Comparison of the Canadian and WHO BFI 10 Steps

BCC Indicators 2017	WHO Guidance 2018	BCC Implementation Guidelines 2021
Step 1	Step 1	Step 1
Have a written infant feeding policy that is routinely communicated to all staff, health care providers and volunteers. Mothers and clients of the facility are aware of the policies and practices supporting breastfeeding. The manager identifies the infant feeding policy, or areas within the facility's policy statements, which specifically delineates adherence to The 10 Steps to Successful Breastfeeding (The Ten Steps) and protects breastfeeding by adhering to the WHO International Code of Marketing of Breast-Milk Substitutes (The WHO Code) and subsequent, relevant WHA Resolutions. The manager also identifies practices that support mothers who are not breastfeeding. The manager	**Step 1a: Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.** • All infant formula, feeding bottles and teats used in the facility have been purchased through normal procurement channels and not received through free or subsidized supplies. • The facility has no display of products covered under the Code or items with logos of companies that produce breast-milk substitutes, feeding bottles and teats, or names of products covered under the Code. • The facility has a policy that describes how it abides by the Code, including procurement of breast-milk substitutes, not accepting support or gifts from producers or distributors of products	**1.a. Comply with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly Resolutions.** 1a.1. All products[1] covered by the Code have been purchased in the same manner as other pharmaceuticals and food, and not received through free or subsidized supplies. 1a.2. The facility as well as independently run businesses operating on facility sites have: • no displays, promotions, or free distributions of products covered by the Code • no display of items with logos of companies that produce human milk substitutes, feeding bottles and teats, or names of products covered by the Code.

[1] Products covered by the Code include the following: breastmilk substitutes (including infant formula), feeding bottles and teats. This should be understood to include any formulas or milks (or products that could be used to replace breast milk) that are specifically marketed for feeding infants and young children up to the age of three years, including special-needs, follow-up and growing-up formulas; other foods and beverages promoted to be suitable for feeding a baby during the first six months of life when exclusive breastfeeding is recommended. This would include baby teas, juices and waters. (*The International Code of Marketing of Breast-milk Substitutes: Frequently Asked Questions* (2017). World Health Organization. http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMH-NHD-17.1-eng.pdf)

describes how health care providers (hcp), staff and volunteers are oriented to the policies and practices. The manager describes the process for policy implementation, review and auditing compliance with the policy. The manager describes how staff members who are breastfeeding are supported to sustain breastfeeding. Staff, health care providers, students on placements in the facility and volunteers are oriented to the policy, and new staff members receive a copy of the policy and all are able to access the policy. Documents, including the facility's written infant feeding policy and other existing policies, protocols and clinical guidelines, indicate that the facility provides care to mothers and babies consistent with The 10 Steps and protects breastfeeding by adhering to The WHO Code and subsequent, relevant WHA Resolutions. Documents show evidence that the policy development process is multidisciplinary with representation by all stakeholders. Documents show evidence of support for staff members who are breastfeeding. Written information for clients includes easily understood summaries of the policies and practices (or The 10 Steps and The WHO Code), in the languages most commonly understood. The summary of the policy is visible in areas of the facility that serve pregnant women, mothers, infants and/or children and is posted on the facility's website.	covered by the Code and not giving samples of breast-milk substitutes, feeding bottles or teats to mothers. • At least 80% of health professionals who provide antenatal, delivery and/or newborn care can explain at least two elements of the Code. **Step 1b: Have a written infant feeding policy that is routinely communicated to staff and parents.** • The health facility has a written infant feeding policy that addresses the implementation of all eight key clinical practices of the Ten Steps, Code implementation, and regular competency assessment. • Observations in the facility confirm that a summary of the policy is visible to pregnant women, mothers and their families. • A review of all clinical protocols or standards related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence based guidelines. • At least 80% of clinical staff who provide antenatal, delivery and/or newborn care can explain at least two elements of the infant feeding policy that influence their role in the facility. **Step 1c: Establish ongoing monitoring and data-management systems.** • The facility has a protocol for an ongoing monitoring and data-management system to comply with the eight key clinical practices. • Clinical staff at the facility meet at least every 6 months to review implementation of the system.	1a.3. The facility has an Infant Feeding Policy describing adherence to the Code, including: • procurement of human milk substitutes • prohibition of support, education or gifts from producers or distributors of products covered by the Code • prohibition of provision of samples of human milk substitutes, feeding bottles or teats to pregnant women/person or mothers/birthing parents. 1a.4. Care providers (direct and indirect) can describe how adherence to the Code is incorporated into their practice. **1.b. Have a written Infant Feeding Policy that is routinely communicated to all staff, pregnant women/persons and parents.** 1b.1. The healthcare facility has a written Infant Feeding Policy that addresses the implementation of the Ten Steps. 1b.2. A summary of the policy is visible to pregnant women/persons, parents and the public in languages most understood by the population served. 1b.3. Clinical protocols and standards related to breastfeeding and infant feeding are consistent with the BFI standards and current evidence-based guidelines. 1b.4. Staff can explain at least 2 elements of the Infant Feeding Policy that influence their role at the facility. **1.c. Establish ongoing monitoring and data-management systems.** 1c.1. The facility has a protocol for ongoing monitoring and data-management systems to

