of exclusive breastfeeding for the establishment of lactation and sustained breastfeeding.

4.6.2. All health care Employees promote and protect breastfeeding by advising that breastfeeding babies should not receive supplementary feeds unless medically indicated according to the WHO/UNICEF guidelines (AD-12-10 Appendix B Medical Indications for Supplementation). The medical reasons for supplementation will be documented on the baby's health/feeding record.

4.6.3. Breastfeeding data describing the initiation, exclusive breastfeeding, non-exclusive breastfeeding and duration rates in hospital and community health settings will be collected regionally.

4.6.4. On-going collaboration with other health centers such as Indigenous Communities within the NHR will provide coordinated breastfeeding support. Gain an understanding of the cultural norms and any difficulties that affect on-going breastfeeding in these communities.

4.7 **Step 7: Facilitate 24-hour rooming-in for all mother-infant dyads: mothers and infants remain together.**

4.7.1. Support breastfeeding by teaching mothers and their families about the importance of mothers and babies remaining together from birth and encouraging safe skin-to-skin contact for as long and as often as mother's desire.

4.7.2. All teaching and examinations during the hospital stay will be done at the mother's bedside or with her present. Parents are invited to hold their babies skin-to-skin safely or breastfeed if possible during painful procedures such as blood tests. In the community setting, parents will be encouraged to breastfeed or hold their babies skin-to-skin during immunizations.

4.7.3. Encourage mothers to have a support person with them 24 hours while in hospital.

4.7.4. Encourage parents whose babies are in the intermediate care nursery to provide safe skin-to-skin care.

4.7.5. Families receive information about safe sleeping (including room-sharing, co-sleeping, co-bedding and swaddling practices) using harm reduction messaging. Safe skin-to-skin is encouraged in the home environment for all mothers regardless of feeding decision.

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4.7.6. Mothers will be encouraged to keep their babies near them so they are able to interpret their babies' needs

4.7.7. Mothers will be welcomed and supported to breastfeed their infants in all public areas of health care facilities; signage will inform users of this policy. Privacy will be provided upon request.

4.7.8. Health care Employees will use their influence wherever to promote awareness of the needs of breastfeeding mothers in the local community.

4.7.9. Health care facilities will be free from educational materials sponsored by companies that market items covered under The WHO International Code of Marketing of Breastmilk Substitutes (AD-12-10 Appendix A), and be free from the promotion of breastmilk substitutes, bottles, artificial nipples and pacifiers.

4.8 **Step 8: Encourage responsive, cue-based breastfeeding. Encourage sustained breastfeeding beyond six (6) months with appropriate introduction of complementary foods.**

4.8.1. Support and encourage mothers to breastfeed exclusively for the first six (6) months and to continue breastfeeding for two (2) years and beyond with appropriate introduction of complementary food. Families will be informed that solid food is not recommended for babies under six (6) months as per Health Canada guidelines, and all weaning information will reflect this.

4.8.2. Promote breastfeeding by teaching mothers to respond to their baby's feeding cues by breastfeeding whenever the baby shows signs of interest in feeding. Health care employees promote and educate responsive, cue-based feeding. Mothers are taught that responsive feeding is a reciprocal relationship between a mother and baby. Breastfeeding can be used to feed, comfort and calm babies.

4.8.3. Parents who make an informed decision to supplement their baby will be made aware of the health implications and harmful impact it may have on continued breastfeeding. Families are taught and provided education on responsive, cue-based feeding using the paced bottle feeding method. Mothers are encouraged to hold their babies close during feeds.

4.8.4. Nurses will provide anticipatory guidance and discussion about expected changes and possible challenges for breastfeeding as baby grows and develops.

4.8.5. Nurses offer information about family planning methods that are compatible with breastfeeding, including the Lactation Amenorrhea Method (LAM).

4.8.6. Employees who wish to continue breastfeeding after their return to work will be supported to do so. Information on returning to work or school while breastfeeding will be provided to all breastfeeding mothers.

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

4.9.1. Protect breastfeeding by not giving any pacifiers to breastfeeding babies in our facilities; pacifiers are not available in the hospital gift shops.

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4.9.2. Offer information to parents on the risks associated with pacifier use, and teach calming techniques for babies as alternatives to pacifiers.

4.9.3. If supplementation is necessary due to medical reason, alternate methods such as spoon/cup feeding, or lactation aids at the breast will be used.

4.9.4. No gift packs that include formula or formula advertising will be given to mothers upon discharge whether breast or bottle feeding.

4.9.5. Nipple shields are not routinely provided. If they are used, a breastfeeding assessment is documented and the mother receives support, information and follow-up to ensure that the shield is used properly.

4.10 **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.**

4.10.1. Collaboration between hospital and community health Employees ensures a reliable, formal system to facilitate a mother's progress from hospital to community. Postpartum referral forms with the most recent LATCH-R score are faxed from hospital to the community health nurse upon discharge of the mother and baby. Feeding plans for variances will also be attached and those deemed priority will be contacted as soon as possible. Contact with breastfeeding mothers will be made within 48 hours of discharge from hospital whenever possible.

