

Infant Feeding (Breastfeeding/Chestfeeding)

1. Introduction

This Policy outlines Vancouver Coastal Health's (VCH) and Providence Health Care's (PHC) commitment to supporting healthy lives in healthy communities by establishing breastfeeding/chestfeeding as the cultural feeding norm for birthing people, children, and families through care, education and research.

VCH endorses exclusive breastfeeding/chestfeeding to the age of six months and provision of safe, appropriate, and locally available complementary foods, with continued breastfeeding/chestfeeding for up to two years of age and beyond (Health Canada, 2012).

1.1. Purpose

The purpose of this policy is to ensure that Staff understands their role and responsibilities in supporting expectant and new parents to feed and care for their baby in ways which support optimum health and well-being.

1.2. Scope

This is a joint policy between Vancouver Coastal Health (VCH) and Providence Health Care (PHC) that applies to all Staff.

1.3. Exceptions

None

2. Policy

VCH/PHC is committed to:

- Adopting the BFI 10 Steps and WHO Code, set out at Appendix A. Baby Friendly is an accreditation standard which protects, promotes and supports best practice around infant and young child feeding, based on the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) Ten Steps to Successful breastfeeding/chestfeeding.
- Providing the highest standard of care to support expectant and new parents to feed their babies and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being, and the significant contribution that breastfeeding/chestfeeding makes to good health outcomes for both the lactating parent and their children.
- Ensuring that all care is patient and family centred, non-judgmental and that parents decisions are supported and respected. Working together across disciplines and organizations to improve experiences of care with birthing. Addressing and decreasing health inequities for Indigenous people by providing culturally safe and responsive services.

Cultural Safety reduces barriers to care, increases the quality and safety of services, positively impacts patterns of service utilization, improves clinical outcomes and leads to fewer disparities in health status between Indigenous and non-Indigenous people. Infant feeding support should be embedded within a broader trauma-informed, culturally-safe approach to care that contextualizes the ongoing impact of colonization on the disruption of breastfeeding/chestfeeding as a traditional Indigenous parenting practice. For many Indigenous families today, reclaiming breastfeeding/chestfeeding is an act of resistance and an act of intergenerational healing. For some new parents, breastfeeding/chestfeeding offers a sense of connection to ancestral knowledge, body sovereignty, and food security for their baby. Human milk is honoured as the baby's first traditional food and first traditional medicine.

As part of this commitment, VCH/PHC will ensure that:

- Staff is familiarized with this policy on commencement of employment during the New Employee Orientation (NEO) by watching VCH & PHC Baby Friendly Initiative (online) e-learning course.
- Staff receives orientation/training to enable them to implement the policy as appropriate to their role.
- Health Care Providers (HCPs) providing direct breastfeeding/chestfeeding care to clients practice according to VCH/PHC's standard defined for infant feeding of healthy term newborns (see Infant Feeding (Breastfeeding) Guideline).
- VCH/PHC facilities make provision for Staff and Clients to breastfeed/chestfeed their children as required by providing welcoming spaces; and
- VCH/PHC Staff and services will continue to support parents who have made an informed decision to feed human-milk substitutes using the same standards of care as those used for breastfeeding/chestfeeding parents.

VCH/PHC will adhere to the following practice standards:

- The International Code of Marketing of Breast-milk Substitutes at Appendix B
- The Breastfeeding Committee for Canada: The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services at Appendix A

2.1. Outcomes

This policy aims to ensure that the care provided by Staff leads to improved outcomes for children and families, and specifically to deliver:

- skin-to-skin care is initiated in the first 5 minutes of life and remains uninterrupted for at least one hour, until completion of the first breastfeed/chest feed or as long as the parent wishes, unless there is a medical indication, which should be documented in the baby's chart

- an increase in exclusive breastfeeding/chestfeeding rates at hospital discharge, 2, 4, and 6 months
- an increase in the number of babies receiving any breastmilk at 2, 4, and 6 months
- an increase in infants continuing to be breastfed/chestfed at 12 and 18 months
- Parents who choose to use human-milk substitutes, have engaged in an informed decision making process with a health care provider
- improvements in parents' experiences of care
- a reduction in the number of emergency room visits or re-admissions for conditions related to feeding problems

3. Responsibilities

3.1 VCH /PHC Baby-Friendly Community of Practice (Inter-regional Perinatal Coordinating Committee/Maternal Child Program, Regional Public Health Program)

The VCH/PHC Baby-Friendly Initiative Community of Practice Committee is responsible for:

- The update, implementation and monitoring of the policy and practice support tools; and
- The reporting of outcomes and performance using the BFI Indicators (see Compliance) to the respective Programs.

