

Annual General Meeting
Breastfeeding Committee for Canada
Report 2020



OUR VISION:

Canadian Children are Breastfed

OUR MISSION:

The Breastfeeding Committee for Canada is our national authority for the Baby-friendly Initiative.

We protect, promote and support breastfeeding in Canada.

The Board of Directors for the Breastfeeding Committee for Canada (BCC) 2020

Co-Chairs	Pam O’Sullivan and Linda Romphf
Treasurer	Shannon Anderson
Secretary/membership	Maxine Scringer-Wilkes
Website liaisons	Louise Dumas, and Angie Manners
Directors	Marina Green, Randi Parsons, and Linda Young
BFI Assessment Committee Co-Chairs	Marg LaSalle and Kathy O’Grady Venter
Provincial Territorial Committee Co-Chairs	Heidi Boyd and Lea Geiger
BCC Representatives to Industrialized Nations	Louise Dumas and Kathy Venter
BCC Representative to the Canadian Pediatric Society’s Nutrition and Gastroenterology Committee	Laura Haiek
BCC Representatives to Accreditation Canada.	Laura Haiek and Michelle LeDrew

Breastfeeding Committee for Canada
Reports for 2020 (January 1-December 31):
Annual General Meeting

BCC Board of Directors Co-Chair Report

Background Summary

The Breastfeeding Committee for Canada (BCC) is a registered not for profit organization dedicated to the protection, promotion and support of breastfeeding as the normal method of infant feeding and the implementation of the Baby-Friendly Initiative (BFI) in Canada.

The BCC is a volunteer organization that does not have any sustained public or private funding. In 2018 the Public Health Agency of Canada (PHAC) awarded An Innovation Strategy Grant to the BCC \$1,300,000.00. We have completed 2 years of this 5-year project.

Membership of the BCC

Membership is open to Canadians interested in furthering the objectives of the BCC, who is in no way associated with a company whose products fall within the scope of The WHO International Code of Marketing of Breastmilk Substitutes (the Code), and subsequent, relevant World Health Assembly Resolutions, and whose application has been approved by the Board. BCC membership categories and fees are described in the BCC Bylaws.

Membership fees (\$30) are due annually by the end of March. Automated reminders and on-line payment of membership fees are managed through the website. These fees support BCC expenses such as the virtual meetings of the BCC Board and Committees, participation of the BCC representative to the Canadian Pediatric Society (CPS) Nutrition and Gastroenterology Committee, and participation of the BCC delegates to the WHO sponsored Coordinators for the BFHI in Industrialized Countries meetings.

Membership forms are available at: <http://www.breastfeedingcanada.ca>

Financial Responsibility

In 2020 Shannon Anderson oversaw the treasury under the guidance of Feddema and Company, Chartered Accountants, Alberta.

The Board Activities for the year 2020:

During the Year 2020:

There were 10 BCC Board meetings including the AGM in September. Due to the pandemic the AGM was postponed from April to September. There was 1 special BCC Board meeting called in December. All meetings were conducted by teleconference or Microsoft teams. Since October 2020 all Board meetings shifted permanently to Microsoft teams.

We have had several unplanned activities related to the pandemic this year. These include the development of Covid 19 Key messages for members and the public, pandemic planning for the BFI assessment process, and accommodating meeting schedules to meet the needs of members who have been redeployed from their normal work activities.

- The Covid 19 Key messaging was created by BCC experts and is informed by the available evidence to date. It is intended for healthcare providers supporting perinatal health and is posted on the BCC website. Updates are posted as evidence is released.
- BFI Assessment process is under review to accommodate assessments during the pandemic. Recommendations have been developed to include a “virtual” component that will support facilities choosing to move forward with the BFI designation process. The plan is to implement the recommendations in 2021.

The BFI Assessment Committee - continues to support the BFI process in Provinces and Territories in Canada. A team of BCC Assessment committee members have been working on the BCC Indicators revision. These revisions will reflect the WHO/UNICEF 2018 Implementation Guidance document as well as including gender inclusive language. Completion date is expected in 2021. Pandemic recommendations for BFI assessments as described above have been developed by a team of assessors from the assessment committee.

The Provincial/Territorial Committee continues to provide an opportunity for networking and knowledge exchange across jurisdictions and other associations, organizations and committees on topics that relate to Baby-Friendly Initiative. The BCC Symposium was last held in October 2019 in Yellowknife. The next symposium is scheduled for the fall of 2021. Due to the Pandemic the symposium will be held virtually. The planning has been underway in 2020, and this includes the implementation of standard operations for symposium planning and operations. We look forward to an exciting symposium in 2021 where many participants will be able to attend.

BCC Website: the BCC recognized that an updated website was required to support our membership. A task group of the BCC along with the company -General Public- created a new refreshed website. There was a launch for the BCC website in June 2020 and again during National Breastfeeding week in October 2020. The BCC website has many improvements. It is user friendly to support engagement of the membership and the documents and resources are available in English and French. The website liaisons have done a wonderful job to support the transition to the new site.

Promoting Maternal Infant Health by Increasing Breastfeeding Rates: This 5-year project funded through the Public Health Agency of Canada is now in the third year. Despite the challenges of

2020 the National Director has been successful in supporting teams to move forward toward their goals.

Acknowledgements: We would like to acknowledge the tireless work of many dedicated volunteers who devote themselves to the work of the BCC. Although the challenge of the pandemic was unexpected the BCC volunteers continued to provide support and encouragement across Canada. The BCC recognizes the increasing commitment to BFI throughout the country working together to protect, promote and support breastfeeding in Canada.

BCC Co-Chairs

Pam O'Sullivan
Linda Romphf

BCC Membership report

January 2020-December 2020

Membership in the Breastfeeding Committee for Canada is open to any Canadian person interested in voluntarily furthering the aims of the BCC. The person is not associated with a company whose products fall within the scope of the WHO International Code of Marketing of Breastmilk substitutes. BCC membership categories and fees are described in the BCC Bylaws.

- Associate members (Canadian persons interested in furthering the aims of the BCC) pay the annual membership fee of \$30.

Members receive:

- Timely communication about BCC news and events
- A member's discount to the BCC's National Symposium
- The option of being nominated to the Board of Directors if you are a member of one of the BCC's standing committees or a BCC approved provincial or territorial BFI committee for a minimum of one year.

Board of Directors and members of the two standing committees; Provincial/Territory and Assessment are encouraged to pay the annual membership fee. Membership fees support BCC expenses such as participation of the BCC liaison to the Canadian Pediatric Society Nutrition Committee, and participation of the BCC delegates in the WHO Coordination of the BFI in industrialized countries meeting. Membership Fees also offset website costs.

At the end of 2020 there were 83 members, 75 are paying members.

Thank you for supporting the work of the Breastfeeding Committee for Canada

Prepared by Maxine Scringer-Wilkes

Secretary of the BCC

2020 BCC AGM Report
Promoting Maternal Infant Health by Increasing Breastfeeding Rates
Submitted by Michelle LeDrew

In 2018, the Public Health Agency of Canada approved a five-year project under the Canada Innovation Strategy Funding and the project began in January 2019. The project is titled: **Promoting Maternal Infant Health by Increasing Breastfeeding Rates**. This is the 2020, second year, report for the Breastfeeding Committee for Canada’s AGM.

The primary goals of the project are:

- a. To implement the update of the Baby-Friendly Initiative in Canada to reflect newly revised *Implementation Guidance: Protecting, promoting, and supporting Breastfeeding in facilities providing maternity and newborn services -- the revised Baby-friendly Hospital Initiative (WHO, 2018)*.
- b. To adapt, implement and evaluate a national quality improvement collaborative that promotes the uptake of best-practices in maternity and newborn care to increase the number of facilities designated as “Baby-Friendly”.
- c. To coordinate the development of a communications strategy to raise awareness of the Baby-Friendly Initiative in Canada and promote the understanding of best-practice strategies to support breastfeeding.
- d. To enhance public education and awareness efforts related to maternal infant health and the importance of breastfeeding.

The following objectives were identified in the five-year workplan and below is a summary of the activities and progress toward the objectives for 2020.

Objective 1: Modernize the Baby-Friendly Initiative in Canada

- Modernize the Baby-Friendly Initiative in Canada to reflect the newly revised guidance from the WHO.
- Engage and consult stakeholders across Canada to inform the modernization of the Baby-Friendly Initiative in Canada.
- Revise Canada’s Baby-Friendly Initiative, including key guidance documents and assessment processes to reflect the new evidence and guidance from the WHO and feedback from stakeholder engagement.

A working group of the BCC Assessment Committee continued work throughout 2020 to revise the *BCC 10 Steps and WHO Code Practice Outcome Indicators for Hospitals and Community Health Services* based on the WHO [Implementation Guidance: Protecting, promoting and](#)

[supporting Breastfeeding in facilities providing maternity and newborn services -- the revised Baby-friendly Hospital Initiative \(WHO, 2018\)](#). In February 2020, the working group completed a draft of the revised BCC Indicators and sent it to the BCC Assessment Committee for feedback. The document was renamed to *BFI Implementation Guideline*. In March, the draft document was sent to the BCC Provincial Territorial (PT) Committee Co-chairs, however, due to the start of the COVID-19 pandemic it was decided that this consultation would be postponed until PT members could focus on providing feedback. In the meantime, the working group started revising companion documents including a BFI Guideline Checklist, Supplementation for Medical Indications, Hospital Patient Survey and Community Patient Survey.

In the summer of 2020, WHO released [Competency Verification Toolkit: Ensuring competency of direct care providers to implement the BFHI](#) and [Protecting, Promoting and Supporting Breastfeeding: the Baby-Friendly Hospital Initiative for small, sick, and preterm newborns](#). The toolkit was reviewed by the working group and an addendum was created for direct care providers in Community Health Services. The *BFI Implementation Guideline* was also revised to incorporate content from the WHO document relevant to small, sick, and preterm newborns. In September, the revised documents along with companion documents were sent to the BCC Board, Assessment Committee, Assessors and Assessor candidates and the PT members. There was a total of 25 survey responses and detailed feedback notes/emails from 6 BCC members. Parent Partners participating in the BFI Collaborative Project received the draft BFI Implementation Guideline document and a focus group discussion with four parent partners was held during their October meeting. All feedback was compiled, and revisions were made by the working group.

The working group sought advice from the BCC Board on how to address feedback received related to being more gender inclusive in the language throughout the document and not just a disclaimer statement at the beginning of the document. The working group updated the language to be more gender inclusive, however, this seemed to impact the flow of the document and not all members agreed with the changes. The information was brought before the BCC Board in November and a special Board meeting was called in December to discuss and make decision for moving forward. It was decided that the documents would retain traditional language such as women, mother and breastfeeding but also include terms such as pregnant persons and birthing parent. It was noted that translating gender inclusive language to French was difficult. As a next step, the BCC Board decided to seek feedback from the public on this matter during the public consultation of the draft documents in 2021.

Objective 2: Implement a National Baby-Friendly Quality Improvement Collaborative Project

- Adapt and test a national quality improvement initiative (used successfully in the US) in 25 health facilities across Canada, focusing on areas of greatest need. This initiative will provide coaching and advice to health facilities, encouraging the uptake of best-practices in maternity and newborn care in pursuit of increasing the number of facilities designated at “Baby-Friendly”.

- Develop and implement a methodology to evaluate the QI Collaborative strategies and outcomes.
- Evaluate the quality improvement initiative, and based on results, develop a model to support other facilities in achieving the 'Baby-Friendly' designation. Engage new partners, including Accreditation Canada, to facilitate the scale-up of the model.
- Develop an evaluation report as a resource to other facilities on the BFI journey.
- Share progress and findings with key stakeholders and the public.

National BFI Quality Improvement Collaborative Project highlights:

The pandemic created significant challenges in 2020 and some provinces were impacted more than others, however, we also heard from teams that they appreciated the support of the BFI Project collaborative and later in the summer teams started to re-engage in the BFI Project with good results.

