

Title: Baby Friendly Initiative	Location: Jim Pattison Children's Hospital																																											
<p><b>1. Problem Statement: In 2015, SHR reaffirmed the 2009 Support for Breastfeeding Policy #731160022), which specifies implementation of the Baby-Friendly Initiative (BFI). JPCH self-assessment identifies that several hospital practices are not in compliance with the BFI, per policy.</b></p>	<p><b>4. Implementation Plan: JPCH BFI Steering Committee to approve the suggested Aim Statement &amp; Implementation plan.</b></p>																																											
<p>By not implementing the BFI as endorsed by international and national health organizations /guidelines <sup>1,2,3,4</sup> including Accreditation Canada, JPCH is not meeting standards to support the optimal health and wellbeing of new families.</p> <p>Formula Supplementation: Discharge data (Sept 2021) indicates that while 80% of families intend to breastfeed, only ~30% of newborns leave hospital without receiving some amount of formula by hospital discharge (whether for medical or non-medical reason). Studies have shown that formula supplementation in hospital decreases rates of exclusive breastfeeding and increases rates of hospital re-admission for gastrointestinal, respiratory, and other infections. Formula supplementation is also associated with infant mortality<sup>5</sup>. Given that Saskatchewan's IMR exceeds the National average<sup>6</sup>, and that "the IMR in Saskatoon's low-income neighborhoods is ~448% higher than the rest of the city, worse than developing countries"<sup>7</sup>, the provision of evidence-based infant feeding care from hospital to community is a critical primary health care strategy.</p> <p>The JPCH cannot afford <i>not</i> to adopt BFI standards as it boasts care that is <a href="#">Family-centered</a>, culturally safe, and trauma informed. BFI is not simply a breastfeeding initiative. It provides standards of support for ALL families regardless of how they feed their children.</p> <p>Since the onset of Covid relief efforts, disrupted access to health services, including Prenatal classes and the Breastfeeding Café has meant that many women are not receiving critical information and support when most needed. During COVID, breastfeeding provides increased food security and contributes to emergency preparedness. Breastfeeding also provides immuno-protection that plays a unique role during the COVID-19 pandemic. Human milk is important for all infants and especially for the <a href="#">Small, Sick &amp; Preterm Infant</a> (WHO). It is imperative that rather than scale back strides to BFI designation across the continuum; we continue to work collaboratively toward the BFI standard of care.</p>	<table border="1"> <thead> <tr> <th data-bbox="865 336 1556 363">Action</th> <th data-bbox="1562 336 1913 363">Who</th> <th data-bbox="1919 336 2016 363">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="865 368 1556 626">By July 30, 2022, we will improve our breastfeeding rate at discharge from 69% (Sept 2021 data including medical indications for supplement) to 75% (6 points) and reduce the rate of formula supplementation for non-medical reasons supported by formalized processes for data collection. We will achieve this by implementing evidenced-based practices as outlined in the BFI 10 Steps as follows:</td> <td data-bbox="1562 368 1913 626">BFI Steering Committee, Coalition/ BFI Working Groups (MCC , NICU &amp; Peds)  Sponsor (Director &amp; Maternal)/ JPCH Managers &amp; Educators/Data Lead</td> <td data-bbox="1919 368 2016 626">July 30, 2022</td> </tr> <tr> <td data-bbox="865 631 1556 691"><b>Step 1a</b> Adhere/educate re: the WHO Code. Remove formula from public view.