

“Step by Step, Day by Day That’s the Baby-Friendly Way”

Application of the BFI in Canada and What’s Next?



Kathy O'Grady Venter



I have no conflict of interest to declare.



Kathy O'Grady Venter & Linda Young



Objectives

Participants will:

1. Identify the social determinants of health that impact breastfeeding outcomes in Ontario/Canada
2. Explore the critical points of impact where supportive practices can affect breastfeeding outcomes.
3. Examine key practical strategies to optimize breastfeeding outcomes.
4. Summary of the impact of BFI in Canada and considering next steps



Kathy O'Grady Venter



Canada

10 provinces and 3 territories

393,000 births per year

How many births in Ontario?



Kathy O'Grady Venter and Linda Young



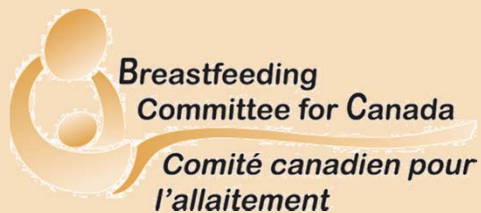
Canada

10 provinces and 3 territories

393,000 births per year

How many births in Ontario?

147,000



Kathy O'Grady Venter and Linda Young



**A joint statement: Health Canada,
Canadian Paediatric Society,
Dietitians of Canada,
Breastfeeding Committee for Canada**

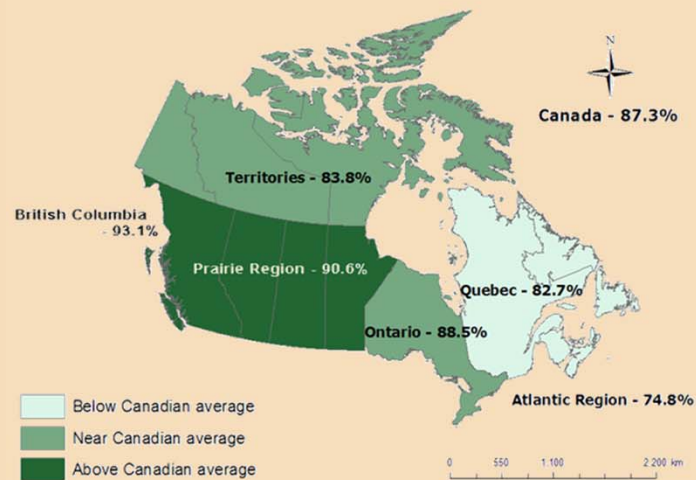
Breastfeeding - exclusively for the first six months, and sustained for up to two years or longer with appropriate complementary feeding - is important for the nutrition, immunologic protection, growth, and development of infants and toddlers.



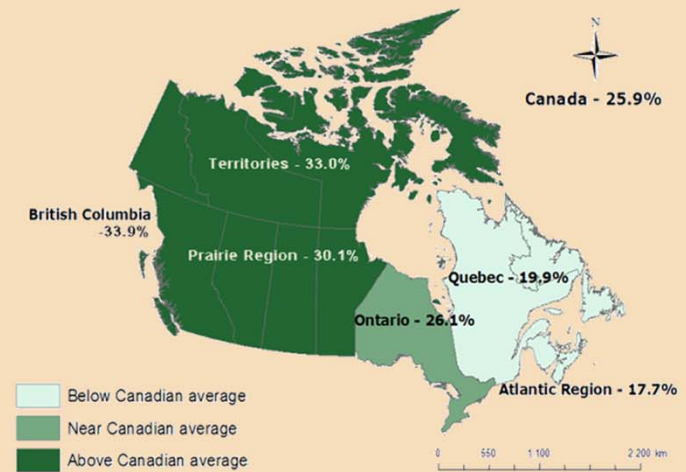
Kathy O'Grady Venter



Breastfeeding Initiation



Exclusivity 6 months



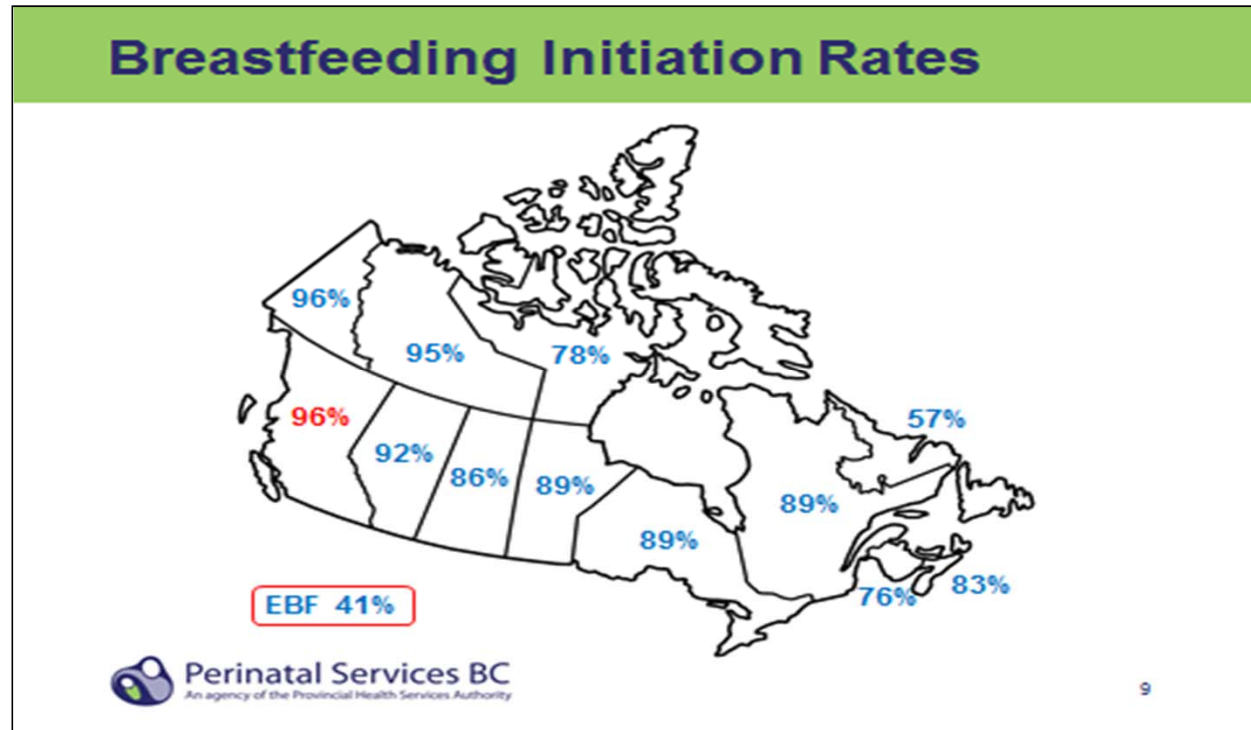
<http://hc-sc.gc.ca/fn-an/surveill/nutrition/commun/prenatal/initiation-eng.php#a1>
2009-2010



