The Baby-Friendly Initiative in Canada Status Report 2017

Louise Dumas and Kathy Venter,
on behalf of

The National Authority for the Baby-Friendly Initiative
L'Organisme national responsable de l'Initiative des amis des bébés
www.breastfeedingcanada.ca

Our Vision:

Breastfeeding is the cultural norm for infant feeding in Canada.

Our Mission:

To protect, promote and support breastfeeding in Canada as the normal method of infant feeding.

The Board of Directors of the Breastfeeding Committee for Canada (BCC) as of December 2016

Co-Chair	Tina Swinamer ltina.swinamer@nshealth.ca
Membership Secretary	Linda Romphf lbromphf@shaw.ca
Treasurer	Dianne Nikiforuk ronaldrnikiforuk@mac.com
BFI Assessment Committee Co-Chairs:	Michelle LeDrew michelle.ledrew1@gmail.com Lea Geiger lea.Geiger@phsa.ca
P/T BFI Implementation Co-Chair	Janet Walker jwalker@phsa.ca
BCC Representative to the Canadian Paediatric Society's Nutrition and Gastroenterology Committee	Laura Haiek laura.haiek@msss.gouv.qc.ca
Secretary	Susie Wood susie.wood@bellaliant.net
Directors at Large	Shannon Anderson sdanderson0612@gmail.com Maxine Scringer-Wilkes maxineswilkes@icloud.com Barbara Selwood barb.selwood@gmail.com Eileen Chuey ejchuey@gmail.com

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Introduction

Over the last years, breastfeeding has become increasingly the nutritional norm in industrialized countries that are experiencing a paradigm shift. This is a challenging transition where breastfeeding is still not considered the social norm. Evidence demonstrating the importance of breastfeeding and the impact of not breastfeeding on mothers' and babies' health as well as on family well-being is accumulating more rapidly than ever before. For many governmental or health organizations, breastfeeding is also recognized as a health priority and a financial investment. Keith Hansen, an economist from the World Bank, wrote "We are emphasizing breastfeeding more and more in our support to countries, not just as a health investment but as a true powerful economic investment in their future…..the World Bank sees breastfeeding as a crucial cornerstone of any sound social policy..." (Hansen, 2015).

With this wealth of evidence, there is work to be done in order for breastfeeding to be recognized as the true social norm in all Canadian provinces and territories. At the national and provincial/territorial levels, although breastfeeding is mentioned as a population health priority, little is done to counteract suboptimal infant feeding. Canada, as an industrialized country, needs to increase the number of babies exclusively breastfed for six months and breastfed with the addition of appropriate complementary foods thereafter until 2 years and beyond (Critch on behalf of Health Canada, Canadian Pediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada (2013, reaffirmed 2016; 2014). Stronger efforts are needed to improve adoption and implementation of these global recommendations.

The Baby-Friendly Initiative, a structured quality improvement program, was launched by WHO and UNICEF in 1991 to protect, promote and support breastfeeding, primarily to improve maternity care practices with the aim of increasing breastfeeding exclusivity and duration around the world. Research has shown a clear link between implementation of BFI, quality of perinatal care, and the rates of exclusive breastfeeding. In Canada, the Breastfeeding Committee for Canada (BCC) is the national authority recognized by WHO/UNICEF to implement, assess and monitor BFI.

The Breastfeeding Committee for Canada (BCC) was established in 1991, as a Health Canada initiative, following the World Summit for Children and became the national authority for BFI designation in Canada with the launching of the Initiative in Vancouver in 1998. It is a non-profit organization of volunteers working towards improving rates of breastfeeding initiation, exclusivity and duration in Canada by influencing perinatal practices fundamental to BFI (called BFHI at the WHO/UNICEF level, 2009).

The vision of the BCC is to establish breastfeeding as the cultural norm for infant feeding within Canada.

Part 1. Evidence for breastfeeding and the Baby-Friendly Initiative

We live in a transition period between a formula feeding society and a breastfeeding society. Evidence has been accumulating over the years to recognize not only the importance of breastfeeding and the value of human milk but also to position breastfeeding as the normative model for infant feeding, the human biological norm. However, as stated by Dr. Sriraman (2017)[1], we are "constantly battling critics and having to prove our medicine. Whether it's against the various industries, hospital systems, colleagues or even other physicians…". Strong support is needed to respond to "unsubstantiated, contradictory messages that create unnecessary confusion" (ABM, 2011) and which periodically appear as non-evidence-based viewpoints of healthcare providers or journalists. Even with the gradual shift towards recognition of the risks of not breastfeeding, opposition exists that is not present with other discussions such as immunization, car seat safety, tobacco, alcohol, fast food and obesity. Parents appreciate the honest representation of facts so that important decisions such as those around infant feeding may be truly informed (Dr Amy Brown, UK, 2016). WHO/UNICEF recommends: "parents be informed about the health risks linked to the unnecessary or incorrect use of commercial milk formula for infants" (2009).

The objective provision of information to parents about the risks of non-breastfeeding is a public health responsibility (Dumas, 2016). WHO and UNICEF Global Strategy for Infant and Young Child Feeding (2003) also stipulates that "…infants who are not breastfed are immunologically compromised and should receive special attention from health and social services as they constitute a risk group…". Table 1 and 2 list the documented risks for non-breastfeeding in industrialized countries. Other known risks include higher healthcare costs, decreased productivity due to parental absenteeism from work, increased waste that cannot be composted or recycled, and increased pollution from production, transport, storage of commercial breastmilk substitutes (Smith et al., 2002). Those risks clearly increase costs for families and for the healthcare system (Ball & Wright, 1999; Smith et al., 2002; Bartick & Reinhold, 2010; Bartick et al., 2013; Renfrew, 2012; Bartick et al., 2016).

We also know that exclusive breastfeeding for the first six months is crucial to achieve reduction of risks and that there is a dose-response relationship reported in research results (WHO, 2002; WHO/UNICEF, 2003; Bachrach et al., 2003; Paricio-Tayalero et al, 2006; Quigley et al., 2006; Ip et al., 2007; Duijts et al., 2010; Hauck et al., 2011; Stolzer, 2011; Wiklund et al., 2012; AAP, 2012; Kramer & Kakuna 2012; Verduci et al., 2014).

To reduce such risks and costs, all healthcare providers carry the ethical responsibility to adequately inform future parents and to recommend and support breastfeeding while at the same time respecting and supporting parents who decide not to breastfeed. Improving breastfeeding

[1] See Appendix 1. List of references on the risks of non-breastfeeding

rates in Canada would improve the health of the nation in both the short and long-term. In order to increase the number of Canadian mothers who successfully breastfeed their babies as per the global and Canadian recommendations, evidence based perinatal practices need to be adapted. Implementation of the Ten Steps for Successful Breastfeeding (thereafter called Ten Steps) and the International Code of Marketing of Breastmilk Substitutes (thereafter called the Code) are fundamental to this goal and represent the core content of BFI (WHO/UNICEF, 2009). Canada was signatory to both Initiatives initially (1981, 1991) and thereafter at each of the World Health Assembly meetings where BFHI or young child feeding was discussed.

The Baby-Friendly Initiative was launched in Canada in 1998 as an integrated program for both hospitals and community health services reflecting the Canadian basic continuum of care. Most of the evidence accumulated is for hospitals and maternity facilities (BFHI) as this was the original WHO/UNICEF program however, increasingly research is focusing on communities in an expansion of BFHI as suggested by the last updated WHO/UNICEF documentation (2009). The Breastfeeding Committee for Canada, as national authority for BFI, adapted all 10 Steps and Code elements for implementation in both hospitals and community health services in order to emphasize and support the continuum of care. In Canada to be designated Baby-Friendly, all 10 Steps of the Initiative are assessed in all healthcare facilities. Different aspects of each Step are assessed in hospitals/birthing centres and community health services. For example, for Step 4 in hospitals (immediate and continuous skin-to-skin care between mother and baby at birth) healthcare providers are educated to implement this Step at birth and in community health services, staff are taught to educate future parents and the public about this safest transition for both mother and baby (BCC BFI Outcome Indicators, www.breastfeedingcanada.ca).

