BFI EXPO 2017

POSTER PRESENTATIONS

Baby-Friendly Initiative Ontario

WINNER OF THE INNOVATION OF THE YEAR AWARD

Capturing Baby-Friendly Initiative Data at the North Bay Nurse Practitioner-Led Clinic (NBNPLC)

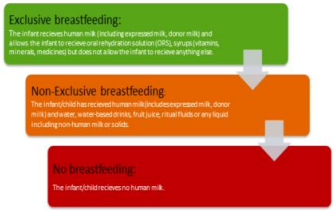
Terri MacDougall NP-PHC[1], IBCLC, MScN(cand); Shawna Meloche, RPN,
North Bay Nurse Practitioner-Led Clinic

Background

The NBNPLC has been working toward Baby Friendly Initiative (BFI) designation since 2014. The NBNPLC is a Best Practice Spotlight Organization (BPSO) . Becoming BFI designated is part of sustaining BPSO status. Work done implementing the assessment and management of Pain Best Practice Guideline was the impetus to work on improving breastfeeding rates. Breastfeeding (Bfing) during immunization reduces pain.

Why collect data?

Step 6: Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.
BFI has set the target for exclusive Bfing at 75%. If exclusive Bfing rate is below 75%, provide data supporting "any Bfing rate" is at least 75% and three years of data showing increase in Bfing initiation, exclusivity and duration rates.



When is data collected?

For BFI designation, we record data:

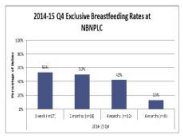
1. 1st baby visit by NP; usually within one week of birth
2. At the 2 month Well Baby Visit
3. At the 4 month Well Baby Visit
4. At the 6 month Well Baby Visit.

How is data collected?

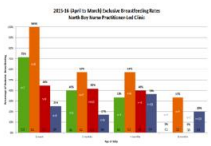
After parents have answered all the questions on the baby chit, it is given to the person responsible to input data on excel spreadsheet to be analyzed.

Results

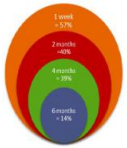
Baseline Breastfeeding Exclusivity Data



2015-16 Breastfeeding Exclusivity *Quarterly* Data



2015-16 Breastfeeding Exclusivity *Annual* Data



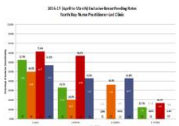
At 1 week of age 17/30 infant patients of NBNPLC were exclusively breastfed in 2015-16.

At 2 months of age 12/30 infant patients of NBNPLC were exclusively breastfed in 2015-16.

At 4 months of age 12/31 infant patients at NBNPLC were exclusively breastfed in2015-16.

At 6 months of age 5/36 infant patients at NBNPLC were exclusively breastfed in 2015-16.

2016-17 Breastfeeding Exclusivity *Quarterly* Data



2016-17 Breastfeeding Non-exclusivity *Quarterly* Data

2016-17 Breastfeeding Exclusivity *Annual* Data

At 1 week of age 16/26 infant patients of NBNPLC were exclusively breastfed in 2015-16.

At 2 months of age 14/33 infant patients of NBNPLC were exclusively breastfed in 2015-16.

At 4 months of age 7/27 infant patients at NBNPLC were exclusively breastfed in 2015-16.

At 6 months of age 2/31 infant patients at NBNPLC were exclusively breastfed in 2015-16.

2016-17 Any Breastfeeding *Annual* Data

At 1 week of age 25/26 infant patients of NBNPLC received "any" breastmilk in 2015-16.

At 2 months of age 26/33 infant patients of NBNPLC received "any" breastmilk in 2015-16.

At 4 months of age 17/27 infant patients at NBNPLC received "any" breastmilk in 2015-16.

At 6 months of age 19/31 infant patients at NBNPLC received "any" breastmilk in 2015-16.

Lessons Learned

Non-exclusive breastfeeding data was not collected at baseline and during the second year of data collection, making it challenging to assess if improvements have been attained in "any Bfing rates" . Exclusivity rates are well documented. Progress toward improvements in any breastfeeding is our goal.

BPSO RNAO BEST PRACTICE SPOTLIGHT ORGANIZATION CANADA ORGANISME VEDETTE EN PRATIQUES EXEMPLAIRES

Baby-Friendly Initiative Ontario

WINNER OF THE POSTER OF THE YEAR AWARD

The Show on "The Code"

Authors

Donna TerHorst, RN, BScN, IBCLC, Public Health Nurse
Heather Lawson, RN, BScN, BEd, Public Health Nurse

BACKGROUND

In 2016, the North Bay Parry Sound District Health Unit (NBPSDHU) applied for BFI re-designation. At the BFI pre-assessment visit it was noted that direct and indirect care providers:

Did know:
- that specific products should not be endorsed
- the Health Unit had a sponsorship policy

Did not know:
- the purpose of the WHO code

The BFI assessor recommended that the purpose of the code be reviewed and that it may be helpful to provide scenarios and examples of non-compliance to make the information more meaningful.

CONTEXT

The Health Unit BFI working group had provided education via email, online learning, and PowerPoint presentations to all staff and it was now evident that a fresh approach was needed.

ABOUT

Was a skit the answer??

A script was developed by the BFI Working Group with the following scenarios:

1. A pregnant couple at a BFI designated Community Health Centre who has made an informed decision to use a breast milk substitute.
2. A single mom at the same BFI designated Community Health Centre who is planning to breastfeed and has supports in place.
3. A pregnant couple who is at a HCP who does not follow BFI best practice guidelines.

IMPACT OF WORK

During BFI final assessment the BFI assessors no longer had any concerns about health unit staff knowledge of the WHO code.

Historically, BFI was misinterpreted as the Breastfeeding Friendly Initiative. By including a family that made an informed decision to formula feed, and to see the family receiving ongoing support, indirect care providers began to see first hand the importance of informed decision making and how BFI supports ALL families.

DESCRIPTION

The BFI Working Group wanted the case scenarios to reflect diversity in the family structure, demonstrate the effect of marketing, and include a family that had made an informed decision to use a breast milk substitute.

The draft script was reviewed by the Health Unit BFI Committee and valuable input was provided. This committee suggested recruiting Health Unit employees from different programs to be the actors in the skit in order to increase reach and provide some humour.

The script also included important messages from each program at the Health Unit. For example: immunizations, birth control, safe food handling, etc.

APPLICATION TO OTHER ORGANIZATIONS

The script could easily be adapted for use in other settings. The skit or the content could be used as case scenarios, short stories, YouTube video, etc.

EVALUATION

Overall, this presentation was a refreshing change from the traditional presentation with slides. 95.3% of the respondents felt that the visual aids in the presentation helped them understand the material presented.

Actors from various programs helped staff identify with the subject and added an element of humour.

NEXT STEPS

Increase understanding of the code in the community by preforming this skit for staff at places such as the Ontario Early Years Centre, Children's Aid Society, etc.

In the future, education for Health Care Providers is planned.

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North Bay Parry Sound District
Health Unit
Bureau de santé
du district de North Bay-Parry Sound

Baby-Friendly Initiative Ontario

WINNER OF
THE PEOPLE'S CHOICE AWARD

Uninterrupted Skin-to-Skin focused Caesarean Sections - From Birth to Breast

Gillian Ballantyne BScN, RN, PNC(C), Sue Hermann MN, RN, IBCLC, PNC(C), Carrie Winslade BScN, RN, Dr. Jon (Yosef) Barrett MBBch, MD, FRCOG, FRCSC, Nicole Romeiko, RM

Sunnybrook WOMEN & BABIES PROGRAM

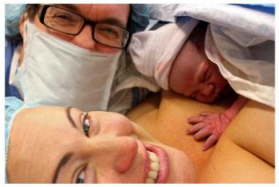
Purpose

Baby Friendly Initiative, 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.

Exclusion Criteria

- Patient retracts consent for the procedure
- Patient is not medically stable
- Baby requires resuscitation at birth
- No additional staff available to observe baby transitioning on mother's chest
- Surgeon not familiar with the procedure



Surgical Procedure

Monitoring

- To facilitate skin-to-skin ECG pads are placed on shoulders, maximizing surface area and contact between mother and baby
- The pulse oximeter is placed on the mother's foot instead of her finger to allow her to freely touch her baby during skin-to-skin

Maintaining Sterility

- The surgeon lifts the drape to slide the baby along the mothers abdomen allowing for uninterrupted skin-to-skin as the baby is delivered and moved toward the mother's chest
- The surgeon is required to change both gown and gloves once their hands have gone under the drape
- The baby is positioned on the mother's chest by a staff member who is sterile gloved to mitigate contamination and observes the baby while transitioning on the mother's chest

Cord Cutting

- The cord remains intact until the baby is settled on the mother's chest and pulsation has stopped
- The cord is cut (optional) on the non-sterile side of the drape and because it is on the non-surgical side,the surgical field is not compromised and the risk of infection is decreased
- The remainder of the cord is cut on the sterile side of the drape and pulled to the non-sterile side maintaining the sterile field

Inter-professional Team

Constant communication between team members:

- Promotes efficiency
- Promotes patient safety
- Creates a unique patient centered experience

Nursing Roles

- The circulating nurse observes the transition period of the baby on the mother's chest. Additional responsibilities are to ensure the availability of a sterile gown and gloves for the surgeon
- The scrub nurse is required to assist while the surgeon is changing his/her gown and gloves

Obstetrician

- Determines whether the patient qualifies to participate using this technique and counsels the patient on the risks and benefits prior to the procedure

Anesthesiologist

- Provides feedback on patient stability on an ongoing basis throughout the procedure by monitoring the mother

Registered Respiratory Therapists (RRT)

- Monitors the newborn's transition in the immediate period while skin-to-skin

Midwifery/Family Practice

- These health care providers are present during surgery in a supportive capacity for the mother, but assumes responsibilities of the primary care provider for the baby

A nurse, midwife, RRT or family practice physician can serve as the extra staff person receiving the baby

Results

To date 100% infection free for this procedure

Benefits of Immediate Uninterrupted Skin-to-Skin

Babies born by caesarean section benefit from the effects of skin-to-skin contact including the following:

- Promotes an easier transition to extra-uterine life noted by decreased crying, positive interaction with the mother and successful breastfeeding
- Stabilizes heart and respiratory rates, oxygen saturation and consumption
- Improves thermoregulation and higher blood glucose level at 2 hours of life
- Facilitates baby's adaptation to the new non-sterile environment
- Baby's skin, respiratory and gastrointestinal tracts are colonized with the mother's body flora. The flora are non-pathogenic microorganisms and immunological factors i.e. secretory immunoglobulin A
- Baby's body is colonized by the mother's normal flora with immediate skin-to-skin contact. By delaying their skin-to-skin, chances of being colonized by the staff's flora increases

References

Dumas, L., Lepage, M., Bystrova, K., Matthiesen, A-S., Welles-Nystrom, B., & Widström, A-M. (2013). Influence of skin-to-skin contact and rooming-in on early mother-infant interaction. *Clinical Nursing Research*, 22(3), 310-336.