British Columbia

British Columbia has the highest rates of breastfeeding initiation and exclusive breastfeeding at six months in Canada.

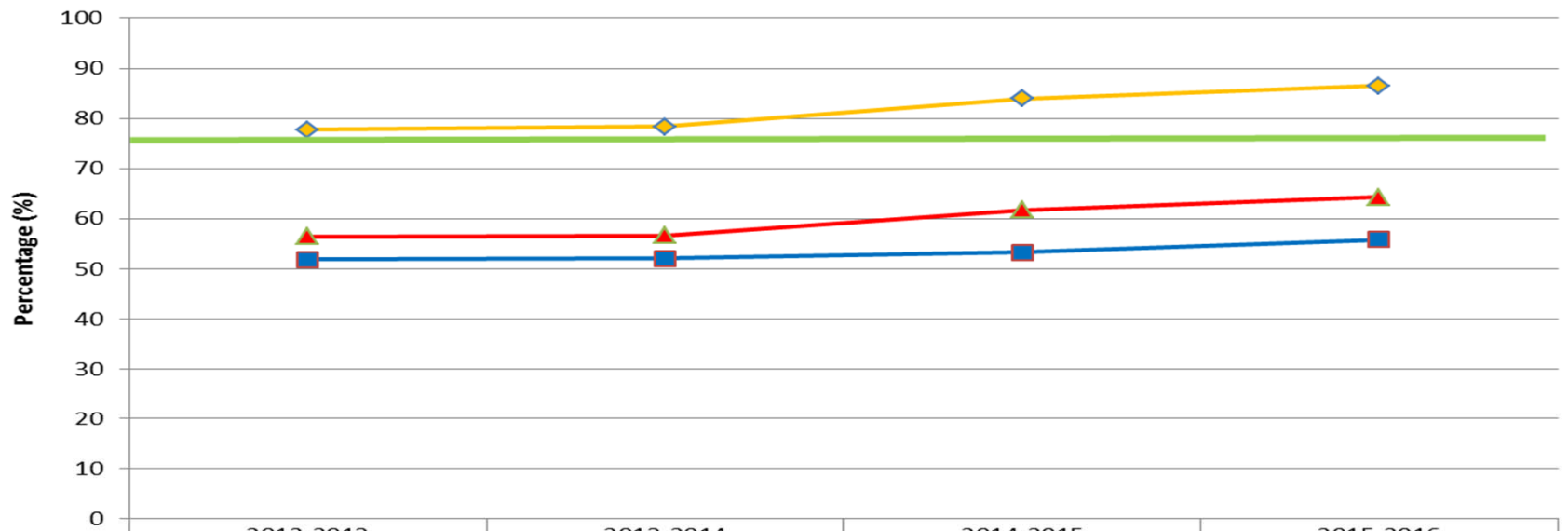
- **Initiation Rates** of breastfeeding for Fiscal Year 2014/15 are 95.4% (Perinatal Data Registry)
- **EBF rate at 6 months** 2011/12 is 41% Health Canada, Canadian Community Health Survey