Implementation of all of the Ten Steps and the Code in hospitals results in increased breastfeeding rates, both exclusivity and duration, as presented in peer reviewed research and systematic reviews (Fairbank et al., 2000; Britton et al., 2007; Duyan-Çamurdan et al., 2007; Hannula et al., 2008; Howe-Heyman & Lutenbacher, 2016). The BFI has also proven to be cost effective (NICE, 2014; Dellifraine et al., 2011).

Research on BFI has shown that the more Steps implemented, the stronger the evidence of the BFI program efficiency in increasing initiation, exclusivity and duration of breastfeeding during the facility's journey to successful BFI designation. This is not surprising because the BFHI was designed as a quality assurance program involving changes in structure, process and outcomes (Perez-Escamilla et al., 2016; Nickel et al., 2013; Venancio et al., 2012; Garcia-de-Leon-Gonzalez et al., 2011; DiGirolamo et al., 2008; Rosenberg, 2008; Caldeira et al., 2007; Duyan-Çamurdan et al., 2007; Bartington et al., 2006; Grizzard et al., 2006;Broadfoot et al., 2005; Merten et al., 2005; Braun et al., 2003; Kramer et al., 2001; Phillip et al., 2001; Tappin et al., 2001). Researchers also reported the positive outcomes of implementing only some of the BFI strategies such as education of future parents, education of healthcare providers, and support when initiating breastfeeding as well as when leaving the hospital (Saadeh & Akre, 1996; Lvoff et al., 2000; Cattaneo & Buzzetti, 2001; Kramer et al., 2001; Dunlon et al., 2003; Instituto per l'infanzia & WHO, 2003; Murray et al., 2007; DiGirolamo et al., 2008; Pincombe et al.,2008; Declerq et al., 2009; Weddig et al., 2011; Semenic et al., 2012;

Thomson et al., 2012; DiMario et al., 2013; Nickel et al., 2013; Chantry et al., 2015; Sinha et al., 2015; Salvador et al, 2016).

Table 1. Non-breastfed infants from industrialized countries face increased risks. Excerpts from Dumas, 2016. See appended list of references on risks.

Condition	References
Asthma	Stuebe, 2009
Atopic dermatitis, atopical eczema	Gdalevich et al., 2001; Patel et al., 2014
Allergies	Ip et al., 2007; Victora et al., 2016
Respiratory diseases, wheezing, respiratory infections	Bachrach et al., 2003; Quigley, 2006; Stuebe, 2009; Duijts et al., 2010; Thomas, 2014; Bartick et al., 2016
Otitis media and other ear infections	Quigley, 2006; Stuebe, 2009; Bartick et al., 2016
Diarrheas and gastro-intestinal infections	Chien & Howie, 2001; Quigley, 2006; Stuebe, 2009; Duijts et al., 2010; Patel et al., 2014; Thomas, 2014; Bartick et al., 2016
Urinary infections	Ip et al., 2007
Meningitis and bacteremia	Ip et al., 2007; Stuebe, 2009
Cancers during infancy: leukemias, lymphoma, neuroblastoma	Kwan et al., 2004; Saddlemire et al., 2006; Ortega-Gracia et al., 2008
Diabetes type 1	Smith & Harvey, 2011; Cardwell et al., 2012
Diabetes type 2	Owen et al., 2006; Horta et al., 2015
Coeliac disease	Smith & Harvey, 2011
Cardio-vascular diseases	Smith & Harvey, 2011
Obesity	Arenz et al., 2004; Owens et al., 2005; Horta et al., 2007; Chivers et al., 2010; Li et al, 2010; Hancox, 2014; Horta et al., 2015
Malocclusion, tooth decay	Beaudry et al., 2006; Peres et al., 2015; Tham et al., 2015
Lesser motor and psychomotor development	Vestergaard et al., 1999; Dewey et al., 2001; Der et al., 2006; Kramer et al., 2008
Lesser cognitive development	Anderson et al., 1999; Patel et al., 2014; Horta et al., 2015; Victora et al., 2015
Mortality from cancers, SIDS, infections	Sankar et al., 2015
Sudden infant death	Venneman et al., 2009; Hauck et al., 2011; Bartick et al., 2016
Necrotizing enterocolitis	Quigley, 2006; Stuebe, 2009; Bartick et al., 2016
Ingestion of a dangerous product at the timing of production, preparation, and/or conservation	American Health Association, 2005; Beaudry, Chiasson & Lauzière, 2006; Kent, 2011, 2012

Table 2. Mothers from industrialized countries who do not breastfeed face increased risks. Excerpts from Dumas, 2016. See appended list of references on risks.

Condition	Reference
Iron deficiency, anemia from postnatal hemorrhage	Ip et al., 2007; Stuebe, 2009
Metabolic syndrome	Ram et al., 2008; Schwarz et al., 2010; Bartick et al., 2016
Myocardial infarction	Stuebe et al., 2009; Bartick et al., 2016
Weight retention postnatally	Chowdbury et al., 2015
Postnatal stress (increased cortisol, decreased oxytocin)	Mezzacappa et al., 2002; Figueiredo et al, 2013
Postnatal depression	Mezzacappa et al., 2002; Dorheim et al., 2009; Figueiredo et al, 2013
Increased fertility following premature return to ovulatory function	Chowdbury et al., 2015
Breast cancer during pre-menopause	Collaborative Group on Hormonal Factors in Breast Cancer, 2002; Stuebe et al., 2009 Zhou et al., 2015; Bartick et al., 2016
Ovarian cancer	Ip et al., 2007; Jordan et al., 2009; Li et al., 2014; Chowdbury et al., 2015; Wang et al., 2015
Diabetes type 2	Stuebe et al., 2009; Liu et al., 2010; Schwarz et al., 2010b;Aune et al., 2014; Chowdbury et al., 2015; Bartick et al., 2016
Osteoporosis	Chapman, 2012
Rhumatoid arthritis	Chen et al., 2015

Not only is the BFI evidence-based but its basic guiding principles are addressing all mothers so they can make an informed decision based on facts and evidence and not on competing interests from companies that fall under the scope of the Code, families and friends, or from healthcare professionals and facility managers resistant to change. Parents who make an informed decision to formula feed their children are unequivocally supported to safely prepare, store and feed breastmilk substitutes. The BFI is also about empowering all women and mothers to care for their infants, about evidence-based perinatal practices and support for families to ensure a seamless continuum of care and services (Dumas, 2016b). It is an integral part of the WHO/UNICEF BFHI Global Strategy For Infant and Young Child Feeding (WHO/UNICEF, 2003). This strategy is "based on the evidence of nutrition's significance in the early months and years of life, and of the crucial role that appropriate feeding practices play in achieving optimal health outcomes." (Global Strategy, page v). It is also a guide for action, involving specific interventions which have proven their impact on child nutrition.

Part 2. Implementation of BFI in Canada: roles and responsibilities

The Breastfeeding Committee for Canada (BCC) was officially recognized in 1991, following the work of an expert working group funded by Health Canada, and after the World Summit for Children. The BCC became the national authority for BFI designation in Canada with the launching of the initiative in 1998 in Vancouver. It is a non-profit organization of volunteers working towards improving rates of breastfeeding initiation, exclusivity and duration in Canada by influencing perinatal practices fundamental to BFI (called BFHI at the WHO/UNICEF level, 2009). The aim of the BCC is to oversee the implementation, assessment and monitoring of the BFI in Canada and ensuring compliance with the international WHO/UNICEF standards in all BFI designated facilities. The BCC also works closely with professional associations and groups such as the Canadian Pediatric Society, and the Canadian Family Centered Maternal and Newborn Care Guidelines committee. Over the years, the BCC was able to influence accreditation standards of the Canadian Hospital Accreditation system and hopes to further this relationship as it has been a strong recommendation from WHO and UNICEF to do so at the 2016 Global Summit in Geneva.