Aberdeen Hospital in New Glasgow, NS went forward with their BFI Pre-assessment in September and in November they received their BFI designation! This is the first hospital to achieve BFI designation while participating in the BFI Project and their indicator results were impressive. The Aberdeen team shared their BFI journey and lessons learned with other teams and this was quite motivational and inspiring to other teams. Several other teams have been encouraged to move forward with preparing for BFI designation.

The BFI Project timeline was projected to end in June 2021 but has been extended to December 2021 to provide teams additional support and time. BFI Project leaders and teams welcomed this opportunity.

The efforts and contributions from the BFI hospital teams, Parent Partners, Leadership Track and Planning Team has been tremendous in 2020 despite the challenges.

Breastfeeding Committee for Canada (BCC) members participated in the BFI Project oversight and planning. Kathy Venter and Pam O'Sullivan provided leadership and support to Michelle LeDrew, National BCC Baby-Friendly Project Director through bi-weekly meetings. Kathy Venter was also actively engaged as a faculty member. Several BCC Assessment Committee members regularly participated in and contributed to monthly webinar presentations and linkages with their Provincial Territorial members. BCC Board and Assessment Committee members were invited to join Teams virtual platform to contribute to conversations, share information and stay updated on the BFI Project activities/progress. Progress reports were submitted throughout the year to the BCC Board, Assessment Committee and Provincial Territorial Committee.

I would like to thank everyone that contributed and led the way; their hard work is making a difference in the outcomes for the Canadian families.

Quality Improvement Activities:

Early in 2020, 26 hospitals teams were highly engaged and enthusiastically working on BFI Project

activities including quality improvement cycles of Plan, Do, Study, Act. They focused on areas such as skin-to-skin care, hand expression of human milk, policy development, rooming-in and physician engagement. Teams were working on their objectives that they outlined in Action Period 1.

In March, when the pandemic began, staff resources were pulled to prioritize pandemic planning and their BFI Project activities were mostly placed on-hold. Communications through emails and attendance at monthly collaborative webinar and the workshops remained relatively high. However, several teams shared their concerns regarding the impact of COVID-19 on the patient care experience and the progress of practice improvements, such as skin to skin contact, at birth, in the operating room.

To foster support for teams continued engagement at the local level and to solicit CEO commitment to the BFI Project, a letter was written in June 2020 to each CEO/delegate recognizing the challenging time and encouraging continued participation to the extent feasible for their hospital. Teams noted they were feeling some reprieve from COVID-19 in June. As a result, through the summer, teams were encouraged to review and update their Action Period 2 workplans to assist them with focusing on next steps that were feasible for them and aligned with their teams aims. In the fall, COVID-19 cases began to rise again for many provinces and their data collection and BFI activities were, again impacted.

While 2020 was incredibly challenging, teams saw opportunities to provide care differently. For example, some teams implemented online prenatal education or started decanting of formula with great success.

Six small group discussions were held with teams to facilitate collaborative learning, sharing and support in October and November. Seven teams were not able to participate. The group discussion topics focused on supplementation for non-medical reasons, prenatal education and how to engage staff/physicians and shift cultural norms. Feedback from participating teams indicated this was time well spent. One session was in French, and the francophone participants expressed appreciation of having this time to openly ask questions and learn new ideas for implementation.

In addition to regular email and communication through Microsoft Teams, a BFI Project [Newsletter in February](#) and [October](#) was shared. Teams were encouraged to communicate their project activities with their organization and external partners. They were also encouraged to recognize progress and celebrate individual champions and team achievements they were making along their BFI journey.

BFI Project Participant feedback: "I appreciate the tremendous exposure offered by being a part of this project. Infant feeding best practices are on everyone's agenda as a result of our participation in this Quality Improvement Project. I appreciate the Quality Improvement backdrop to the work and the data audits have advanced our ability to address documentation issues that have been

outstanding for a long time”.

Workshops and webinars:

Planning for the second face-to-face workshop to be held in Vancouver, BC in April began in January. Logistics of booking flights and accommodations, planning the agenda, securing a venue, catering and registration was well underway. In March, the COVID-19 pandemic required the face-to-face workshop be postponed and planning began for a virtual workshop. At that time, the hospital teams began to prioritize pandemic planning and most teams were pulled away from BFI Project activities from March to June.

Invited guest speaker webinar recordings were shared throughout 2020. Three BFI designated hospitals shared their BFI journey experiences. Webinar recordings were shared from Trillium Healthcare Partners (Ontario) and IWK Health Centre (Nova Scotia). Brome Missisquoi Perkins (Quebec) also prepared a presentation in English and French. Dr. Catherine Pound recorded webinars in English and French based on her research and resources she developed related to Physician Education and breastfeeding and BFI. Dr. Guy-Paul Gagne recorded a webinar on Mother-Infant Togetherness with tips on how to support skin to skin in the OR. These presentations were very well received by the BFI Project collaborative participants.

Despite the challenges of the COVID-19 pandemic, hospital teams presented their progress and shared their challenges and sought advice from other teams during the monthly BFI Project collaborative webinars. Average range of attendance in the monthly virtual webinars was 60-70 people.

A four-hour virtual webinar series, in lieu of the face-to-face workshop, was hosted on April 30 with over 60 participants focused on sharing aggregate data, learning how to create run charts (graphs) with hospital data, quality improvement education on the Fishbone and Force Field Analysis exercises, as well as a presentation on informed decision making and progress highlights from Victoria Hospital team in Saskatchewan.

Due to the pandemic travel restrictions in the fall a second webinar series was offered November 2 & 5 with over 80 attendees on the first day and over 50 attendees on the second day. There was a strong presence of Parent Partners presenting on their breastfeeding experiences and this was quite impactful. Summary data was shared on the patient surveys and monthly run chart data progress. Breakout sessions included topics on skin-to-skin contact, non-medical supplementation, NICU indicators and the Code. We heard presentations on mental health and breastfeeding as well as experience of Sioux Lookout BFI journey. Sioux Lookout is not part of the BFI Collaborative but were invited to present their experiences of supporting Indigenous populations.

The feedback from both webinar series was quite positive but participants did note that they missed the face-to-face networking and continued to struggle to focus their efforts on the BFI Project due to the pandemic.

April 30 webinar series participants rated 4.51/5 for being inspired to continue BFI work. General comments from the evaluation survey:

- “Thank you for the opportunity to share my experiences!”
- “Feel rather sidetracked and stalled -- but hoping we can pick up again now.”
- “So grateful to be a part of this and network with inspiring and innovative national leaders and colleagues.”
- “Very excited to be on the BFI team. I feel privileged and lucky to be chosen to represent a diverse group of moms and individuals. Open to new ideas and sharing ideas with others. Thank you for having me :)”
- “So inspiring to hear about small and large accomplishments - this is Step 10 in action - peer support for Hospitals!”
- “The support provided by the collaborative is excellent. I feel as though the leadership provides great support to lead work being done in hospitals. The monthly webinars are great way to keep up with what is going on at other hospitals. Often ideas are shared during webinars that are beneficial for all.”

Nov 2 & 5 webinar series participants rated 4.37/5 for being inspired to continue BFI work. General comments from the evaluations:

- “It is a really great tool to keep accountable in regards to making changes for best practice.”
- “An extension for the project would be beneficial given the dispersal of team members to COVID related work.”
- “So grateful for this project to keep positive work going and celebrate progressing towards BFI designation.”

Microsoft Teams was used as our virtual platform for sharing information and host virtual webinars/workshops. While there was a learning curve the participants became proficient in using this technology.

Parent Partners:

In February, the Parent Partners Co-Leads, Claire Gallant and Candi Edwards shared a survey to evaluate the Parent Partner Network engagement and ideas to improve the Network attendance along with ideas for future topics. 12 Parent Partners completed the survey and shared ideas for future discussion topics which included finding more opportunities to share their experiences, ways to be equal members of their BFI hospital team, and ways to be an effective Parent Partner. Throughout 2020 the monthly webinar sessions were tailored to reflect these suggested topics and other ideas that the parents felt were of interest to them at the time.

All hospital teams, except for two teams, have 1-2 Parent Partners engaged with their teams. Parent Partner Network topics included: Giving Birth During Covid-19 (several of the parent partners had direct and indirect experience with this), Bedsharing and Co-sleeping, and Informed Decision Making around supplementation and breastfeeding. The October Parent Partner

Network Webinar was devoted to reviewing and providing feedback on the draft *BFI Implementation Guideline*. The Parent Partner leads, Claire Gallant and Candi Edwards, have met one-on-one with each of the Parent Partners resulting in strengthened connections, powerful stories, new ideas and increased engagement with the BFI Collaborative from all our Parent Partners.

Hospital teams continued to engage Parent Partners, but this too was impacted due to the pandemic when volunteers were often restricted from being on site. Some examples of activities that Parent Partners engaged in included: reviewing resource material, assisting with patient surveys, and sharing their personal experiences with teams and the collaborative. The Parent Partner Co-Chairs also played active roles participating in and leading webinar sessions as well as contributing to the BFI Project Planning team.

Leadership Track:

The Leadership Track was Co-chaired by Sally Loring, Senior Director for Nova Scotia Health and Scott Harrison, Director from St. Paul's Hospital, BC. Scott Harrison left his position in March and Scott Kirk from Brandon, MB assumed Co-chair with Sally Loring in April. The Leadership Track met monthly, but the participation rate was significantly impacted in 2020. There was over 50% turnover of leaders in 2020 and this has created challenges as well as new opportunities for teams.

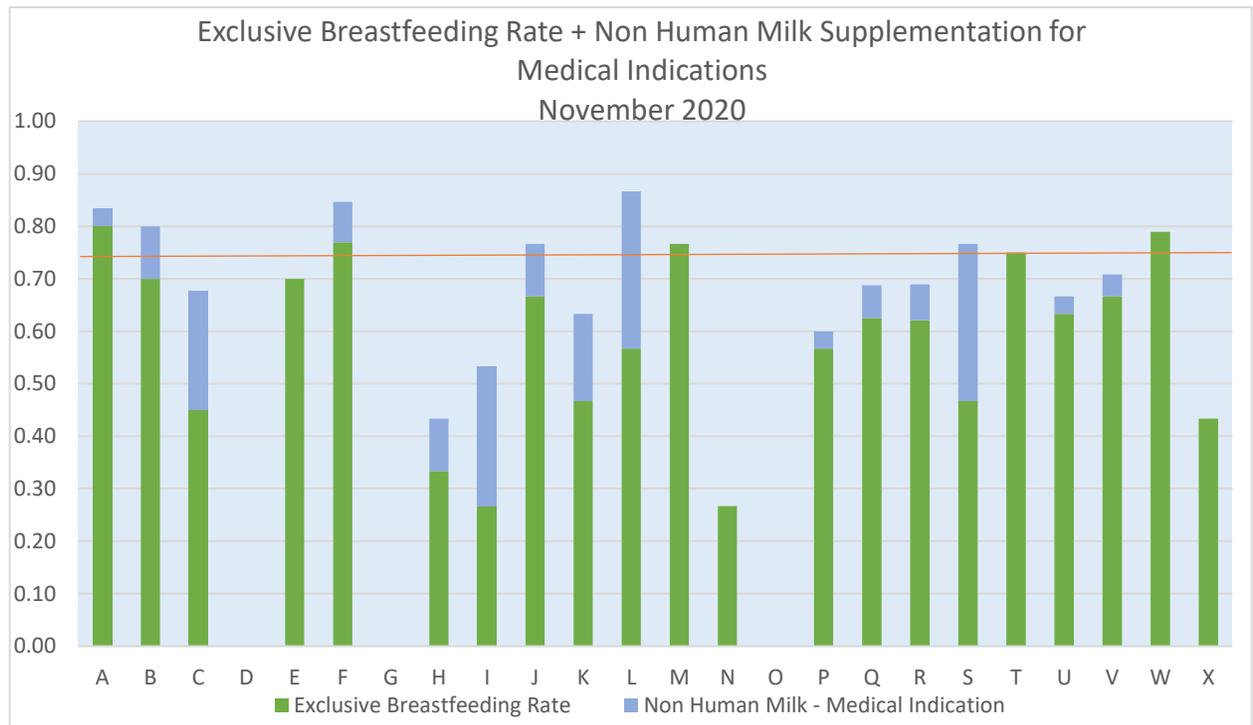
Starting in the summer, each month two leaders were asked to present on their activities to support their team including communication strategies, recognition programs and leadership rounding as well as seek advice from their peers. This approach engaged the leaders that were able to attend. Leaders were also able to view the webinar recordings if they missed a session. Participation of leaders in the BFI Project seemed to have a significant impact on the overall team's progress and engagement. Evaluating the Leaders engagement and the effectiveness of Leadership Track is being planned for 2021.