All Hospital Births

****NOTE:** Incomplete data capture – only 4/8 Level III NICUs currently enter data in the BIS

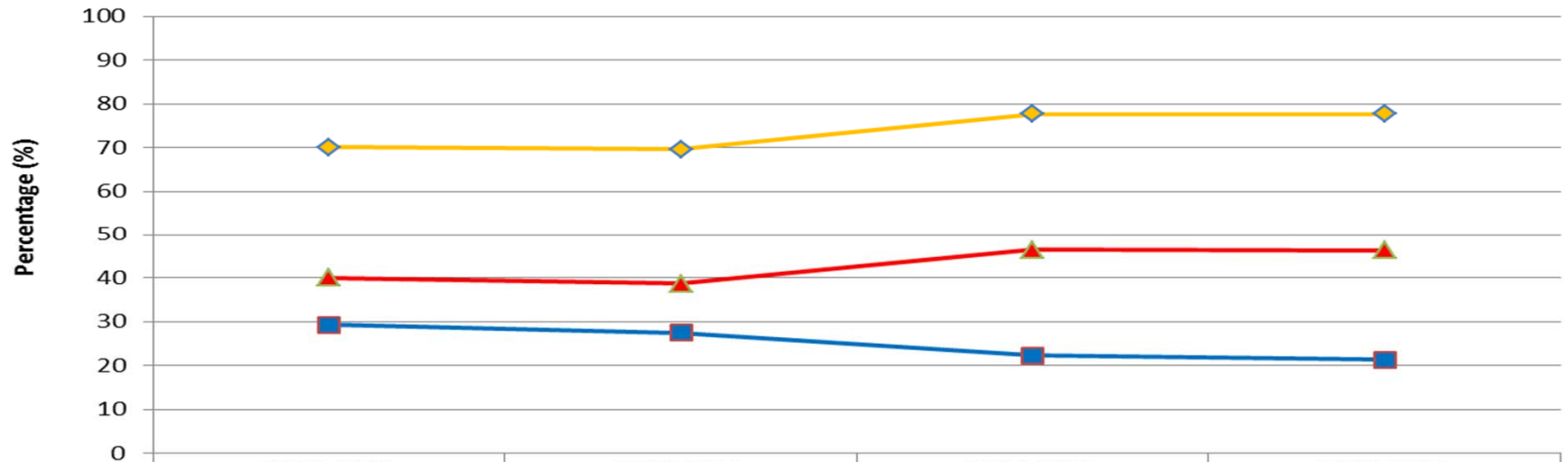
**BF Indicator Rates (initiation, exclusivity, adjusted BF)
All Hospital Births by FY (2012 - 2016) for Ontario**



	2012-2013	2013-2014	2014-2015	2015-2016
BF Initiation Rate (BI)	77.7	78.3	83.9	86.5
Exclusive BF Rate (A)	51.9	52.1	53.3	55.8
Adjusted BF Rate (ABF)	56.4	56.7	61.7	64.3

Late Preterm Births (34-36 weeks' GA)

**BF Indicator Rates (initiation, exclusivity, adjusted BF)
Late Preterm Births (34-36 weeks' GA)
by FY (2012 - 2016) for Ontario**

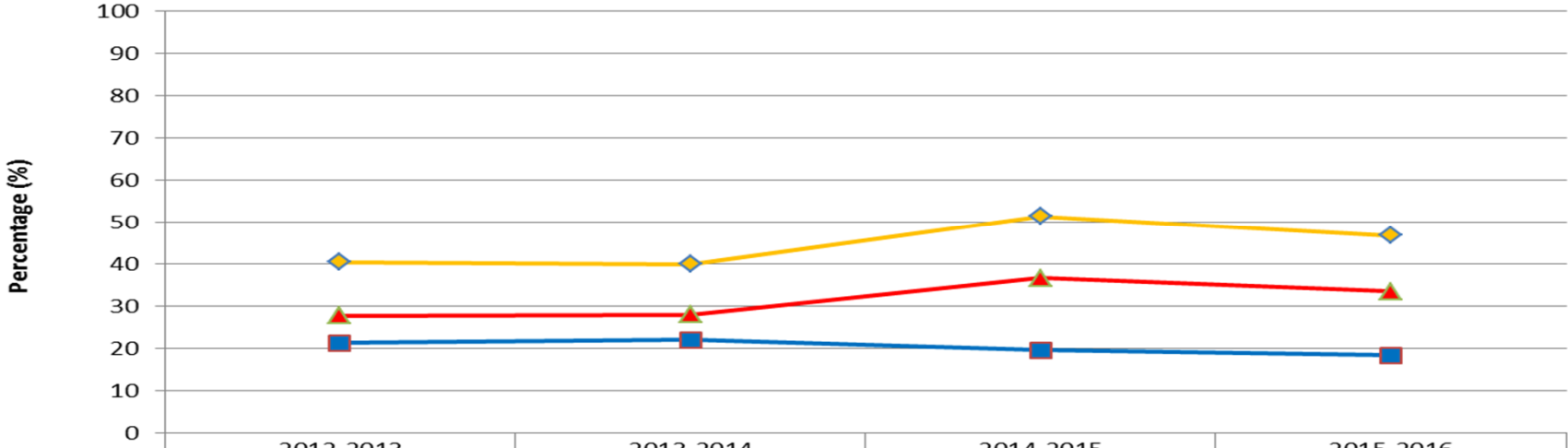


	2012-2013	2013-2014	2014-2015	2015-2016
BF Initiation Rate (BI)	70.1	69.6	77.7	77.7
Exclusive BF Rate (A)	29.3	27.5	22.3	21.3
Adjusted BF Rate (ABF)	40.0	38.7	46.5	46.3

Preterm Births (<34 weeks' GA)**

**NOTE: Incomplete data capture – only 4/8 Level III NICUs currently enter data in the BIS

**BF Indicator Rates (initiation, exclusivity, adjusted BF)
Preterm Births (<34 weeks' GA)
by FY (2012 - 2016) for Ontario**