The BCC Board of Directors oversees the two standing committees: the BCC Provincial/Territorial BFI Implementation Committee (P/T Committee) and the BCC BFI Assessment Committee (Assessment Committee). The P/T committee is composed of representatives from provincial and territorial governments and/or coalitions involved in child nutrition and a representative from the Public Health Agency of Canada. The goal of this committee is to support the implementation of the Baby-Friendly Initiative (Hospital and Community Health Services) in the respective provinces and territories and across Canada and to support facilities on the journey to BFI designation with the support of the Assessment Committee. The BCC Assessment Committee is responsible to the BCC Board for the articulation of the WHO/ UNICEF Global Standards within the Canadian framework and to update the assessment process according to latest evidence, develop and revise the assessment tools and processes, educate and certify the Canadian BFI assessors, coordinate assessments in collaboration with provincial/territorial BFI committees where they exist, as well as liaise with WHO/UNICEF BFHI representatives. The Assessment Committee also collaborates and liaises with the Quebec provincial government which has assumed control of BFI assessment in that province. The BCC Board and standing committees work with most of the provincial and territorial governments to monitor breastfeeding and the BFI situation in Canada.

The BCC has been very active since its creation and has benefited from the many hours donated by its members. However, it is always a challenge to ensure its sustainability. Operational funds come from additional contract work undertaken by members such as official reports and the review of documents. WHO recommends that member states (such as Canada) ensure sustainable funding for the national BFI authority as a powerful economic investment (Hansen, 2015) in the health and well-being of families.

Canadian lead assessors provide education for assessors and assessor candidates, most of whom attend voluntarily. Assessor candidates volunteer their time on assessments during the completion of their competencies prior to certification. Assessor candidates are required to participate in a 2 day training

session, to complete a review of a facility's documents for compliance with the BFI Indicators (around 10 hours) and to participate in at least one site visit of a hospital and one site visit of a CHS (6 to 10 days). This may be a challenge for many who usually also work full of part-time in health care settings. This commitment and dedication could be better supported with the provision of adequate and coordinated funding from all levels of governments; government funding exists in at least 50% of industrialized countries. In our country, provincial and territorial participation varies greatly according to the importance governments attribute to breastfeeding and the BFI.

Since there is no appointed national breastfeeding coordinator (see recommendation in the Global Strategy WHO/UNICEF, 2003, p.13), the BCC serves as the oversight body for updating the BCC BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services, and integrating key elements from the Global Strategy. The BCC represents Canada at the global tables. The BCC brings actions related to breastfeeding and BFI to life in Canada as part of the commitment of Canada to implement the GSIYCF. The BCC has also reported on the progress of the BFI in Canada to the WHO/UNICEF International BFHI Coordinators Forum for Industrialized Countries since its inception in 2004. At the 2016 meeting of this international coordinating committee, its structure was reviewed to involve more representatives from different industrialized countries. An online Canadian Provincial/Territorial Google survey has been designed similar to the international survey of the Baby-Friendly Network to facilitate international reporting every two years.

Suboptimal infant and child feeding is prevalent in Canada and there are important opportunities to affirm the importance of breastfeeding, of the BFI, of infant and child nutrition for our families and to set operational targets that could be monitored closely in our country. "To promote breastfeeding, we need intentional, definitive action" (Nunez, 2016). The BCC would welcome an opportunity to collaborate with the Canadian Federal government "to develop, implement, monitor, and evaluate a comprehensive policy on infant and young child feeding, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction" and "to ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require-in the family, community and workplace-to achieve this goal"(WHO/UNICEF, 2003, p.15). Federal leadership related to BFI would be an important step towards health and well-being of Canadian families.

Breastfeeding and young child nutrition are not only provincial/territorial matters as they encompass children's and women's rights (Bar-Yam, 2003; Kent, 2006), health inequities (Bartick et al., 2016b; Nunez, 2016; Renfrew et al., 2012), equal opportunity for all employed citizens (Rollins et al., 2016), economic imperative (Bartick & Reinhold, 2010; Bartick et al., 2013; Bartick et al., 2016; Renfrew et al., 2012; Smith et al., 2002) and also constitute "a crucial cornerstone of any sound social policy" (Hansen, 2015).

Canada as a member state at WHO should provide more information about the discussions and decisions made at World Health Assembly meetings to provinces/territories and interested parties such as the BCC supporting common vision and goals of our country. Canada should also facilitate the participation

of representatives from the BCC to the international WHO/UNICEF and BFHI Network meetings.

Table 3. BFI organization. Excerpts from the BCC Provincial/Territorial survey, March 2017

Provincial	BC	AB	SK	MB	ON	QC	NB	NL	NS	PEI	NU	NWT Yukon
BFI organization												
Government representative to BCC P/T Committee	yes	yes	yes	yes	yes	yes	yes	yes	no	yes	yes	no
BFI authority: committee/ coalition	yes	yes	no	yes	yes	yes	yes	yes	yes	yes	yes	no
Link P/T government and committee/coalition	yes	yes, informal	no	yes	yes	yes	yes	yes	no	yes	yes	no
P/T Committee funded-by whom	no	no	n/a	yes, prov gov	no	yes, prov gov	yes, prov gov	yes, prov gov	no	no	no	n/a
BFI coordinator	yes	no	no	yes	yes	yes	yes	yes	no	no	no	no
Infant feeding policy at P/T level	yes	in dev	yes	yes	?	yes	yes	yes	yes	no	yes	no data
If P/T policy, includes BFI	yes	in dev	yes	yes	?	yes	yes	yes	yes	no	yes	no data

Part 3. Canadian Baby-Friendly Initiative activities since 2014

Many activities occurred at the BCC in the last two years, at the Board level as well as with the Provincial/Territorial Committee and the Assessment Committee.

The BCC participated in Lean Six Sigma workshops lead by Dawn Ridd (Manitoba Health). This intense process is designed to "improve the quality of process outputs by finding and removing the causes of errors and variation (inconsistency) within organizations" (www.ultimus.com/LeanSixSigma). The goal of the exercise was to improve the flow and efficiency in the processes of the organization, decrease cycle times and improve the utilization of volunteer time and skills in the implementation and processes of the Baby-Friendly Initiative in Canada. This action is still in progress.

BCC members participated in the development, updating and/or revision of national documents:

- the revision of the document *Protecting, Promoting and Supporting Breastfeeding: A Practical Workbook for Community-Based Programs* created in partnership with the Canada Prenatal Nutrition Program and the BCC which was released in May 2014.

- the document *Nutrition for Healthy Term Infants: Recommendations from Six to 24 months-A joint statement of Health Canada, Canadian Paediatric Society, Dietitians of*

Canada, and Breastfeeding Committee for Canada.

- the work of collaboration on the *Family Centered Maternal Newborn Care Guideline revisions* (lead by Public Health Agency of Canada) in which the BCC has been involved for its fifth year.

Members of the BCC participated in the development of a provincial infant formula procurement contract providing an opportunity to better align with the aims and articles of the World Health Organization (WHO) International Code of Marketing Breast-milk Substitutes and relevant World Health Assembly Resolutions. New Brunswick paved the way by designing a potential provincial contract but it did not lead to successful actions. Later a paper describing the process used to develop a provincial infant formula contract in Nova Scotia was prepared and shared nationally at the P/T Committee (see appendices).

Members contributed time responding to inquiries from individuals and groups via email, conference calls and in-person meetings to clarify and build capacity for BFI throughout Canada. Consultation and support was also given to individual Provincial and Territorial Committees and facilities regarding policy and practice challenges, including adherence to the WHO Code and subsequent World Health Assembly Resolutions.

The BCC Baby-Friendly Initiative National Symposium took place April 16 and 17, 2015 in Edmonton Alberta. The Symposium drew more than 140 participants from all provinces and territories and proved to be a successful networking and knowledge exchange event. The next Symposium will take place in the Fall of 2017 in Moncton, New-Brunswick.

Assessment Committee

Increased capacity and engagement at the provincial/territorial level has been supported through the development of a mentor role and assignation of a lead assessor for each province and territory to use as a resource. The overarching goal is to have at least one certified assessor in each province and territory.