Evaluation:

Edits were made to the Chart Audit User Manual and Excel data collection forms early in 2020 after feedback from Data Managers on the tools. Data Managers from hospital teams became more familiar with the tools and increased their accuracy of data collection throughout the year. Some teams struggled to maintain consistency when they had new or multiple data collectors for their site. Teams also continued working on their documentation tools to better capture care practices.

Run Chart reports of de-identified data for each hospital team were prepared by Jennifer Ustianov, Quality Improvement Consultant. Data were reviewed for trends and areas for continued focus. This information was shared back with teams through email and virtual one-to-one team meetings. Aggregate breastfeeding exclusivity rates from birth to discharge did not improve overall for the collaborative but many teams were getting closer to the target of 75%

exclusivity.



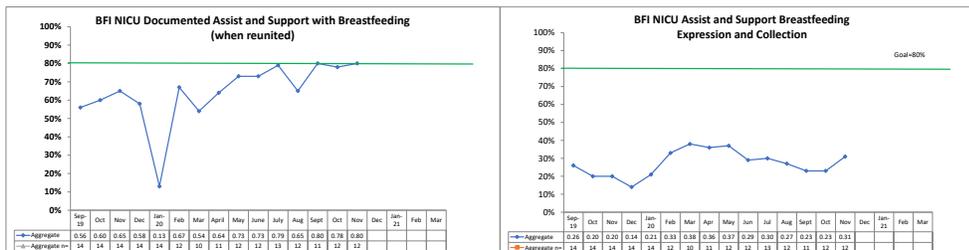
Progress is being made for skin-to-skin care for vaginal births but skin-to-skin care for cesarean births was more challenging. When the pandemic began in March chart audit reporting was impacted but many teams made great efforts to catch up on data submission in subsequent months. One team in New Brunswick had their obstetrical patients diverted to another hospital and they have not re-opened their obstetrical services. Each month 21-24 teams submit data (note- for 3 facilities in Northwest Territories data is collated as one team as the birth rate is quite low in two of the participating hospitals). Some teams did not report on every indicator each month.

Highlights from November 2020 chart audit data:

- 76% (16/21) of teams breastfeeding initiation rate is above 80%
- 43% (9/21) of teams are meeting the target of 75% breastfeeding exclusivity from birth to discharge with medical supplementation. Several more teams are very close to meeting this target (see graph above).
- 60% (12/20) of teams are meeting target of 80% for skin to skin contact within 5 minutes for vaginal births compared to % 26 (5/19) of caesarean births.
- 70 % (14/21) of teams are meeting the 80% target for skin to skin for 1 hour after birth for vaginal births compared to 17% (3/18) for caesarean births.
- Non-medical supplementation ranges from 0-43%. 70% (14/20) of teams have less than 20% for non-medical supplementation.

- 90% (18/20) are meeting the 80% target of rooming-in.

Data for babies that had a NICU stay was more variable and most teams struggled to make improvement in their NICU indicators. The average breastfeeding exclusivity rate in 2020 for the NICU population was 35% which is slightly up from their baseline of 23%. Supplementation for medical reasons averaged 43% and non-medical reasons was 42%. The variability of the data each month is likely due to the low number of chart audits which was from 6-10 charts each month. There was an increase in documentation of assistance and support with breastfeeding from baseline of 60% to 70-80% in the last quarter of 2020. Teams with NICUs were encouraged to focus on supporting expression and collection of milk and there were some initial improvements from January to April, but these efforts were not sustained through the summer and fall.



A Staff Survey tool was developed early in the new year by Dr. Nathan Nickel, Evaluation Consultant and pilot testing of the tool was done by 11 staff volunteers from Quebec and New Brunswick. The online tool was then created using REDcap and the link was sent out to teams for March data collection. Patient Attestation excel tool and REDcap tool was also developed and shared with teams.

Due to the pandemic, teams struggled to complete the surveys in March. The survey deadline was extended to May 30. 15 teams completed Patient Surveys and 23 teams (751 staff) completed Staff Surveys. Dr Nickel prepared reports of the surveys for teams with comparisons to the collaborative aggregate data. Dr. Nickel also prepared run chart tools for teams to collate their own data from the chart audits and provided a webinar for teams to learn how to use the tools. This is expected to assist teams with sustainability of collecting data after completion of the BFI Project.

12 teams repeated the Patient Surveys and 13 teams updated their BFI Self-Assessment in October and November. Data related to questions on race and ethnicity in the Patient Surveys were not reported on. Teams were given the option to have this data shared if they confirm their partnership with local Indigenous organizations and plans to review and interpret the data together.

Teams were encouraged to review their monthly chart audit data, survey data and BFI Self-Assessment information to further assist in refining their quality improvement efforts.

BFI Project Planning Team:

The Planning Team had a very busy year. The team met monthly and had additional meetings to prepare for webinar series and workshops as needed. All members remained actively engaged and attended all meetings or viewed the recorded meeting sessions. The planning team regularly reviewed hospital team progress including data and descriptive updates. They provided direction on how to best support and engage the hospital teams during a very difficult year. Planning team members presented and lead webinar session during the workshop. In September, Dr. Britney Benoit joined the Planning Team as an observer. She is conducting research on the facilitators and barriers of BFI Implementation for hospitals and communities in Nova Scotia.

The Planning Team members are Claire Gallant and Candi Edward, Parent Partner Co-leads, Jennifer Ustianov, QI Consultant, Kathy Venter, BFI Lead Assessor, Dr. Khalid Aziz, Neonatologist, Yolande Lawson, Indigenous Health Leader, Sally Loring, Senior Director, Nova Scotia Health, Dr. Louise Clement, HSO/Accreditation Canada and Michelle LeDrew, National BCC Baby-Friendly Project Director. Behind the scenes, we had valuable support from Dr. Nathan Nickel, Evaluation Consultant, and Dr. Theresa Kim, REDCap Data Manager.

The support and direction received from HSO/Accreditation Canada through Dr. Louise Clement has been extremely valuable and motivating for BFI Project participants and planning team.

Budget and French translation:

The budget for the BFI Project is reported to the Public Health Agency of Canada at the end of the fiscal year March 31. The BFI Project reported a positive variance for 2019/20 fiscal year and is projecting a significant surplus for 2020/21. The surplus is primarily due to shifting from face-to-face to virtual workshops. Contracted services were renewed with faculty consultants as appropriate.

PHAC approved an additional budget for French translation in 2020. All webinars and workshops were offered with simultaneous French translation. Written French translation of material produced by the BCC and BFI Project Planning teams was completed. Material that hospitals teams presented was not translated. One-to-one meetings and a small group meeting for francophone participants was also offered in French throughout 2020.

Objective 3: Raise awareness of the Baby-Friendly Initiative in Canada

- Raise awareness of the Baby-Friendly Initiative among stakeholders and the public to shift expectations and increase the use of evidence-based strategies that promote breastfeeding and maternal infant health.
- Develop a communications strategy to raise awareness of the Baby-Friendly Initiative in Canada and promote the understanding of best-practice strategies to support breastfeeding.

Early in 2020, the BCC website breastfeedingcanada.ca development was completed by M Space Creative under the direction of General Public, a communications consulting company. Louise Dumas and Angie Manners provided the lead for the BCC content and a working group assisted

with finalizing logistical details and reviewing of the website versions. The BCC website was launched in June 2020 and feedback was sought from BCC members. New BCC logo and templates were also launched at the same time.

A working group consisting of BCC Board, PT and Assessment Committee members was formed in the spring to implement the recommendations of the BCC Communications Strategy. Information was developed for the PT members to utilize with health leaders and the public to increase awareness of the importance of breastfeeding and to scale up the implementation of BFI in Canada. A Call to Action one pager, and PowerPoint slides were developed along with [Social Media Messages](#). It was decided that the social media material prepared for National Breastfeeding Week would be a great opportunity to promote the website. An [Infographic](#) with the BCC social media messages was developed by Jodine Chase.

All twitter messages included the breastfeedingcanada.ca link and the new BCC logo was added to the BCC twitter account. Each day during National Breastfeeding week English and French approved messages were tweeted from the BCC account @bccbfi. The BFI Project and PT members were also encouraged to use these tweets and retweet the BCC messages.

In addition, 19 national partner organizations were identified and sent an email seeking their support to share the social media messages and the infographic including links to the BCC website on all material. Many of the partner organizations responded and were pleased to have received the social media messages and indicated they would share with their membership.

A recording of Kathy Venter presenting the [BFI Health Leaders Call to Action](#) was posted on the BCC website in English. We are seeking a BCC volunteer to do the presentation recording in French.

Through the BFI project participants, we learned that there were changes to hospital policies during COVID-19 that were negatively impacting breastfeeding practices such as skin to skin at birth and washing the breast before each breastfeed. We were able to work with our partners at PHAC through Julie Castleman and CPS through Dr. Laura Haiek to influence messages related to breastfeeding and COVID-19. The BCC also produced [Key Messages for Infant feeding and COVID-19](#) and posted this on the BCC website. Dr. Laura Haiek and I also had a chance to present at a SOGC webinar to share these key messages. In addition, a publication titled, [Shared decision making for infant feeding and care during the coronavirus disease 2019 pandemic](#), was published in the Maternal & Child Nutrition journal by Laura N Haiek, Michelle LeDrew, Christiane Charette and Melissa Bartick.

In addition to the above activities The BCC Baby-Friendly Project Director participated in the following activities:

- Oversight committee for the PHAC Family-Centred Maternity and Newborn Care: National Guidelines, the Project Director reviewed and provided suggested edits for chapter titled: The Organization of Maternity Services in Canada.
- The technical committee for the Perinatal Health Standard with HSO/Accreditation Canada met only once in 2020. Due to Covid-19 HSO/Accreditation Canada announced that the work on the standard is being suspended and decisions on what standards will be resumed will be made in the fall. No further communication on the Perinatal Health Standard was received in 2020.

**BCC BFI Assessment Committee
Annual Report of Activities in 2020**

The primary role of the BFI Assessment Committee is developing and updating the Canadian BFI standards and tools necessary for the assessment process, organizing and conducting BFI assessments in collaboration with P/T BFI Committees, developing and refining BFI assessment processes, liaising and reporting to WHO/UNICEF, and providing education and support to BFI assessors and assessor candidates in Canada. This committee liaises closely with the BCC P/T BFI Implementation Committee to build P/T BFI expertise and capacity nationally.

Committee Members are Lead Assessors and Assessors:

Co-chairs: Kathy Venter and Marg La Salle

Committee members: Donna Brown, Eileen Chuey, Louise Dumas, Karen Frith, Lea Geiger, Marina Green, Odile Lapointe, Pam O’Sullivan, Linda Romphf and Nancy Worth. Best wishes to Maria Mackay who resigned from the Assessment Committee in September 2020. Welcome to Karen Frith (Ontario) and Nancy Worth (Nova Scotia) who joined the Assessment Committee in November 2020. Michelle LeDrew, BFI Project Director, resumed attending Assessment Committee meetings in September 2019 and continued throughout 2020.

The BFI Assessment Committee held 13 meetings in 2020. Additional meetings were held by workgroups within the Assessment Committee.

Assessment Committee key actions January 2020-December 2020:

- **National support to the BCC Board on matters relevant to BFI Assessment:**
 - Co-chairs attended BCC Board meetings and provided monthly reports from the BCC BFI Assessment Committee
 - Updated Assessment Committee Terms of Reference
 - Provided input regarding communication plan for BCC and the logic model
 - Ongoing participation with the revision of the Family Centered Maternal Newborn Care Guideline.
 - Continued dialogue with Accreditation Canada regarding increased BFI content in accreditation process.