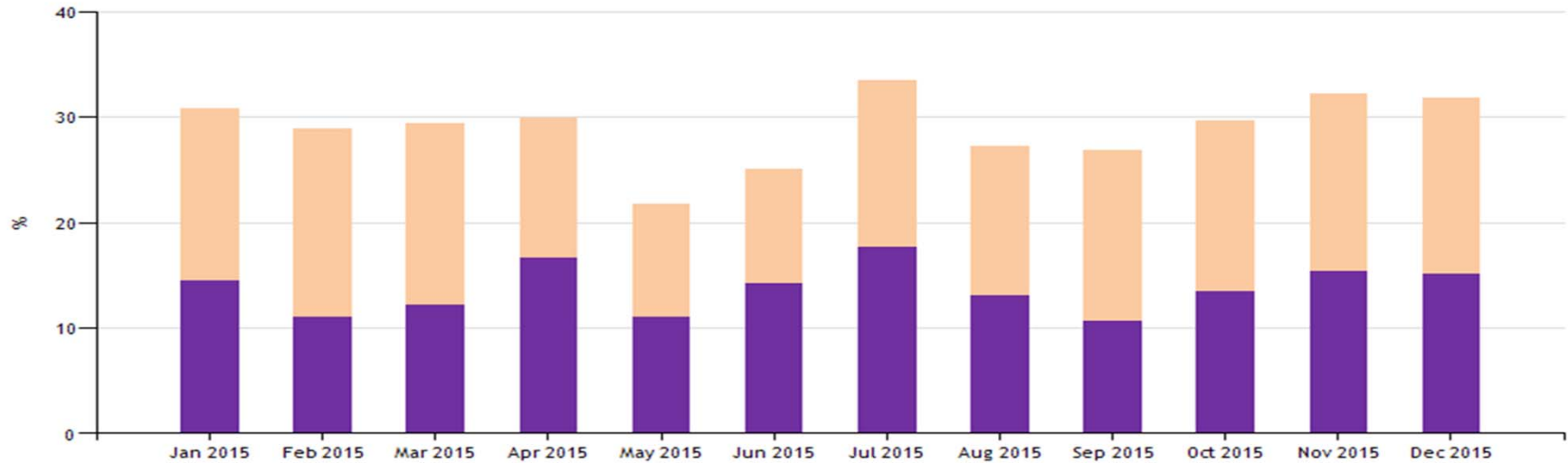


	2012-2013	2013-2014	2014-2015	2015-2016
BF Initiation Rate (BI)	40.5	40.0	51.4	46.8
Exclusive BF Rate (A)	21.4	22.1	19.7	18.4
Adjusted BF Rate (ABF)	27.8	28.1	36.7	33.5



Baby-Friendly Initiative Indicators Summary Report

Rates of Supplementation - With (B) and without (C) Documented Medical Reasons



Rate (%)	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
B	14.6	11.2	12.3	16.7	11.1	14.4	17.8	13.2	10.7	13.5	15.5	15.3
C	16.2	17.8	17.1	13.1	10.7	10.6	15.7	14.0	16.1	16.2	16.7	16.5
Total (B+C)	30.8	29.0	29.4	29.8	21.8	25.0	33.5	27.2	26.8	29.7	32.2	31.8

Data source BORN Ontario, 2014-2016

- Notes
- (B) The number of breastfed infants who received at least one feed other than human milk (human milk substitute, water, or other fluids with the exception of medications, or vitamins or mineral drops) in the hospital because of documented medical reason(s).
 - (C) The number of breastfed infants who received at least one feed other than human milk (human milk substitute, water, or other fluids with the exception of medications, or vitamins or mineral drops) in the hospital without any documented medical reason(s).
 - This report includes all live births and follows the infant from birth to discharge from hospital. The report combines the postpartum child and NICU encounters for the reporting organization only. The report includes only live births in the reporting hospital, and excludes cases where the birth occurred in another setting.
 - Missing data is excluded from Keys B and C. Percentage calculations for B and C use BI as their denominator.

Report version: v 1.0 (07-Oct-2016)

Although significant effort has been made to ensure the accuracy of the information presented in this report, neither the authors nor BORN Ontario nor any other parties make any representation or warranties as to the accuracy, reliability or completeness of the information contained herein. The information in this report is not a substitute for clinical judgment or advice.

Permission is granted for the reproduction of these materials solely for non-commercial and educational purposes.

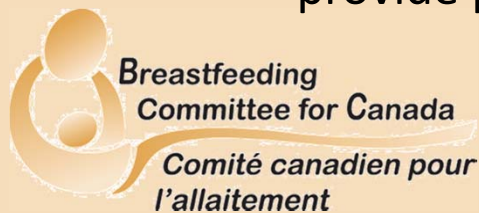
Canadian Paediatric Society - Status Report on Breastfeeding

- **Governments**

- implement a BFI policy or strategy, with a designated coordinator and breastfeeding education for all health care providers, managers and volunteers working in hospitals and community services that care for mothers and babies.

- **Provinces and Territories**

- develop incentives to encourage and support BFI certification;
- track breastfeeding practices, especially initiation, duration and exclusivity rates;
- provide easily accessible supportive services, such as lactation consults in person or by phone/email, and
- provide pasteurized human milk banking for sick or premature infants.²⁰



Kathy O'Grady Venter & Linda Young



CPS - **Status Report on Breastfeeding** *Are We Doing Enough ?*

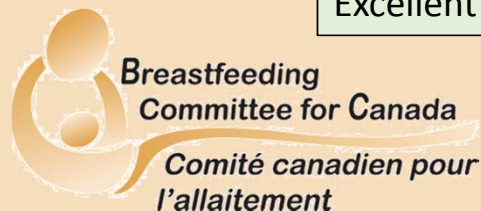
- **Governments**

- implement a BFI policy or strategy, with a designated coordinator and breastfeeding education for all health care providers, managers and volunteers working in hospitals and community services that care for mothers and babies.

- **Provinces and Territories**

- develop incentives to encourage and support BFI certification;
- track breastfeeding practices, especially initiation, duration and exclusivity rates;
- provide easily accessible supportive services, such as lactation consults in person or by phone/email, and
- provide pasteurized human milk banking for sick or premature infants.²⁰

Excellent	2	Good	5	Fair	5	Poor	1
-----------	---	------	---	------	---	------	---



Where is Ontario? Why?