		comply with the eight key clinical practices and aligns with the BCC Monitoring Recommendations. (See Step 1c in BFI Guideline Checklist.) 1c.2. Meetings of the facility's quality improvement/BFI team take place regularly. 1c.3. Staff can explain why practices are monitored, the importance of monitoring, and how monitoring is done in the facility.
Step 2	Step 2	Step 2
Ensure all staff, health care providers and volunteers have the knowledge and skills necessary to implement the infant feeding policy. The manager shows records of orientation of all staff, hcps, volunteers, and students to the breastfeeding policy and attendance at breastfeeding education programs, either during their employment, prior to being hired and as continuing education. If new and without prior relevant breastfeeding education, individuals must be scheduled for education within six months. The manager is aware that, for staff and hcps providing direct breastfeeding care[1], at least 20 hours of education, including three hours of supervised clinical instruction, is strongly recommended. Staff and hcps also receive education on how to assist mothers to make informed decisions regarding infant feeding and to provide support for mothers not breastfeeding to choose what is acceptable, feasible, affordable, sustainable, and safe (AFASS) in her circumstances. The manager describes how staff and hcps can attain necessary education and skills and how competencies are assessed.	**Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.** • At least 80% of health professionals who provide antenatal, delivery and/or newborn care report they have received pre-service or in-service training on breastfeeding during the previous 2 years. • At least 80% of health professionals who provide antenatal, delivery and/or newborn care report receiving competency assessments in breastfeeding in the previous 2 years. • At least 80% of health professionals who provide antenatal, delivery and/or newborn care are able to correctly answer three out of four questions on breastfeeding knowledge and skills to support breastfeeding.	**Ensure that staff have the competencies (knowledge, attitudes, and skills) necessary to support women/birthing parents to meet their infant feeding goals.** 2.1. Staff new to the facility are oriented to the BFI according to their role, within 6 months of their start date. 2.2. Direct care providers review their BFI competencies within their role in the facility, using the international protocol WHO Competency Verification Toolkit and BCC Competency Verification for Direct Care Providers Working in Community Health services, at least every 2 years. 2.3. Indirect care providers can show evidence of competency related to BFI within their role at the facility.

Staff and hcps confirm that they have received education appropriate to their role, or if new, have been oriented to the infant feeding policy and practices. All staff and hcps identify that The 10 Steps and The WHO Code protect, promote and support breastfeeding and can correctly answer questions on breastfeeding protection, promotion, and support appropriate to their role. Documents: The written curricula or course outlines for orientation and education adequately address The 10 Steps and The WHO Code, appropriate to the role of the staff and hcps. The following records are available: · record of orientation of staff and hcps to breastfeeding policy and practices · record of attendance of staff and hcps at education programs · schedule for education of new staff · evidence of ongoing competency validation. [1] Direct breastfeeding care includes any of the following: breastfeeding education, assessment, support, intervention and follow-up. Peer support counsellors benefit from breastfeeding education to facilitate the mother-to-mother peer relationship.		
Step 3	Step 3	Step 3
Inform pregnant women and their families about the importance and process of breastfeeding. Pregnant women (at 32 weeks or more gestation) who use a prenatal service and who have had two or more prenatal visits or classes, confirm that they are given sufficient opportunity to discuss their infant feeding decisions with knowledgeable staff. They also confirm that the importance of exclusive breastfeeding has been discussed with them. These women can describe the importance	**Discuss the importance and management of breastfeeding with pregnant women and their families.** • A protocol for antenatal discussion of breastfeeding includes at a minimum: – the importance of breastfeeding; – global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, and the fact that breastfeeding continues to be	**Discuss the importance and process of breastfeeding with pregnant women/person and their families.** 3.1. Pregnant women/persons receiving prenatal care/education through the facility receive information on breastfeeding. 3.2. Pregnant women/persons who receive prenatal care can adequately describe what was discussed about 2 topics included in the international protocol for prenatal discussion.