- **BCC BFI Quality Improvement Collaborative Project support:**
 - Kathy Venter and Pam O’Sullivan provided leadership and support to the BFI project director through bi-weekly meetings
 - Kathy Venter is a faculty member and actively engaged with the project
 - Assessment Committee members were invited to join the Microsoft Teams platform and contribute to conversations, share information, and stay updated
 - Assessment Committee members also participated in the communications committee, website development, Covid-19 messaging, gender inclusive language and BFI Implementation Guideline workgroups.

- **Provincial/Territorial Committee support and engagement:**
 - Consulted and supported individual Provincial and Territorial Committees and facilities regarding policy and practice challenges
 - Committee members contributed timely communication via email and responded to questions from individuals and groups across Canada, including attending via conference call or in person meetings with facility leadership to clarify and build capacity for BFI
 - Marg La Salle attends the bi-monthly meetings as Assessment Committee co-chair.
 - Lea Geiger serves as co-chair of the P/T Standing Committee.

- **International Affairs:**
 - Continued involvement with the International BFHI Network for Industrialized Countries: Kathy Venter is a representative on BFHI Network Development Committee; Louise Dumas is a representative on BFHI Network External Relations Committee; and Louise Dumas is a representative on International Organizations - WHO UNICEF Collaborative.
 - The International meeting in April 2020 was cancelled. Louise Dumas and Kathy Venter participated in WHO-UNICEF calls and webinars and maintained our international presence.

Regular reports with updates were provided to Assessment Committee members regarding Board of Directors’ work, P/T work, BFI Quality Improvement Collaborative Project work, and International Affairs.

- **BFI Ten Steps and WHO Code Outcome Indicators:**
 - Kathy Venter, Marina Green, Marg La Salle and Michelle Le Drew continued their work to update “The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services”. Thank you to Louise Dumas for her leadership with this work until July 2020. The draft Baby-Friendly Implementation Guideline and companion documents were shared with assessors, assessor candidates, the P/T Standing Committee, and BCC Board of Directors for their feedback. Public

consultation will occur in 2021.

- **BFI Assessment Tools:**

- BFI Assessment tools will be updated to reflect the revised BCC BFI Standards once finalized.

- **BFI Assessment Process:**

- Tracked facilities across Canada in progress towards BFI designation
- Maintained database of designated facilities
- Worked with lawyer to strengthen the language of the Pre-Assessment and External Assessment contracts
- Coordinated assessments: contracts, invoices, assessor teams, reporting, and evaluations
- Sent letters to newly designated facilities outlining BCC BFI maintenance requirements
- Sent letters outlining requirements for facilities not re-designating
- Provided support for facilities needing to postpone self-monitoring reports and interim reports due to demands of the pandemic
- Established a Covid-19 task force, created a plan to support facilities wanting to move forward with Pre-Assessment and External Assessment during the pandemic, and presented the proposal to the Board of Directors. Work to continue in 2021 to include virtual option for Pre-Assessment and option of a virtual component for External Assessment.

Designated Facilities in Canada (December 2020)

Facility	BC	AB	SK	MB	ON	QC*	Nfld	NS	NWT	Total
Hospitals	1	4		1	7	5	1	2	1	22
Birthing Centres						8				8
Community/CLSC	2		1	3	23	93				122
Native Health Centre						1				1
Total	3	4	1	4	30	107	1	2	1	153

*Data for Quebec is from 2018.

Please see the BCC website for a list of designated facilities in Canada.

For list of designated facilities in Quebec visit:

<http://www.msss.gouv.qc.ca/professionnels/documents/amis-des-bebes/liste-amis-des-bebes.pdf>

BFI Assessment:

- Assessor and Assessor Candidate tracking sheets are updated annually
- BFI Assessor/Assessor Candidate closed Facebook page now has 38 members
- Most provinces have Assessors/Assessor Candidates. The overarching goal is to have at least one certified assessor in each province and territory.

Number of Certified Lead Assessors, Assessors, and Assessor Candidates in Canada (December 2020)

	BC	AB	SK	MB	ON	QC	NB	NS	NL	PEI	NWT	Total
Lead Assessors	2	1*	0	1	2	2	1*	1				10
Assessors	3	0	1	1	5		1	1				12
Assessor Candidates	5	3	2	0	7	26**	2	1	1	1	1	23
Total	10	4	3	2	14	28	4	3	1	1	1	71

* denotes assessor in transition to becoming a lead assessor

**denotes assessors and assessor candidates are mixed in Quebec

A sincere thank you to the members of BFI Assessment Committee for their dedication and commitment to support BFI in Canada. The hours of volunteer work are significant each month and the progress and success are attributable to its members.

Respectfully submitted by
 Marg La Salle and Kathy Venter
 Co-Chairs, BFI Assessment Committee

BCC Provincial /Territorial BFI Implementation Committee Report on 2020 activities

Background

The Provincial/Territorial Baby-Friendly Initiative (BFI) Implementation Committee (P/T committee) is one of two standing committees of the Breastfeeding Committee for Canada (BCC). Members, who represent all provinces and territories, as well as the Public Health Agency of Canada (PHAC), participate in activities that build capacity and foster dialogue and collaboration toward the continued implementation of the BFI in Canada.

Meetings

The P/T Committee meets every second month and held five regular meetings by conference call in 2020. One meeting (May, 2020) was cancelled due to members' work priorities related to the COVID-19 pandemic response.

Activities

The P/T committee provides a forum for ongoing dialogue, knowledge exchange and strategic collaboration across Canada through regular conference call meetings, email discussion, professional development opportunities and sharing of key resources. Some regions also meet regularly to discuss common priorities. The P/T Committee also organizes professional development opportunities for members.

One of the main activities of the PT committee is to provide an opportunity for networking and knowledge exchange across jurisdictions and with other associations, organizations and committees on topics that relate to the implementation of the Baby-Friendly Initiative. The PT committee organizes a biennial National BCC BFI Symposium as a cross national forum for these purposes. The next National Symposium is planned for 2021 and the PT committee is engaged in planning this Symposium in partnership with the BCC Board. This 2021 Symposium will be offered virtually due to public health guidelines and travel restrictions related to the COVID-19 pandemic.

In 2020 PT co-chairs, in partnership with past Symposium chair and committee member Kyla Wright, developed a set of foundational guidance documents and symposium planning and process templates for future Symposia.

PT committee members also bring forward issues arising in their jurisdiction (or cross-nationally) related to the implementation of the BFI. The PT co-chairs then take these issues forward to the BCC Board. In 2020, PT Co-chairs brought forward several topics of concern to the BCC Board including:

- the need for more gender inclusive language in the work and communications of the BCC
- the importance of anti-racism, racial justice and cultural safety resources at the BCC, as well as the need for an organizational commitment to addressing systemic racism and health inequities
- COVID-19 guidelines for infant feeding

These discussions have all broadened into priorities for the current and future work of the BCC Board. The PT committee co-chairs led a gender-based analysis discussion at a special BCC Board meeting, informed the questions for public consultation on the new BFI Indicators and proposed terminology for long term BCC gender inclusive language guidelines. PT co-chair (BC) also informed the key messages for Infant Feeding and COVID-19 on behalf of the committee.

Committee members provided highlights of work to advance implementation of the BFI in their Province or Territory in 2020:

<p>Nunavut</p>	<p>The Nunavut Infant Feeding Working Group continued to be active in 2020: A Territorial Infant Feeding Working Group is supporting assessment and implementation of best practices in the Territory using the BFI as a framework to guide its work. Working group membership includes representatives from the Hospital, Public Health, Birthing Center, and Community Health Centers.</p> <p>Policy: An informal jurisdictional scan on infant feeding in other northern regions was drafted. The scan provided a high-level overview of infant feeding programs & standards in NWT, Yukon and Greenland and included a set of recommendations for the Nunavut Department of Health.</p> <p>Infant Feeding Survey: A Survey was distributed to identify the status of infant feeding support in Nunavut, identify gaps, and prioritize areas where more support is needed. The survey was</p>
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	<p>distributed to managers and staff who work directly with mothers and babies at Heath Centres, Iqaluit Public Health, the Hospital, and a Birthing Centre. Survey results showed many strengths as well as opportunities to build evidence-based practices. A number of priority areas that came out of the survey will be incorporated into a 2021/2022 work plan.</p> <p>Training/Education: Community Health Nurses Continuing Education Webinar (October 2020)</p> <ul style="list-style-type: none"> o A one-hour webinar was delivered to Community Health Nurses by Marianne Brophy and Kathy Venter. The topic was infant feeding and informed decision making. <p>Resource Development/Knowledge Translation: With permission from Praeclarus Press a Breastfeeding & COVID-19 infographic was adapted and sent to Health Centres across Nunavut. The infographic is posted to the Government of Nunavut COVID-19 website and was shared through GN social media. In addition, key messages on breastfeeding and COVID-19, the WHO Breastfeeding and COVID-19 Guidelines and patient infant feeding resources were sent to Community Health Nurses across Nunavut.</p>
Northwest Territories	<p>Three birthing centers in the NWT continue to participate in the National BFI QI Collaborative Project.</p> <p>Inuvik Regional Hospital completed interim reporting to maintain their BFI designation.</p> <p>Development of a standardized BFI Data Collection tool that can be used in community health services to track breastfeeding duration data by CHCs and PH.</p> <p>Development of family-centered, trauma-informed resources for families and knowledge translation tools for staff, which will be shared at a later date as they are currently being designed.</p> <ul style="list-style-type: none"> ● Baby-Friendly Crib Card ● Our Baby-Friendly Promise to Families

	<ul style="list-style-type: none"> ● Translation of ‘Learning about breastfeeding from grandmothers’ infographic into French so that it can be including in prenatal packages <p>Development of a NWT Baby-Friendly Initiative 20-hour module based e-learning program. The program will be developed through a lens of family-centred care with particular attention to northern contextual realities, cultural relevancy, and anti-racism. The completed e-learning program is expected to be finalized by the fall 2021. This module based e-learning program will be modelled after the BFI Strategy for Ontario 20-hour course toolkit (with permission).</p> <p>Professional development opportunities for staff:</p> <ul style="list-style-type: none"> ● NWT Lactation Consultant Study Program: 9 health care professional from across the NWT are currently completing an online 136 hour Breastfeeding Course for Health Care Providers (Douglas College). This education will prepare them to become International-board Certified Lactation Consultants. ● Breastfeeding Education Day: all day Live online conference that provides evidence-based infant feeding education related to common challenges experienced by new parents. We currently have 19 care providers (including midwives, RN, CHN, PHN and CHR) registered to attend this event in March 2021. <p>Development and release of a health authority-wide policy for Infant Feeding with incentive activity to encourage all staff to review the policy.</p>
Yukon	No Update
Newfoundland and Labrador	<p>In January 2020 after a large multi-day snowstorm a State of Emergency was called for the Eastern Part of the Province. This resulted in broad closures of businesses and services along with cancellation of breastfeeding support groups, delays in health care visits and long power outages. Baby-Friendly NL worked with Safely Fed Canada, Breastfeeding Support NL (Facebook) and Eastern Health Communications Department to deliver</p>

	<p>messages around emergency preparedness, supporting continuation of breastfeeding, benefits of skin to skin, safe preparation of infant formula, and re-establishment of breastfeeding support groups as needed during this challenging time.</p> <p>Learnings from this State of Emergency early in 2020 were used to inform actions related to breastfeeding and BFI when the COVID-19 public health emergency was declared in NL in March. Efforts to support families during COVID-19 included supporting Regional Health Authorities in establishment of virtual breastfeeding support groups (in lieu of face to face) as well as prenatal classes and supporting Healthy Baby Clubs throughout NL in meeting the needs of breastfeeding families.</p> <p>The Baby-Friendly Council of NL partnered with the Government of NL to create resources on Breastfeeding and COVID-19 and an information sheet to address any concerns around a potential shortage of infant formula in our province as a result of stockpiling and panic buying. These resources were posted on the Government’s COVID-19 website and shared on social media platforms.</p> <p>Other messages to support and empower families during the public health emergency continued via social media as well as via the Breastfeeding Support Group NL page. These messages included informative/clinical supportive messages around the basics of breastfeeding, myth busting, etc. and also provided the most up to date information on COVID-19.</p> <p>The Council facilitated a photoshoot to support the progress of “Space for Everyone: Municipalities supporting Breastfeeding”. The photos were taken in Happy Valley-Goose Bay, Labrador which generated some diverse and wonderful images to support and advance the campaign and the goal of normalizing breastfeeding in the community.</p> <p>The Baby-Friendly Council of NL (BFCNL) released their directional document 2020-2025: “Supporting All Families through the Baby-Friendly Initiative.” This document provides a</p>
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history of the work of the Council and planned actions for the future. It can be found on the [website](#).