</td> <td data-bbox="1562 631 1913 691">Unit Educators/ IP&amp;C</td> <td data-bbox="1919 631 2016 691">Jan 2022</td> </tr> <tr> <td data-bbox="865 696 1556 756"><b>Step 1b</b> Develop &amp; implement a Provincial Standard &amp; Procedure</td> <td data-bbox="1562 696 1913 756">BFI Coordinator &amp; Provincial team</td> <td data-bbox="1919 696 2016 756">May 2022</td> </tr> <tr> <td data-bbox="865 761 1556 821"><b>Step 1c</b> Update ISP charting and implement BCC monitoring for MCC &amp; NICU</td> <td data-bbox="1562 761 1913 821">Data Lead/ support (BCC)</td> <td data-bbox="1919 761 2016 821">Nov 2021</td> </tr> <tr> <td data-bbox="865 826 1556 886"><b>Step 2</b> Ensure completion of <a href="#">WHO Verification Tool Kit</a> for direct care providers</td> <td data-bbox="1562 826 1913 886">Unit Educators</td> <td data-bbox="1919 826 2016 886">Mar 2022</td> </tr> <tr> <td data-bbox="865 891 1556 951"><b>Step 3</b> Review/build BF tools into Antenatal/ Prenatal services</td> <td data-bbox="1562 891 1913 951">Establish Subcommittee</td> <td data-bbox="1919 891 2016 951">Feb 2022</td> </tr> <tr> <td data-bbox="865 956 1556 1016"><b>Step 4</b> PDSAs: 1. Skin-to-skin (vag &amp; C/S) 2. Offer breast within 1<sup>st</sup> hour</td> <td data-bbox="1562 956 1913 1016">STS Subcommittee Unit Working Group</td> <td data-bbox="1919 956 2016 1016">Nov 2021</td> </tr> <tr> <td data-bbox="865 1021 1556 1118"><b>Step 5</b> Review / update Unit Work Standards &amp; algorithms e.g. first 24hrs (PDSAs: 1. Hand Expression 2. BF support in 6hrs of birth)</td> <td data-bbox="1562 1021 1913 1118">BFI Coordinator/ Provincial team, Working Groups LCs</td> <td data-bbox="1919 1021 2016 1118">Nov 2021</td> </tr> <tr> <td data-bbox="865 1123 1556 1183"><b>Step 6</b> Develop <a href="#">Medical Indications for Supplementation</a> education</td> <td data-bbox="1562 1123 1913 1183">BFI Coordinator/Educators</td> <td data-bbox="1919 1123 2016 1183">May</td> </tr> <tr> <td data-bbox="865 1188 1556 1248"><b>Step 7</b> Review all Unit processes for Mother-infant togetherness. Add monitoring to ISP for MCC</td> <td data-bbox="1562 1188 1913 1248">Establish Subcommittee. All Educators/ Units</td> <td data-bbox="1919 1188 2016 1248">On-going</td> </tr> <tr> <td data-bbox="865 1253 1556 1281"><b>Step 8</b> Review "Cue based" feeding all infants</td> <td data-bbox="1562 1253 1913 1281">LCs &amp; BFI Coordinator</td> <td data-bbox="1919 1253 2016 1281">now</td> </tr> <tr> <td data-bbox="865 1286 1556 1362"><b>Step 9</b> Review use of bottles &amp; pacifiers. Review WHO Guidelines 2020 Care of the Sick Small &amp; Preterm</td> <td data-bbox="1562 1286 1913 1362">Subcommittee. NICU, LCs, Educator &amp; BFI Coordinator</td> <td data-bbox="1919 1286 2016 1362">now</td> </tr> <tr> <td data-bbox="865 1367 1556 1443"><b>Step 10</b> Strengthen transfers /relationships to community</td> <td data-bbox="1562 1367 1913 1443">Coalition: Family Partners, Indigenous Birth Support Workers, Midwifery etc.</td> <td data-bbox="1919 1367 2016 1443">Dec21</td> </tr> </tbody> </table>	Action	Who	Date	By July 30, 2022, we will improve our breastfeeding rate at discharge from 69% (Sept 2021 data including medical indications for supplement) to 75% (6 points) and reduce the rate of formula supplementation for non-medical reasons supported by formalized processes for data collection. We will achieve this by implementing evidenced-based practices as outlined in the BFI 10 Steps as follows:	BFI Steering Committee, Coalition/ BFI Working Groups (MCC , NICU & Peds)  Sponsor (Director & Maternal)/ JPCH Managers & Educators/Data Lead	July 30, 2022	<b>Step 1a</b> Adhere/educate re: the WHO Code. Remove formula from public view.	