of breastfeeding (at least two items) and the importance of skin-to-skin contact, in addition to two of the following: exclusivity of breastfeeding, risks of non-medically indicated supplementation, responsive/cue-based feeding, position/latch, rooming-in, and sustained breastfeeding. These women confirm they have received no group education on the use of human milk substitutes. Hospitalized pregnant women confirm they have received information appropriate to their needs. In a community health service, the manager describes health promotion and community outreach strategies to increase public awareness and support of breastfeeding, and the creation of a breastfeeding culture in the community. The manager shows liaison with the local hospital(s) and collaboration regarding the development of the prenatal curriculum. If the facility refers families to other agencies for prenatal classes, the content should be consistent with the principles of the Baby-Friendly Initiative. In a hospital or birthing centre, the manager shows that breastfeeding information is provided to at least 80% of pregnant women using the facility's perinatal services. The manager shows liaison with the community prenatal programs and collaboration regarding the development of the prenatal curriculum. Staff and hcps providing prenatal education confirm that they have received breastfeeding education as outlined in Step 2. Documents: A written curriculum for prenatal education used by the hospital and/or the community health service and written information for prenatal clients (such as booklets, leaflets, handbooks, social media, websites	important after 6 months when other foods are given; – the importance of immediate and sustained skin-to-skin contact; – the importance of early initiation of breastfeeding; – the importance of rooming-in; – the basics of good positioning and attachment; – recognition of feeding cues. • At least 80% of mothers who received prenatal care at the facility report having received prenatal counselling on breastfeeding. • At least 80% of mothers who received prenatal care at the facility are able to adequately describe what was discussed about two of the topics mentioned above.	

(including videos and YouTube channels) and textbooks with general information on pregnancy, parenting, infant feeding, and child care) provide accurate, evidence-based information. They are free of information on the feeding of human milk substitutes. Women who have made an informed decision not to breastfeed receive written materials on the feeding of human milk substitutes that is current, appropriate, and separate from breastfeeding information. All written information is free of promotional material for products or companies that fall within the scope of The WHO Code and subsequent, relevant WHA Resolutions.		
Step 4	Step 4	Step 4
Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes. Encourage mothers to recognize when their babies are ready to feed, offering help as needed. In the hospital or birthing centre: Postpartum mothers report that, unless there were medical indications for delayed contact, their baby was placed skin-to-skin immediately after birth (vaginal or caesarean birth without general anaesthesia) or as soon as the mother was responsive or alert (after caesarean birth with general anaesthesia). This occurred for an uninterrupted period of at least 60 minutes, or until the completion of the first feed, or for as long as the mother wished. These mothers confirm that they were encouraged to look for signs that their baby was ready to feed and that they were offered assistance as needed.	**Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.** • At least 80% of mothers of term infants report that their babies were placed in skin-to-skin contact with them immediately or within 5 minutes after birth and that this contact lasted 1 hour or more, unless there were documented medically justifiable reasons for delayed contact. • At least 80% of mothers of term infants report that their babies were put to the breast within 1 hour after birth, unless there were documented medically justifiable reasons.	**Facilitate immediate and uninterrupted skin-to-skin contact at birth. Support mothers/birthing parents to respond to the infant's cues to initiate breastfeeding as soon as possible after birth.** 4.1. Mothers/birthing parents report that their infants are placed skin-to-skin with them immediately after birth (vaginal and caesarean) unless there are justifiable medical reasons for delayed contact. **Note:** The use of terms "as soon as possible" and "up to 5 minutes" are intended to signal those attending the birth that an occasional delay may be necessary to allow them time for brief assessment of a critical medical issue. The assessment of the standard allows for a delay of up to 5 minutes under these circumstances. 4.2. Mothers/birthing parents report that their infants (born vaginally or by caesarean) remained skin-to-skin with them without interruption for at least one hour unless there were documented medically justifiable reasons.