Webinars on individual Steps and the Code were presented by lead assessors to the P/T Committee members; they were initiated in the Fall of 2015 and continued in 2016. The goal is to increase knowledge and understanding of the BFI Indicators and assessment process for all members of the P/T Committee and the Board.

Revisions have been made to the BFI Pre-Assessment and External Assessment contracts that are made with facilities undergoing BFI assessment after having sought legal consultation. The fee structure for BFI assessments was also revised and an annual fee for BFI designated facilities was initiated. Insurance was obtained to cover the work of the Board and Assessment Committee.

The BCC BFI Ten Steps and WHO Code Outcome Indicators were thoroughly reviewed and revised throughout 2016 and 2017 with collaboration and feedback from the BCC membership and individuals and facilities engaged in BFI implementation nationally. The new BFI Indicator document will be available on the BCC website in both official languages in June 2017.

The Neo-BFHI tools developed by a Nordic and Quebec working group were reviewed in order to give the requested feedback to the international working group. Neo- BFHI tools have not been adopted by WHO/UNICEF and the BCC will not formally adopt Neo -BFHI criteria at this time. However, following the international meeting in Geneva in the Fall of 2016, WHO/UNICEF made it clear that all babies (term, near term, preterm, sick) be included in the BFHI assessments and the 2016-2017 revision of the Canadian indicators include this element. Some facilities from 6 provinces voluntarily participate in a survey of practices in neonatal units piloted by Laura Haieck (Quebec) and Ragnild Maastrup (Denmark).

The WHO/UNICEF Mother-Friendly Care module (2009) was examined after a thorough recent literature review and documents were prepared from a Canadian perspective by a small expert working group from the BCC. They were submitted to the Assessment Committee for consideration and feedback. Determination regarding incorporation into BFI documents will be decided in 2017.

An Assessor's Handbook was completed in 2016 providing a resource describing the roles and functions of assessors and the work of the Assessment Committee in the context of the Breastfeeding Committee for Canada. This tool is the result of a long-term commitment to streamline information for all assessors and assessor candidates in Canada.

The BFI Assessment process continued to evolve throughout 2014-2016 during which time minimum eligibility criteria for community health services were finalized and a tracking tool for BFI designation/re-designation was refined. More facilities have been designated or re- designated during the last two years, increasing the number of BFI designated hospitals to 12 and community health services to 106 (see Table 4). Sadly, the vast majority of babies born in Canada are not experiencing the benefits of Baby-Friendly recognized practices as only 4,7% of the total births in Canada are happening in BFI designated facilities.

Assessor capacity increased and all provinces have assessor candidates with the exception of North West Territories, Yukon and Nunavut (see Table 5). The overarching goal is to have at least one certified assessor in each province and territory as previously explained. It is expected that the new mentor role given to senior or lead assessors for each province and territory will help to support this.

Assessor education and certification is tracked and an assessor certificate was presented to Canadian trained BFI Assessors for the first time in 2016. It is still difficult to recruit and train candidates because this means not only commitment of time but also financial constraints where employers and/or

governments don't support this important part of BFI in their province or territory. However, recruited candidates demonstrate great motivation, interest and commitment to the BCC BFI assessment process.

Table 4. Baby-Friendly Designated facilities in Canada by December 2016.
Sources: BCC Provincial/territorial survey, March 2017 and BCC BFI monitoring system

Provincial	*BC*	*AB*	*SK*	*MB*	*ON*	*QC*	*NB*	*NL*	*NS*	*PEI*	*NU*	*NWT Yukon*
BFI designation												
BFI-ever designated **hospitals**	2	0	0	1	4	7	0	0	0	0	0	0
BFI- currently designated **hospitals**	1	1	0	1	4	5	0	0	0	0	0	0
BFI- ever designated **birthing centers**	n/a	n/a	n/a	0	n/a	7	0	0	n/a	n/a	n/a	0
BFI- currently designated **birthing centers**	n/a	n/a	n/a	0	n/a	7	n/a	0	n/a	n/a	n/a	0
% births in BFI – **designated facility**	0,0%	0%	0%	0,0%	8%	10,2%	n/a	0%	0%	0%	0%	0%
BFI- ever designated **community health services**	0	0	1	2	29	74	0	0	0	0	0	0
BFI- currently designated **community health services**	0	0	1	2	29	74	0	0	0	0	0	0
Are staff and physicians trained on Mother-Friendly Care practices	?	?	no	no	?	no	no	?	no	no	?	?
Are staff and physicians from NICU trained on BFI	?	?	no	no	?	no	+ or -	?	yes	yes	?	?
Human milk bank	yes	yes	No*	no*	yes	yes	no	no	no	no	no	no

*No, but a drop off for the Calgary milk bank

Assessor development workshops were held in Ontario and Alberta and social media was engaged to provide assessors and candidates with a discussion forum through a closed Facebook page launched in 2016. To date, this Facebook page has 33 participants.

Table 5. BCC BFI assessors
Source BCC BFI Assessment Committee assessor/candidate tracking sheet, December 2016 and responses from the Provincial/territorial survey

Province/Territory	*BC*	*AB*	*SK*	*MB*	*ON*	*QC*	*NB*	*NL*	*NS*	*PEI*	*NU NWT YU*	***Total***
BFI assessors/candidates												
Lead assessors	2	0	0	0	2	3	0	0	1	0	0	8
Assessors	1	0	0	1	3	27	2	0	0	0	0	34
Assessor candidates	2	3	5	3	14	-	0	1	3	2	0	33
Total												75

*Quebec is counting assessors and candidates as team members

International activities included attendance at the WHO BFHI Summit in Geneva, October 24-27, 2016 by Michelle LeDrew (as then BCC BFI national coordinator), Louise Dumas (as BCC representative at the International committee for the implementation of BFHI in industrialized countries and official representative from Health Canada) and Laura Haiek (as observer from Quebec provincial BFI assessment committee). This international summit was an important forum for the discussion of BFI evidence, process and future planning as well as liaison and sharing between different countries, WHO and UNICEF. Under a BCC initiative, Mrs Sophie Grégoire Trudeau was invited to welcome international participants at the summit; she did so in a short bilingual video which was enthusiastically received by participants. The two BCC representatives completed the international survey which was presented to the industrialized countries' representatives (governments and BFHI national coordinators and country focal points) attending the summit. A detailed report of the BFI Congress was prepared by the two BCC representatives and submitted to the Public Health Agency of Canada (see appendices). A copy of this report will be sent to Mrs Grégoire Trudeau with a note of appreciation for her participation. Louise Dumas continues to represent the BCC at the BFHI Network, a committee of representatives from industrialized countries for the implementation of BFHI, Michelle LeDrew became a member of the External Liaison Committee, and Laura Haiek participates in the Membership Committee.

Part 4. Breastfeeding and the Baby-Friendly Initiative per province and territory in Canada

All provinces and territories except Yukon and North West Territories completed a thorough survey, designed after the survey from the International BFHI Network for industrialized countries. Google survey was used to realize this and parts of the responses from the provinces and territories have been inserted in this report. This section reports on opportunities, challenges and successful strategies used by provinces and territories in the last two years pertaining to BFI implementation.

Opportunities

Government initiatives such as the approval of a provincial infant feeding policy in Prince Edward Island, the development of a provincial breastfeeding plan, the inclusion of breastfeeding in the Lifetime Prevention Schedule in British Columbia, and the inclusion of breastfeeding in the vision strategy of Newfoundland and Labrador "The Way Forward" are insightful strategies to stimulate the BFI in these provinces. Actions such as the Accountability Agreement for Public Health Units in Ontario, the support from the New Brunswick Minister of Health for the implementation of the BFI best practices, the support from the Office of the Chief Medical Officer of Health who acts as secretariat to the NB BFI Steering committee, and the development of a Province Wide Infant Formula Contract that includes elements of the Code in Nova Scotia have also been a catalyst to the implementation of BFI in those provinces.