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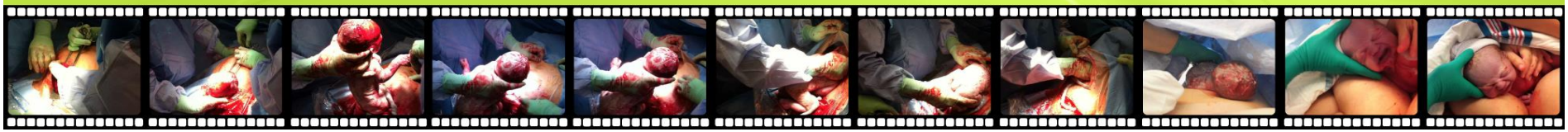


Baby-Friendly Initiative Ontario

York Region

Infant Feeding Surveillance in Ontario: A Locally Driven Collaborative Project (LDCP)

INFANT FEEDING SURVEILLANCE TO MEET BABY-FRIENDLY INITIATIVE (BFI) REQUIREMENTS

CONTRIBUTING PUBLIC HEALTH UNITS
York Region, Waterloo, Niagara Region, City of Hamilton, Haliburton, Kawartha, Pine Ridge District, Toronto, Haldimond-Norfolk
Supported by Public Health Ontario (PHO)

BEFORE 2011

A small number of Ontario Public Health Units (PHUs) were designated as Baby-Friendly. They used their own methods for collecting data.

2011

Ministry of Health and Long-Term Care Accountability Agreement states all PHUs must work toward designation; Step 6 requires infant feeding data

2013 TO 2015

PHO's LDCP on Infant Feeding Surveillance provided surveys and recommendations

1. **SINGLE TIME POINT** — *Collect data retrospectively, at six months*
2. **MULTIPLE TIME POINT** — *Collect data prospectively, at two weeks, two months, six months, for example*

2015 TO 2016

Many of those who participated in the LDCP continue to meet quarterly by teleconference, as the Provincial Infant Feeding Surveillance Network, supported by PHO. This group represents 34 of Ontario's 36 PHUs

2016

PHO provides grant for knowledge translation work; proposal was submitted regarding the six month multiple time point survey *(6MRQ** - most commonly used by Ontario PHUs)*

2017

EARLY MAY 2017

Final report, with revised survey and analysis guidance documents, is available on PHO's website

ISSUES:

- Data was collected with different tools and methods of analysis. This inconsistency meant that data is not comparable amongst PHUs
- Some PHUs did not have access to Epidemiologists, or lack the capacity to develop, conduct and/or analyze data on their own data

PHUS CONTINUE TO DO SURVEILLANCE, MANY USING LDCP RECOMMENDED SURVEYS, BUT THEY ARE NOT BEING USED IN A UNIFORM WAY

SO, WHILE DATA IS MORE SIMILAR, IT IS STILL NOT COMPARABLE

PROPOSAL ACCEPTED:

- A sub-group was formed with representatives from seven PHUs (two PHNs, five Epidemiologists, and one Quality Improvement Specialist)
- Environmental scan/needs assessment done, 21 'issues' with survey are submitted to the group and the survey is revised
- Data dictionary and guidance for data analysis is developed *(using the Breastfeeding Committee for Canada Outcome Indicator requirements for data collection)*

ANOTHER SUB-GROUP CONTINUES TO WORK ON OTHER SURVEYS FROM THE ORIGINAL LDCP

MULTIPLE TIME POINT SURVEYS

THIS OPPORTUNITY FROM PHO HAD A BIG IMPACT!
Data collection in some PHUs may not have been feasible without this project

PHO supporting continued teleconferences led to discussions about surveillance, which led to identifying issues with six months survey
WHICH LED TO ACTION

CONTINUOUS CONVERSATIONS WITH BABY-FRIENDLY INITIATIVE (BFI) LEAD ASSESSOR TO MAINTAIN INTEGRITY OF SURVEYS TO MEET BFI REQUIREMENTS

PHUs WILL HAVE THE TOOLS TO COLLECT DATA
that meets BFI requirements and informs program planning and service delivery

COLLABORATION IS THE KEY FOR QUALITY

This project was funded by Public Health Ontario through the Locally Driven Collaborative Projects.
The views expressed in this publication are the views of the project team and do not necessarily reflect those of Public Health Ontario.

17-0297

Baby-Friendly Initiative Ontario

Creating eHealth Resources: Breastfeeding Information for Parents

Jennifer Abbass Dick, Joanne Huizinga, Amber Newport, Fangli Xie, Michele Brolly

Visit Breastfeedinginfoforparents.ca

Phase One

Fathers/Partners

Mobile Version

Phase Two

Indigenous Families

Mobile Version

Single and Young Mothers

Designing the Father/Partner Version

- A literature review was conducted to determine components to include in a breastfeeding education resource for both mothers and fathers.
- A needs assessment was conducted with mothers (n= 16) and fathers (n=15).
- The course was created and piloted with mothers (n=26), fathers (n=24) and health care providers (n=52).
- Participant feedback indicated the resource was comprehensive, easy to navigate, accessible, inclusive of fathers/partners, and information was provided in a variety of interactive formats.
- Recommendations were to improve navigation, create a mobile friendly version, and improve the quality of the videos.

Designing the Indigenous Family Version

- Indigenous mothers (n=9)and health care providers (n=9) who work with Indigenous families in Ontario provided suggestions as to how to modify the resource to be culturally relevant.
- Culturally relevant images, colours, background, links and videos were included.
- A mobile version of the site was created, as well as an interactive PDF which could be made available upon request to those with limited internet access.
- The resource was piloted with Indigenous mothers (n=10) and health care providers (n=6) who found the course visually appealing, informative, engaging and culturally relevant.

Designing the Young/Single Mother Version

- Young mothers in the Canadian Prenatal Nutrition Program (n=12) as well as health care providers who work with young mothers (n=8) provided suggestions as to how to modify the resource.
- Suggested changes included: add more games, illustrations, videos, animations, content areas (costs of formula, what to expect in the early days, tandem feeding etc.) and redefine co-parent.
- Videos of mothers discussing their breastfeeding experiences were created and included in the online resource.
- The resource was piloted with young mothers (n=10) and health care providers (n=6) who indicated the resource was visually appealing, informative and interesting.

Examples of Unique Features and Interactive Elements of the eHealth Resources

Funding for this project was provided by two Community Breastfeeding Grants from Health Nexus with funding from the Government of Ontario. The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario or Health Nexus.

Baby-Friendly Initiative Ontario

QUIET TIME IS YOUR TIME: BABY BONDING AT ITS BEST

WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

BACKGROUND

- WRH's Family Birthing Centre serves a community of 200,000 and is made up of 30 labour-delivery-recovery-postpartum beds, 6 high-risk L&D beds, 2 C-section rooms and 15 antepartum/gynecological beds
- The multidisciplinary team consists of Registered Nurses, Clinical Practice Managers, Physicians and support staff (lab, dietary, audiology, housekeeping, unit aides and ward clerks)
- The program averaged approximately 3, 773 births in 2016
- Prior to implementation in April 2016, skin-to-skin contact BEYOND the first two hours was variably implemented on the unit

OUR GOAL

- Every mother and her support person will have the option of participating in a pre-determined minimum of one hour of uninterrupted daily skin-to-skin time during the hospital stay

OBJECTIVES

- Develop a care plan to incorporate daily Quiet Time in hospital for the mother, partner and baby to rest, bond, heal and hold their babies skin-to-skin
- Develop a teaching plan to educate parents on the benefits of continued skin-to-skin beyond their hospital stay regardless of the feeding method
- Increase patient satisfaction and emotional support
- Decrease supplementation rates at hospital discharge in patients who planned to exclusively breastfeed on admission

KEY ROLL-OUT STRATEGIES

Involvement and education for the patient

- Quiet Time posters placed in OB/GYN offices, OB Triage, family waiting rooms and all patient rooms
- Information about Quiet Time posted on a popular local "All 4 Mamas" Facebook page
- Emphasis on the long-term cognitive/neurodevelopmental benefits of skin-to-skin throughout the patient's postpartum stay
- "Ask Me About Quiet Time" t-shirts worn by staff to promote patient discussion

Education for front-line staff within the FBC

- Leadership rounding, weekly staff meetings, staff email, core team meetings, newborn care committee meetings (including neonatology, social work, dietitians, paediatrics, nurse practitioners, midwives and lab services)
- Information sharing with housekeeping, dietary, laboratory and audiology departments
- Encouragement of staff to start "talking-up" Quiet Time during initial patient contact

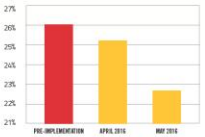
During Quiet Time

- Quiet Time announcement made 15 minutes prior to the scheduled hour
- Pink signs hung in patient room doorways during Quiet Time
- Announcements limited to emergencies
- No scheduled lab draws, hearing tests or other tests
- Main unit doors closed
- Signage directing visitors to stop at the nursing desk prior to entering a patient room

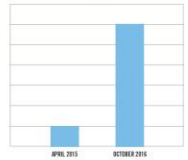
IMPACT OF WORK

- Positive patient feedback
- Opportunity for nurses to reorganize and prioritize their assignments
- Lessons for how families can manage visitors once discharged
- Positive impact on BORN dashboard supplementation indicator
- Increase in breastfeeding initiation

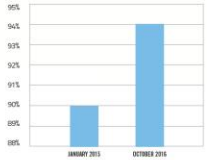
Rate of formula supplementation at discharge in term infants whose mothers intended to breastfeed – BORN Ontario



Patient Emotional Support – NRC Picker



Overall Patient Satisfaction – NRC Picker



WHAT OUR PATIENTS AND STAFF ARE SAYING

- *"I didn't know about Quiet Time prior to coming to the hospital but appreciated education by nurses and loved the time to spend as a family postpartum."*
- *"I had heard about Quiet Time prior to my stay from a friend who had recently had a baby."*
- *"I wasn't aware of Quiet Time but I loved it and it gave me an excuse to make my visitors leave."*
- *"The postpartum period is so short and overwhelming, I loved knowing that my family would have to leave for one hour."*
- *"I saw the Quiet Time poster in my physicians' office during my appointments and I made a point to let my family and friends know before I had the baby."*
- *"I didn't know about Quiet Time but I'm planning on taking advantage of it today."*
- *"I educated the family on Quiet Time following their early morning delivery of their first child and they seemed unsure of the benefits. When I visited them the following day they said they were so grateful for Quiet Time and loved the time they got to spend as their new family. They were planning on implementing a Quiet Time period once they went home in hopes of getting the rest they needed."* FBC RN

WHAT'S NEXT?

- Further education in the community regarding Quiet Time period
- Continue to talk up Quiet Time at start of patient's journey

COMPASSION is our PASSION

www.wrh.on.ca

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In the future, education for Health Care Providers is planned.

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Baby-Friendly Initiative Ontario

And The Party Goes On...