Mothers with babies in special care report that they were able to hold their baby skin-to-skin as soon as mother and baby were stable unless there were medical indications for delayed contact. All mothers report that they had been informed prenatally of the importance of skin-to-skin contact and were encouraged to discuss this with staff and hcps. Mothers transferred to a different area (e.g. by stretcher or wheelchair) confirm that skin-to-skin contact was maintained as long as mothers wished even after completion of the first feeding. When the baby was well but the mother was ill or unavailable, mothers confirm that skin-to-skin contact with another support person of her choice (commonly her partner) was encouraged. Families receive information on how to provide skin-to-skin care safely. The manager confirms that skin-to-skin care is initiated immediately after birth unless separation is medically indicated, and describes how this practice is monitored. Staff and hcps confirm that routine observations and monitoring of the mother and baby (temperature, breathing, colour and tone) continue throughout the period of skin-to-skin care. The baby is removed only if medically indicated or requested by the mother, and this is recorded in the baby's chart. Documents show that skin-to-skin care remains unhurried and uninterrupted for at least one hour or until the completion of the first breastfeed, unless there is a recorded medical indication for separation. Routine procedures, monitoring and measurements are delayed until after the first breastfeed.		**4.3. SENTINEL STANDARD: Mothers/birthing parents report that they offered the breast to their baby within one hour after birth (vaginal or caesarean).** 4.4. Mothers/birthing parents of unstable or sick infants report that they were supported to hold their infant skin-to-skin as soon as they were stable. 4.5. Mothers/birthing parents report they were given information during pregnancy about the importance of skin-to-skin contact with their baby at birth and how to ensure safety. 4.6. Mothers/birthing parents report they were given information on how to safely position and monitor their babies while skin-to-skin.

Medications required by baby are given while the baby is on mother's chest, preferably near the end of the first breastfeed to decrease pain. Written information for clients outlines information consistent with the issues cited above In the community health service: Mothers report that they had been given information during pregnancy about the importance of skin-to-skin contact and were encouraged to discuss this with staff and hcps. Families report that they have been shown how to safely position their babies for skin-to-skin care. Managers, staff, and hcps participate in educational and social marketing activities to promote immediate and uninterrupted skin-to-skin care whether the infant is breastfed or not and include information for partner. Written information for clients outlines information consistent with the issues cited above.		
Step 5	Step 5	Step 5
Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants. This step encompasses three circumstances: I. Initiation and establishment of breastfeeding of infants rooming-in with their mothers II. Initiation and maintenance of lactation if mother and baby are separated lll. Anticipatory guidance for mothers in the hospital and community In the hospital or birthing centre: Postpartum mothers report that they were offered further assistance with breastfeeding within six hours of birth and at appropriate subsequent intervals.	**Support mothers to initiate and maintain breastfeeding and manage common difficulties.** • At least 80% of breastfeeding mothers of term infants report that someone on the staff offered assistance with breastfeeding within 6 hours after birth. • At least 80% of mothers of preterm or sick infants report having been helped to express milk within 1–2 hours after birth. • At least 80% of breastfeeding mothers of term infants are able to demonstrate how to position their baby for breastfeeding and that the baby can suckle and transfer milk.	**Support mothers/parents to initiate and maintain breastfeeding and manage common difficulties.** 5.1. Breastfeeding mothers/birthing parents of term infants can comfortably position and latch their infant. 5.2. Mothers/birthing parents can describe practices that increase breastfeeding success (early frequent feeding, responding to cues, effective latch, skin-to-skin, etc.) 5.3. Mothers/birthing parents can describe signs that the infant is feeding effectively. 5.4. Mothers/birthing parents who are not breastfeeding or not breastfeeding exclusively