Many provinces and territories indicated they were very proud of their accomplishments: hosting the BCC National Symposium; expanding the Milk Bank and deposits around the province; establishing a Facebook BFI community of practice; pursuing solid research and related knowledge transfer pertaining to breastfeeding and associated practices; surveying current state of the BFI and existing resources in their province; associating with a provincial strategy in developing opportunities for facilities to become involved in BFI; obtaining funding for some of the BFI activities.

Challenges

Almost all provinces and territories identified the lack of funding and/or support from their governments as being the major challenge to the BFI implementation, leaving all work on the shoulders of highly dedicated and committed volunteers. In some provinces and territories, there is no BFI or breastfeeding committee nor coalition, and leadership is lacking at the government level as well as at the Health Authority and at the facility levels. A more formal structure is believed to improve accountability and perenniality. In some provinces and territories health system and government restructuring impacted timelines on work and factors such as staff turnover, loss of funding, lack of dedicated time for staff to work towards BFI implementation, new people and delay in confirming new provincial structure slowed progress.

In one province, there is identified resistance from some quarters in the public health sector to BFI implementation as it requires an investment in time and money and reflects directly on to the services or lack thereof provided for families with young children. In some areas a health promotion focus reduces the direct contact with mothers and babies that was the mainstay of public health work. There are gaps in the continuity of care, for example, when only families with risk are offered services on discharge from the birthing hospital. Families deemed without risk are directed to community partners for services and support which often comes too late to protect and support breastfeeding.

Because BFI designation is not integrated into other accreditation requirements, it decreases the designated support within facilities and increases the financial barrier for smaller facilities. BFI is not

always taken seriously as it would be if it was integrated into official quality of care and services programs. In conclusion, it means not all health care providers are supportive of the BFI practices and employers are not enforcing current, evidence-based practices.

The fact that the Code is not fully enforced in Canada in law or national guidelines or actions from health care professional bodies poses many challenges to facilities and to health care providers. Hospitals are still receiving free infant formula and infant feeding materials from formula companies. Formula contracts are still not respecting the Code and hard to negotiate in the absence of a true political involvement at the federal and provincial/territorial levels. There is much difficulty in engaging health care providers to identify and address Code violations.

Another major challenge in Canada resides in the lack of consistent Canadian and provincial/territorial breastfeeding data collection from birth to two years. It is difficult to obtain adequate data in many facilities and in many provinces/territories making it impossible to compare one province or territory to another (See Table 6). Breastfeeding initiation, exclusivity and duration cannot be accurately determined in Canada and comparisons cannot be made among the provinces and territories because of the lack of consistency in data collection and reporting. The BCC recommends that this becomes a Federal responsibility since breastfeeding is not only a health imperative but refers to many mandates from the Federal government such as human rights and social inequities.

Successful strategies

Engaging people usually not thought of as part of the breastfeeding world has proven a successful strategy in many provinces and territories. Involving decision makers on a provincial breastfeeding committee, engaging Public Health inspectors in a provincial BFI restaurant initiative, and developing a provincial strategy with extensive stakeholder engagement and linkages to broader provincial strategies have been found to be helpful in increasing awareness of BFI and in creating a culture that is more supportive.

Establishing a dedicated official role with targeted funding for the support of BFI in a province provides greater opportunities to develop the initiative and promote it at a different level as well as partnering with the provincial or territorial government. This has proven to be a winning strategy in different provinces and territories. It allowed the production of an annual report of activities from the different facilities in the province which is useful for strategic planning at the government level. New tools to monitor BFI progress in a province/territory can then be developed and successfully used.

Table 6. Statistical data. Excerpts from the BCC Provincial/Territorial survey, March 2017

P/T	*BC*	*AB*	*SK*	*MB*	*ON*	*QC*	*NB*	*NL*	*NS*	*PEI*	*NU*	*NWT Yukon*
Data collected for all babies	**yes R***	**yes** multiple platforms	**yes survey**	**yes R**	**no**	**yes R**	**yes R**	**yes R**	**yes**	**yes R**	**yes, survey**	**no**
How frequent	**Q year**	**Q 2yrs**	**Q2yrs**	**Q year**	**n/a**	**Q year**	**Q year**	**Q year**	**?**	**Q year**	**occasional**	**n/a**
By whom is data collected	**prov gov**	**prov gov + AHS**	**Can**	**prov gov**	**n/a**	**Can**	**prov gov**	**prov gov**	**prov gov and CCHS**	**prov gov**	**Can not reliable**	**n/a**
Bf initiation rate (%)	**95,5**	**91,3 2012**	**86 2012**	**83,9**	**83 ? source**	**87,3**	**74**	**72,8**	**84,6**	**?**	**not reliable 59,8 in 2013**	**?**
Exclusive bf rate (%) from birth until discharge	**69,3**	**?**	**21,9 2012**	**48,6**	**53 ? source**	**?**	**58**	**44,6**	**not available**	**52 source**	**not reliable**	**?**
Excl bf rate (%)birth to 6 mths	**41**	**27,8 2012**	**?**	**29**	**18,6 ? source**	**23,5**	**29**	**?**	**?**	**?**	**23 Nunavut survey 2007-08**	**?**
Non-excl bf rate (%)birth to 6 mths	**?**	**?**	**?**	**?**	**58,5 ? source**	**?**	**45**	**?**	**?**	**?**	**?**	**?**
Bf rate 12 mths (%)	**?**	**?**	**?**	**?**	**?**	**?**	**25**	**?**	**?**	**?**	**45 2011**	**?**
Bf rate 24 mths (%)	**?**	**?**	**?**	**?**	**?**		**?**	**?**	**?**	**?**	**?**	**?**

*R stands for routine

Having financial as well as political support from the provincial/territorial government helped to spread the knowledge about BFI through various mediums and venues for example:

- public services announcements or using social media as key strategy,
- update of the provincial nutrition guidelines through the BFI lens,
- campaigns such as Delay the Bath associated with regional health authority policies and practices,
- inserting breastfeeding within an obesity prevention program,
- public education activities to increase awareness of BFI and improve accountability for facilities which is a catalyst to the implementation of BFI.

Some of the provincial and territorial government financial involvement also enabled sharing among facilities pursuing BFI and this was further helped by assessors who conducted capacity building visits and presentations in all regions. Some of the government funding was also instrumental in gaining access to all health regions for Step 2 Education for all involved which is an important step in the road to becoming Baby- Friendly. In other provinces the co-sponsored education days/opportunities or support for assessor candidates was applauded. One provincial representative mentioned the fact that her province has adopted a provincial infant nutrition policy which serves as a first step on the BFI journey. What remains important here is that the BCC needs consistent, sustained and coordinated funding at the Federal and provincial/territorial levels.

Many provinces and territories worked towards demonstrating more respect of the Code for example:

- making sure all pamphlets developed for infants and children are revised through the Code lens,
- developing a provincial resource for healthcare providers to navigate application of the Code in practice,
- implementing a Conflict of Interest policy at a regional level which contributed to educate managers and staff about the Code.

A few provinces worked diligently at designing and obtaining approval of Code compliant formula buying contracts, at using the momentum to provincially buy formula for all facilities, and at providing creative examples of ways that Health Boards can save money and no longer rely on donations from formula companies. One province reported a cost analysis of infant formula and feeding materials which highlighted the discrepancy between amount of products currently being received and estimated needs. In many places in Canada, reporting of Code violations is encouraged and one province explained that “Code scavenger hunts” in facilities raised awareness of the need for unbiased literature and increased compliance with the Code. However, it is unanimous that Canada needs a national plan to advocate for implementation of the Code and there could be an opportunity to advocate for the Code as part of the Federal government’s commitment to restrict marketing to children. The development of a national infant formula contract would help solve many provincial and territorial problems as this venture is extremely time and energy consuming.