Alicia Blackmore, PHD Candidate Memorial University, and member of the Breastfeeding Research Working Group of the BFCNL published a pilot study involving a cost analysis looking at the impact of infant feeding on total healthcare service and using costs in a sample of infants in the Eastern Health Region of NL. Moving forward Alicia will be conducting a larger provincial study, examining the economic impact of infant feeding mode on the healthcare system costs. Alicia did an interview on this work with Health E Learning's Carole Dobrich in October 2020.

The Janet Murphy Goodridge Legacy Award in Infant and Maternal Health was established in partnership with Memorial University of Newfoundland and Labrador. The first recipient of the award is Alicia Blackmore. This award will be granted annually to a graduate student in any field or discipline completing research in maternal or infant health. Preference will be given to students pursuing breastfeeding research.

During World Breastfeeding Week the BFCNL facilitated a social media campaign "Breastfeeding is Healthy" which aligned with the 2020 World Breastfeeding Week Theme: "Support Breastfeeding for a Healthier Planet" and covered all the many reasons breastfeeding is healthy for babies, parents, the community and the planet. The Minister of Health also did a virtual proclamation of WBW and introduced it in a provincial COVID-19 media briefing.

A campaign to support skin on skin, especially post caesarean births, was promoted throughout the province. This initiative, "There's No Hug like the First", included a poster and infographic distribution along with education for HCPs.

BFCNL continues to support the Iowa Infant Feeding Attitude Scale (IIFAS) Pilot Project of the Breastfeeding Research Working group. An app to deliver the IIFAS with video animation and voiceover is being developed to pilot in the province. The IIFAS has already been validated for use in NL and we are interested

	<p>in learning more about whether this type of app can support informed decision making and the provision of client and family-centre care and resources around infant feeding.</p> <p>BFCNL has hired a Research and Social Media Consultant to support the council’s communications and to assist with the knowledge translation from the research conducted by the Breastfeeding Research Working Group to Council members, partners and the public.</p> <p>To continue to support families during the holiday season, a social media engagement activity as undertaken with the Breastfeeding Support NL Facebook page - “12 Days of Christmas: Breastfeeding Edition.” Key support messages were provided daily with contests and prizes awarded. Engagement was very high on this initiative.</p> <p>Two facilities in NL are participating in the BCC BFI QI Collaborative Project. The Central NL Regional Health Centre in Grand Falls-Windsor and the Health Sciences Centre in St. John’s continue on their BFI journeys with the support of the project.</p>
Nova Scotia	<p>BFI National Collaborative Project - Nova Scotia was delighted to have three Regional Units awarded places in the Baby-Friendly Initiative National Collaborative Quality Improvement Project: Aberdeen Hospital, Cape Breton Regional Hospital and South Shore Regional Hospital. All three Units have made significant progress in developing systems and processes which support and promote breastfeeding; the additional supports provided by the Collaborative have been valuable in this regard. Aberdeen Regional Hospital was successful in achieving Designation status in November 2020: a significant achievement at any time but particularly so that they were able to maintain the momentum of this work during the COVID pandemic. South Shore Regional Hospital has just completed their Documentation Review: the facility hope to proceed to their Pre-Assessment survey during the summer of 2021. Outside the Collaborative, a further Unit has also completed their pre-assessment survey and is preparing</p>

themselves for their External-Assessment survey which we hope will be possible late spring 2021. The IWK Health Centre, designated in 2018, completed their interim report, noting areas of strength and some on-going challenges. Unfortunately COVID-19 related lockdowns and redeployment of staff have had an impact on community support for breastfeeding families. Nevertheless, we continue to be delighted to see the engagement from the clinical teams and the change in practices and culture they are able to influence across the province through implementation of the Ten Steps framework.

Infant Formula Contract - Furthering the provincial changes around BFI and The Code, Nova Scotia has just reviewed, revised and awarded its provincial Infant Formula contract. The revision of the contract enabled the language around adherence to the BFI Ten Steps and the Code to be reinforced and strengthened so demanding that the successful Provider has to work towards compliance of the Code.

Discussions have been held and presentations given regarding the process of developing an Infant Formula contract. It is hoped that with more provinces needing to develop or renew their contracts that by including Code compliance language in their contract documents will result in the infant formula providers having to become Code compliant.

Prenatal Education - 2020 and the challenges of group gatherings has made everyone rethink how to provide prenatal education as the provision of face to face classes is no longer permitted. The Team in Cape Breton Regional Hospital (CBRH) have developed new prenatal classes in collaboration with Primary healthcare, Public Health, Mental Health & Addictions and the local Family Resource Centres. The decision to move these classes online (Zoom for healthcare) has been well received with around 40% of the families who deliver at CBRH attending the sessions. The nature of the virtual platform has enabled an increased number of families to attend as childcare supports are not required and as some evening sessions are provided this has enabled for increasing engagement from fathers. The classes include

	<p>education in healthy pregnancy care, labor & delivery, basic Mum and Baby care and breastfeeding.</p> <p>The IWK Perinatal Centre, where a large number of women in the Halifax area receive prenatal care, has reviewed and revised prenatal materials to ensure consistency with BFI. IWK, too, has added Zoom breastfeeding class for all families who are seen in the Perinatal Centre. The Women’s & Newborn Health Program is working with IWK Communications to increase the IWK presence on social media with a goal of providing accurate breastfeeding information.</p> <p>Eat, Sleep and Console - Eat, sleep and console (ESC) is increasingly being discussed across Nova Scotia as the care provision of choice for newborns experiencing neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS). This change has been driven by the Neonatologist and Neonatology Clinical Team Lead in CBRH who have provided extensive education not only to the NICU team but also to public health Nurses and staff who work in the local methadone clinics. During this education discussions have included a recommendation that any Mother who will be delivering at CBRH should attend at least one prenatal education session through the Perinatal Clinic for one-on-one education on ESC and how to best to support and care for their newborn who may exhibit signs of withdrawal or require treatment while in-hospital. Since implementing ESC in both the NICU and postpartum Unit successes have been seen: a significant decrease in the amount of babies requiring pharmacological treatment, the ability to keep more mothers & babies together and not having to focus on each specific sign of withdrawal. Families who receive prenatal education on ESC before delivery share only positive feedback in feeling they were prepared and much more comfortable caring for their infant with this support. The IWK is also moving from Finnegan’s Scores to ESC as well. (Note: IWK transitioned care for babies experiencing NAS/NOWS out of NICU and into the Family Newborn Unit a number of years ago. One of the main reasons was to avoid separation of babies from their mothers/parents.)</p>
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	<p>Comfort Promise -IWK has entered into a collaboration with Minnesota Children's to adapt their evidence-based pain management program called The Comfort Promise. The program includes posters for nursing units and pamphlets for families focusing on ways to reduce pain for children of all ages related to blood draws, injections, etc. Breastfeeding and skin-to-skin are highlighted for infant and toddler age groups.</p> <p>Updated Policies - The IWK has introduced a policy on Oral Immune Therapy to support practice in the NICU. A pamphlet for parents has been developed to support the policy. The Pasteurized Donor Human Milk Policy was updated to include treatment of hypoglycemia for infants whose parents intent to exclusively breastfeed but do not have adequate human milk to maintain serum glucose levels.</p>
New Brunswick	<p>General Update - The NB Baby Friendly Initiative Steering Committee continues to collaborate across regions and sectors to improve perinatal care and infant feeding support in the province. Despite Covid 19 restrictions, skin to skin contact at birth and breastfeeding initiation and exclusivity rates remained stable in 2020.</p> <p>Revision has begun on the NB BFI Strategic Plan for 2021-2025. Immediate skin to skin contact rate at birth of > 80%, with a special focus on parents giving birth by C-Section, has been added to the overall objectives. Targets for exclusive breastfeeding at 6 months have also been increased to 50% to reflect the WHO 2025 Global Nutrition Targets.</p> <p>Julie Levasseur-Dubé began a temporary position as the regional BFI Coordinator for the Vitalité Health Network until Marie-Christine Friolet returns to the role in December, 2021. After an impressive career, Horizon BFI Coordinator Donna Brown retired in December 2020, with Christina Gallant assuming this role.</p> <p>BFI National QI Project - Three NB hospitals are currently participating in the National QI Project and saw great gains in 2020. Their teams set out to enhance opportunities for skin to</p>

	<p>skin contact with birthing parents after C-Sections. Using PDSA cycles and chart audits, teams were able to identify barriers to skin to skin in the OR and rates continue to improve. Hospitals in the project also improved rooming-in practices, regionalized a prenatal breastfeeding checklist, and continue to develop a checklist for postnatal breastfeeding teaching.</p> <p>Prenatal Breastfeeding Class Revision - Members of the Provincial Steering Committee Education Subgroup worked diligently to complete the final revision of the New Brunswick Prenatal Breastfeeding class. The revision includes a comprehensive, evidence-based guide for class facilitators, as well as a Powerpoint presentation for parents to use in self-guided learning.</p> <p>As Covid 19 restrictions reduced in-person prenatal class offerings in the province, the team responded by also creating recorded versions of the class in both French and English, which is available for viewing on Youtube. Future plans for the class include exploring virtual, self-learning options in an effort to meet the learning needs of more New Brunswickers.</p> <p>Additions were made to this version of the Prenatal Breastfeeding Class based on updated practice guidelines and feedback from families. This includes information on informed decision-making, how to deal with potential breastfeeding challenges, vaping and cannabis use and breastfeeding in emergency situations.</p> <p>Skin to Skin During Painful Procedures - Both regional networks are currently working on increasing rates of skin to skin for babies undergoing painful procedures. A partnership was developed between regional laboratory services and the Horizon regional BFI Committee, raising awareness about the evidence for bringing this type of care to our families. The Vitalité health network has created an e-Learning for laboratory staff, nurses and physicians with information on ergonomics and how they can facilitate skin to skin in their own practice area, with plans for release in Spring 2021.</p>
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	<p>National Breastfeeding Week - Groups across the province succeeded in bringing National Breastfeeding Week activities to communities in new and innovative ways. Virtual Quintessence Challenges were held across the province and social media messages were circulated with information about supporting new parents on their breastfeeding journeys. The Upper River Valley Community Breastfeeding Promotion Committee also organized a webinar on safe infant feeding in emergencies with guest speaker Michelle Pensa Branco from Safely Fed Canada.</p> <p>Support for Formula Feeding Families - In response to feedback from parents and healthcare providers, direct care staff in the Women & Children’s program with the Horizon Health Network have completed a Self-Learning Module on infant formula. Vitalité Health Network is planning for a similar activity.</p> <p>Minor revisions were made to the provincial document “ How to Feed your Baby with Infant Formula”, with more significant changes planned for 2021.</p>
PEI	<p>The PEI Breastfeeding Coalition continued to meet virtually in 2020.</p> <p>The PEI Baby-Friendly Initiative (BFI) Steering Committee has not met due to a shifting of responsibilities/priorities related to COVID-19.</p> <p>Health PEI update – as submitted by Queen Elizabeth Hospital (QEH) and Prince County Hospital (PCH)</p> <p>Work continues at both Queen Elizabeth Hospital (QEH) and Prince County Hospital (PCH) on the National Baby-Friendly Initiative Quality Improvement (QI) Collaborative Project. The two facilities continue to track breastfeeding rates and BFI indicators monthly. These statistics are being communicated to leadership, staff, and the public at both sites. Both the QEH and the PCH have implemented skin-to-skin care immediately following cesarean birth.</p>