Observations of feedings are completed as needed and at least once per shift. In the community health service: Mothers discharged from hospital or birthing centre confirm that assistance with breastfeeding concerns is available within 24 hours. Routine follow up is accessible within 48 hours after discharge for all mothers (care may be provided by the hospital, CHS, a breastfeeding clinic and/or midwife, etc.). Mothers report that they were offered timely help with positioning and latch and that feeding was assessed. Ongoing information and assistance is available as needed throughout the breastfeeding experience. In hospitals and community health services: Mothers describe hand expression of their milk and have written information on expression and/or were advised where they could get help, should they need it. Mothers explain responsive, cue-based feeding[1]. Mothers are aware of the signs that their infant is breastfeeding effectively, and they know when to seek help should they need it. Mothers have written information on available, knowledgeable support persons (health professional and peer support). In addition, mothers: · who are breastfeeding demonstrate effective positioning and latch. They relate they have been given age-appropriate anticipatory guidance about possible breastfeeding concerns, their solutions and available resources that will assist with breastfeeding · who have made the decision not to breastfeed, or who elected to supplement their babies with	• At least 80% of breastfeeding mothers of term infants can describe at least two ways to facilitate milk production for their infants. • At least 80% of breastfeeding mothers of term infants can describe at least two indicators of whether a breastfed baby consumes adequate milk. • At least 80% of mothers of breastfed preterm and term infants can correctly demonstrate or describe how to express breast milk.	report they received individualized counselling to respond to their needs. 5.5. Breastfeeding mothers/parents are offered timely assistance with breastfeeding within 6 hours after birth and as needed. 5.6. Breastfeeding mothers/parents can demonstrate or explain how to hand express their milk. 5.7. Breastfeeding mothers/parents separated from their infants are offered timely assistance to express their milk within 1–2 hours after birth and as needed. 5.8. Breastfeeding mothers/parents separated from their infants or whose babies are not feeding effectively can describe how to express their milk to initiate and maintain milk supply. 5.9. Breastfeeding mothers/parents are aware of how to access timely, knowledgeable assistance with breastfeeding throughout their breastfeeding experience.

human milk substitutes for non-medically indicated reasons report that o they received information to support an informed decision[1] o were assisted to choose what is acceptable, feasible, affordable, sustainable, and safe (AFASS) o were instructed about correct preparation, storage and feeding of human milk substitutes. Principles of responsive, cue-based feeding[2] are also included. · with babies in special care, or mother with babies who are unable to breastfeed, or who are separated from their babies during illness, or while at work or school, confirm that they received instruction on the maintenance of lactation by frequent expression of milk (beginning within the first hour of birth and at least eight times in 24 hours to establish and maintain lactation), how to store and handle milk, how to feed their milk to their baby, where to obtain equipment and how to clean it. In hospitals and community health services: The manager describes a reliable and formal system in place to ensure the continuity of care, and for communication between hospital and CHS staff and hcps regarding a mother's prenatal breastfeeding concerns, and her breastfeeding progress postpartum. The manager confirms that mothers who have never breastfed, or who have previously encountered challenges with breastfeeding, receive additional attention and support both in the prenatal and postpartum periods. Staff and hcps demonstrate teaching of effective positioning/latch, cup feeding and hand expression with mothers at the facility and report that they frequently assess and report on the		

effectiveness of breastfeeding and indicators of the baby's milk intake. Staff and hcps describe what they tell mothers regarding feeding cues, signs of effective breastfeeding and offer anticipatory guidance about possible breastfeeding concerns and their solutions, as well as available resources that will assist with breastfeeding. Staff and hcps ensure continuity of care through effective liaison and information sharing between the hospital and CHS. Staff and hcps describe the information needed to support mothers who are giving human milk substitutes to make informed decisions and safely prepare, store and use appropriate commercial human milk substitutes. Staff and hcps providing care in community health services can answer breastfeeding care questions concerning challenges that occur beyond the first few weeks (e.g., breast refusal, slow growth rates, growth spurts, biting, the timely introduction of complementary foods and sustained breastfeeding). [1] Note: Supporting informed decision making includes the provision of: · the opportunity for a woman to discuss her concerns · importance of breastfeeding for baby, mother, family and community · health consequences for baby and mother of not breastfeeding · risks and costs of human milk substitutes · difficulty of reversing the decision once breastfeeding is stopped. Documents show an effective liaison and communication between hospital(s) and CHS(s) to ensure the continuum of care.		

