The Baby Friendly Initiative
Objectives

- Understand what the Baby Friendly Initiative (BFI) means internationally, nationally and in Saskatchewan
- Become familiar with the revised Ten Steps for Successful Breastfeeding, Self Assessment Questionnaire and Practice Outcome Indicators
- Become aware of the medical reasons to supplement
- Understand the application of Baby Friendly principles into practice
Baby-Friendly Initiative

What:
- A global program based on the Ten Steps to Successful Breastfeeding

Who:

Why:
- To encourage hospitals, health care and maternity facilities to adopt practices that fully promote, protect and support breastfeeding and to internationally recognize excellent care

www.breastfeedingcanada.ca
It recognizes that implementing best practices in health care is crucial to the success of programs that protect, promote and support breastfeeding.

All babies and their families are supported regardless of how they are fed. The aim is to ensure that mothers are making a truly informed decision.

www.breastfeedingcanada.ca
The WHO Code

“…(breastmilk substitutes) should not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding”

International Code of Marketing of Breast-milk Substitutes
www.who.int/nutrition/publications/code_english.pdf
1. No advertising of all products to the public
2. No free samples to mothers
3. No promotion of products in health care facilities, including no free or low cost formula
4. No company representatives to contact mothers
5. No gifts or personal samples to health workers. Health workers should never pass on products to mothers
Baby Friendly Designations

- Internationally: 15,000 facilities in more than 152 countries
- Nationally: 37 designations in Canada
- Provincially: West Winds Primary Health Centre Saskatoon designation obtained October, 2011
The Last 20 Years

1991 - BFI launched internationally

1994 - Breastfeeding Committee for Saskatchewan established

1998 - BFI launched in Canada
    - Breastfeeding Committee for Canada (BCC) launched

2001 - Saskatchewan Lactation Consultant Association (SLCA) established
The Last 20 Years

2004 - Saskatchewan Breastfeeding Implementation Committee formed

2011 - West Winds Primary Health Centre in Saskatoon receives Baby Friendly designation
What is your.....

Vision
Where is your facility at?

- Ten Steps to Successful Breastfeeding
- Self Appraisal Questionnaire
- Practice Outcome Indicators checklist

Do you have an action plan?
Self Assessment Questionnaire

- Questionnaire for the new integrated Ten Steps coming soon
- Quick snapshot of progress
- www.breastfeedingcanada.ca
Practice Outcome Indicators

- Revised July 2011 to follow the new Integrated Ten Steps
- Single set of criteria for both hospitals and community health services (clients, managers, staff, documents)
- Acts as a detailed checklist to determine level of progress
- www.breastfeedingcanada.ca
10 Steps To Successful Breastfeeding

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.
Breastfeeding Policy

Why have a policy?

• Requires a course of action and provides guidance
• Helps establish consistent care for mothers and babies
• Provides a standard that can be evaluated
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 mother 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 6 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.
Medical Reasons for Using Breast Milk Substitutes

Maternal Health

- Severe illness
- Medication
- Intravenous drug use
- HIV Positive mothers
- Herpes simplex lesion on breast
Medical Reasons for Using Breast Milk Substitutes

No human milk - special formula only

- Inborn errors of metabolism

(galactosemia, PKU, maple syrup urine disease)
Medical Reasons for Using Breast Milk Substitutes

- <1500 gms or <32 wks gestation)
- Those babies at risk for hypoglycemia (preterm, SGA, illness, diabetic mother and blood sugar fails to respond)
- Significant weight loss in the presence of clinical indications
- Clinical indications of insufficient milk intake (no bowel movements or fewer than one per day in first 2 weeks of life, meconium 5 or more days after birth)
- Not at birth weight by 2 weeks *
- Average weight gain less than 115gm/wk (2 weeks to 4 mths), 85gm/wk (4-5 mths, 60gm/wk (6-12 mths)
- *can wait a few extra days if being monitored intensively
Just One Bottle Won’t Hurt
*** or Will It?

Martha Walker RN, IBCLC

- Flora in gut changed permanently – when formula supplements are given in the first 7 days of life, the production of a strongly acidic environment is delayed and may never reach full potential
- sIgA from colostrum and breastmilk coats the gut, passively providing immunity
- Formula disturbs baby’s gut lining making it more permeable to bacteria and viruses
Human milk contains many substances that are absent from formula

- **Antibodies**
  - Secretory IgA binds to the mucosa and prevents bacterial adherence

- **Lactoferrin**
  - Binds to free iron which is an essential nutrient for many bacteria (deprives the bacterial flora from an element necessary for its growth)

- **Lysozyme**
  - Breaks down bacterial cell walls

- **Oligosaccharides**
  - Influence the composition of intestinal microflora (increase the number of friendly bacteria in the colon while reducing the population of harmful bacteria)

Donovan SM. J Pediatr. 2006
Applying Principles to Practice

Welcoming Atmosphere
MONITORING BFI.

Assessment is to be carried out by Westwinds Primary Health Centre on an annual basis. It is intended to act as a guide regarding evaluation of the welcoming atmosphere at Westwinds so that our Baby Friendly standards are maintained.

ASSESSMENT IS BEING CONDUCTED: ____________________________

SURE OF ASSSESSOR: ____________________________

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**BREASTFEEDING QUESTIONNAIRE**

Today's date: ____________________________

1. What is your baby's date of birth? ____________________________

2. How old is your baby now? ____________________________

3. Was your baby born before 37 weeks? YES [ ] NO [ ]

4. Is your baby breastfed? YES [ ] continue to question 6 NO [ ] continue to question 5

5. If no, how old was your baby when you first gave formula? ________ continue to question 7

6. If yes, has your baby been given only breastmilk from birth?

This includes: breastfeeding, giving expressed milk, donor breast milk, vitamin D or medicine.

YES [ ] thank you for your time. NO [ ] continue to question 7

7. If no and anything besides breast milk has been given to your baby, was it given because of:

   a. Dehydration [ ]
   b. Low blood sugar (Hypoglycaemia) [ ]
   c. Baby not latching [ ]
   d. Premature baby [ ]
   e. Baby not gaining weight [ ]
   f. Separation of mother and baby [ ]
   g. Baby began eating solid food [ ]
   h. Breast surgery [ ]
   i. Mother was sick [ ]
   j. Mother taking medication [ ]
   k. Mother too tired [ ]
   l. Sore nipples [ ]
   m. Not enough milk [ ]
   n. Other [ ]

8. Did you feel you had enough information and felt comfortable with this choice? YES [ ] NO [ ]

PLEASE RETURN THE SURVEY TO THE RECEPTIONIST - THANKS AGAIN!

For office use only: Age: ______ (wks) Excl: _______ SMED: _______ SID: _______ OTH: _______
Education

- PowerPoint presentations and in-services to staff
- Breastfeeding Education modules
- Documentation of all breastfeeding education
- Client education for informed decision making
Data Collection

- Exclusive breastfeeding rates must be at least 75% (can include those babies supplemented for medical reasons)
- Guidelines for data collection currently under revision (Breastfeeding Committee for Canada)
- The need for standardized provincial data collection has been identified
Human Milk Banking

In situations where mother’s own milk is not available, provision of pasteurized, screened donor milk is the next best option particularly for ill, or high-risk infants

-WHO/UNICEF Joint statement

Where every precious drop counts
- Calgary Milk Bank opened 2012
Team Work

- World Health Organization/ UNICEF
- Breastfeeding Committee for Canada
- Breastfeeding Implementation Committee
- Breastfeeding Committee for Saskatchewan
- Saskatchewan Lactation Consultant Association
- Local organizations (BFI subcommittees/groups)