	<p>Health PEI is waiting for the IWK to complete their BFI formula contract. When complete PEI plans to piggyback with the IWK contract to ensure the least amount of disruption for infants as they transition to their home hospitals. This is expected to be completed early in 2021.</p> <p>QEH antenatal teaching for mothers with Diabetes has been successful. Many mothers have been able to supply expressed breast milk (EBM) for their infants and have been able to avoid supplementation with formula. Mothers are taught hand expression and how to store expressed breast milk, so they have a supply of EBM for use immediately after birth, if needed. This is now being offered to all women over 37 weeks gestation if they wish to partake. Prince County Physicians now give out the EBM kits. Mothers can contact a Lactation Consultant if they have any questions.</p> <p>PCH completed education sessions with the OR, PACU and Lab staff regarding the importance of skin-to-skin care and what BFI means to them. The hospital Lab and Mother-Baby unit are working toward skin-to-skin care during all Lab procedures.</p> <p>PCH and Public Health are working on a “virtual hospital tour”. The tour will show prenatal parents the facility as well as covering BFI basics. Public Health were not able to continue with home visitation of all mothers and newborns during the early stages of the COVID-19 pandemic. They did see high risk families in their office. The QEH started a Mother-Baby clinic to see all newborns within the first 24-48 hours after discharge. The clinic provides newborn assessment including weights, bilirubin checks and breastfeeding support. The QEH discontinued the clinic in December, as Public Health resumed offering home visits.</p> <p>The Breastfeeding Clinic in Charlottetown closed early in the COVID-19 pandemic and Public Health has not yet reopened the Clinic.</p>
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<p>Québec</p>	<p>COVID-19 Pandemic: Many activities of the year 2020 revolved around the pandemic including:</p> <ul style="list-style-type: none"> ● support to the regions and institutions re: questions related to breastfeeding and COVID-19, ● the publication of separate ministerial guidelines for professionals and for parents regarding breastfeeding and Baby-friendly practices during the pandemic for the general population and for mothers affected by COVID-19 ● feedback to the Canadian Pediatric Society and the Public Health Agency of Canada regarding the statements, and collaboration in the publication of the BCC Key messages: Infant Feeding and COVID-19 ● presentation by Laura Haiek with Michelle LeDrew of a Webinar titled Newborn care and Breastfeeding in the context of The Society of Obstetricians and Gynaecologists of Canada (SOGC), COVID-19 response forum ● research and preparation of an article Laura Haiek, Michelle LeDrew, Christiane Charette, Melissa Bartick, Shared decision-making for infant feeding and care during the coronavirus disease 2019 pandemic, submitted the journal Maternal and Child Nutrition. <p>Provincial policy: There is a target in the operationalization of the Programme nationale de santé publique 2015-2025 (http://publications.msss.gouv.qc.ca/msss/document-001565/) on the implementation of breastfeeding best-practices not only in obstetrical and community services but also in neonatal services.</p> <p>Certification: The Quebec BFI Certification Committee in under the responsibility of Québec’s Ministère de la Santé et des Services Sociaux (MSSS). It’s composed by the ministerial team, BFI assessors as well as three managers from BFI certified institutions that contribute their valuable expertise to the committee. The monthly committee meetings were cancelled or shortened due to the pandemic.</p> <p>Adaptation of the BFI following the WHO/UNICEF revision of the BFHI, Optimization of breastfeeding services in Quebec. Tool for managers and BFHI training course (e-learning): Following the</p>
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	<p>international guidelines presented in the document Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative, the MSSS is developing an adaptation of the program for the network's health facilities. In 2020, the WHO and UNICEF published 3 documents related to the BFHI that were consulted for the adaptation. Unfortunately, because of the pandemic, the work for these documents was halted during much of 2020.</p> <p>Health Care Organization Perinatal Health Technical Committee: Laura Haiek participated as a member of the committee in the category of policy maker. In June 2020, committee members received notice that the revision to the Obstetrical manual needed to stop development in its current form due to other competing.</p>
<p>Ontario</p>	<p>This past year members of the BFI Ontario executive prepared BFI Ontario bylaws that will be ready for approval at the annual general meeting in Spring 2021.</p> <p>Executive members also updated the BFI Ontario terms of reference and executive role descriptions.</p> <p>In 2020, BFI Ontario sought to engage with members about how best to meet their needs during the COVID-19 pandemic. This included efforts to share new resources about Covid-19 and infant feeding with BFI ON membership and on our social media platforms (Twitter, Facebook) and website (https://www.bfiontario.ca/).</p> <p>BFI Ontario prepared a survey (distributed early 2021) to our membership to gain insight into what members want from their membership with BFI Ontario. In light of the pandemic, one of</p>

	<p>our questions included an inquiry about more user-friendly video conferencing platforms. We hope that this will help to improve access and increase engagement among our members. Results of the survey are pending.</p> <p>Materials to celebrate National Breastfeeding Week based on the WABA theme, Support breastfeeding for a healthier planet!, were shared with the membership and posted on our social media platforms in October 2020.</p> <p>The BFI Ontario website was updated and revised in 2019 and continued to be a helpful resource for members and we were pleased that the Ontario Family Forum feature received some visitation from the public. We are hoping to heighten awareness of this resource and encourage Ontario families to use this platform to share their prenatal, postnatal and young child experiences especially around infant feeding.</p> <p>One BFI Ontario membership meeting was held in December 2020 with others being cancelled due to upheaval from the pandemic. It was a productive and engaging meeting and provided an opportunity for networking and sharing where members discussed strategies for coping with COVID-19, ways of continuing to provide effective care to families, and innovative initiatives to protect, promote and support breastfeeding.</p> <p>The BFI Ontario Expo that was planned to celebrate the 20th anniversary of our organization was cancelled due to the challenges of COVID-19. However, discussions are underway regarding more virtual conferences and webinars in the coming year and an in-person event once it is safe to do so.</p>
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	<p>As of December 31, 2020 Ontario had 30 designated facilities including seven hospitals and 23 community health services.</p>
<p>Manitoba</p>	<p>Since 2011, BFI Status reports from five regional health authorities and 13 birthing facilities have been summarized (including data on breastfeeding rates, accreditation status listed with achievements, priority areas for the previous year, activities from the previous year and new priority areas for the coming year listed under each step). Due to supporting Covid-19 activities, some reports were deferred to 2021. The BFI Status Report Summary is reported to Manitoba Health Seniors and Active Living. The reports inform department, regional and facility work plans and contribute to knowledge translation between birthing centres and community health sites.</p> <p>All 13 hospitals and five RHAs are implementing BFI best practices. Certificates of Participation have been given to three hospitals and two given to regional health authorities.</p> <p>Bethesda Regional Health Centre has been working towards re-designation. The Pas, Flin Flon, Thompson community health sites are maintaining their BFI designation.</p> <p>The 2018 breastfeeding initiation rate was 84.6% and the exclusive breastfeeding rate was 46.4%.</p> <p>Brandon, St. Boniface, HSC Women’s hospitals are each participating in the BFI QI Project. While some of the work was postponed, data was collected and change ideas implemented. As members of the provincial Baby-Friendly Committee, they are sharing their learnings to support other birthing facilities and community health sites in Manitoba.</p>

	<p>Education and training activities were postponed due to staff unavailability due to Covid management. Weekly BFI / Breastfeeding Tips are sent in an email to MB BFI committee members and champions. The Baby Friendly Manitoba website offers information and resources for parents, as well as copies of conference and telehealth presentations: https://www.gov.mb.ca/health/bfm/hpe.html</p> <p>National Breastfeeding Week is celebrated in every Manitoba region.</p> <p>A Baby Friendly Consultant coordinates the bi-monthly Provincial Baby Friendly Birthing Facilities Committee and Community Committee meetings, provides reports, planning and information to the provincial Breastfeeding Baby Friendly Lead, plans and organizes provincial education and training, coordinates Baby Friendly assessment within the province and provides direct support to facilities at senior and front-line levels towards BFI Implementation. This year three committee meetings were cancelled due to Covid-19.</p> <p>A Shared Health team is at work developing education open access for the province around infant feeding best practices. It is part of the 2017 <u>Maternity Service Standard Strategy Plan</u> for the province. The focus is on developing a framework and action plan for conferences and education around maternal and infant health.</p>
Saskatchewan	<p>The BFI Project has been on pause due to COVID-19 related work and priorities.</p> <p>The Breastfeeding Committee of Saskatchewan have added COVID-19 resources to their website.</p>

Alberta	<p>Alberta Breastfeeding Committee (ABC) is committed to promoting the Baby-Friendly Initiative (BFI) and is recognized by the Breastfeeding Committee for Canada (BCC) as the provincial authority in Alberta. ABC members support facilities in Alberta along all stages of Baby-Friendly Initiative designation.</p> <p>In addition, 2020 included many new conversations that pushed the ABC to strive to include diverse and inclusive resources and ensure we are providing equitable recommendations to support the public.</p> <p>The ABC committed to provide evidence-based information to support Albertans during COVID 19 pandemic.</p> <p>Many updates have occurred on the ABC website and we encourage those interested to visit https://breastfeedingalberta.ca/</p> <p>The ABC Annual Conference:</p> <p>The ABC Annual conference planning was underway in early 2020 to host Kathleen Kendall Tackett. Conference planning is an annual priority of the committee. The conference goal is to provide education for health care providers who support breastfeeding families in Alberta. However, in Spring of 2020 the conference planning was halted in response to COVID 19 pandemic. In the Fall of 2020, the ABC made the decision to partner with Calgary Breastfeeding Matters Group to host this conference virtually in the summer of 2021. https://breastfeedingalberta.ca/event/2021-abc-conference-kathleen-kendall-tackett/</p> <p>Listserv: The Alberta Breastfeeding Network (ABN) listserv is an avenue to share and exchange knowledge about breastfeeding related topics and is open for membership to breastfeeding supporters in Alberta. All members can share information via the listserv. Currently there are 197 members of ABN. http://www.mailman.srv.ualberta.ca/mailman/listinfo/alberta</p>
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	<p>breastfeeding network. The ABN listserv is moderated to ensure no unsolicited advertising and spam is processed.</p> <p>Within Alberta we have four designated sites; High River Hospital and Misericordia Hospital, Bonnyville Health Center and Grey Nuns Community Hospital are maintaining their baby friendly practices.</p> <p>As well, we have one AHS Public Health Department awaiting external assessment to become the first Public Health office in the province to become designated. This external assessment is on hold due to safety and COVID 19 travel restrictions.</p>
British Columbia (BC)	<p>Work continues on provincial breastfeeding strategic direction and key priorities through the Provincial BFI Coordinator role. BC is in the process of refreshing the provincial Guiding Framework for Public Health, and the Service Standards for families in the preconception period up until a child enters school. The Service Standards refresh temporarily paused in 2020 due to COVID, but Phase 2 of the refresh is set to begin again in the new 2021/22 fiscal year. Support for breastfeeding families will continue to be a key component during the perinatal period. B.C. is developing a broader provincial maternity services strategy that includes breastfeeding across the continuum of care. Some opportunities and strengths to advance breastfeeding & BFI in 2020 include:</p> <ul style="list-style-type: none"> • Two B.C. Acute Care sites; Penticton Regional Hospital and St. Paul’s Hospital continue to participate in the National BFI Collaborative Project. Both BC facilities partner on sharing their lessons learned, resources and strategies to help support their BFI designation journey. • BC is exploring the development of lactation educational framework. This includes priority areas for inclusion in the development/adaptation of lactation competencies and a provincial lactation education offering for all health disciplines in BC.