Written information for clients outlines information consistent with the criteria cited above.		
Step 6	Step 6	Step 6
Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated. Mothers of babies younger than six months confirm that their baby is exclusively breastfed, or that they made an informed decision to supplement for a medical or personal reason. Mothers report that they have received anticipatory guidance and an opportunity to discuss sustained breastfeeding with staff and hcps, exclusively for the first six months, then for two years and beyond, along with the introduction of appropriate complementary foods. Mothers, including those mothers with babies in special care who have made an informed decision not to breastfeed, report that the staff and hcps discussed feeding options with them and supported their informed selection of an appropriate human milk substitute (commercial infant formula). In hospitals and birthing centres, the manager: · provides annual data for the facility showing: o breastfeeding initiation rates o exclusive breastfeeding rates of babies from birth to discharge (minimum 75%) o supplementation rates (medically-indicated and non-medically indicated) · describes a reliable system of data collection In community health services, the manager: · provides annual data showing:	**Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.** • At least 80% of infants (preterm and term) received only breast milk (either from their own mother or from a human milk bank) throughout their stay at the facility. • At least 80% of mothers who have decided not to breastfeed report that the staff discussed with them the various feeding options and helped them to decide what was suitable in their situations. • At least 80% of mothers who have decided not to breastfeed report that the staff discussed with them the safe preparation, feeding and storage of breast-milk substitutes. • At least 80% of term breastfed babies who received supplemental feeds have a documented medical indication for supplementation in their medical record. • At least 80% of preterm babies and other vulnerable newborns that cannot be fed their mother's own milk are fed with donor human milk. • At least 80% of mothers with babies in special care report that they have been offered help to start lactogenesis II (beginning plentiful milk secretion) and to keep up the supply, within 1–2 hours after their babies' births.	**Support mothers/parents to exclusively breastfeed for the first six months, unless supplements are medically indicated.** **6.1. SENTINEL STANDARD: Infants (term, preterm) received only breastmilk throughout their stay at the birthing facility.** 6.2. Breastfed infants who received supplemental feeds have a documented medical indication for supplementation. 6.3. Mothers/birthing parents who supplement for medical or personal reasons or decided not to breastfeed report they were supported in their decision making and plan. **6.4. SENTINEL STANDARD: Infants are exclusively breastfed on entry to the community health service.** **6.5. SENTINEL STANDARD: Infants are exclusively breastfed at 6 months.** 6.6. Parents who do not breastfeed or do not breastfeed exclusively report that direct care providers discussed individually with them the safe preparation, feeding and storage of human milk substitutes. 6.7. Parents of premature or vulnerable infants who cannot be fed their mother's/parent's milk are offered individual information about the importance, availability and use of pasteurized donor human milk.

o exclusive breastfeeding rates of babies on entry to the community service, which coincides with hospital discharge (goal is 75%). If the exclusive breastfeeding rate on entry to service is less than 75%, § demonstrates the “any breastfeeding rate”[1] is at least 75%, and § provides data for at least three years, showing improvements in breastfeeding rates o exclusive and any breastfeeding duration rates (see appendix 6.4) · describes a reliable system of data collection of breastfeeding rates. It is expected that breastfeeding duration rates are monitored to reflect the current WHO/UNICEF and Health Canada recommendations of exclusive breastfeeding to six months and continued breastfeeding to two years and beyond. · describes collaboration with others (e.g., community members, academia) to assess and understand the cultural norms and conditions within the community affecting breastfeeding rates and disparities. Staff and hcps describe the importance of exclusive breastfeeding, the medical indications for supplementation as defined by WHO[2], and information provided to mothers to support informed decision making about feeding their own expressed breastmilk, pasteurized human donor milk or human milk substitutes, without the use of bottles or artificial teats. Staff and hcps record this important information in clients' charts. Documents provide the facility data including records of client’s informed decision-making and supplementation for medical indications.		