Kathy O'Grady Venter & Linda Young

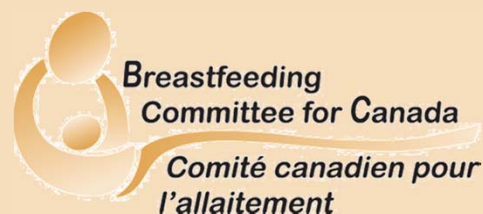


Who is at risk of not breastfeeding?

Pregnant women and new mothers who are at risk of not breastfeeding:

- Are younger.
- Have lower education levels.
- Have lower socio-economic status.
- Face cultural and societal biases about breastfeeding.
- Have lower physical and mental well-being
- Lack support from partner, family and friends.
- Face barriers to health care.

(Andrew & Harvey, 2011; Best Start Resource Centre, 2015)



Kathy O'Grady Venter



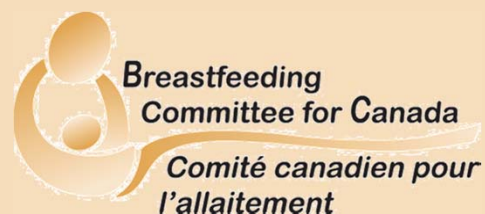
Who is at risk of not breastfeeding?

Breastfeeding Intention Rates

< 90%	90-95%	> 95%
North West LHIN	South West	Mississauga Halton
North East LHIN	Central East	Toronto Central
South East LHIN	Champlain	Central
Erie St Clair	North Simcoe Muskoka	Central West
	Waterloo Wellington	
	Hamilton, Niagara, Haldimand, Brant	

Exclusive Breastfeeding at Discharge

< 60%	60-69%	70-79%
North West LHIN	South West	Waterloo Wellington
Central	North East LHIN	Toronto Central
Mississauga Halton	Champlain	North Simcoe Muskoka
Central East	Erie St Clair	
Central West	South East LHIN	
	Hamilton, Niagara, Haldimand, Brant	



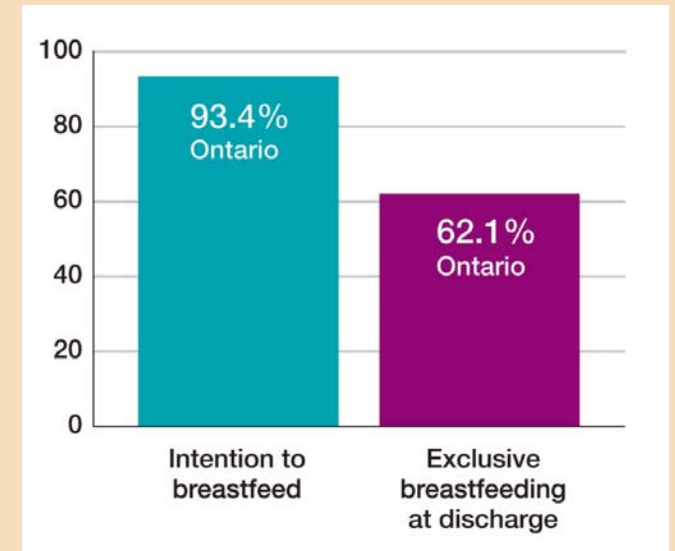
BORN ON Data 2013-14



Kathy O'Grady Venter and Linda Young

Reasons for drop-off:

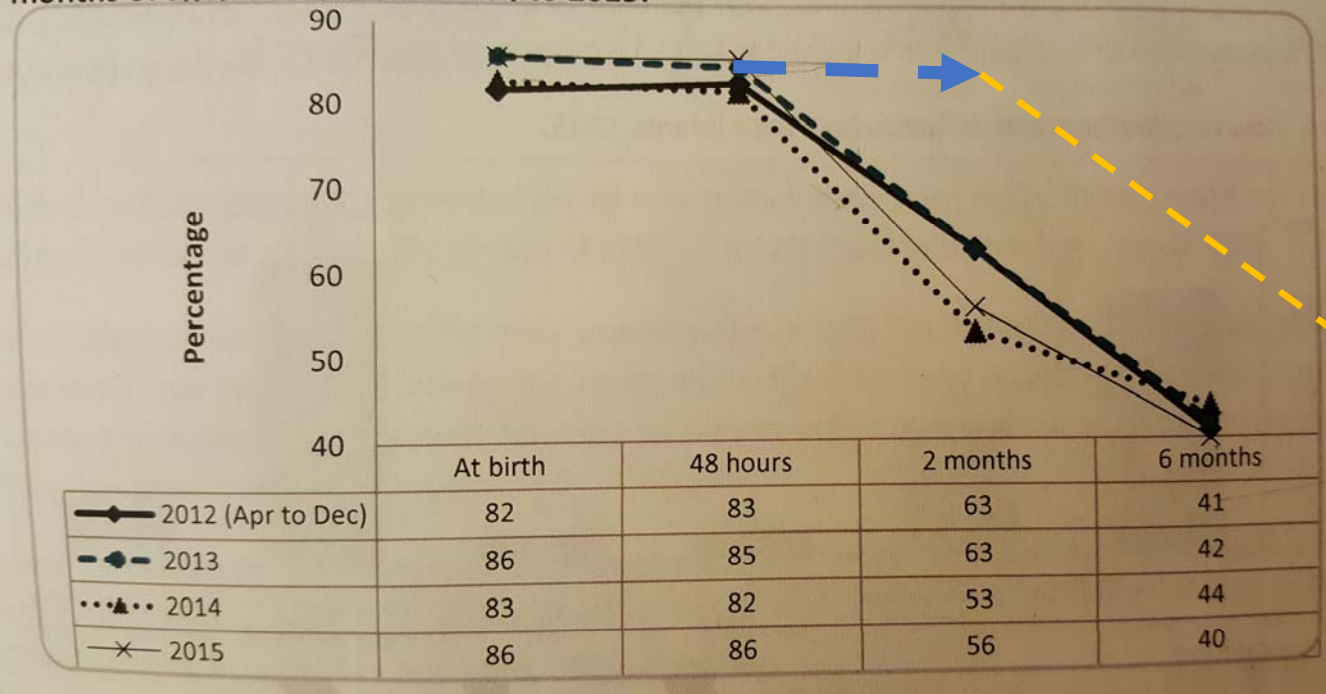
- Not enough milk
- Painful breastfeeding
- Infant not latching
- Parental choice