- The BC Baby-Friendly Network Provincial Committee held 4 meetings during 2020 and additional meetings with the BFI Sub Committee. On behalf of the Network, the BFI Assessment Sub-Committee collaborates with the BCC Assessment Committee to complete the process of Baby-Friendly designation in health care facilities across
- Renewal of the Provincial Infant Formula Supply Contract is in the final approval stages. Developing a provincial infant formula contract has been an opportunity to better align with the aims and articles of the World Health Organization (WHO) International Code of Marketing Breastmilk Substitutes and relevant World Health Assembly resolutions.
 - In the Fall of 2020, BC Co-presented with Nova Scotia at the National Baby-Friendly Quality Improvement Collaborative Webinar on Developing a Provincial/Territorial contract and lessons learned.

Protecting, Promoting and Supporting BF During COVID-19

- As Covid 19 restrictions reduced in-person breastfeeding support offerings in the province, most BC Health Authorities launched virtual programs.
- BC has launched a new 24 hr a day, 7 day a week real-time virtual support program called MaBAL (Maternity and Babies Advice Line). MaBAL offers a client centered approach: referring providers, client and the consultant MABAL provider form the circle of care. Breastfeeding support is available. The service is to support current provision of care not replace it. The focus is on rural remote and First Nations/Indigenous people.
- Developed Primary Care Provider COVID-19 guideline: Lactation Guidelines for Women/Individuals who are confirmed or suspect cases of COVID-19 published on the BCCDC website .
- Developed Parent COVID-19 and infant feeding specific resources:

- COVID-19 and Breastfeeding: Frequently Asked Questions [here](#).
- COVID -19 and Infant Formula Feeding: Frequently Asked Questions [here](#)
- [Breastfeeding and COVID-19 infographic](#).

BC Lactation Consultant Association

Launched their first virtual prenatal breastfeeding classes called ‘A Personalized Start to Your Feeding Journey’. This is a new approach to prenatal breastfeeding classes. BCLCA has designed a curriculum and format to support families in meeting their own goals. This on-line prenatal breastfeeding series, consisting of 3 sessions, is a place where pregnant parents will have a chance to explore values, wishes and questions related to feeding in a safe, small group setting, guided by two international board certified lactation consultants (IBCLCs).

UBC School of Nursing

Created multiple [Open Education Resources](#). Highlighting the physiology of lactation as well as the foundational methods of breastfeeding within different scenarios, the multidisciplinary team has created open access interactive modules used for educational purposes.

National Breastfeeding Week

Standardized Provincial Proclamation, updated provincial social media toolkit, developed a suite of branded photo cards and developed a National BF Week Communications plan. The social media toolkit can be used provincially during National Breastfeeding Week (Canada). This toolkit is for the purpose of creating consistent social media messaging and expanding the awareness of promotional tools for advancing breastfeeding and the Baby-Friendly Initiative (BFI) in BC. The target audience for promotional materials and distribution included health care providers

P/T Committee Membership:

Jurisdiction	Current Representatives (as of December 31, 2020)	Other Representatives during 2020
British Columbia	Lea Geiger (Co-Chair) and Erin Price Lindstrom	
Alberta	Jennifer Splaine	
Saskatchewan	Julie Smith-Fehr, Morag Granger, Amanda Sowden and Lorissa Jones	
Manitoba	Linda Romphf and Sylvia Bucholz	Dawn Ridd also participated in 2020
Ontario	Marg LaSalle (Co-Chair, BCC Assessment Committee), Carolyn Crowley and Seneca Overduin	Wendy Lahey also participated in 2020
Québec	Laura Haiek and Nathalie Lévesque	
PEI	Diane Boswall	Donna Walsh also participated in 2020
New Brunswick	Ellen Bolden, Jessica Webster, Christina Gallant and Julie Levasseur-Dube	Donna Brown and Marie-Christine Friolet also participated in 2020
Nova Scotia	Sally Loring and Rebecca Attenborough	
Newfoundland and Labrador	Heidi Boyd (Co-Chair) and Heather Gates	
Northwest Territories	Kyla Wright and Sheena Gagnon	
Nunavut	Leah Butcher	
Yukon	Brenda Dedon	
Public Health Agency of Canada	Julie Castleman and Marie-Claude Lang	

Canadian Pediatric Society	Laura Haiek	
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The PT Committee thanks all provincial and territorial representatives who have contributed to the committee in 2020 and wish our colleagues well who have left the committee.

BCC liaison report for the year 2020

Canadian Pediatric Society

Nutrition and Gastroenterology Committee Meeting

Prepared by Laura N. Haiek, MD, MSc

March 19, 2021

Committee meetings in 2020: April 29 and October 30, both by Zoom.

Members: Catherine Pound (Chair), Linda Casey, Ana Sant'Anna, Pushpa Sathya, Christopher Tomlinson, Becky Blair (Dietitians of Canada), Tanis Fenton (Dietitians of Canada), Laura Haiek (Breastfeeding Committee for Canada), Subhadeep Chakrabarti (Food Directorate, Health Canada), Jennifer McCrea (Health Canada), Rilla Schneider (Resident), Patricia D'Onghia (Office of Nutrition Policy and Promotion, Health Canada), Sanjukta Basak (CPEG)

- 1. Statements and Practice Points in Progress** (as per October 30, 2020)
 - 1.1. Cow's milk protein allergy (Sathya/Casey)**
 - 1.2. Using Probiotics in the Paediatric Population (Sant'Anna)**
 - 1.3. Human milk feeding in the NICU; from birth to discharge (Tomlinson/Haiek)**

- 2. Statements and Practice Points in need of Revision, Reaffirmation, or Retirement** (as per October 30, 2020)
 - **Promoting optimal monitoring of child growth in Canada: Using the new World Health Organization growth charts:**
 - **Human milk banking and donor milk**
Note: Statement was published in December 2020

<https://www.cps.ca/en/documents/position/pasteurized-and-unpasteurized-donor-human-milk>
 - **Using Probiotics in the paediatric population**
 - **The Baby-Friendly Initiative: Protecting, promoting and supporting breastfeeding**
Note: Drs Haiek and Pound submitted an intent in December 2020.
 - **The toddler who is falling off the growth chart**
 - **The 'picky eater': The toddler or preschooler who does not eat**

3. Relevant content of Liaison Reports

3.1. Health Canada, Bureau of Nutritional Sciences (McCrea, Chakrabarti)

Health Canada is working on developing regulatory frameworks for the continued use of Human Milk Fortifiers (HMF) and for allowing clinical trials on foods for special dietary purposes (FSDP) such as infant formula and HMFs that are new to Canada.

There is also work being done on sodium restriction with new voluntary guidelines on sodium content in processed foods to be released soon.

The ongoing Food and Nutrition Surveillance activities include the recent (June 2020) publication of data on changes to fruit and vegetable consumption between 2004 and 2015.

Finally, Health Canada is a participant to the Codex Alimentarius Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) where work is ongoing to finalize the revised standard for follow up formula (FUF, intended for infants aged 6 months and older), and on guidelines for ready-to-use therapeutic foods (RUTF) intended for malnourished children in war zones and famine conditions.

3.2. Creation of a CPS Breastfeeding Committee

Dr Haiek brought forward the issue of putting together a specific Breastfeeding Committee. The AAP has its own Breastfeeding section, there is also the Academy of Breastfeeding Medicine. Breastfeeding Medicine is involving as a specialty of its own, and it would make sense to create a Breastfeeding Committee that could address specific breastfeeding medicine subjects. Members of our committee were very supportive of the idea, and Dr Pound will provide a letter of support for Dr Haiek's application, on behalf of the Nutrition and Gastroenterology Committee. A proposal was submitted to the board on November 2020.

The objective presented on the proposal to the CPS Bo by forming a separate committee from the Nutrition and Gastroenterology is to provide focused attention to the role of breastfeeding and early infant nutrition in attaining optimal nutrition and health. This would allow for actively following the changes with the latest research and recommendations from WHO, UNICEF and other international organizations, and ensure the CPS's close alignment with them. It recognizes that:

- the vast body of breastfeeding-related research in the last 15-20 years has demonstrated significant nutritional, physiological, and psychological benefits for both mothers and children that last well beyond infancy;
- the Nutrition and Gastroenterology Committee deals with a wide and varied content. A specific committee on breastfeeding enables proposing new and updated recommendations in a timely manner to what is in itself now recognized as

breastfeeding medicine. Breastfeeding medicine is a wide scope of complex lactation medicine topics ranging from public health to anatomy, physiology, immunology, biochemistry, psychology and many other subjects. Breastfeeding also has social, cultural and political issues;

- while breastfeeding is the foundation of a lifetime of health and wellbeing, clinical practice lags behind scientific evidence;
- the large breath of breastfeeding evidence, guidelines and implementation recommendations require dedicated and specialized committee members to deliver focused attention to these topics;
- there is a penury of CME activities on breastfeeding;
- other organizations have identified the need to have dedicated expertise:
 - the [American Academy of Pediatrics](#) has a section on Breastfeeding;
 - the [Academy of Breastfeeding Medicine](#), of which pediatricians constitute the core membership, is an international academy that has created a network of breastfeeding experts and advocates to drive medicine forward in this crucial area;
 - the publication of dedicated journals ([Journal of Human Lactation](#), [Breastfeeding Medicine](#), [International Journal of Breastfeeding](#)) and textbooks ([Breastfeeding a Guide for Medical Profession](#), [Breastfeeding and Human Lactation](#)) provide a framework for breastfeeding medicine.
- CPS advocacy for optimal health would be enhanced by moving forward to support infants and mothers by closing the gaps between international recommendations and meeting breastfeeding goals for women and their families;
- breastfeeding data at provincial and territorial levels is limited and not consistently collected. Ninety two % of Canadian women initiate breastfeeding ([Statistic Canada, 2018](#)) but by the time they leave the hospital, only 56% are exclusively breastfeeding (Breastfeeding Committee for Canada Provincial/Territorial Survey, 2019). By 6 months only 38% of babies are exclusively breastfed ([Statistics Canada, 2018](#)). The World Health Organization and UNICEF [international target](#) is to reach 70% exclusive breastfeeding at 6 months by 2030. CPS has an important role to play to address the gaps in breastfeeding rates and meet international targets.

The vision of the Breastfeeding Committee is optimal health and wellbeing for children through breastfeeding; that breastfeeding is valued by society and that CPS members and other health professionals provide expert nutrition advice in a family-centered, culturally effective, evidence-based care for breastfeeding infants, children, their families, and communities.

A Breastfeeding Committee would address the needs of infants, children, their families and communities, and support the CPS to fulfill its mission. The new Breastfeeding Committee would contribute to:

Professional education by identifying and supporting the breastfeeding education needs of paediatricians and other health professionals through position statements, the CPS's *Paediatrics & Child Health* peer-review journal, and proposing content for CPS educational opportunities (such as an annual conference, online education and regional CME events).

Knowledge translation by translating research knowledge into statements and practice points for CPS members and other health professionals that will impact clinical practice.

Advocacy and policy development by identifying gaps in and promoting improvements to provincial, territorial, national and international public health policy related to breastfeeding. The committee would have a role advancing the endorsement of international positions, particularly those of WHO and UNICEF.

Research by identifying research questions and knowledge gaps, and increase breastfeeding-related in peer-review journals, particularly *Paediatrics & Child Health*.

Quality of pediatric services by promoting quality improvement systems through which the CPS members deliver breastfeeding care and collaborate with other health professionals involved with the care of breastfeeding mothers. Setting recommendations and guidelines through position statements and practice points.

Surveillance by monitoring and addressing gaps in Canadian breastfeeding rates and international targets.

Leadership in the pediatric profession by including learners (students, residents, fellows) in the committee that could become future leaders in the field and partnering with key stakeholders that have aligned mandates of protecting, promoting and supporting breastfeeding.

4. Feedback on Statements or Practice Points proposed by other CPS Committees on the following topics:

- **Discharge planning of the preterm**
- **Non-IgE Mediated Allergy**
- **Dietary Exposures and Allergy Prevention in High-Risk Infants**
- **The Prevention of Symptomatic Vitamin D Deficiency**
- **Including Rickets Among Indigenous Infants in Canada**

5. Publication of Statements or Practice Points by other CPS Committees for which feedback was given:

Timing of introduction of allergenic solids for infants at high risk (Updated: Feb 19, 2020).