Unit Educators/ IP&C	Jan 2022	<b>Step 1b</b> Develop & implement a Provincial Standard & Procedure	BFI Coordinator & Provincial team	May 2022	<b>Step 1c</b> Update ISP charting and implement BCC monitoring for MCC & NICU	Data Lead/ support (BCC)	Nov 2021	<b>Step 2</b> Ensure completion of <a href="#">WHO Verification Tool Kit</a> for direct care providers	Unit Educators	Mar 2022	<b>Step 3</b> Review/build BF tools into Antenatal/ Prenatal services	Establish Subcommittee	Feb 2022	<b>Step 4</b> PDSAs: 1. Skin-to-skin (vag & C/S) 2. Offer breast within 1 <sup>st</sup> hour	STS Subcommittee Unit Working Group	Nov 2021	<b>Step 5</b> Review / update Unit Work Standards & algorithms e.g. first 24hrs (PDSAs: 1. Hand Expression 2. BF support in 6hrs of birth)	BFI Coordinator/ Provincial team, Working Groups LCs	Nov 2021	<b>Step 6</b> Develop <a href="#">Medical Indications for Supplementation</a> education	BFI Coordinator/Educators	May	<b>Step 7</b> Review all Unit processes for Mother-infant togetherness. Add monitoring to ISP for MCC	Establish Subcommittee. All Educators/ Units	On-going	<b>Step 8</b> Review "Cue based" feeding all infants	LCs & BFI Coordinator	now	<b>Step 9</b> Review use of bottles & pacifiers. Review WHO Guidelines 2020 Care of the Sick Small & Preterm	Subcommittee. NICU, LCs, Educator & BFI Coordinator	now	<b>Step 10</b> Strengthen transfers /relationships to community	Coalition: Family Partners, Indigenous Birth Support Workers, Midwifery etc.	Dec21	
Action	Who	Date																																										
By July 30, 2022, we will improve our breastfeeding rate at discharge from 69% (Sept 2021 data including medical indications for supplement) to 75% (6 points) and reduce the rate of formula supplementation for non-medical reasons supported by formalized processes for data collection. We will achieve this by implementing evidenced-based practices as outlined in the BFI 10 Steps as follows:	BFI Steering Committee, Coalition/ BFI Working Groups (MCC , NICU & Peds)  Sponsor (Director & Maternal)/ JPCH Managers & Educators/Data Lead	July 30, 2022																																										
<b>Step 1a</b> Adhere/educate re: the WHO Code. Remove formula from public view.	Unit Educators/ IP&C	Jan 2022																																										
<b>Step 1b</b> Develop & implement a Provincial Standard & Procedure	BFI Coordinator & Provincial team	May 2022																																										
<b>Step 1c</b> Update ISP charting and implement BCC monitoring for MCC & NICU	Data Lead/ support (BCC)	Nov 2021																																										
<b>Step 2</b> Ensure completion of <a href="#">WHO Verification Tool Kit</a> for direct care providers	Unit Educators	Mar 2022																																										
<b>Step 3</b> Review/build BF tools into Antenatal/ Prenatal services	Establish Subcommittee	Feb 2022																																										
<b>Step 4</b> PDSAs: 1. Skin-to-skin (vag & C/S) 2. Offer breast within 1 <sup>st</sup> hour	STS Subcommittee Unit Working Group	Nov 2021																																										
<b>Step 5</b> Review / update Unit Work Standards & algorithms e.g. first 24hrs (PDSAs: 1. Hand Expression 2. BF support in 6hrs of birth)	BFI Coordinator/ Provincial team, Working Groups LCs	Nov 2021																																										
<b>Step 6</b> Develop <a href="#">Medical Indications for Supplementation</a> education	BFI Coordinator/Educators	May																																										
<b>Step 7</b> Review all Unit processes for Mother-infant togetherness. Add monitoring to ISP for MCC	Establish Subcommittee. All Educators/ Units	On-going																																										
<b>Step 8</b> Review "Cue based" feeding all infants	LCs & BFI Coordinator	now																																										
<b>Step 9</b> Review use of bottles & pacifiers. Review WHO Guidelines 2020 Care of the Sick Small & Preterm	Subcommittee. NICU, LCs, Educator & BFI Coordinator	now																																										
<b>Step 10</b> Strengthen transfers /relationships to community	Coalition: Family Partners, Indigenous Birth Support Workers, Midwifery etc.	Dec21																																										