The Challenge

- Organizing community celebrations for World Breastfeeding Week (WBW) and Canadian Breastfeeding Week (CBW).
- Why is this challenging? A small group of volunteers organizing events to reach as many people in the community as possible and keep to the annual WBW theme...
- In 2016 the theme was sustainability, and we opted to move outdoors.
- This decision was inevitably a good one as we had two very successful events that we plan to continue each year.

What Actually Happened?

WBW

- On August 3rd 2016 WBW was celebrated at Bronte Creek Provincial Park in Oakville.
- 87 families (200 people) attended!!

CBW

- On October 5th 2016 CBW was celebrated at Lion's Valley Park in Oakville.
- 49 families (100 people) attended!!

What's the Connection?

Sustainability in relation to breastfeeding is about a sustainable planet, a sustainable health care system and building sustainable relationships.

Sustainability and breastfeeding...

- Increase awareness of breastfeeding in public.
- Encourage longer breastfeeding duration.
- Reach at-risk populations in the community.

Contagious Party Fever (or how you can have a party and eat some cake too!)

- Location, Location, Location!!
- Needs to be accessible... centrally located, and free, with loads of parking!
- A large family-friendly space is required for a big event.
- An added attraction (like hiking, a farm, a kid's play barn) at the site is always a bonus to draw people in... who doesn't love a 2 for 1 deal ☺.
- Event insurance is needed for a smooth and hassle-free celebration.
- Know how many people to expect (Eventbrite made this super easy).

The Party Plans

- WBW and CBW are celebrated in different months.
- WBW is in August and CBW in October.
- We opted for two outdoor events (to align with the sustainable planet theme).
- WBW was celebrated with a family picnic (sustainable relationships).
- The CBW celebration was a nature hike (sustainable health) in partnership with Halton Baby wearing hikes (another small community organization).
- We are very thankful to the many local sponsors who supported both events with all their heart (sustainable communities)!

Next Steps/ Lessons Learned

- The events were so successful we decided to continue them annually.
- Many people who register do not end up attending, so it can be hard to know how many will come.
- Food should not spoil easily so there is not too much waste (not so sustainable ☹)
- Keep it short – we had planned for an afternoon-evening event to include working families but found no one came later on, even though it was summer.
- Invite other organizations to join in the fun – more activities means more fun for all (sustainable communities).

Halton Baby-Friendly Initiative
Empowering families to reach their own breastfeeding success

Authors

Neetu Pankhi HBFI Executive Member
Sonya Myles HBFI Co-Chair

Baby-Friendly Initiative Ontario

Filling the Gap: Providing a seamless transition to meet the needs of rural breastfeeding families

GOAL

The goal of the breastfeeding clinic is to increase access to reliable breastfeeding support in the communities where our families live.

BACKGROUND

In, 2014, the Leeds, Grenville, and Lanark District Health Unit (LGLDHU), identified a gap in breastfeeding support services which contributed in a disjointed transition between the services provided by the hospital, and community health services. In 2015, the LGLDHU underwent a restructuring of child health services provided to families within the tri-county which resulted in the formation of community breastfeeding clinics.

OBJECTIVE

- Create supportive environments by improving access to breastfeeding service sites within our rural setting
- Strengthen community action by increasing access to information and learning opportunities for health which contributes to Step 10 of the Breastfeeding Committee for Canada's BFI Integrated 10 Steps Practice Outcome Indicators: Provide a seamless transitions to community supports
- Contribute to the development of personal skills by empowering families to increase confidence in their ability to feed their babies
- Reorient health services by increasing opportunities for professional education and training for nurses

DESCRIPTION OF WORK TO DATE

2014

Gap identified in breastfeeding support in LGL

2015

Breastfeeding documentation forms and resources to guide nursing practice were developed.

Secured clinic locations and necessary equipment to ensure a comfortable and functional space for our families and practitioners.

Piloted the breastfeeding clinic for 3 months at one service site before expanding to 2 other sites.

2016

A fourth clinic site was added.

Developed an advertising strategy for the promotion of the breastfeeding clinics in collaboration with our LGLDHU Creative Team.

IMPACT OF WORK

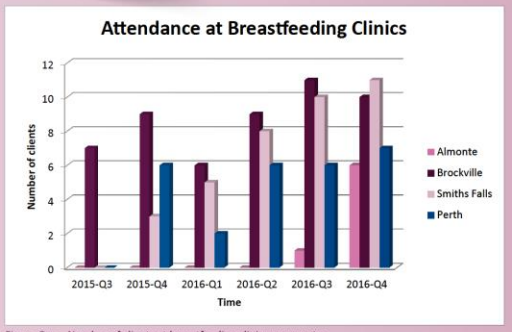

Figure One - Number of clients at breastfeeding clinics per quarter

The total number of clients served at all clinic locations since inception in April 2015 to December 31st, 2016 is 123. As illustrated in Figure One, attendance at breastfeeding clinics has steadily increased over time, and as additional clinic locations have been added.

Nurses

The breastfeeding clinics have provided an increased opportunity for nurses to apply their breastfeeding knowledge and clinical skills which contributes to enhanced clinical competency and increased peer-support opportunities.

The breastfeeding clinics have provided a much needed referral source for nurses working in the Healthy Babies Healthy Children (HBHC) program. The availability of community breastfeeding clinics has increased HBHC nurses capacity to serve clients who are unable to access clinics and are at risk.

LESSONS LEARNED

An evaluation form was created for clients to complete following their clinic visit, however, a formal evaluation plan has not yet been developed. This has led to some challenges with data collection and further program planning. In 2017, indicators will be identified using a results-based accountability model, and an evaluation plan will be developed and implemented.

"Very helpful. Great timing. I like the drop-in option which allows you to be more flexible based on baby."

"Thank you. Helped to build my confidence in breastfeeding/self-care."

"Patient and understanding. Answered all questions. Took their time. Reassurance given."

NEXT STEPS

- Develop an evaluation plan and chart auditing tools to inform program planning and ensure continuous quality improvement
- Conduct community assessments to determine if there is need to expand breastfeeding clinics to other locations
- Explore the potential implementation of a peer-support model to run in collaboration with the current breastfeeding clinic model
- Expand the promotion of our community breastfeeding clinics to prenatal clients and families in collaboration with our local hospitals

Leeds, Grenville & Lanark District HEALTH UNIT

Baby-Friendly

Authors: Jenny Vandermeer, RN, BScN, IBCLC
Robyn Merkley, RN, BScN

Baby-Friendly Initiative Ontario

Establishing Peer Support
Can It Actually Make A Difference?

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Our Journey

Why Professionally Led Peer Support?

Research

- A systematic review concluded that professionally-led peer breastfeeding support increases any and exclusive breastfeeding rates up to 6 months (Renfrew, McCormick, Wade, Quinn, & Dowswell, 2012)
- Another review indicated that regardless of the nature of the support breastfeeding women preferred to have a trained and knowledgeable peer supporter (Kaunonen, Hannula, & Tarkka, 2012)

Feasibility & Sustainability

- Traditional breastfeeding peer support would require recruitment and training costs not available at this time
- An experienced MLHU PHN with IBCLC designation reduced the time and cost associated with implementing the program

Needs Assessment

- 20 breastfeeding mothers living in the Argyle community were surveyed to confirm the need for the program
- 75% of respondents indicated they would be willing to attend a breastfeeding peer support program offered at the proposed time and location
- Approximately 80% respondents supported a professionally-led peer support model

Why The Argyle Community?

- Argyle Community:
  - Population 27,800
  - 60% are employed
  - 18% are aged (0-14 years)
  - Average income, family, $62,800
  - 70% are home owners
- Overview of the local area demonstrated no breastfeeding peer support groups in the Argyle community compared to other parts of London-Middlesex
- A well established MLHU Breastfeeding Drop-In is located at Family Centre Argyle
- Families knew the Public Health Nurses at this location
- Community space was available to book at the Family Centre to hold the group weekly
- We are meeting families where they are

Our Partnerships:

- MLHU is part of a strong interprofessional community of practice established with the Family Centre Argyle partners
- MLHU Early Years Team Public Health Nurse visits hospital staff regularly to update on MLHU services
- Partnerships have enabled us to advertise the new programs through paper and e-newsletters
- Other partners who support our peer support program:
  - London Health Sciences Centre hospital staff promote our breastfeeding peer support group to new mothers prior to hospital discharge
  - Ontario Early Years Centre program staff located at the family centre inform breastfeeding mothers of the program
  - CTV did a story promoting breastfeeding peer support during World Breastfeeding Week 2016
  - Family Centre Argyle Community Connectors inform and promote the program to breastfeeding parents
- Breastfeeding peer support mothers were part of an MLHU advertisement in our local movie theatre

References:

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Photo courtesy of Nevada Breastfeeds

Facilitator Characteristics:

- IBCLC/PHN designation and skill base
- Experienced IBCLC/PHN with facilitation skill set
- Very good understanding of group dynamics
- Good interpersonal skills
- Ability to welcome all mothers
- IBCLC/PHN ability to step out of the professional role and move into the facilitator role:
  - PHN visually taking off lanyard/identification badge at the start of the peer group to represent role change
  - Sitting on the floor with mothers and babies as part of the peer group
  - Resist jumping in to answer questions
  - Redirect questions back to the group when mothers make eye contact for IBCLC/PHN to answer
  - Put on invisible 'PHN hat' to expand on or correct misinformation
  - 'Let some things go'

Successes:

- Created the program with the existing budget line and staff
- IBCLC/PHN Lead has evidenced based knowledge, no additional training is required
- Breastfeeding peer support program is linked to the Breastfeeding Drop-In where the professional peer IBCLC/PHN lead is located, meeting families where they are
- Coverage for IBCLC/PHN illness is already built into our system
- Two additional PHNs were temporarily assigned to assist with social media (Facebook, Twitter, website)
- MLHU Hospital Liaison PHNs promote the Breastfeeding Peer Support Program at the bedside with a flyer
- The initial peer support group has grown from one to three groups at the same location
- This peer support model can be efficiently and effectively replicated in other local settings

"This is the best hour of our week. I really wish this was available when I had my first [...]. The support has been worth more than I can put into words."

"Wonderful program - more around the city are needed."

"I really appreciate the familiar and new faces as well as the Facebook group for support throughout the week. I would tell any new mom about this program."

"This program is essential for breastfeeding moms who do not come from a culture of breastfeeding."

"Not only have I got excellent breastfeeding support I have met some amazing like-minded women who offer support in other areas of parenting"

"Great mediator, great group support. We became a great family."

"I LOVE THIS CLASS! AMAZING SUPPORT!" "I HAVE MADE TREMENDOUS FRIENDS."