Targeted Supports for Ontario Populations with Lower Breastfeeding Rates 2013-16, BSRC, 2017



Figure 8: Percentage of mothers who provide any breast milk to their child from birth to 6 months of age, 2012 (Apr. to Dec.) to 2015.



The first 6 weeks are critical

E+O+E=Exclusive

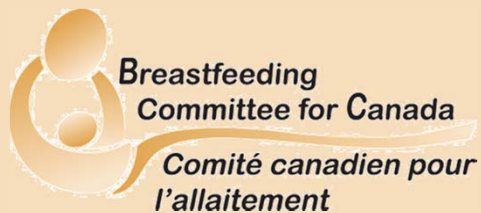
Skin-Skin & Hand Expression

Assessment & Support



Global Strategies

- **WHO Code**
- Innocenti Declaration + Rights of the Child
- Baby-Friendly Hospital Initiative
- Global Strategy for Infant and Young Child Feeding



Kathy O'Grady Venter



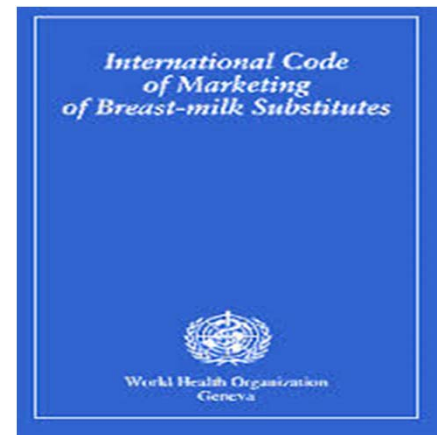
WHO Code

- * WHO International health policy framework for breastfeeding promotion - 1981
- * Recommends restrictions on the marketing of breastmilk substitutes to ensure mothers are not discouraged from breastfeeding

Code Components

- * Reduce impact of commercial marketing on mothers, health care workers and health care systems - use of breastmilk substitutes, bottles and teats
- * Also includes recommendations relating to labelling of breastmilk substitutes

“What makes a woman believe that she cannot breastfeed her baby is the constant undermining of her confidence by advertising” -Gill Wilcox UNICEF UK