Part 5. Breastfeeding and the Baby-Friendly Initiative in Canada compared to other industrialized countries

The status of breastfeeding, the BFI and the Global strategy in Canada from 2014 to 2016 were presented at the international level, to the Baby-Friendly Network, in WHO headquarters in Geneva in October 2016. The report included data compiled from the individual provinces and territories along with statistics from Statistics Canada. Each country attending the congress presented a standardized report. Some of the data is presented in the text while some appears in Tables 7 and 8 and in Figures 1, 2, and 3 and the Canadian report is in the appendices.

The vast majority of industrialized countries (85,7%) compile statistical data on infant feeding at the national governmental level and this is done every year in 48.3% of the countries. When looking at Canada's situation, it is unfortunate to realize that no statistical data are regularly collected on infant feeding at the Federal level except for one or two questions in the national census. Moreover, only a few provinces/territories collect data for planning and policy. Detailed statistical data such as that appearing in Table 3 are requested every two years at the international level and serve as a basis for framing the global situation of infant feeding and its impact on the health of nations. Canada's latest data submitted for the 2016 international survey were reported for years 2011-2012 as no other data were available. There is a clear need for regular data monitoring at the national level in order to plan and monitor the situation in Canada.

When looking at the BFHI organization in the different countries, Canada is well placed, collaborating with Health Canada and Public Health Agency of Canada for many important documents such as Nutrition for Healthy Term Infants 0 to 6 Months and 6 to 24 Months and the Canadian Family Centered Maternal Newborn Care Guidelines and with professional organizations such as The Canadian Pediatric Society and Dieticians of Canada. More than 50% of the industrialized countries have a paid National BFHI coordinator and adequate funds for administrative assistance. The lack of national-level funding and reliance on volunteers contributes to uncertainty about the sustainability of the BFI in Canada.

The number of births in BFHI designated hospitals and birthing centres serves as an indicator of the evidence based perinatal practices in a country and therefore, the quality of perinatal care. Worth noting, in our country, only 4.7% of births occur in BFI designated facilities. There is much to be planned, implemented and monitored in order to increase breastfeeding rates including both breastfeeding exclusivity and its duration, as well as quality of perinatal care in Canada in order to improve the health or our people. This could start with increased support to the BCC to facilitate the implementation of BFI in Canada and increase the number of BFI designated facilities in our country.

The BCC's organization of the BFI designation process is highly recognized by our international counterparts for compliance with the Global Standards as well as being a reliable and accountable process. Many questions and requests for suggestions and recommendations are received from other

industrialized countries. The BCC's bilingual website is available to all and facilitates the sharing of documents and networking about BFI with other countries.

Table 7. Statistics and Breastfeeding/BFI authorities. Comparative data pertaining to BFI: Canada and other industrialized countries.
Excerpts from the international survey of industrialized countries, October 2016.

Question	Mean for industrialized countries	Canada
Breastfeeding initiation rate (within one hour of birth)	Range from no data collected to 98%	Only available data is from 2011-2012 Statscan: 89%
Rate of exclusive breastfeeding from birth until discharge	Range from no data collected to 98%	Only available data is from 2011-2012 Statscan: 24,2%;
Rate of exclusive breastfeeding from birth until 6 months	Range from no data collected to 81%	Only available data is from 2011-2012 Statscan: 26%
Number of births in BFHI designated facilities	Range from 0% to 100%	4,7%
National breastfeeding, infant and young child feeding/nutrition authority in your country	Yes 60,7%	Yes, Health Canada
National authority has up-to-date, comprehensive or integrated policies and plans	Yes, 51,7%	Yes
BFHI linked to this national authority	Yes, 48,3%	Yes; Collaboration to develop/update official documents on child nutrition, perinatal guidelines
BFHI Coordination Group (BCG) in your country	Yes, 90%	Yes, the BCC
National BFHI Coordinator	Yes, 86,7%	Yes, at the BCC, co-chair position
Paid national BFHI coordinator	Yes, 50%; paid by government, fee for services or membership fees	No; volunteer position, no funding
Status of the Code in your country	Legal measures in place: National: 66,7% Regional: 33,3%	None

Figure 1. Breastfeeding within the first hour of birth. Comparative data pertaining to BFI. Excerpts from the presentation of industrialized countries' survey by Elise Chapin (Italy), on behalf of the BFHI Network, October 2016.

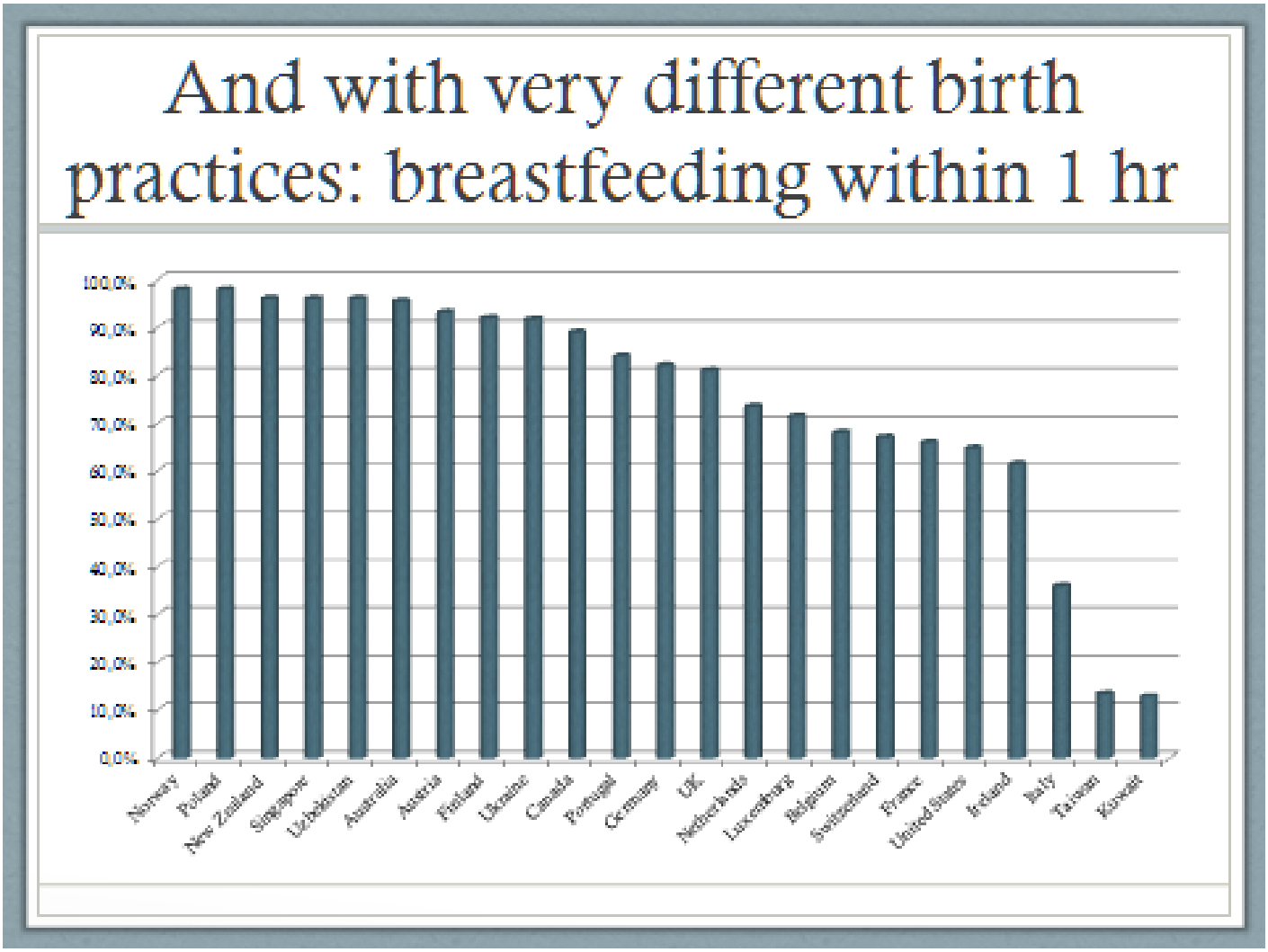

Figure 2. Exclusive breastfeeding from birth until 6 months. Comparative data pertaining to BFI. Excerpts from the presentation of industrialized countries' survey by Elise Chapin (Italy), on behalf of the BFHI Network, October 2016.