<p><b>2. Root Cause Analysis: Need for a dedicated and committed BFI Team (including parents and leadership) to create and communicate aim statements, communicate progress, address barriers, and recognize success.</b></p>	<p><b>5. Metrics: We will improve our breastfeeding rate (including medical indications for supplement) at discharge from 69% to 75%</b></p>
<p><b>STEP 1a Lack of compliance with WHO Code of Marketing:</b> Formula and feeding nipples in parent view. RNs not aware of harm of just one bottle? Giving bottles on discharge.</p> <p><b>STEP 1b Lack of compliance with current infant feeding policy /standards:</b> Competing education priorities/ High staff turnover</p> <p><b>STEP 1c Lack of real time data entry/collection of BFI outcomes and process indicators:</b> (e.g., exclusivity rate for medical versus non-medical reasons, skin-to-skin contact for vaginal/caesarean births in 5 mins and &gt; 1-hour, prenatal education, breastfeeding support etc.) Lack of patient reported data related to the BFI standards.</p> <p><b>STEP2 Limited or only anecdotal data on the gaps of staff knowledge, skills and attitudes related to BFI:</b> RNs identified the following gaps/needs in competencies to support families:</p> <ul style="list-style-type: none"> <li>• New nurses not confident in BFI /practical BF skills</li> <li>• Formula used as a default for time</li> <li>• Some lack of “buy-in” to postpartum training with move to SRMC model</li> <li>• Some inappropriate SLP referrals / want for ↑support with tongue tie</li> <li>• Request ↑LC support for high risk, preterm and early breastfeeding</li> <li>• Request for LC on nights /other Units</li> <li>• No expert support &lt;24hrs, update algorithms &lt; 24 hrs &amp; hypoglycemia</li> </ul> <p>* Theme from parent surveys: “The staff was very busy.” “The nurse said she was too busy.” “We asked to see a LC, but she never came.</p> <p><b>STEP 3 No coordinated BF education in Antenatal or Prenatal Services:</b> D/c’d in-person prenatal classes. RNs express that families have limited to no information shared by primary care providers related to BF and BFI prenatally. Gaps of information reported by parents in preliminary surveys. Some RNs note there is time for prenatal teaching in hospital (use of Tvs?)</p>	<ul style="list-style-type: none"> <li>• 80% of stable dyads (Vag &amp; c/ s) will have to skin-to-skin within 5 min for at least 1 hour after birth or until completion of the first breastfeed (offered breast)</li> <li>• 80% of stable newborns will be <i>offered</i> the breast within one hour of birth</li> <li>• Mothers will be taught how to hand express milk prior to birth (ideal) or before discharge (minimum of 80%)</li> <li>• 90% of RNs will provide evidence of completion of the WHO Verification Tool Kit to Educators by July 1<sup>st</sup>, 2022</li> <li>• 85% of staff (physicians/midwives /RNs/ IBSWs) caring for mothers and infants will receive training on the updated provincial policy evidenced by completion on Myconnection</li> <li>• Minimum 20% decrease in infants receiving formula for non-medical reasons.</li> <li>• 80% of stable infants &amp; mothers will room-in together 24 hours per day when safe to do so.</li> <li>• 90% of mothers will receive assistance and support with infant feeding, whether breast or formula evidenced by improvement on parent surveys</li> <li>• 80% newborns STS for painful procedures evidenced by.....</li> <li>• 85% improved RN knowledge, skill &amp; attitude to support breastfeeding and infant feeding evidenced by self-report (develop survey monkey)</li> <li>• NICU Working Group to refer to potential monitoring elements shown in Box 3 pg. 12 &amp; Box 4 pg. 14 <a href="#">Small, Sick &amp; Preterm Infant</a> (WHO).</li> </ul> <p>****Need to work exclusive breastfeeding on discharge goal is 80%. See chart below for current stats.</p>