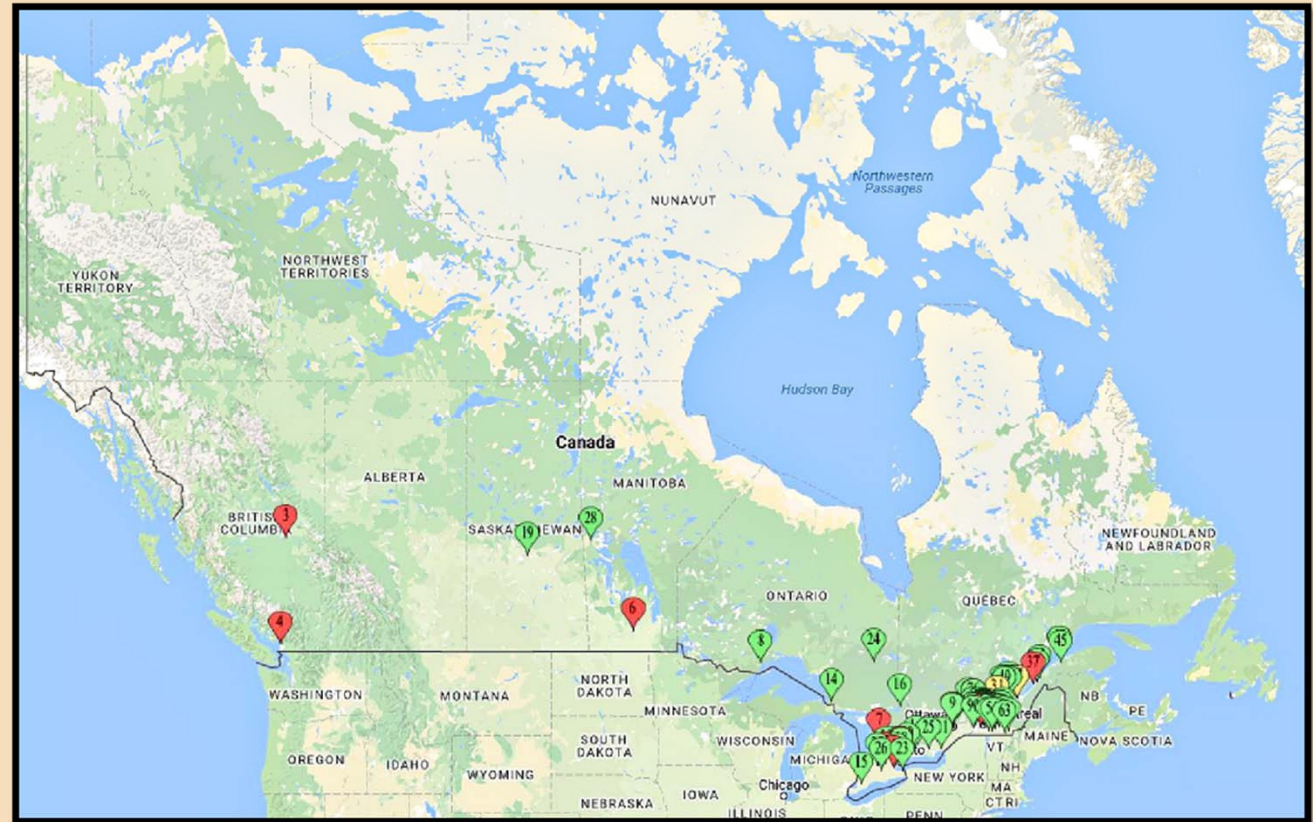
Global Strategies

- WHO Code
- Innocenti Declaration + Rights of the Child
- Baby-Friendly Hospital Initiative
- Global Strategy for Infant and Young Child Feeding

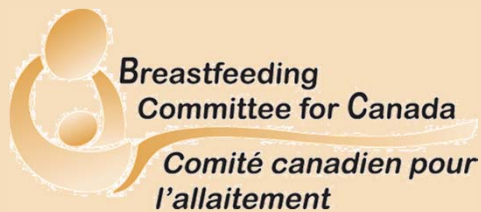


BFI Implementation in Canada

	Total
Hospitals	12
Birthing Centres*	7
Community Health Services/ CLSC	94
Native Health Center	1
Total	114



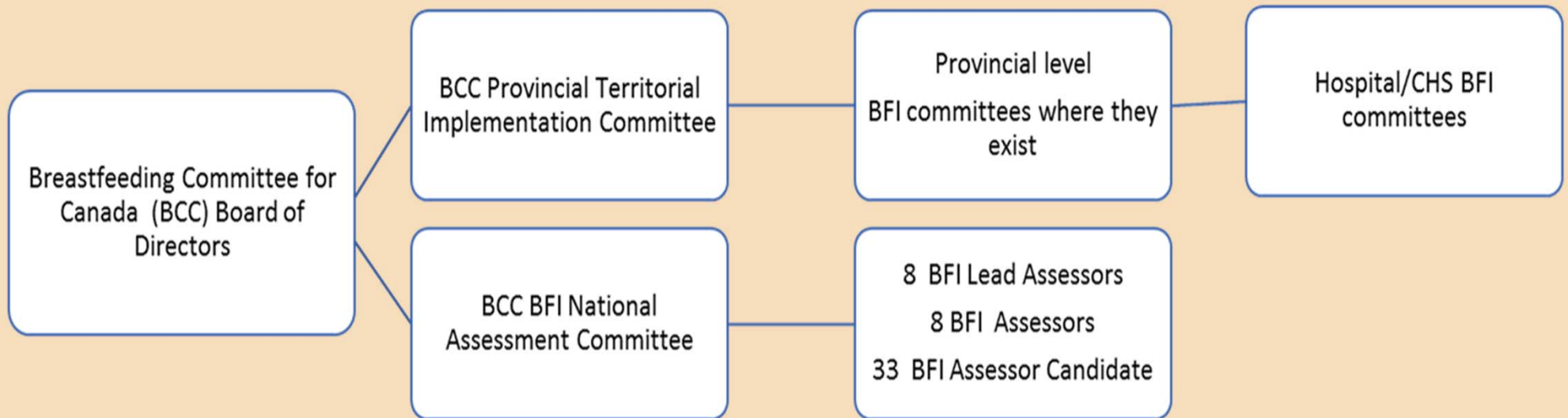
With permission: Michelle LeDrew and Louise Dumas, BCC Assessment Committee



Kathy O'Grady Venter and Linda Young



Baby-Friendly Leadership Structure in Canada



BCC is a not for profit organization run by volunteers

Partnership and grant funding from Public Health Agency of Canada

BCC key documents:

- BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services
- Assessment Process and Cost for Hospitals, Maternity Facilities and Community Health Services
- Assessor Training Handbook



Kathy O'Grady Venter



National documents with BFI:

- BFI integrated in Qmentum Standards for OBS/Perinatal Services for Accreditation Canada
- Nutrition for Healthy Term Infants: birth-6 months & 6-24 months
- Canadian Perinatal Nutrition Program (CPNP) Practical Workbook
- Family Centered Maternal Newborn Guidelines revision



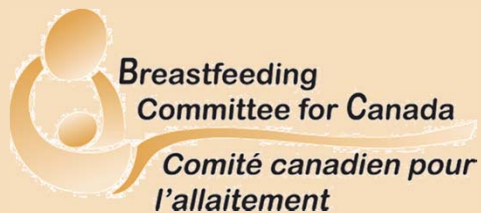
Kathy O'Grady Venter



For Organizations

BFI - provides a lens to identify inequities
identifies clients with risk
prompts fiscal responsibility
creates an interdisciplinary model of care
sets standards for quality of care
recognizes achievement