Support For BFI Step 10:

Middlesex-London Baby-Friendly Initiative

- Our partnerships demonstrate a seamless transition from hospital to community by promotion of MLHU and other community supports or programs available
- Following hospital discharge, professional and peer breastfeeding support is available:
  - 48 hour calls to new mothers to offer early breastfeeding follow-up support
  - Health Connection, telephone support for mothers to access during business hours
  - Drop-In Breastfeeding Support 5 days a week in city and county
  - Breastfeeding Appointments for specialized one-on-one professional support with IBCLC or very experienced PHNs
  - Through private businesses and midwifery services
- MLHU Breastfeeding Peer Support Groups, three groups, 1 hour in length in the Argyle community:
  - 2 weekly daytime
  - 1 monthly evening Return To Work/School
- La Leche League programs available in other parts of the city or county

Lessons Learned:

- Program Evaluator can help set the program in the right direction for reporting information
- New programs can affect existing ones when run back to back
- Be flexible, changes in the program may need to be made
- Be prepared for expansion! Peer support may expand quickly
- Be prepared to debrief with the mothers the following week if a challenging group session occurs
- It is important to be prepared to clarify unforeseen misinformation
- Simple non verbal gestures can have a big impact

Evaluation and Next Steps:

- The program began with 5 breastfeeding mothers; since then 39 women have participated in the program
- The average age of infants entering the program was 20.1 weeks (age range: 2 weeks to 24 months)
- 27 women remain active in the program
- A short survey is administered to all participants approximately every 12 weeks
- Figure 1 indicates that the majority of survey respondents agree that the support they received from the program increased their confidence to breastfeed

Figure 1. The information and support I received increased my confidence to breastfeed

Authors:
Shelley Hlymbicky, *RN, BScN, IBCLC, PHN*
Christine Brignall, *MPH, Program Evaluator*
Ruby Brewer, *RN, BScN, MHST, Manager*

Baby-Friendly Initiative Ontario

An Interprofessional Collaboration to Align Provision of Infant Formula on Postpartum Units with the Baby Friendly Initiative

Maren Garsch, RD, BSc, BPHE & Sue Hermann, MN, RN, IBCLC, PNC(C)

Sunnybrook Health Sciences Centre Women & Babies Program

Background:

The Baby-Friendly Initiative (BFI) is an integrated approach for hospitals and community health services, based on ten evidence-based steps to optimally support maternal-child health for all mothers and babies.

10 Steps to Successful Breastfeeding (WHO / UNICEF 1989)

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
2. Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform pregnant women and their families about the importance and process of breastfeeding.
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.
5. Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.
6. Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.
7. Practise rooming-in for all mother-infant dyads: Mothers and infants remain together 24 hours a day.
8. Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
9. Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).
10. Provide a seamless transition between the services provided by the hospital, community health services and peer support programs.

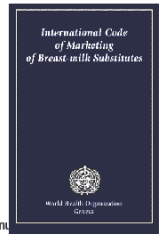
WHO International Code of Marketing Breast-Milk Substitutes

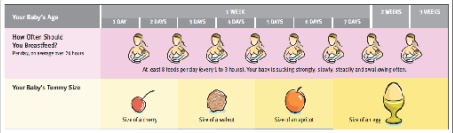
- The Code protects, promotes and supports breastfeeding and the provision of safe nutritional alternatives when these are necessary.
- Breast milk substitutes should be available when needed, but not promoted.
- Improper marketing and promotion of food products that compete with breastfeeding are important factors that often negatively affect choice and ability of a mother to breastfeed her infant optimally.

Methods:

- An interprofessional collaboration within the Women & Babies program between:
  - Registered nurses (RNs),
  - Advanced practice nurse (APN),
  - Registered dietitians (RDs),
  - Infection Prevention & Control (IPC),
  - Nutrition technicians (NTs)
  - Patient Care Managers (PCMs)

ensures infants receive physiologically appropriate volumes of formula when medically indicated or when families have made an informed decision to provide formula.
This innovative process also ensures infant formu the highest level of quality and safety.





Methods:

An interprofessional working group was established to redesign the provision of infant formula for low-risk infants on postpartum care units.

This group developed an innovative approach that aligns decanting practices with the BFI goals.

A policy detailing updated practices was developed and implemented, in addition to broad education for all team members, including frontline staff, patient support providers (PSPs), nutrition technicians and families.

Former practice:

- Nurses decanted formula by going to a room dedicated for storage of formula and alternative feeding supplies.
- Nurses used a bottle of ready to serve formula, decanted with a syringe or poured it into a gradufeed and then took the decanted formula into the patient's room.

New Practice:

- Decanted formula prepared in milk preparation room by a feed preparation technician under sterile conditions.
- 10 mL syringe aliquots are delivered to the Maternal & Newborn Unit milk fridge on a daily basis.
- Nurses use the prefilled syringes as a teaching tool to review physiologically appropriate volumes with families.

Benefits / Challenges:

- Team members gained a detailed understanding of each individual's role.
- Recognized interconnectedness of how roles contribute to maternal and infant outcomes.
- The implementation of physiologically appropriate volumes creates an environment that supports and protects breastfeeding and family-centered care.
- Formula is considered a food product and needs to be handled appropriately throughout the decanting process.
- Expressed breast milk is considered both a food product and a bodily fluid, therefore appropriate measures must be taken to ensure safe storage and handling.
- Staff and families have a greater understanding of normal physiologic volumes during the early postpartum period and learn to identify infant hunger and satiety cues.
- Families learn about healthy eating practices from birth.

Future Implications:

The BFI fosters early skin-to-skin contact, mother and infant togetherness and baby-led feeding. Discussion, feedback and revisions are on-going as feed preparation practices continue to evolve in working towards this internationally recognized maternal-child health strategy.

Acknowledgements:

We would like to thank all team members who contributed to this accomplishment.

Nutrition Technicians: Anna Wong, Kumudu Walisundara, Shella Esselmont, Melanie Persaud , Marlene Delgado, Sabita Beekoo, Jennifer Khau, Amelia Mitchell and Adrienne Parrish, Infection Prevention & Control: Melanne Eng-Chong & Sandra Callery, Maternal & Newborn Team Leader: Michelle O'Connor, Patient Care Managers: Marion DeLand (NICU) & Monica Nicholson (Maternal & Newborn and Birthing Unit) and our Director, Women & Babies Program: Jo Watson.

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Baby-Friendly Initiative Ontario

Breastfeeding Peer Support at the Hospital Bedside

Ileen Gladding, RN MN PNC(C), Luana Notten, RN BScN

Background

Trillium Health Partners (THP) and Peel Public Health (PPH) have a common vision for Baby-Friendly practices. These organizations worked collaboratively to create an innovative, seamless transition between the services provided by the hospital, community health services and peer support programs.

This partnership involved a team approach including hospital staff, Public Health Nurses and Volunteer Coordinators from both organizations. As a result, the existing PPH Breastfeeding Companions Peer Support program was successfully expanded so that postpartum mothers could benefit from peer support right at their hospital bedside.

Thanks to all who support our Peer Companion Volunteers:
THP BFI Practice Committee
THP BFI Champions and Colleads
PPH & THP Volunteer Coordinators
THP Postpartum Nurses

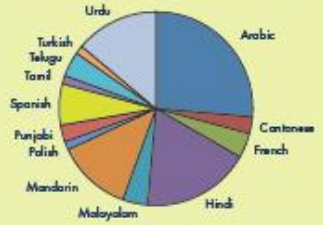
To support the Baby-Friendly Initiative 10 Steps, Breastfeeding Peers:

1. Are guided by the Baby-Friendly policies, protocols and the Baby-Friendly Pledge.
2. Are volunteers who have at least six months of personal breastfeeding experience. They also complete online, in-class and on-site training.
3. Help mothers understand the value of breastfeeding early and often.
4. Share the benefits of skin-to-skin.
5. If separated from their baby, peers spend time with mothers sharing information about milk supply and hand expression.
6. Inspire exclusive breastfeeding by helping to increase a mother's confidence.
7. Meet mothers and families at the bedside and at the breastfeeding class for support.
8. Help mothers identify early feeding cues, feeding behaviours and patterns.
9. Encourage soothing techniques to avoid early pacifier use.
10. Reinforce the value of ongoing peer and professional breastfeeding support in the community, after hospital discharge.

Impact

- In 2016, 11 to 17 peers recorded over 600 interactions with mothers every month.
- Peers are scheduled on the hospital units twice daily, for morning and evening shifts, seven days per week.
- Hospital peers generated the most registrations for ongoing telephone and Facebook peer support.
- The peer volunteers reflect the diversity of the community. One quarter of mothers received telephone support in a language other than English.

Languages in Addition to English used for Telephone Peer Support in 2016



Lessons Learned

- Be realistic about the staff resources required for training and support of volunteers, including continuing education.
- Use the expertise of volunteer coordinators to support role development, recruitment, scheduling, recognition and retention.
- Involve hospital staff in co-design of the role to enhance clarity of expectations and integration.
- Allow time for relationships between volunteers and staff to build.
- Empower the volunteers by establishing clear guidelines.
- Provide opportunities for staff and volunteers to share feedback to improve the role and the partnership.

"The most valuable support I provide is giving a sense of confidence to the mother that her feelings and experiences are normal, and that she can be successful."

— Quote from a peer volunteer

Trillium Health Partners
Better Together

Region of Peel
working with you

Baby-Friendly Initiative Ontario

Capturing Baby-Friendly Initiative Data at the North Bay Nurse Practitioner-Led Clinic (NBNPLC)

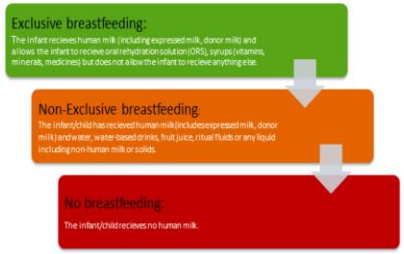
Terri MacDougall NP-PHC[1], IBCLC, MScN(cand); Shawna Meloche, RPN,
North Bay Nurse Practitioner-Led Clinic

Background

The NBNPLC has been working toward Baby Friendly Initiative (BFI) designation since 2014. The NBNPLC is a Best Practice Spotlight Organization (BPSO) . Becoming BFI designated is part of sustaining BPSO status. Work done implementing the assessment and management of Pain Best Practice Guideline was the impetus to work on improving breastfeeding rates. Breastfeeding (Bfing) during immunization reduces pain.

Why collect data?

Step 6: Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.
BFI has set the target for exclusive Bfing at 75%. If exclusive Bfing rate is below 75%, provide data supporting "any Bfing rate" is at least 75% and three years of data showing increase in Bfing initiation, exclusivity and duration rates.



When is data collected?

For BFI designation, we record data:

1. 1st baby visit by NP; usually within one week of birth
2. At the 2 month Well Baby Visit
3. At the 4 month Well Baby Visit
4. At the 6 month Well Baby Visit.

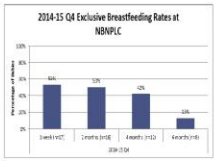
How is data collected?


Baby Chit- 0 to 6 Months

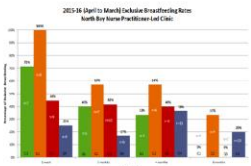
After parents have answered all the questions on the baby chit, it is given to the person responsible to input data on excel spreadsheet to be analyzed.