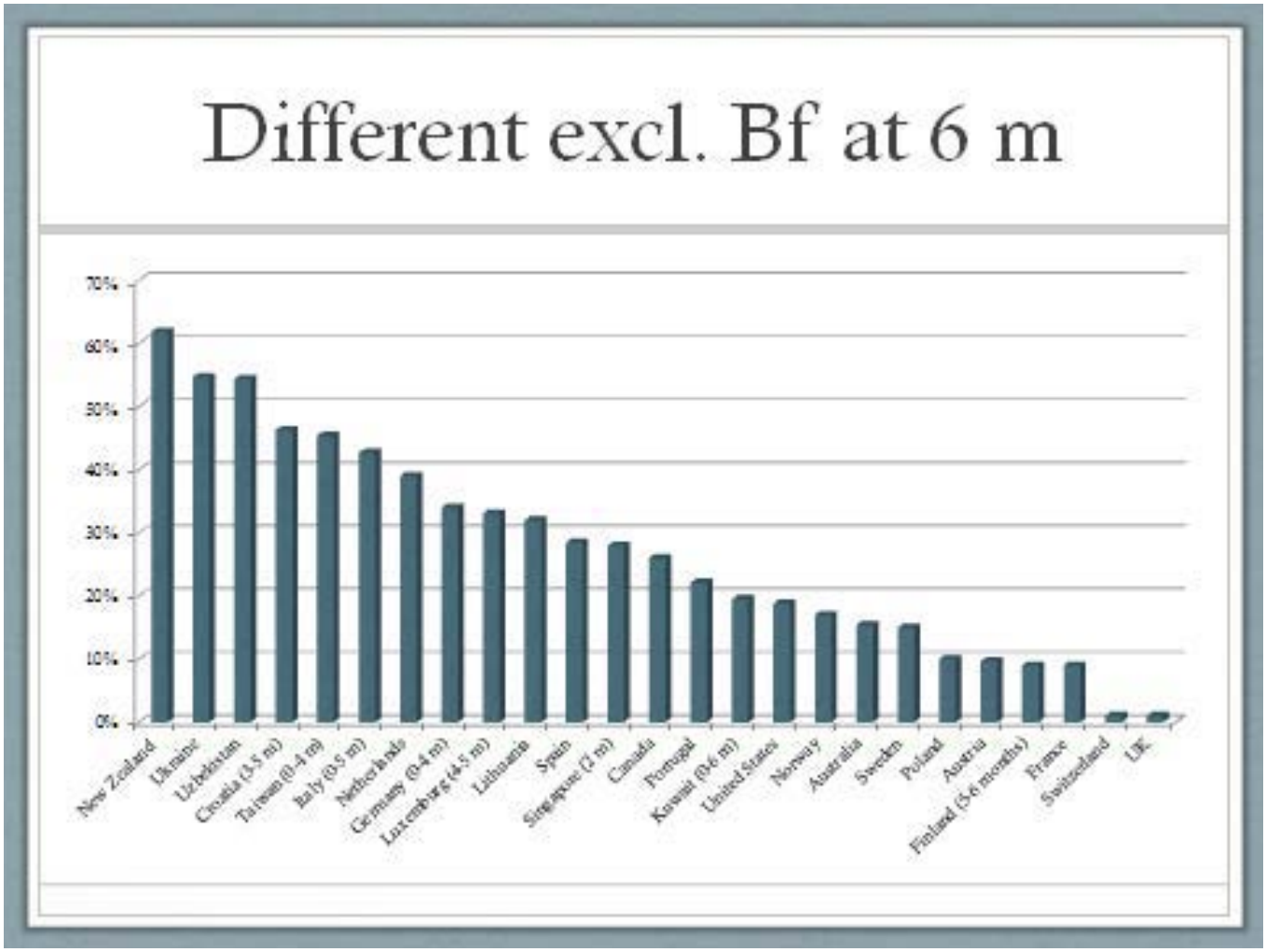

Figure 3. Percentage of births in BFI designated birthing facilities. Comparative data pertaining to BFI. Excerpts from the presentation of industrialized countries' survey by Elise Chapin (Italy), on behalf of the BFHI Network, October 2016.

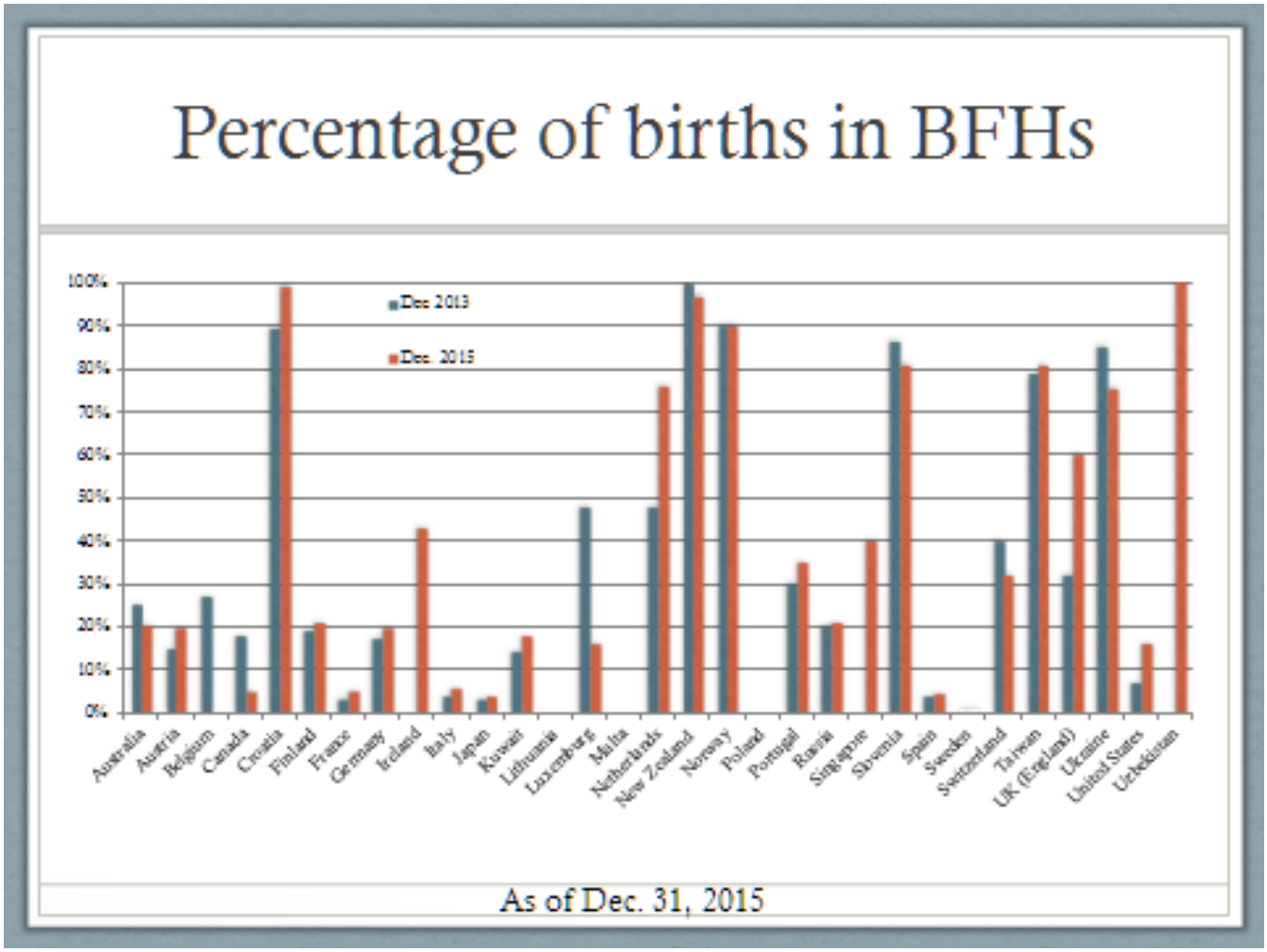

Table 8. BFI designation. Comparative data pertaining to BFI: Canada and other industrialized countries.
Excerpts from the international survey of industrialized countries, October 2016.