Written information for clients outlines information consistent with the criteria cited above.		
Step 7	Step 7	Step 7
Facilitate 24-hour rooming-in for all mother-infant dyads: mothers and infants remain together. Postpartum mothers including those with caesarean births, report that from birth (or from the time that they could respond to their babies in the case of general anaesthetic) their infants have remained with them, and that a support person was welcomed to stay with them day and night. Mothers relate they have received information about safe skin-to-skin, co-sleeping and bed sharing. Mothers confirm that they were not separated from their infants and were invited to hold their babies skin-to-skin and breastfeed during painful procedures. In hospitals and birthing centres, the manager confirms that: · teaching and examinations occur at the mother's bedside or with her present · breastfeeding is welcome everywhere, including all the public areas, and that facilities for privacy are available on request In community health services, the manager confirms that: · families receive information about safe sleeping (including room-sharing, avoiding swaddling, etc.) using harm reduction messaging · staff and hcps encourage mothers to hold their babies skin-to-skin and breastfeed if painful procedures are necessary	**Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.** • At least 80% of mothers of term infants report that their babies stayed with them since birth, without separation lasting for more than 1 hour. • Observations in the postpartum wards and wellbaby observation areas confirm that at least 80% of mothers and babies are together or, if not, have medically justifiable reasons for being separated. • At least 80% of mothers of preterm infants confirm that they were encouraged to stay close to their infants, day and night.	**Promote and support mother-infant togetherness.** 7.1. Mothers/birthing parents confirm that they were supported to stay together with their infant since birth. 7.2. Mothers/birthing parents of infants in the NICU confirm they were encouraged to stay close to their infants as much as possible, day and night. 7.3. Parents confirm that they received information about safe sleep for infants using harm reduction messaging about bedsharing and swaddling/tight bundling. 7.4. Mothers/birthing parents confirm that their infants were held skin-to-skin and/or breastfed during infants' painful procedures. 7.5. Mothers/birthing parents report they received information on strategies to facilitate mother-infant togetherness at home. 7.6. Breastfeeding parents confirm that they felt welcome to breastfeed in all public areas of the facility. 7.7. Parents confirm that they could access a private, comfortable space at the facility for breastfeeding or milk expression upon request.

· staff and hcps encourage mothers who are not breastfeeding to hold their babies skin- to-skin and use other comfort measures if painful procedures are necessary · skin-to-skin care and mother/baby togetherness are encouraged in the home environment for all mothers regardless of feeding decisions · breastfeeding is welcome everywhere, including all the public areas, and that facilities for privacy are available on request. Staff and hcps report that mothers and babies are separated only for medical reasons, and that anticipatory guidance is given to mothers to protect, promote and support breastfeeding. They report that examination, teaching and procedures occur at the mother's bedside or in her presence, and that mothers are encouraged to hold and settle their babies if painful procedures are necessary. Staff and hcps describe how mothers are welcomed to breastfeed anytime, anywhere. They confirm that routine observations and monitoring of mother and baby (temperature, breathing, colour and tone) continue throughout the period of skin-to-skin care. Documents show evidence of medical indications for separation of mothers and babies, the length of separation and anticipatory guidance to protect, promote and support breastfeeding. Written information for clients, including signage, outlines information consistent with the criteria cited above.		
Step 8	Step 8	Step 8
Encourage responsive, cue-based feeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.	**Support mothers to recognize and respond to their infants' cues for feeding.** • At least 80% of breastfeeding mothers of term infants can describe at least two feeding cues.	**Encourage responsive, cue-based feeding for infants. Encourage sustained breastfeeding beyond 6 months with appropriate introduction of complementary foods.**