Results

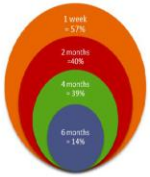
Baseline Breastfeeding Exclusivity Data



2015-16 Breastfeeding Exclusivity *Quarterly* Data



2015-16 Breastfeeding Exclusivity *Annual* Data



At 1 week of age 17/30 infant patients of NBNPLC were exclusively breastfed in 2015-16.

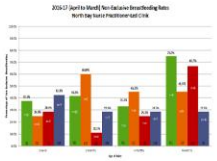
At 2 months of age 12/30 infant patients of NBNPLC were exclusively breastfed in 2015-16.

At 4 months of age 12/31 infant patients at NBNPLC were exclusively breastfed in2015-16.

At 6 months of age 5/36 infant patients at NBNPLC were exclusively breastfed in 2015-16.

2016-17 Breastfeeding Exclusivity *Quarterly* Data

2016-17 Breastfeeding Non-exclusivity *Quarterly* Data



2016-17 Breastfeeding Exclusivity *Annual* Data

At 1 week of age 16/26 infant patients of NBNPLC were exclusively breastfed in 2015-16.

At 2 months of age 14/33 infant patients of NBNPLC were exclusively breastfed in 2015-16.

At 4 months of age 7/27 infant patients at NBNPLC were exclusively breastfed in 2015-16.

At 6 months of age 2/31 infant patients at NBNPLC were exclusively breastfed in 2015-16.

2016-17 Any Breastfeeding *Annual* Data

At 1 week of age 25/26 infant patients of NBNPLC received "any" breastmilk in 2015-16.

At 2 months of age 26/33 infant patients of NBNPLC received "any" breastmilk in 2015-16.

At 4 months of age 17/27 infant patients at NBNPLC received "any" breastmilk in 2015-16.

At 6 months of age 19/31 infant patients at NBNPLC received "any" breastmilk in 2015-16.

Lessons Learned

Non-exclusive breastfeeding data was not collected at baseline and during the second year of data collection, making it challenging to assess if improvements have been attained in "any Bfing rates" . Exclusivity rates are well documented. Progress toward improvements in any breastfeeding is our goal.

BPSO RNAO BEST PRACTICE SPOTLIGHT ORGANIZATION CANADA ORGANISME VEDETTE EN PRATIQUES EXEMPLAIRES

Baby-Friendly Initiative Ontario

CONTINUING TO GROW A CULTURE OF BREASTFEEDING BEST PRACTICE; SUSTAINING OUR WINS AND GROWING OUR GAINS

Grand River Hospital
Advancing Exceptional Care

Jennifer Breaton RN, MHSc; Lisa Dawson RN, IBCLC; John Balcom RN, BHA, MBA(c)

BUILDING MENTORING RELATIONSHIPS

All new childbirth nursing staff have 4 hours of orientation with a lactation consultant. This allows the nurse to observe inpatient and outpatient LC care for newborns and families. It provides the opportunity to provide **evidence based** care, to empower parents to make **informed decisions** and to normalise breastfeeding.

A lactation consultant works directly on the unit seven days a week. This enables informal **education** to front line staff. The LC provides reassurance and helps build confidence in the information and care the nurses provide to new families. (Steps 1, 2, 3, 4, 5, 6, 7, 8, 9, 10)

April 23 2014 - re-designation. Initial designation was in 2008.

Hand Expression Kits

LEADERSHIP ROLES

Our lactation consultants are RNAO BPG Champions and active leaders in our unit activities including quality council and unit staff meetings.

- They regularly update breastfeeding **educational** material, guidelines and hospital policies with other team members. They provide a breastfeeding perspective to QC meetings and during discussions with the multidisciplinary team (step 1).
- They advocate for staff to enable **evidence based** practice to be achieved. E.g. immediate skin to skin after birth, all blood draws performed skin to skin (step 2).
- They advocate for families to enable them to be able to make **informed decisions** (step 2)
- They ensure breastfeeding material resources are available in various languages and formats(step3)
- An LC from GRH attends monthly meetings with the Community Breastfeeding Alliance and also liaises with public health and the community breastfeeding clinic. (step 10)
- They provide back to work support to GRH staff returning to work who wish to continue breastfeeding

ONGOING EDUCATION

- All new childbirth nursing staff are required to complete the RNAO best practice guidelines and are expected to attend the Level One WHO/UNICEF breastfeeding workshop.
- Staff attend yearly **education** days which includes a breastfeeding section. E.g. **informed** consent, cultural norms/ language resources (step 2).
- Staff attend a breastfeeding class taught by an LC to parents and their newborn. We discuss hand expression, cup and spoon feeding as an alternative if there is no latch (step 3, 4, 5, 7, 8, 9, 10).
- Weekly information is provided to all staff in the "Friday Flyer" and Kids newsletter on breastfeeding updates, upcoming conferences. Kudos are given to staff on their achievements.
- Inservices for new practices occur. Eg. Introduction of the hand expression kits to enable parents to provide EBM if needed (step 6).
- We are presently working with the childbirth educator to provide a breastfeeding learning package to new hires, midwifery students and nursing students (step 2).
- Two lactation consultants have recently been trained in the Train the Trainer workshop which will enable ongoing **education** for staff (step 2).
- A laminated information sheet was developed for all units at GRH which provides information on breastfeeding norms, management of common issues, as well as how to contact the lactation consultant on call and out of office contact. Community resources were also included (step 1,10).

MANAGEMENT SUPPORT

Without management support none of this would happen. From the C.E.O. at Grand River Hospital, the Director of the Childbirth Department, the Childbirth and Children managers, the Childbirth Educator and the Clinical Nurse Specialist, we are surrounded by lots of support.(step 1)

As an organisation, the message that is presented to staff is to provide **EVIDENCE BASED** information. (step2)
Working with and listening to the expertise of the lactation consultants, the management team supports changes and care in practice. Since our initial designation in 2008, it is now routine practice for all newborns to be placed skin to skin, and blood draws to be performed skin to skin. Feeding babies with cups and spoons and teaching new Mom's how to hand express is now the norm on our units. We also encourage no supplementation before 24 hours (unless medically indicated) if baby is not latching (steps 1 to 10).
Front line staff are supported and encouraged to attend regular **education** sessions about breastfeeding. The management team feels it is essential that staff are confident in providing **EVIDENCE BASED** information, when it comes to informing parents about feeding choices.
Managers have recently attended a BFI regional workshop in preparation for our recertification in 2018.

The management team along with the lactation team and several front line staff attended a community led documentary/ event at a local cinema.
https://www.weavingourcommonthreads.ca/

This was a Canadian documentary about community-based peer **breastfeeding** supports, which dispels **common** myths and showcases the Breastfeeding Buddies Program.
The film discusses the importance of peer to peer support and how important it is to have consistent messaging from prenatal to hospital to public health to community supports. With this support, parents are provided with the tools they need to feel confident in the information and support they are provided, when making decisions on newborn behaviour and **breastfeeding** norms (step 1, 2 ,10)

TRACKING SUSTAINABILITY

Our 15/16 and 16/17 data show that our program has sustained an exclusive breastfeeding rate of over 78% at discharge of newborns born at GRH. We have held our non medical supplementation rate to under 12%.

For families choosing to use breastmilk substitutes, our program has a 99.8% documented informed consent rate.

FUTURE GOALS

Next Steps: Now that our Childbirth program has successfully sustained BFI, our next cycle of re-certification will focus on spreading our successes to the Neonatal Intensive Care Unit.

Childbirth Skills Day - October, 2016.

GRH Hosts Baby-Friendly Initiative Workshop January, 2017

10 Steps

Baby-Friendly Initiative Ontario

Seamless Step 10

Public Health & Hospital coming together for BFI

1 Background

Breastfeeding rates in Greater Sudbury have always been lower than the Ontario provincial average. As a result of these lower breastfeeding rates, the Sudbury & District Health Unit (SDHU) and the local hospital, Health Sciences North (HSN) established a working relationship in 2008. It has included various components such as attendance at an HSN breastfeeding committee, partnership in staff education and public health liaison services for all new parents at HSN's Birthing Centre.

In 2011, the Ministry of Health and Long-Term Care (MOHLTC) implemented a performance management indicator for Ontario's 36 public health units (PHUs) to measure their progress toward BFI designation. In response to this indicator, we further strengthened our relationship and formed a unique and valuable partnership. This partnership has assisted with the implementation of BFI best practices and our community's culture of infant feeding.

2 Description

There have been many ways in which both organizations have collaborated. Before BFI was an indicator for public health units in Ontario, the SDHU was an active member of HSN's breastfeeding committee beginning in 2009. The goals of the committee which were and continue to be: fulfilling specific educational needs, increasing breastfeeding rates, and helping the organization move toward Baby-Friendly status.

In return, HSN has been a member of the SDHU's BFI Network since it was established in 2012. Other members include a midwife, doula, lactation consultant, teen prenatal organization, and a Canadian Parental Nutrition Program representative. This network comes together monthly to discuss BFI in the community and develop plans to address normalizing breastfeeding, including campaigns, resources, and community events.

Recent items worked on by the Sudbury & District BFI Network:

- Developing breastfeeding cut-outs and displaying them in our organizations.
- Creating a Grandparents Guide to Breastfeeding resource.
- Hosting the annual breastfeeding challenge.
- Working toward creating a Breastfeeding Welcome Spaces decal program.
- Screening the film Milk by Noemi Weis.

Another important aspect of our collaboration has been with SHDU's Healthy Babies Healthy Children program hospital liaison nurse. The liaison nurse from the SDHU visits HSN's Birthing Centre each weekday to check on the well-being of mothers, see how breastfeeding is going, and promote post-discharge support and services. HSN will also contact the SDHU Breastfeeding Clinic when they need extra support. SDHU staff have facilitated breastfeeding education sessions at HSN, including an SDHU-created BFI Infant Feeding Module for health care providers.

Numerous resources have been developed by the SDHU and have been shared with HSN such as a large skin-to-skin poster displayed in the Birthing Centre's main entrance, the Best Start Breastfeeding Guidelines, and infant feeding cues posters throughout the unit.

We are currently collaborating on a hand expression kit that will be given to moms. This kit aims to educate and encourage hand expression in hospital and post-discharge.

The SDHU, in partnership with the BFI Strategy for Ontario, has also offered the BFI 20-hour course for a diverse group of community partners which included 10 staff members from HSN. Our goal is to continue implementing this course at HSN until all direct care staff are trained.

In addition to our already great collaboration, a unique opportunity arose when a Birthing Centre nurse (and also BFI Lead) accepted a BFI Lead position at the SDHU. An agreement between the agencies allows her to continue to work at HSN in the BFI Lead role. This arrangement helps both agencies to further strengthen the continuum of care for mothers and infants in our community, while reinforcing essential partnerships on the BFI journey. It allows this nurse to apply her knowledge through the lens of both organizations, communicate between and see opportunities that will help them unite.