3.2 Health Care Providers

HCPs providing direct breastfeeding/chestfeeding care to clients must:

- Be oriented to this policy and complete education requirements as outlined in the BFI 10 Steps;
- Be educated in basic lactation support or will have previous equivalent preparation (e.g. Breastfeeding/chestfeeding: Making a Difference, Step 2 Online Education, Breast Basics for HCP);
- Participate in ongoing education and/or in-services to ensure current knowledge in the care of the breastfeeding/chestfeeding dyad
- Ensure their clinical practice complies with this policy, by endorsing exclusive breastfeeding/chest feeding as the cultural norm to the age of six months and, to the age of two years and beyond, continued breastfeeding/chest feeding with locally available complementary foods.
- Ensure their practice accords with the VCH/PHC standard defined for infant feeding of health term newborns (see Infant Feeding Breastfeeding Guidelines (2016)).
- Adhere to the International Code of Marketing of Breast-milk Substitutes, as applicable (including no free samples to mothers, no promotion of breast milk substitutes in health care facilities, no gifts or personal samples to health care workers, no financial assistance from the infant feeding industry).
- Adhere to the Breastfeeding Committee for Canada: Baby-friendly Initiative (BFI), Integrated 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services.

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- Support parents who choose not to breastfeed/chest feed or those who are not able to breastfeed/chest feed due to medical reasons, or parents who are separated from their infants such as babies in neonatal intensive care (NICU), or who are separated from their babies during illness, or while at work or school, or child welfare intervention and separation from families.

HCPs who care for breastfeeding/chestfeeding clients and/or their infants but who do not provide direct breastfeeding/chestfeeding care and support must:

- Be oriented to this policy; and
- Be oriented to services, supports, and referral processes for parents experiencing breastfeeding/chestfeeding difficulties.
- Review the breastfeeding/chestfeeding modules at UBC CPD: *But I don't do Maternity Care! Specialist Physician Management of the Breastfeeding Patient or Latching On; How Family Physicians can Support Breastfeeding patients.*

3.3 All Staff

- Staff will be oriented to this policy.

4. Compliance

All Staff are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Failure to comply may result in remedial action.

With the oversight by the Interregional Perinatal Coordinating Council/Maternal/Child Program and the Public Health Program, the VCH/PHC Baby Friendly Initiative Community of Practice Committee will monitor performance using the BFI Indicators and formally review policy and infant feeding guideline every 3 years.

5. Supporting Documents

5.1 Related Policies

- [Indigenous Cultural Safety](#)

5.2 Guidelines/Procedures/Forms

- [Infant Feeding \(Breastfeeding\) Guidelines](#) (2016)
- Perinatal Services BC Health promotion Guidelines [Breastfeeding Healthy Term Infants](#)

6. Definitions

“**BFI Indicators**” means the indicators outlined in the document BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services.

“Client(s)” means all people receiving care or services from VCH/PHC and includes patients and residents.

“HCP” means registered nurses, nurse practitioners, midwives, physicians, and allied health professionals who are employed by VCH/PHC, or who provide services at a VCH/PHC facility.

“Staff” means all employees (including management and leadership), health care practitioners (including physicians, nurses, midwives, dentists and nurse practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH/PHC.