Mothers describe age-appropriate, responsive, cue-based, effective feeding (feeding cues, unrestricted frequency and length of breastfeeds, signs of effective breastfeeding, signs of readiness for solids). Mothers confirm that they have received anticipatory guidance and an opportunity to discuss sustained breastfeeding with staff and hcps, exclusively for the first six months, then for two years and beyond, after introduction of appropriate complementary foods. Discussion of sustained breastfeeding included information about mother's rights for accommodation at school and in the workplace. In hospitals and community health services: The manager relates that staff and hcps offer timely anticipatory guidance and problem solving to mothers regarding effective, responsive, cue-based feeding as per Canadian and International guidelines. Staff and hcps describe the information mothers are taught about age-appropriate differences in infant variables (behaviour, output and feeding frequency) and how to assess their babies for signs of effective breastfeeding. Staff and hcps discuss breastfeeding as part of the relationship between mother and child – not simply as a means of providing food. They confirm that they discuss breastfeeding progress with mothers at each contact, unless a medical or other emergency takes precedence. Documents show evidence that mothers receive information on responsive, cue-based feeding and continued breastfeeding. Written information for clients outlines information consistent with the criteria cited above.	• At least 80% of breastfeeding mothers of term infants report that they have been advised to feed their babies as often and for as long as the infant wants.	8.1. Parents report that they have been encouraged to feed responsively according to their infants' cues. 8.2. Parents are aware of recommendations for breastfeeding duration and when to introduce complementary foods. 8.3. Parents of preterm, sick, or non-cueing infants report they have received guidance in observing their infants' subtle signs and behavioural state shifts to help them determine when to feed.

Step 9	Step 9	Step 9
Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers). Mothers report that they received information and support to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers. If the baby has been given a bottle or pacifier, the mother confirms that this was her informed decision or a medical indication. In hospitals and community health services: The manager provides records confirming that mothers of breastfeeding infants are supported to find alternative solutions or make an informed decision regarding the use of artificial teats. Staff and hcps describe feeding alternatives recommended for breastfed infants requiring supplemental feedings (e.g. cups, spoons) and soothing techniques for all infants. Documents show evidence of support and informed decision making. Written information for clients outlines the risks associated with artificial teats and describes alternatives.	**Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.** • At least 80% of breastfeeding mothers of preterm and term infants report that they have been taught about the risks of using feeding bottles, teats and pacifiers.	**Discuss the use and effects of feeding bottles, artificial nipples, and pacifiers with parents.** 9.1. Parents report they were supported to make informed decisions about the use of bottles, artificial nipples and pacifiers for medical and non-medical reasons. 9.2. Parents who are using bottles, artificial nipples or pacifiers confirm that they received information on their safe use and care. 9.3. Parent can describe the information they have received about calming techniques for infants other than pacifiers. 9.4. Parents of infants needing supplementation can confirm that options were discussed with them (e.g., cup, spoon, feeding tube). 9.5. Parents with a preterm infant can describe one reason why non-nutritive suckling is important until breastfeeding is established.
Step 10	Step 10	Step 10
Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health[1] to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes. Mothers confirm an effective transition from hospital, birthing centre or midwife to CHS and	**Coordinate discharge so that parents and their infants have timely access to ongoing support and care.** At least 80% of mothers of preterm and term infants report that a staff member has informed them where they can access breastfeeding support in their community. • The facility can demonstrate that it coordinates with community services that provide breastfeeding/infant feeding support, including	**Provide a seamless transition between the services provided by the hospital, community health services and peer-support programs.** 10.1. There is evidence of coordination of care among hospitals, community health services, and peer-support groups to facilitate seamless transition. 10.2. Parents report that they have been informed how to access breastfeeding/infant feeding support in their community.

know at least one way to access breastfeeding support outside of office hours. Mothers confirm that they could access peer support programs. Mothers report that they live in a community that supports a positive breastfeeding culture. In hospitals and birthing centres: The manager describes an adequate procedure for the transition from hospital to CHS and describes the liaison and collaboration between the hospital, CHS and peer support programs to protect, promote and support breastfeeding. In community health services: The manager describes an adequate procedure for the transition from hospital to CHS and describes the liaison and collaboration between the hospital, CHS and peer support programs to protect, promote and support breastfeeding. The manager describes the strategies and approaches used to support principles of primary health care and population health to improve breastfeeding outcomes. Staff and hcps describe effective transition for all mothers between hospital or birthing centre and community programs and can locate the written support materials provided to mothers. Documents show evidence of liaison and collaboration across the continuum of care. Written information for clients lists hospital, community health and peer support providers.	clinical management and mother-to-mother support.	10.3. There is evidence that appropriate services are in place to support infant feeding from time of entry into service and for as long as the infant is breastfeeding. 10.4. There is evidence that the facility uses targeted and universal approaches to protect, promote and support breastfeeding. 10.5. Parents report that community health services were available if and when they needed support with breastfeeding/infant feeding even during emergencies.