3 Impact of Work

Through our unique partnership, we have been able to positively influence the breastfeeding culture and provide a stronger continuum and continuity of care. As a positive, we have seen a rise in our community's breastfeeding rate.

With current fiscal restraints and the day-to-day demands on hospitals and public health units, leaning on each other, building off of our strengths, and the sharing of our resources, has been a key factor in the success of our partnership. Our collaboration has also allowed for other education opportunities between agencies, such as car seat harnessing demonstrations.

There has been a positive impact on the delivery of health services for infants and their families in Greater Sudbury. Together we will continue to empower the community to make informed decision with the goal of normalizing breastfeeding.

4 Transferability

We understand that not all organizations may be able to have a formal partnership between their agencies. Some things to consider: Who are the breastfeeding champions within your organization? Who can you collaborate with in your community? Is your local hospital working towards BFI? Are there peer breastfeeding support groups, midwives, doulas, Family Health Teams seeking BFI designation, lactation consultants, or somebody with a passion? We suggest networking with others, starting a conversation and finding common connections and ways you can support each other's work. When developing community resources, seek feedback and invite like-minded agencies to your BFI network meetings.

5 Lessons Learned

We learned that the public health BFI accountability indicator was a strong driving force to ensuring outcomes were obtained. This highlighted the importance of a supportive partnership with our local hospital to ensure the indicator was met. Team work and effective communication were equally important in the partnership.

We learned how important it was to be able to lean on each other, be flexible and pick up when the other needs support, especially considering each agency has different priorities and capacities.

Both agencies also brought forward key stakeholders which opened up the door to new resources and opportunities. Finally, we learned that a great connection was made when the RN from HSN held a joint position at both agencies.

6 Next Steps

The SDHU continues to support HSN on their journey to become BFI designated. The sharing of resources promotes evidence-based best practice and consistent messaging between the agencies. SDHU will facilitate ongoing education sessions at HSN. Currently we are collaborating with plans to educate HSN staff in the Diabetes Care Service department on breastfeeding. This was identified as a gap by staff that work in that clinic. Both agencies are dedicated to ensure that BFI best practice knowledge transfer continues for health care profession and the members of our community.

Authors

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Health Sciences North
Horizon Santé-Nord

Sudbury & District Health Unit
Service de santé publique

Baby-Friendly Initiative Ontario

We Belong Together: Journey to "Zero Separation" of Mothers & Infants in Hospital

St. Joseph's Healthcare Hamilton

INTRODUCTION

- St. Joseph's Healthcare Hamilton 3400 births year
- BFI designation achieved at St. Joe's: 2003, 2010 and most recently Sept. 2016
- 11 Birthing Suites + 2 dedicated obstetrical operating rooms
- 21 Post partum beds on the Mother Baby Unit
- 15 Special Care Nursery Beds – Level 2b
- Breastfeeding and Newborn Assessment Clinic
- Baby Assessment Clinic

BACKGROUND

- Previous to the implementation of Zero Separation most baby care was done in the back nursery area without parents present
- Visit from Dr. Nils Bergman (June 2013) opportunity to implement Zero Separation to align with PCMCH guidelines and BFI Step 7

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

- Support person welcome to stay day and night
- Skin-to skin and breastfeeding for painful procedures
- All teaching and examinations occur at mother's bedside or with mother present unless medically indicated or for safety
- Approval for late career initiative – to lead Zero Separation

IMPLEMENTATION

- Work Plan established
- Review of PCMCH Guidelines and BFI Step 7
- Identify staff champion
- Physician leader support

WORKFLOW

- Ergonomic Assessments - baby baths, charting, bloodwork , breastfeeding and assessments
- Reconfiguring supplies and linens - removed linens from back nursery and supplies to nurse servers and clean core
- Reorganizing the physical space - changed back nursery to learning resource centre and resuscitation /emergency cart area
- Redesigning work flow- physician cart developed to include equipment needed for baby exam

COMMUNICATION TO STAFF AND FAMILIES

- Staff, physicians and midwives:
  Regular huddles to promote discussion, sharing of ideas and problem solving
- Weekly communication sheet
- Patients & Families:
  Written materials- Welcome booklet
  Zero Separation Bulletin Board
  Website & Videos

ACHIEVEMENTS

- Normalizing Zero Separation as part of our culture
- New model of care developed for infants requiring Finnegan Scoring
- Improved Hand Hygiene rates
- Increased efficiency of workflow
- Quieter/more peaceful atmosphere on the Unit
- Positive feedback from surveys completed by patients, families and staff (nursing, physicians and midwives)

Patti Wilson, RN & Chair, Unit Based Nursing Practice Council ,Mother Baby Unit
Anna Marie Smith, RN, BScN Nurse Manager
Kimberley Felker RN, BScN, MScN Nurse Manager
Connie Bene, RN,IBCLC, Mother Baby Unit & BANA Clinic

Baby-Friendly Initiative Ontario

>960 Professionals in 8 Years

Is There a Need?

- It started with the Ten Steps to achieve Baby-Friendly Designation
- Step 2: Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
- In 2008, HBFI chose this step as a focus goal with the idea of starting to offer educational courses for health care professionals.
- In conjunction with the Halton Region Health Department, the Quintessence Foundation, and Kathy Venter, the courses were developed (based on the WHO 18 and 20 hour courses)
- We opened our doors to the first participants in 2009 for the level 1 and the refresher course.
- In 2011, the level 2 course was added.
- Level 1 and 2 courses are currently offered (both 3 day courses) throughout the year, and when there is demand, a 1-day refresher course is held.
- Since 2009, over 960 professionals have attended and successfully completed these courses.

Application in Other Organizations/Communities

- Many hands make light work – we worked in conjunction with other organizations to make this happen
- HBFI is a small volunteer organization with great impact, because of passionate and motivated volunteers
- Increasing knowledge among health care professionals makes a big difference to community-wide breastfeeding support
- Provision of education courses needs to be financially viable

Improving Breastfeeding Rates

Course Content

Level 1	Level 2	Update Course
• Protecting breastfeeding • The role of breastfeeding in Primary Health Care • Anatomy & physiology, biochemistry & immunology • Initiating breastfeeding and what early breastfeeding looks like • Practical breastfeeding knowledge and skills • Complementary feeding at 6 months • Breastfeeding and illness • Mother/baby Challenges & special circumstances • Expression & storage, human milk banking • Medications and breastfeeding	• Clinical issues affecting breastfeeding • Neurobiology of human lactation and infant-parent attachment • Assessment of infant feeding • Ethics and breastfeeding – what are the dilemmas and how to approach them • Maternal health and breastfeeding outcomes • Informed decision making discussions • Research and best practices • How to evaluate breastfeeding research and resources	• Essential prenatal information for pregnant women • Identifying dyads at risk for breastfeeding difficulties • Practical steps for initiating lactation • Understanding secretory activation (formerly known as lactogenesis II) • Building and maintaining supply, the first 6 weeks and beyond 6 months • Monitoring infant growth and identifying insufficient or overabundant milk supply

Lessons Learned / Evaluation

- Course evaluations are done at the conclusion of all courses and feedback is used to make changes to keep the courses current and engaging
- Offering the courses for free to local attendees was not sustainable as HBFI was losing money, especially when courses were not fully attended or had a large proportion of free participants
- Free courses do not appear to be highly valued by those who registered (high number of no-show registrants)
- Real mothers and babies help bring the courses out of the classroom and into the real world

Halton Baby-Friendly Initiative
Empowering families to reach their own breastfeeding success

Authors

Sima Sajedinejad, HBFI Volunteer
Sonya Myles, HBFI Co-Chair

Baby-Friendly Initiative Ontario

Uninterrupted Skin-to-Skin focused Caesarean Sections - From Birth to Breast

Gillian Ballantyne BScN, RN, PNC(C), Sue Hermann MN, RN, IBCLC, PNC(C), Carrie Winslade BScN, RN, Dr. Jon (Yosef) Barrett MBBch, MD, FRCOG, FRCSC, Nicole Romeiko, RM

Sunnybrook WOMEN & BABIES PROGRAM

Purpose

Baby Friendly Initiative, 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.

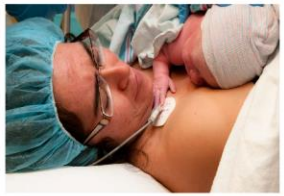
Exclusion Criteria

- Patient retracts consent for the procedure
- Patient is not medically stable
- Baby requires resuscitation at birth
- No additional staff available to observe baby transitioning on mother's chest
- Surgeon not familiar with the procedure

Surgical Procedure

Monitoring

- To facilitate skin-to-skin ECG pads are placed on shoulders, maximizing surface area and contact between mother and baby
- The pulse oximeter is placed on the mother's foot instead of her finger to allow her to freely touch her baby during skin-to-skin



Maintaining Sterility

- The surgeon lifts the drape to slide the baby along the mothers abdomen allowing for uninterrupted skin-to-skin as the baby is delivered and moved toward the mother's chest
- The surgeon is required to change both gown and gloves once their hands have gone under the drape
- The baby is positioned on the mother's chest by a staff member who is sterile gloved to mitigate contamination and observes the baby while transitioning on the mother's chest

Cord Cutting

- The cord remains intact until the baby is settled on the mother's chest and pulsation has stopped
- The cord is cut (optional) on the non-sterile side of the drape and because it is on the non-surgical side,the surgical field is not compromised and the risk of infection is decreased
- The remainder of the cord is cut on the sterile side of the drape and pulled to the non-sterile side maintaining the sterile field

Inter-professional Team

Constant communication between team members:

- Promotes efficiency
- Promotes patient safety
- Creates a unique patient centered experience

Nursing Roles

- The circulating nurse observes the transition period of the baby on the mother's chest. Additional responsibilities are to ensure the availability of a sterile gown and gloves for the surgeon
- The scrub nurse is required to assist while the surgeon is changing his/her gown and gloves

Obstetrician

- Determines whether the patient qualifies to participate using this technique and counsels the patient on the risks and benefits prior to the procedure

Anesthesiologist

- Provides feedback on patient stability on an ongoing basis throughout the procedure by monitoring the mother

Registered Respiratory Therapists (RRT)

- Monitors the newborn's transition in the immediate period while skin-to-skin

Midwifery/Family Practice

- These health care providers are present during surgery in a supportive capacity for the mother, but assumes responsibilities of the primary care provider for the baby

A nurse, midwife, RRT or family practice physician can serve as the extra staff person receiving the baby

Results

To date 100% infection free for this procedure

Benefits of Immediate Uninterrupted Skin-to-Skin

Babies born by caesarean section benefit from the effects of skin-to-skin contact including the following:

- Promotes an easier transition to extra-uterine life noted by decreased crying, positive interaction with the mother and successful breastfeeding
- Stabilizes heart and respiratory rates, oxygen saturation and consumption
- Improves thermoregulation and higher blood glucose level at 2 hours of life
- Facilitates baby's adaptation to the new non-sterile environment
- Baby's skin, respiratory and gastrointestinal tracts are colonized with the mother's body flora. The flora are non-pathogenic microorganisms and immunological factors i.e. secretory immunoglobulin A
- Baby's body is colonized by the mother's normal flora with immediate skin-to-skin contact. By delaying their skin-to-skin, chances of being colonized by the staff's flora increases

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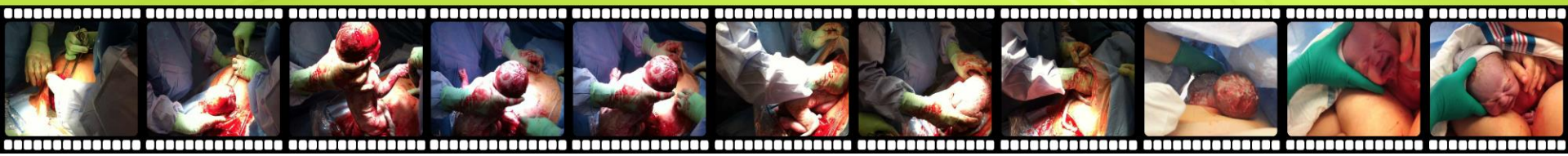

Baby-Friendly Initiative Ontario

Learning Together: Inter-Agency Collaboration in Providing Breastfeeding Education

Thunder Bay Regional Health Sciences Centre | Dilico Anishinabek Family Care | Thunder Bay District Health Unit

BACKGROUND

After attending the Baby Friendly Initiative (BFI) Strategy's Train-the-Trainer course, representatives from local organizations including the Thunder Bay District Health Unit, Dilico Anishinabek Family Care and the Thunder Bay Regional Health Sciences Centre, were provided with the tools to facilitate the 20 hour breastfeeding course for staff. This would allow the opportunity for interactive participation. These trainings could be tailored to suit the specific learning needs of participants by taking into account the local context.

Professionals from a variety of backgrounds and disciplines attended the training. During the training, participants were able to learn from and draw on the experiences of one another to enhance their knowledge.

Professionals who attended the 20 Hour Breastfeeding Course include:

- Registered nurses & registered practical nurses
- Nurse practitioners
- Registered dietitians & dietetic interns
- Doulas
- Lactation consultants
- Early childhood educators
- Public health nurses
- Community health nurses
- Family medicine resident
- Midwives

DESCRIPTION OF GOALS

- Share responsibility for education
- Draw on the expertise of a wide range of professionals to provide holistic education
- Provide low-cost, in-house, interactive breastfeeding education
- Increase uptake and engagement from professionals to attend educational opportunities by removing barriers
- Reach out to community partners, including those in rural and remote areas
- Improve consistency of information
- Increase access to support for infant feeding
- Positively impact overall client experience

DEVELOPMENT/IMPLEMENTATION PROCESS

The material from the 20 hour toolkit was reviewed and supplemented with pertinent information regarding breastfeeding in our local context and included local surveillance data and resources. The group implemented aspects of Continuous Quality Improvement through ongoing reflection, planning, implementation and evaluation. **Course evaluations** were studied and feedback was implemented to enhance the learning experiences and needs of each audience. Special consideration was given to the background and skills of the presenters for each session and each individual's unique perspective and experiences were incorporated into the curriculum. Responsibility of hosting and organizing the training was done on a rotating basis and involved collaboration among different agencies.

IMPACT OF WORK

- Increased confidence of professionals to provide evidence-informed breastfeeding support
- Increased inter-agency collaboration and awareness of partnering agencies role in breastfeeding promotion and support
- Increased participation from staff working in rural and remote areas via the fully accessible Ontario Telemedicine Network (OTN) who previously would not have had access to breastfeeding education

These benefits have resulted in improved consistency of information provided to parents, and increased awareness of and access to support services. Utilization of the OTN has facilitated engagement with health care professionals working in rural and remote communities who have previously had challenges accessing in-person breastfeeding education. This opportunity has allowed for interaction in real-time with fellow providers and allows for the training of champions within these organizations. It is hoped that this training initiative will result in an increase in breastfeeding rates within the district, and an increase in overall client satisfaction with available breastfeeding supports.

LESSONS LEARNED

Offering breastfeeding education internally has been beneficial for the facilitators, learners and employers alike. The facilitators have learned through teaching and collaboration, the participants have received interactive education from a local perspective, and organizations are able to utilize a low-cost, flexible option for providing breastfeeding education. Inter-agency collaboration helps to create a supportive breastfeeding culture and opens doors for continued collaboration to work towards improving breastfeeding rates and family experiences throughout the district of Thunder Bay.

NEXT STEPS

- Increase collaboration between community partners to identify and address unique challenges of offering breastfeeding support in Northwestern Ontario (NWO) (e.g., develop innovative methods of providing 3-4 hr. clinical experiences for those located in remote or rural centres)
- Expand educational opportunities to more professionals in the community
- Develop a one-day workshop to suit the learning needs of other community partners who have expressed interest in enhancing their breastfeeding knowledge
- Provide mentorship and continued support to partners looking to develop breastfeeding policies and who are interested in taking strides to implement the 10 Steps to Successful Breastfeeding

Some of the unique challenges of breastfeeding support and promotion in NWO have been revealed and explored as a result of the training. We hope that continued collaboration in addressing these challenges to provide meaningful and targeted support, especially to high-risk groups will impact the overall health and well-being of mothers and babies throughout the district.

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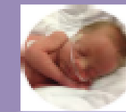


WHO'S IN CHARGE?

INFANT DRIVEN FEEDING:

STEPS IN THE RIGHT DIRECTION FOR BFI IN GRAND RIVER HOSPITAL'S NEONATAL INTENSIVE CARE UNIT

Nichole Wagner, RN, IBCLC; Sheri Douglas, RN, MN; Nancy Jones, RPT; Lynn Rogers, RD, IBCLC

What is Infant Driven Feeding?

One of GRH's Program Quality goals in 2016 was to implement Infant Driven Feeding (IDF) in the NICU with a focus on improving our BFI Step 8 practices: *Encourage demand feeding or, when needed, semi-demand feeding as a transitional strategy for preterm and sick infants.*

Why Infant Driven Feeding in our NICU?

- In recent years, more attention has been focused on extending and implementing BFI practices into NICU environments where infants are smaller, born at earlier gestations and neurologically underdeveloped.
- One of GRH's Program Quality goals in 2016 was to implement Infant Driven Feeding (IDF) in the NICU with a focus on improving our ***BFI Step 8 practices: Encourage demand feeding or, when needed, semi-demand feeding as a transitional strategy for preterm and sick infants.***
- Our goal was to achieve consistency among practitioners and transition from volume-driven and prescriptive feeding plans to a practice that takes into account each individual baby's cues, activities and clinical situation.

Infant Driven Feeding Vs. Practitioner Driven Feeding

Outcomes:
- <28 wks GA - full nipple feeds 17 days sooner, D/C - 9 days earlier
- 28 – 31+ 6/7 wks GA - full nipple feeds 11 days sooner, D/C - 9 days earlier
- 32 – 33 + 6/7 wks GA - full nipple feeds 3 days sooner, D/C - 3 days earlier
- parents and providers viewed plan favourably

Conclusions:
- significant reduction in length of stay
- shorter time to full oral feeds while attending to quality
- parent and staff satisfaction

Wellington, A. & Perlman, J. (2015). Infant-driven feeding in premature infants: a quality improvement project. *Arch Dis Child Fetal Neonatal Ed.* 100(6):F495-F500

Ready… Set… Go!
How did we make Infant Driven Feeding a reality in our NICU?

READY:
This initiative was brought forth through our program's Quality Council and a **multidisciplinary committee** was created to lead this positive program change. The multidisciplinary team consisted of NICU management, physiotherapy, dietary, lactation, and a core group of frontline NICU nurses.
To start the transition to IDF, committee members completed training courses including "SOFFI: Supporting Oral Feeding in Fragile Infants" through Sunnybrook Hospital and the online "Infant-Driven Feeding – Provider Course" by Sue Ludwig and Kara Ann Waitzman.
Following the committee's education, literature search and practice evaluation of other centers, a guideline and scenario based algorithm was developed.

SET:
Multidisciplinary education was initiated in the fall of 2015, including small group discussions and video presentations.
Follow up education 4 months later reviewed specific guideline practices, assessments and documentation required

GO:
The benefits of establishing a feeding protocol that supports neurodevelopment, positive long term feeding outcomes and consistency of practice between practitioners are already evident across our unit.
Currently, audits are being completed on the uptake, success and sustainability of this change.
Challenges of this practice change included: addressing variations in previous practice among health care providers including front line nursing staff, physicians and allied health. Perceptions of reduced autonomy on behalf of the practitioners was initially expressed as a concern, but have been minimized as the resources and tools have been utilized.

What lessons have we learned in implementing a major practice change?

- **Be patient and go slow.** Implementing a soft introduction allowed the multidisciplinary staff to absorb the new evidence and accept the practice change more positively.
- **Ensure that key stakeholders are involved.** It was essential to have our frontline NICU nurses involved in all stages of this process, as they would be the primary implementers. Having NICU nurses involved also enabled them to be champions at the bedside to mentor their co-workers.
- **Culture change is possible!** We are proof.

Infant Driven Feeding Scales (IDF-S)

Readiness*:

score		description
[illegible]	1	Alert or fussy prior to care. Rooting and/or hands to mouth behavior. Good Tone.
	2	Alert once handled. Some rooting or takes pacifier. Adequate tone.
[illegible]	3	Briefly alert with care. No hunger behaviors (ie rooting, sucking). No change in tone.
	4	Sleeping throughout care. No hunger cues. No change in tone.
	5	Significant autonomic changes outside safe parameters: Heart Rate (HR), Respiratory Rate (RR), O2 saturation, or work of breathing.

Quality of Bottle Feeding*:

score	description
1	Nipples with a strong coordinated suck, swallow, breathe (SSB) throughout the feed.
2	Nipples with a strong SSB but fatigues with progression.
3	Difficulty coordinating SSB despite consistent suck.
4	Nipples with a weak/inconsistent SSB. Little to no rhythm.
5	Unable to coordinate SSB pattern. Significant autonomic changes HR, RR, O2 saturation, work of breathing outside safe parameters or clinically unsafe swallow during feeding.

