The National Authority for the Baby-Friendly Initiative

The BFI 10 Steps and WHO Code
Outcome Indicators for
Hospitals and Community Health Services

Hot off the Press: Baby-Friendly Indicators

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A brief history …

- WHO/UNICEF 1991
- Canada: The 10 Steps and the 7 Points
- WHO/UNICEF 2009 Revisions
- Canada 2011: BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services
- Canada 2017:

Living documents

- Feedback from stakeholders
- Committee development
- Best practice

What have you noticed so far?

Most significant changes

Safe skin-to-skin care

Responsive feeding

Early hand expression

Increased emphasis on care of mothers and babies who don’t breastfeed

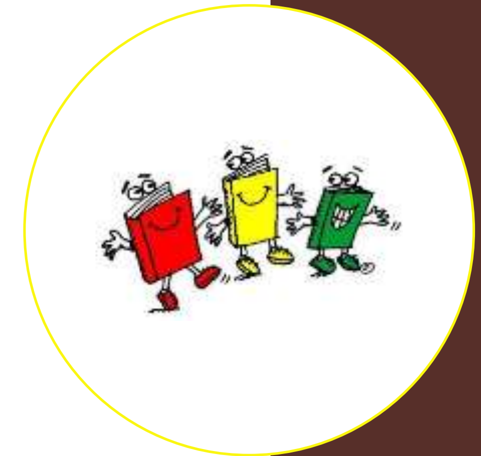
Wordsmithing Language

Grammar (or how many times can you look at a document and still miss things!)

Delivery → Birth

Breastfeeding management → Breastfeeding care

Gender inclusive: "Although we use terms such as mother, father, and family in this document, a person-centred approach should be given to all individuals in our care"



Step 2: Education for health care providers

Reworded Step 2:

"all health care providers" … "all staff, health care providers and volunteers"

"direct breastfeeding care is defined as including any of the following: breastfeeding education, assessment, support, intervention and follow-up."

Step 3 Prenatal Education

Liaison between community facilities and the local hospital for prenatal curriculum → community facilities referring families to other agencies for prenatal classes should ensure that the content is consistent with BFI principles.

Social media, websites videos, youtube clips are included in the list of education materials required to be accurate and up-to-date

Step 4 Uninterrupted Skin-to-skin contact

Community facilities: Prenatal education about uninterrupted skin-to-skin care regardless of how the infant will be fed.

Safe Skin-to-Skin Care (including not bundling)

BC WOMEN'S HOSPITAL+ HEALTH CENTRE

Doing Skin-to-Skin Safely

Uninterrupted skin-to-skin care for at least the first hour (and continuing for as long as possible), provides numerous benefits to mothers and infants:

- Stabilize newborn temperature
- Improve breastfeeding success
- Decrease stress
- Provide cardiovascular stability
- Aid in the neurodevelopment of baby
- Enhance bonding with parents

Safe Positioning for Skin-to-Skin Contact

Mom:

- A little upright, not flat, comfortable bed/chair

Baby:

- Face can be seen
- Head is in 'sniffing' position
- Nose and mouth are visible and not covered
- Head is turned to one side
- Neck is straight, not bent
- Shoulders are flat against Mom
- Chest-to-chest with Mom
- Legs are flexed
- Cover the back with blankets
- Avoid distractions while baby STS or while baby is feeding

Adapted from: United States Institute for Kangaroo Care: Skin-to-Skin Contact: The Learner's Manual. Cleveland, OH: United States Institute for Kangaroo Care, 2012.

Step 5 Assisting mothers

Requirements for follow-up in the community are strengthened.

- Assistance with breastfeeding concerns is avail**ab**le within 24 hours
- Routine follow up is accessible within 48 hours
- Ongoing information and assistance is available as needed throughout the breastfeeding experience.

Early hand expression should begin within the first hour of birth rather than within 6 hours.

Responsive, cue-based feeding defined (see step 8)

Step 6 Exclusive breastfeeding

Data Collection

Breastfeeding initiation = exclusive and **n**on-exclusive breastfeeding = any breastfeeding

Clarification for community: data includes

Initiation and duration rates

If exclusive rate is < 75%:

- Any breastfeeding rate ≥ 75%

AND

- Data collection over 3 years shows improvement

Re-designation: improvements

Step 6 Medical Indications

Replacement feeding: when human milk substitutes replace breastfeeding or human milk (e.g. HIV)

Medical indications for supplements beyond the first few days deleted

Step 7 Rooming-In (Mother Baby Togetherness)

Community facilities: role clarified/explicit

All facilities, for all infants:

Safe skin-to-skin care

Harm reduction for safe sleep

Support for painful procedures

Step 8 Responsive, cue-based feeding

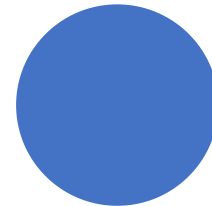
Baby-led, cue-based → Responsive, cue based feeding

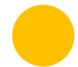
"Responsive feeding recognizes that successful breastfeeding is a sensitive, reciprocal relationship between a mother and her child. Breastfeeding can be used to feed, comfort and calm babies. Feeds can be initiated when babies show feeding cues, when they are distressed, when they are lonely, when the mother's breasts feel full or when she would just like to sit down and rest. Breastfeeds can be long or short, breastfed babies cannot be overfed or 'spoiled' by too much feeding.

Steps 3, 5, 6 and in the appendices

"Although true responsive feeding is not possible when bottle feeding, as this risks overfeeding, the mother-baby relationship will be helped if mothers are supported to tune in to feeding cues and to hold their babies close during feeds. Offering the bottle in response to feeding cues, gently inviting the baby to take the teat, pacing the feeds and avoiding forcing the baby to finish the feed can all help to make the experience as acceptable and stress-free for the baby as possible, as well as reducing the risk of overfeeding."

Step 8 The baby who is bottle feeding





Step 9 Bottles and teats

Applies to hospitals and community facilities

Step 10 Continuum of Care

Collaboration between hospitals and community facilities is the responsibility of both agencies

“liaison and collaboration between the hospital, CHS and peer support programs to protect, promote and support breastfeeding”.

WHO Code: additions for WHO 2009

- gifts or personal samples to are not given to staff or hcps
- space, equipment, or educational materials sponsored or produced by companies are not used when teaching mothers about infant feeding
- human milk substitutes are kept out of the sight of pregnant women and mothers
- staff or hcps only demonstrate the use of human milk substitutes to pregnant women, mothers, or family members who need to use them or who have made an informed decision to use them
- gift packs with human milk substitutes or related supplies are not distributed to pregnant women or mothers
- financial or material inducements to promote products within the scope of the Code are not be accepted by staff or hcps or their families
- manufacturers and distributors of products within the scope of the Code disclose to the institution any contributions made to staff or hcps, such as fellowships, study tours, research grants, conferences, or the like. The recipient should make similar disclosures.