<https://www.cps.ca/en/documents/position/allergenic-solids>

Breastfeeding Committee for Canada

Website Report

April 2020 to March 2021

Website Liaison(s) Angie Manners and Louise Dumas

Old website April to October 2020:

The website that had been updated by the coweb liaisons in 2019 continued to be in use until the official launch of the new website developed by a company with the support of the Communications committee.

Coweb liaisons regularly updated the content especially of the News and the Resources sections.

Coweb liaisons actively participated in the development of the new website, sharing ideas but also ensuring the translation of all the material that was available from the actual website which needed to be updated and made available in both official languages.

New website from October 2020 to March 2021:

Once the coweb liaisons finished translating all the French side of the website and updating the material with the new BCC logo and made sure that both sides (English and French) mirror each other, the website was ready to be launched.

It was launched to members of BCC committees only at the end of June, as 'soft launch', hoping to get feedback and to test both sides of the website, the French and the English. Then, in October, during the World Breastfeeding Week, the website was officially launched and replaced the one we had previously.

Coweb liaisons and National BCC Baby-Friendly Project Director have been trained as webmasters (persons who can edit, add and remove material on the website) in order for the BCC to update the material on its website in a timely fashion and eventually reduce the costs associated with a contractual, external webmaster. It is understood that the original webmaster of this new website will remain available, for a fee, to support those three members who are not trained in computer sciences and cannot for example, make changes to the innate structure of the website, only add and remove material.

The coweb liaisons made regular updates on both sides, especially in these areas: members of the committees for 2020, the updated Bylaws 2020, the 2019-2020 BCC report, the updated list of designated facilities, the Resources section and the News. Running messages (News) were

updated to include Covid best practices, WHO-UNICEF new documents that have been released in August and messages relating to the survey about the BFI indicators' document for Canada. All this material was first translated by the coweb liaisons in both French and English before posting it at the same time on both sides of the website.

During the Fall of 2020, the coweb liaisons reorganized the two websites so that all available documents and videos appear in the same order on both sides in an effort to ease the retrieval and updating process. They also continued their search for new pictures and videos to make sure both sides offer equal material when not available in both official languages. Most of the material has been translated from French to English and from English to French by the coweb liaisons.

Last Fall, the coweb liaisons started to compile statistics related to the utilization of our website. In order to do this, they have to access the website at a fixed date at the end of each month and copy/paste on a table the information for this particular month as information is only available for 30 days period, and in so, changes every day. However, they believe it is important to remain informed on who accesses our website and which are the most frequent sought for information. The intent is to give the Board comparative data 3-4 months at the time (comparative Table) to see the evolution of the consultations and suggest updates if needed. Board members received this information in the monthly reports submitted by the coweb liaisons.

The webmaster has been consulted for difficulties arising on the website: mentions of 'page not found', potential errors in the visitors' count, Paypal non functional on the French side, etc. However, most of the time, the coweb liaisons were able to function independently, expecting to become more skilled as they learn this new task.

Coweb liaison created two documents that have now been approved by the Board: the Job description of the coweb liaisons to be placed in the BCC Bylaws where intended at point 7.2.5 and the Criteria to post material on the website which will become available to members through the Board manual.

Respectfully submitted by Angie Manners and Louise Dumas, March 15th, 2021

**Breastfeeding Committee for Canada
Report of the BCC International delegate
From April 2020 to March 2021**

1. International Baby-friendly Hospital Initiative Network for Industrialized Countries (the Network)

The BFHI Network's goals are to encourage mutual support and sharing of experiences in the implementation of BFHI and to collaborate on the development of tools to facilitate the BFHI assessment process in industrialized countries. It is composed of the national BFHI coordinators from countries recognized by the World health Assembly and focal points (other type of official delegates from a country such as the BCC International Delegate). It normally organises a face-to-face meeting every two years for its members and there are few communications with members in-between meetings. Plans are to offer more interaction during the time in-between meetings but this is part of the planned agenda for the next meeting.

The bi-annual face-to-face meeting April 2020 was cancelled due to the pandemics. Members of the Network were contacted at different occasions for short surveys and also to participate to specific webinars. The meeting is scheduled to take place next September if travelling is possible.

Early 2021, there was changes in the leadership at the Network as Trish MacEnroe retired from Baby-Friendly USA so she can no longer be chair of the Network. Dre Maria-Teresa Hernandez-Aguilar will chair the Coordinating committee until next AGM, potentially September 2021 in Brussels. Also, our colleague Kathy Venter was nominated interim chair of the Internal Relations

Committee in March 2021 and as such, she now participates in the Coordinating Committee until the election of new directors in Brussels, during the face-to-face meeting planned for September.

2. External Relations Committee of the Network

Louise Dumas is representing the BCC at this permanent sub-committee of the Network, in charge of all communications from the Network to the outside and for the agenda of the face-to-face meetings. Monthly meetings of the External Relations committee were focused on a few items during the whole year.

2.1. Discussions/recommendations on the Competency Verification Toolkit. External Relations committee members participated in detailed discussions about the material developed by 5 experts with WHO and UNICEF representatives (Louise Dumas was one of those 5 persons not as representative of the BCC). All the material was published on WHO website in August (<https://www.who.int/publications/i/item/9789240008854>). French translation is being done at WHO. The Network along with the 5 Organizations Collaborative, is planning a strategy for disseminating the Toolkit to BFHI country coordinators and elsewhere.

2.2. Planning, cancelling, replanning of the face-to-face meeting. The External committee members planned the agenda for the April 2020 meeting, sent the agenda to the country coordinators and focal points along with suggestions for hotels and details for registration which was to take place before February 2020, and organized orientation sessions for on-site facilitators. All this was cancelled due to the pandemic. Plans have been made from April 2020 to reschedule this meeting at the same place-the Belgian government in Brussels- for September 2021, if the pandemics allows.

2.3. Planning/facilitating webinars to replace the Brussels' 2020 meeting, focused on training the BFHI country coordinators on the many uses of the Competency Verification Toolkit. This series of webinars (4 training webinars and 2 Q&A webinars) was strictly for BFHI country coordinators and official focal points. Since they were recorded, dissemination to others may come later at the discretion of the Step 2 Task force developers during discussions with the 5 Organizations+WHO+UNICEF in March-April 2021. Post-seminars survey brought back very positive results.

2.4. Webinars for BFHI country coordinators. Network BFHI country coordinators suggested continuing education webinars in-between face-to-face meetings to facilitate the implementation of the WHO/UNICEF Guidance 2018 and share experiences from different countries. Some of the webinars would involve the developers of the Competency Verification Toolkit and some others, the members of the External Relations committee. Many subjects have been raised following the survey of the coordinators. To be discussed at the March/April 2021 meetings of this committee.

2.5. Discussions around Covid and BFHI external assessments. Country coordinators reported different approaches around BFHI assessments during the Covid pandemic. A few countries went completely virtual, some went hybrid and are waiting for the end of the pandemic to do shorter site visits for interviews. Most countries put assessments on hold and others without Covid cases are conducting business as usual.

2.6. Code issues. Strong concerns have been voiced to the BFHI Network concerning the recent proposal to discontinue country reporting on the Code and therefore developing new WHA resolutions from 2030 (referred to as sunseting). A letter from the BFHI Network to express concerns has been sent to WHO headquarters by the Coordinating committee.

2.7. Replacing the international BFHI recognition (the Picasso). Discussion continued on this subject and decision was made not to offer a piece of art to replace the Picasso. Lots of obstacles faced the committee when discussing this subject, for example, how to make sure countries are strictly adhering to the international standards and not to their reduced country's standards, who would control the quality, etc... It is clear that WHO/UNICEF will not issue another international recognition. However, most countries admit that a national recognition is not really valued.

2.8. BFHI Assessment tools. WHO is not interested in developing such tools except maybe a self-appraisal tool and monitoring tools for national and international indicators. More discussions to come with WHO and UNICEF.

2.9. Tools being developed by WHO. Being finalized at the international level are the update of the Acceptable Medical Reasons for Supplementation of a Breastfed Baby (according to scientific evidence), Medical Chapter on Breastfeeding, Counselling on Breastfeeding Guidance following the Guideline that was published in 2020.

3. Breastfeeding 5Organizations Collaborative with WHO and UNICEF

This Collaborative represents 5 breastfeeding organizations that united from 2017 to collaborate and advocate for global improvements to the BFHI, first communicating with WHO and UNICEF to address concerns about the proposed changes to the global BFHI. Recognizing the value of speaking with a strong unified voice, the Collaborative was formed and since met every month to prepare the monthly meeting of the Collaborative with WHO and UNICEF representatives. Louise Dumas is representing the Network (representing the BCC) in this group, at the two monthly meetings.

The members of this group discussed and agreed on different subjects that have been then discussed with the representatives from WHO and UNICEF.

3.1. Competency Verification Toolkit. This was discussed in detail within this group and with WHO and UNICEF in order to validate the material not only in industrialized countries but throughout the world. Experts in breastfeeding and BFHI were suggested by members and approached for a

second validation of the material. WHO approached the developers of the Toolkit for global publication on the WHO website, which was done August 2020 (<https://www.who.int/activities/promoting-baby-friendly-hospitals>). French translation is being done at WHO via WHO Regional Office in Africa. The developers along with the Collaborative are working on a strategy to reach out countries not part of the BFHI Network and other stakeholders, for example governments, universities, professional organizations, etc.

3.2. Global monitoring and assessment tools. Frequent discussions on the need for such tools to allow countries to improve BFHI, to be able to compare each other, to respond to the requirement to report the number of Baby-friendly designated hospitals in their countries, to increase motivation. Most countries did not change their involvement with BFHI since the 2016 global call for action from WHO and UNICEF and the release of the Guidance document in 2018. Our main goal is a hard one to attain: move BFHI standards as the usual standards of care throughout the world. This is difficult because 1) preservice training cannot be decided by governments in most of the countries, 2) there is no political will to have recurrent objectives set for facilities, 3) no political will to attain basic standards, 4) very strong power of formula companies on governments. WHO will develop tools for internal (self-appraisal for facility) and UNICEF an external (how country will monitor the implementation of the Ten Steps in a facility) monitoring tools. No BFHI assessments tools will be developed since they want the countries to take over the BFHI. Discussion is on-going since the Collaborative believes governments are not interested in breastfeeding and BFHI, at least not enough to politically and financially support the adoption of those basic standards of care. Strategy must be developed to change this situation. Internal monitoring tools will be developed by WHO and external monitoring tools by UNICEF. The 5 Organizations Collaborative will serve as an advisory board for this development.

3.3. Translations in UN languages. This material is translated as a package: Competency verification toolkit + BFHI Training course + BFHI NICU Guidance. Spanish and French translations should be ready during 2021, Russian has been started.

3.4. BFHI Guidance for small, sick and preterm newborns. WHO informed the Collaborative that a contractual person was hired to write this guidance to emphasize the importance of breastmilk for this special population. It has been published in English in August 2020 (<https://www.who.int/publications/i/item/9789240005648>). It is a document that is **not** part of the regular BFHI assessment process but of interest for countries ready to implement an **additional** type of assessment for this particular population. The French version should be ready soon.

3.5. BFHI Training course (the 20hr). WHO informed the Collaborative of the updates of the Training course, which had to be revised after the piloting showed important gaps. It was then released in August 2020 (<https://www.who.int/publications/i/item/9789240008915>). The French version should be ready soon.

3.6. WHO Code- roles and responsibilities of the health workers. WHO informed the Collaborative that this document was to be released in May 2020 (<https://www.who.int/publications/i/item/9789240005990>).

3.7. UNICEF new representative. Replacing France Bégin as Senior Nutrition Advisor is Grainne Mairead Moloney who started working with the Collaborative in November 2020.

4. BCC Board.

Last June, the actual BCC International Delegate informed the BCC Board of directors that she did not wish to renew her mandate when it would come to an end, April 2021. A description of the role was developed and approved by the Board to be placed where intended, at point 7.2.5 of the BCC Bylaws.

Submitted by Louise Dumas, BCC international Delegate, March 15 2021