Quality of Breast Feeding with Action:

score	description	Action to support breast feeding
1	Latches well with a strong coordinated SSB throughout feed. Long slow rhythmical sucking and swallowing.	No top up
2	Latches well with a strong coordinated SSB. Long slow rhythmical sucking and swallowing initially, but fatigues with progression.	Half top up Consider not topping up if mother available for next feed. If this feed is following a feed without a top up (because there was concern) and baby's demand feeding interval <3 hours, offer half top up.
3	Latches and sucks, however intermittent rhythmical sucking and swallowing seen throughout feed	Half top up Consider not topping up if mother is available for next feed. If this feed is following a feed without a top up (because there was concern) and baby wakes <3 hours after last feed, offer full top up.
4	Latch is weak with a frequent need to 're-latch'. Little to no rhythmical sucking and swallowing seen. May be considered non-nutritive breastfeeding (NNBF).	Full top up
5	Unable to coordinate SSB pattern. Significant autonomic changes: HR, RR, O2 saturation, and work of breathing outside of safe parameters.	Full top up

Caregiver Support Techniques Used*:

score	description
A	Skin to skin.
B	Drops of Expressed Breast Milk (EBM) orally.
C	Deep touch or holding by caregiver during a nasogastric (NG) feed
D	Modified side lying: Position infant in inclined side lying position with head in midline to assist with bolus management.
E	External pacing: Break seal of breast or tip bottle downward to remove or decrease the flow of liquid to facilitate SSB pattern.
F	Nipple shield
G	Specialty nipple: Use nipple other than standard for specific purpose. (ie. slow flow, Dr. Brown Specialty Feeding System)
H	Cheek support: Provide gentle unilateral support to improve intraoral pressure.
I	Frequent burping: Burp infant based on behavioural cues, not per time or volume completed.
J	Modified prone position at breast
K	Chin support: Provide gentle forward pressure on mandible to ensure effective latch/tongue stripping if small chin or wide jaw excursion.

Assessment of Good Breast Feeding Technique

Effective latch:
Baby's chin pressed against the breast
Baby's neck, shoulders and bum are supported allowing the head to tip back slightly so nose is clear of breast
Baby has a wide angle at the corners of mouth
Baby has rounded cheeks (not sucked in)
No nipple pain during the feed and nipple is not misshapen or compressed after the feed

Rhythmic sucking and swallowing:
Rapid sucks at first then slower, deeper sucks & audible swallows
Jaw drops into the breast with a rhythmic SSB pattern with only very brief pauses between sucking bursts

Coordinated suck, swallow, breathe:
Strong coordinated suck with the ability to breathe while swallowing, or pauses to breathe while swallowing

*adapted from Ludwig & Waitzman, 2007

Baby-Friendly Initiative Ontario

Quick Reference Cards for Health Care Providers

BACKGROUND

The Breastfeeding Promotion Committee (BFPC) is a committee of the Champlain Maternal Newborn Regional Program (CMNRP), whose purpose is to protect, promote and support breastfeeding in the Champlain/Southeast LHINs.

2015 - BFPC identified the need to increase basic knowledge of breastfeeding of community and hospital health care providers to support parents and assist health care organizations to become Baby-Friendly.
Spring 2016 - working group formed to adapt/develop resource for health care providers to use during prenatal visits.
Fall 2016 - draft reference cards and poster printed and sent to family practitioners, obstetricians and a community health centre. A letter was sent to introduce the cards and poster and invite evaluation of the tool.
Jan-Feb 2017 - evaluations received; feedback incorporated.
April 2017 - final versions approved by working group.

DESCRIPTION

The working group adapted a resource developed by the Queens Square Family Health Team.

It consists of a set of:

- 12 quick reference cards on a key-ring.
- Poster for office or waiting room.
- 3-page documentation tool, optional.

Each reference card aims to assist health care providers in discussing breastfeeding with their clients, providing key points for each prenatal appointment.

On the reverse of each card there is more information about the key points and references .

The poster is for use in waiting rooms or offices to prepare expectant parents for discussion of key breastfeeding topics.

EVALUATION TOOL

Pilot Testing of Breastfeeding Tool

Physicians have a powerful impact on their patient's breastfeeding rates and duration. The Champlain Maternal Newborn Regional Program (CMNRP) Breastfeeding Promotion Committee has developed a tool to assist physicians in discussing breastfeeding with prenatal clients. Please assess the tool and accompanying [illegible] for parents with expected community resources.

1. This resource was developed for physicians to use in their practice.
Would you use/mix in your practice? _____
What do you like about this tool? _____
What is suggested for improvement? _____

2. Rate how much you agree this tool will help with patient care related to the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
Importance of exclusive breastfeeding						
Skin-to-skin						
Benefits of breastfeeding						
Rooming in						
Hand expression						
Normal infant feeding						
Breastfeeding plan						
Breastfeeding support in the community						

3. Do you discuss breastfeeding with your prenatal patients?
☐ Yes ☐ Every visit
☐ First trimester
☐ Second trimester
☐ Third trimester
☐ No, Why? _____

4. Were the business cards helpful in knowing where to refer patients for information and community support?
☐ Yes ☐ No

5. Are the business cards a promotional tool you would be interested in continuing to use?
☐ Yes ☐ No

6. Additional comments, suggestions _____

Thank you!

[illegible]

SAMPLE REFERENCE CARD, FRONT AND BACK

FEEDBACK

- Dietician
- RN, Educator
- RPN
- Physicians (Ottawa)
- Public Health Nurses (Kingston)

Comments:

- This looks AMAZING to me!
- I see this tool as a great opportunity to debunk the "we don't have time to do this at the visits" response.
- Appreciate client empowerment
- Easy to use, portable, low literacy
- I like that it provides open-ended questions that allows for open conversation

Champlain Maternal Newborn Regional Program
Programme régional des soins à la mère et au nouveau-né de Champlain

POSTER

DOCUMENTATION TOOL, OPTIONAL

Prenatal Breastfeeding Key Messages:
A Healthcare Provider Documentation Tool

NEXT STEPS

- Translate reference cards and poster into French
- Print copies of the tool and distribute to CHCs, FHTs, midwives, OBs, etc.
- Make resource available for other health care organizations in Ontario

WORKING GROUP MEMBERS

CMNRP BFPC working group on increasing health care providers' knowledge: Joudalyne Anderson MD, Julie Benoit RN, IBCLC, Sonya Boersma RN, IBCLC, MSchi, Joan Bueckert RN, IBCLC, Dawn Grakist RN, Susan Lepine RN IBCLC Med, Tania O'Connor RN, Tara Parsons RN, IBCLC, Hailey Pettem RN
Cmnrp.ca

Baby-Friendly Initiative Ontario

Ontario Public Health Association

Decision Tree

Participation in Events & the Code

This Decision Tree has been created to assist health care providers in assessing whether they are putting themselves or their organizations in a conflict of interest position that could undermine their commitment to upholding the Code.

Making a decision to participate in an event, when considering the Code, can be challenging.

The Ontario Public Health Association Decision Tree provides you with the questions to spark meaningful conversations around avoiding conflicts of interest.

Is this event appropriate to attend?

How can I know if there are Code issues?

The tool provides the questions you need to ask

Use the tool to help you process the information

Get the information you need to make your decision

Where can I find the best information?

(Answer: books, BFI Assessor, INFACT Canada)

INFACT Canada: infactcanada.ca
BFI Ontario: bfiontario.ca
Breastfeeding Committee for Canada: breastfeedingcanada.ca
IBFAN: ibfan.org
WHO, Code info: who.int/nutrition/publications/infantfeeding/9241541601/en

People to talk to:

- BFI Lead Assessor (they are very smart)
- BFI Ontario members
- OPHA Breastfeeding Promotion Network
- Colleagues

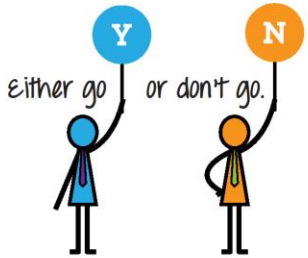
(communities of practice)

Share this information with colleagues internally, with INFACT Canada and with BFI Ontario

Talk to other participants, speakers, exhibitors - share what you found out

What's your decision?

The tool will assist in your decision whether or not to attend an event



What do you do with your decision?

- Y — No Code issues: Go!
- N — There are Code issues: Do NOT go!
  - Consider advocacy for the Code.
  - If the organizers resolve the Code issues, you may attend. Be sure to acknowledge their actions!
  - If you really must be there... just send one person who can advocate for the Code.

The Decision Tree has been reviewed by a BFI Assessor

OPHA Ontario Public Health Association

York Region

Baby-Friendly Initiative Ontario

HURON COUNTY HEALTH UNIT

Eat local. Breastfeed.

Huron County Health Unit's response to improving breastfeeding experiences in a rural area.

Need

New mothers in a rural county, with no urban centre, have limited access to breastfeeding supports.

How can we promote and support breastfeeding as a means of improving the health of them and their children?

Received BFI Designation, September 2016

MILKS members

MILKS
(Mothers Initiating Lactation Knowledge & Support)

Informal support group forms out of Breastfeeding Buddies; provides timely support to mothers via social media.

Closed Facebook group (created September 2013)

- Only group members (approved or invited) can see content
- Operates on chat room principle where members discuss, in real time, issues pertaining to breastfeeding & offer peer support
- Members contribute content daily (high post engagement) & provide answers, advice & support for each other 24/7
- 633 members (March 2017) | primarily Huron County residents | 81% women 25-44 years of age

Host monthly in-person group meetings

- Held in four locales across county (Bayfield, Clinton, Goderich, Hensall, & Wingham)
- Facilitated by trained peer support leader

Peer Support Training (Fall 2016)

- Facilitated by Huron County Health Unit following Best Start curriculum
- 12 MILKS members each completed 24 hours of training over 3 days
- Participants now guide discussions in Facebook group

Success

MILKS and its relationship with the Huron County Health Unit is based on the sense of community. Rural mothers feel supported by others experiencing similar situations.

MILKS minimizes the sense of isolation, experienced in rural living, while providing encouragement and support for breastfeeding.

Conclusion

These rural-focused initiatives actively promote and support infant nutrition. From January to December 2016, 600 babies were born to Huron County mothers and discharged from care (hospital or licensed midwife). Ten of those babies did not have any information recorded for infant-feeding at three days post-partum. For the remaining 590 babies, at three days post-partum, 78% were exclusively breastfed and 93% were exclusively breastfed or received a combination of breast milk and breast milk substitute.

Data source is BORN Ontario, 2016, extracted April 3, 2017.

Next steps

Continue to foster peer support initiatives, and work with area school boards to ensure curriculums include evidence-based infant nutrition education.

MILKS
Mothers Initiating Lactation Knowledge & Support

...as a new mom this group has been amazing, thanks so much to everyone! I experienced my first blocked duct last weekend and came here in the middle of the night to find your suggestions of what to do... This is an amazing community!

I'm looking for suggestions on how to gently wean my bf 21 month old. She... gets nursed before naps and bedtime and anytime in between. I haven't had any luck getting her on a milk or any milk substitute.

How soon did your little ones cut teeth?

...this is last minute but I leave tomorrow for Mexico with my 15 month old... just realizing... I don't know if a nursing pillow on the plane is a good idea or not. We won't be nursing on the plane as I have sippy cups for him... Space wise would it be useful or just got in the way? He doesn't have his own seat...

Educational support materials for healthcare providers & facilities; each reflects rural community.

Marguerite Falconer RHN
Huron County Health Unit

Karri Sonke
MILKS representative

Baby-Friendly Initiative Ontario