Surveillance
Early contact
Service provision
Collaboration
Consistency
CQI



Kathy O'Grady Venter



BFI Is A Catalyst For Growth



Personal
Professional
Organizational
Provincial
Societal

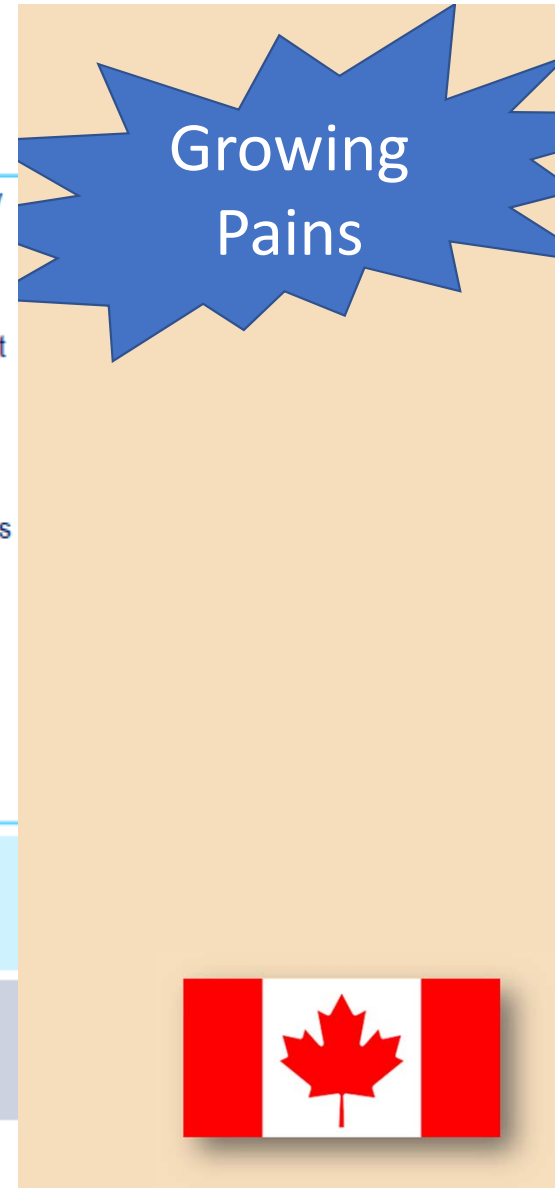


Kathy O'Grady Venter



BFI STRATEGY FOR ONTARIO ROAD MAP

BABY-FRIENDLY INITIATIVE STRATEGY ONTARIO



INFORMATION AND AWARENESS

1. Understanding Participant Groups
2. Developing Connections

- Initial Survey
- Introductory Webinar
- Conference Presentations
- Microsite
- Newsletter
- Presentations at LHIN tables

ENGAGEMENT

1. Understanding the BFI Journey
2. Getting Started

- BFI Implementation Toolkit
- 1-Day BFI Implementation Workshop
- Webinar Series
- BFI Strategy Coaching

IMPLEMENTATION

1. Education and Practice Changes
2. Creating a BFI Culture

- 20-Hour Course Toolkit
- 20-Hour Course Train the Trainer Workshop
- 20-Hour Course for small organizations
- Webinar Series
- Site Visits
- BFI Strategy Coaching
- Clearing House

DESIGNATION AND SUSTAINABILITY

1. Final Steps to Designation
2. BFI External Assessment
3. Practices/Resources to Support Sustainability

- Readiness coaching for document review process
- Mock assessments by BFI Strategy Team
- Webinar Series for ongoing expertise and CQI initiatives for designated sites

TRACKING PROGRESS

- Reporting to MOHLTC
- Quarterly surveys
- BORN ON comparative reports with benchmarks/targets
- Community health service data collection strategy and report development (Nightingale)

SYSTEM BUILDING

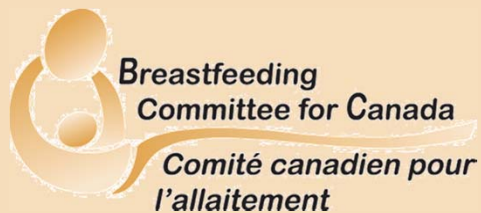
- Maintaining and extending connections including BCC, BFI ON, RAO, OHA, Physician groups, Midwifery Association, Association of Ontario Health Centres, Association of Family Health Teams of Ontario, Ontario Family Health Management in Public Health Network and others
- Resource Development including patient teaching materials for specialized groups

GROWING A BABY-FRIENDLY ONTARIO!



Challenges

- BCC administrative funding dependent upon irregular grants
- Volunteer fatigue
- BFI not linked to health mandate in all provinces
- Formula industry Code violations creating mixed feeding culture
- Lack of national breastfeeding surveillance

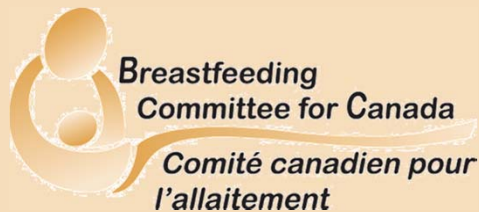


Kathy O'Grady Venter



Looking Ahead

- Provincial/Territorial Implementation Committee leadership in BFI journey
- Opportunities to strengthen BFI through Accreditation Canada and provincial mandates
- Need for a national BFI strategy



Kathy O'Grady Venter



- More support for Hospital BFI implementation
- Hospital formula contracts to influence Code compliance
- Develop robust national BF surveillance system
- Create BCC sustainability (financial and governance)



Stepping Up To The Plate...

Provincial	responsibility
National	accountability
Global	action

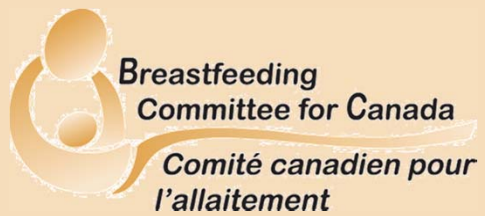


Kathy O'Grady Venter



Thank you 😊

www.breastfeedingcanada.ca



Kathy O'Grady Venter