7. References

The following external documents contain helpful guidance regarding the Baby Friendly Initiative and best practices for feeding infants and young children:

- Breastfeeding Committee for Canada: BFI in Canada
- BFI Integrated 10 Steps Practice Outcome Indicators (2017)
- Canadian Paediatric Society (July 2012 Reaffirmed January 2020) The Baby-Friendly Initiative: Protecting, Promoting and Supporting Breastfeeding
- College of Family Physicians of Canada (2004; endorsement renewed 2011) Infant Feeding Policy Statement
- Health Canada (2012), Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months A joint statement of Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada.
- Health Canada (2014), Nutrition for Health Term Infants: Recommendations from Six Months to 24 Months A joint statement of Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada.
- UNICEF (2004), Innocenti Declaration: On the Protection, Promotion and Support of Breastfeeding.
- World Health Organization (1981), International Code of Marketing of Breastmilk Substitutes.
- World Health Organization (Geneva; 2003), Global Strategy for Infant and Young Child Feeding, The Optimal Duration of Exclusive Breastfeeding.

8. Appendices

- [Appendix A: Breastfeeding Committee for Canada: Baby-friendly Initiative \(BFI\) Integrated 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services](#)
- [Appendix B: Summary of the International Code of Marketing of Breastmilk/chestmilk Substitutes \(The Code\) and Relevant World Health Assembly \(WHA\) resolutions](#)

Questions

Contact: Inter-regional Perinatal Coordinating Committee/Maternal Child Program, Regional Public Health Program

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Appendix A: Breastfeeding Committee for Canada: Baby-friendly Initiative (BFI) Integrated 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services

For the complete document with detailed description of the outcome indicators, see:

<https://breastfeedingcanada.ca/wp-content/uploads/2020/03/Indicators-we2019-En.pdf>

Step 1: Have a written infant feeding policy that is routinely communicated to all staff, health care providers and volunteers.

Step 2: Ensure all staff, health care providers and volunteers have the knowledge and skills necessary to implement the infant feeding policy.

Step 3: Inform pregnant persons and their families about the importance and process of breastfeeding.

Step 4: Place babies in uninterrupted skin-to-skin contact immediately following birth for at least an hour or until completion of the first feeding or as long as the parent wishes. Encourage parent to recognize when their babies are ready to feed, offering help as needed.

Step 5: Assist new parent to breastfeed/chestfeed and maintain lactation should they face challenges including separation from their infants.

Step 6: Support exclusive breastfeed for the first six months, unless supplements are *medically* indicated.

Step 7: Facilitate 24 hour rooming-in for all parent – infant dyads: parent and infants remain together.

Step 8: Encourage responsive, cue-based breastfeeding/chestfeeding. Encourage sustained breastfeeding/chestfeeding beyond six months with appropriate introduction of complementary foods.

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

Step 10: Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding/chestfeeding outcomes.

The Code: Compliance with the International Code of Marketing of Breastmilk/chestmilk Substitutes.

Appendix B: Summary of the International Code of Marketing of Breastmilk/chestmilk Substitutes (The Code) and Relevant World Health Assembly (WHA) Resolutions

The Code and WHA Resolutions concerning infant and young child nutrition include these important provisions:

1. No advertising of products under the scope of the Code to the public.
2. No free formula samples.
3. No promotion of products in health care facilities, including the distribution of free or low-cost supplies.
4. No company representatives to advise parent.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of the products.
7. Information to health workers should be scientific and factual.
8. All information on artificial feeding, including the labels, should explain the benefits of breastfeeding and all costs and hazards associated with artificial feeding.
9. Unsuitable products such as sweetened condensed milk should not be promoted for babies.
10. All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.
11. Promote and support exclusive breastfeeding for six months as a global public health recommendation with continued breastfeeding for up to two years of age or beyond.
12. Foster appropriate complementary feeding from the age of six months recognizing that any food or drink given before nutritionally required may interfere with breastfeeding.
13. Complementary foods are not to be marketed in ways to undermine exclusive and sustained breastfeeding.
14. Financial assistance from the infant feeding industry may interfere with professionals' unequivocal support for breastfeeding/chestfeeding.

World Health Organization. *International Code of Marketing of Breastmilk Substitutes* (1981).

Available from URL: http://www.who.int/nutrition/publications/code_english.pdf