4.10.2. Hospitals and community health services collaborate to provide breastfeeding mothers with a continuum of care (eg. Public health, nursing stations, community health centres, Families First, Healthy Baby groups, CPNP groups, physicians, midwives, lactation consultants and peer support groups).

4.10.3. Representatives of community breastfeeding support programs will be invited to participate in the development of breastfeeding policies and initiatives through multidisciplinary committees. These communities will advocate for a breastfeeding culture in the NHR through collaborative partnerships with community groups, the media, businesses and schools.

5.0 RELATED DOCUMENTS

5.1 Appendix A – Summary of the World Health Organization International Code of Marketing Breastmilk Substitutes

5.2 Appendix B – Medical Indications for Supplementation

6.0 REFERENCES

6.1 Breastfeeding Committee for Canada (2017). The BFI 10 steps and WHO code outcome indicators for hospital and community health services retrieved from http://www.breastfeedingcanada.ca/documents/Indicators%20-%20complete%20June%202017.pdf

6.2 World Health Organization (2017). Baby-friendly hospital initiative retrieved http://www.who.int/nutrition/topics/bfhi/en/

6.3 Manitoba Health (2013). 2013 Manitoba provincial breastfeeding strategy retrieved from https://www.gov.mb.ca/health/bfm/strategy.pdf

7.0 REVISION & REVIEW DATE(S)

Revised (R) February 07, 2018
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Summary of World Health Organization (WHO) International Code of Marketing of Breastmilk Substitutes[1]

The Code includes these important provisions:

1. No advertising of these products, including bottles, nipples and pacifiers to the public.
2. No free samples of breastmilk substitutes are to be given to mothers.
3. No promotion of artificial feeding products in health care facilities, including the distribution of free or low-cost supplies.
4. No company representatives to advise mothers.
5. No gifts or personal samples to health care workers.
6. No words or pictures idealizing artificial feeding including pictures of infants, on the labels of products.
7. Information to health care workers should be scientific and factual.
8. All information on artificial infant feeding, including the labels, should explain the benefits 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 high quality and take into account the climatic and storage guidelines of the country where they are used.

[1] World Health Organization, Geneva, 1981

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Medical Indications for Supplementation[2, 4]

Whenever interruption or cessation of breastfeeding is considered, the benefits of breastfeeding should be weighed against the risks posed by the use of human milk substitutes and the need to intervene because of the presenting medical condition.

INFANT CONDITIONS

Infants who should not receive human milk or any other milk except specialized formula:

- those with classic galactosemia - special galactose-free formula is needed
- those with maple syrup urine disease - a special formula, free of leucine, isoleuceine and valine is needed
- those with phenylketonuria - a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring)

Infants for who human milk remains the best feeding option but who may need other food, in addition to human milk for a limited period:

- those born weighing less than 1500 g (very low birth weight)
- those born at less than 32 weeks of gestation (very preterm)
- those who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand (such as those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischemic stress, those who are ill and those whose mothers are diabetic if their blood sugar fails to respond to optimal breastfeeding or human milk feeding)
- those with a significant weight loss in the presence of clinical indications (mother's milk production not established)
- those who fail to regain birth weight by two weeks after birth[1]
- those exhibiting clinical indications of insufficient milk intake (no bowel movements, or fewer than one a day (in the first two weeks of life), or meconium five or more days after birth
- those with an average weight gain of less than:
    1. 115 g/week: 2 weeks-4 months
    2. 85 g/ week: 4-5 months
    3. 60 g/week: 6-12 months

Maternal Conditions

Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines. Maternal conditions that may justify permanent avoidance of breastfeeding:

- severe illness that prevents a mother from caring for her infant (e.g., sepsis)
- herpes simplex virus type 1 (HSV-1) – direct contact between lesions on the mother's breasts and infant's mouth should be avoided until all active lesions have resolved
- maternal medication, including:

[1] If a baby is monitored intensively and begins to gain weight again within two weeks even if the birth weight has not been regained, it may be appropriate to wait another few days before giving supplements.

1. sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if safer alternative is available
2. radioactive iodine-131 is better avoided given that sager alternatives are available – a mother can resume breastfeeding about two months after receiving this substance
3. excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression of electrolyte abnormalities in the breastfed infant and should be avoided
4. cytotoxic chemotherapy requires that a mother stop breastfeeding during therapy

Maternal conditions during which breastfeeding can still continue, although health problems may be of concern:

- breast abscess – breastfeeding should continue on the unaffected breast; feeding on the affected breast can resume once treatment has started
- Hepatitis B – infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter
- Hepatitis C
- mastitis – if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition
- substance use, including:

  1. maternal use of nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants has been demonstrated to have harmful effects on breastfed babies
  2. alcohol, opioids, benzodiazepines and cannabis can cause sedation in both mother and the baby
  3. mothers should be encouraged not to use these substances and given opportunities and support to abstain and apply harm reduction principles