Question	Mean for industrialized countries	Canada
Total number of **hospitals** EVER designated BFHI in your country	From 2 to 298	13
Total number of **hospitals** CURRENTLY designated BFHI in your country	From 2 to 298	11
Total number of **hospitals** designated BFHI in your country IN THE LAST TWO YEARS	From 0 to 35	5
Total number of **publicly funded birthing centres** EVER designated BFI in your country	From N/A to 44	7 on total of 11
Number of **Community health services** CURRENTLY designated BFI in your country	In countries where exists, from 0 to 122	117
Number of births in BFHI designated facilities	Range from 0% to 100%	4,7%
Criteria from the Mother-Friendly module within regular BFI assessments	Yes, 42,3%	Not yet
Who pays for BFHI assessments	Majority: facility being assessed. Some by UNICEF or Government	Facility being assessed
Number of BFHI lead assessors	From 1 to 30	6
Number of BFHI trained assessors	From 4 to 149	22
Frequency at which BFHI designated facilities report data	From no report (10, 3%) to every year (62,1%). Report to BFHI coordination or to government breastfeeding coordination	Every year to the BCC assessment committee and the P/T BFI assessment committee if it exists
Frequency for re-assessment	1-4 years: 53,6% 5 years: 21,4%	5 years
Expansion to Community health services	Yes, 37%; under development: 11,1%	Yes, since launching in 1998
Expansion to Pediatric services	Yes, 25%	No
Expansion to NICUs	Yes, 26,9%	No
Expansion to Breastfeeding-friendly colleges and universities	Yes, 12,5%	No
Expansion to Breastfeeding-friendly workplaces	Yes, 12,5%	No
Expansion to Breastfeeding-friendly mother-to-mother support groups	Yes, 17,4%	No

When we look at the number of lead assessors and certified assessors as well as assessor candidates in Canada, our country compares favourably with other countries. As mentioned earlier, most assessor candidates in Canada complete their education and fulfill the requirements of their practical training on a voluntary basis. This demonstrates the high level of interest and commitment of these individuals as there are many countries where assessors and assessor candidates are paid for education time and training.

Table 9. BCC BFI designated facilities in Canada: May 2017. Data compiled from the BCC BFI Assessment Committee

Province/Territory	BFI Designated Hospitals	BFI Designated Birthing Centres	BFI Designated Community Health Services	Total by Province/Territory
British Columbia	1*			1
Alberta	1			1
Saskatchewan			1	1
Manitoba	1		2	3
Ontario	4		28 + 1*	33
Quebec	5	8	93	106
New Brunswick				
Nova Scotia				
Newfoundland and Labrador				
Prince Edward Island				
Yukon				
Northwest Territories				
Nunavut				
Total	**12**	**8**	**125**	**145**

*denotes number of facilities that are in progress for re-designation

See the BCC website for a list of designated facilities in Canada: www.breastfeedingcanada.ca For list of designated facilities in Quebec visit: http://wwwmsss.gouv.qc.ca/sujets/santepub/initiative-amis-des-bebes.

The BCC completed detailed questions on the implementation of the Code in Canada for the international survey (see Appendix 2). In Canada there are no legal measures to ensure Code compliance by industry, facilities, and healthcare providers. Countries such as Sweden, Norway, and Finland have legislated all or parts of the Code and families are not exposed to commercial pressures such as those faced by Canadian parents.

In summary, Canada has the opportunity to take action at the Federal level to improve the health of Canadian mothers and children. The results from the survey suggest clear areas to facilitate such measures. Canada, as a WHO member state, also has the responsibility to positively influence provincial and territorial governments not only within health ministries but also at social, human rights, environmental and legal levels.

Part 6. Moving forward

In conclusion to this two year report, recommendations are formulated as part of the Board planning strategy for the next two years. They are in line with the recommendations by provincial and territorial surveys as listed in Table 10.

Table 10. Recommendations from the Provinces and Territories.
Excerpts from the BCC BFI Provincial/Territorial Committee Survey 2017

BCC Goals	Objectives	P/T Recommendations 2016/17
Provide a forum for addressing Canadian breastfeeding issues.	Build capacity and share experiences and resources in the implementation of the BFI	Work toward more consistency across PTs that can then inform national statistics and monitoring tools.
Maintain ongoing communication with governments and organizations to protect, promote and support breastfeeding.	Coordinate the implementation of BFI in Canada.	Continue to build strong relationships with PHAC and Health Canada, UNICEF, WHO and The BFI in Industrialized Countries group as this helps sustain BFI internally.Strengthen partnership with the Federal government.
Provide ongoing expert advice and recommendations on breastfeeding research, policy and program development, and direction to governments and organizations.	Identify issues and provide guidance and expertise.	Continue to pursue a stronger linkage with Health Canada. Look for opportunities to be included in the federal umbrella to address funding challenges, costs related to BFI designation and advance BFI more widely across Canada.
Develop partnerships and collaborative strategies to protect, promote and support breastfeeding.	Represent BCC interest and liaise with CPS Nutrition and Gastroenterology Committee. Represent BCC interest and liaise at every available forum.	Provide a framework for PTs to use to orient our work according to the GSIYCF.
As the National Authority for the Baby- Friendly Initiative, oversee and facilitate the implementation of Baby-Friendly Initiative in Canada.	Maintain WHO/UNICEF BFI standards. Accountable for BFI assessments to the BCC exec & PT committees / membership Implement assessment process in collaboration with P/T groups. Develop a sustainable structure and governance model for the Board Collaborate with International BFHI coordinators.	Continue to simplify and strengthen the BFI Processes. Provide BCC Position Papers on emerging issues to support consistency across P/Ts. Establish a repository of commonly asked questions re BFI/WHO Code. Offer more Assessor Candidate workshops and train more Lead Assessors,

Reference: Goals and Objectives from the BCC Work Plan Logic Model 2015-17

While this report captures the work of the Breastfeeding Committee for Canada over the past two years it does not reflect the efforts and achievements of health care facilities and community partners across Canada that are actively engaged in the work of implementing best practice standards and changing the cultural paradigm of infant feeding in this country.

The failure of this report to be included in the WHO "National Implementation of the Baby-Friendly Hospital Initiative" (WHO Report) released in May 2017 is an indication that the Government of Canada is not fully aware of the status of the Baby-Friendly Initiative in this country despite the fact that there are references to the BFI in several national guidance documents. As noted in the WHO Report, the report was based on the Global Nutrition Policy Review that was completed by government officials in 161countries. If a country did not respond to the survey or did not answer questions about the BFHI coverage, alternative data sources were used. However, WHO was not allowed to contradict a government by reporting an estimate different than what they reported to WHO. According to Lawrence Grummer-Strawn, Technical Officer, Nutrition for Health and Development, World Health Organization, in the case of Canada, the government reported that while facilities had been designated in the past, none were designated or reassessed in the last 5 years. And breastfeeding and BFI are a Federal responsibility since breastfeeding is not only a health imperative but refers to many mandates from the Federal government such as human rights and social inequities.

This situation provides the BCC with an important opportunity to seek stronger ties with Health Canada to better provide current and accurate information about the Baby-Friendly Initiative and the role it plays to support optimal infant feeding and population health in Canada and the rest of the world. As stated on page 11 of this report, the BCC would welcome an opportunity to collaborate with the Canadian Federal government “to develop, implement, monitor, and evaluate a comprehensive policy on infant and young child feeding, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction” and “to ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require-in the family, community and workplace-to achieve this goal”(WHO/UNICEF, 2003, p.15). Federal leadership related to BFI would be an important step towards health and well-being of Canadian families and the BCC is an important partner to the federal government. Establishing a strong relationship with Health Canada should be restated as a priority goal for the BCC
as strategic planning for the next 5 years takes place.

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