**STEP 4 No coordinated skin-to-skin post C/S when stable:**

- Need NICU & Anesthesia team buy in and processes
- Improved/ review teaching of hand expression
- Assessments not done STS post C/S birth
- Need to confirm painful procedures done STS on all Units

**STEP 5 Parent & staff feedback: not enough support to initiate breastfeeding & manage common difficulties:**

- PPCRs indicate lots of finger feeding / 20-20-20 =’s Timed feeding)
- RN Perspective: “Not all families get to receive LC expertise even if requested (services not 24 hours; unable to fill illness; requests < 24hrs not seen by LC)”
- LC Perspective: “If staff don’t have sufficient competency, then they defer to LCs. Staff competency to improve and use LC as a specialist for complex issues. Not sustainable to have LC address common BF issues. Have attempted to bring these issues forward previously. Education efforts have failed”
- No protocol for shields per Rx of LC

**STEP 6 Need for root cause analysis to understand why so much supplementation. Track medical and non-medical supplementation. Staff competency in this area is crucial:**

- ↑supps on Nx related to lack of knowledge by parents re: norms and RN state formula use as default for time
- Need updates to charting
- Need review of supports for formula feeding: safe prep, feeding & storage

**STEP 7 Review processes for supporting mother-infant togetherness in OR, Emergency and re-admission to PEDS & NICU.**

- Need to capture in data for MCC
- Need to improve education around safe STS/engage partners
- Review policies

**STEP 8 Inconsistent support in encouraging cue-based feeding among staff:**

- Need policy review for the sick, small /preterm infant.

**STEP 9 Need to review evidence based protocols bottle use**

- Inconsistent teaching around use and effects of feeding bottles. Need policy review of the sick small / preterm

**STEP 10 Need to strengthen all aspects of patient flow from hospital to home (rural/re-admit/incarcerated/other). Improve links with community partners.**

MCC Discharge Breastfeeding				
	Exclusive Breastfeeding + Supplement for Medical Reasons	Exclusive Breastfeeding	Supplement for Medical Reason	Supplement for Non-Medical Reason
March 2020	66%	56%	10%	32%
April 2020	67%	56%	11%	26%
May 2020	71%	59%	11%	28%
June 2020	70%	55%	16%	27%
July 2020	67%	52%	15%	30%
August 2020	66%	55%	12%	32%
September 2020	65%	56%	9%	34%
October 2020	69%	56%	13%	30%
November 2020	67%	52%	15%	32%
December 2020	68%	55%	13%	31%
January 2021	73%	57%	16%	27%
February 2021	71%	60%	11%	28%
March 2021	73%	59%	14%	27%
April 2021	71%	58%	13%	28%
May 2021	69%	59%	10%	31%
June 2021	71%	58%	13%	29%
July 2021	71%	62%	10%	28%
August 2021	68%	58%	11%	31%
September 2021	69%	60%	10%	30%

<p><b>3. Future State: Goal for Pre-assessment will be August of 2022 with External Assessment occurring approximately 90 days thereafter.</b></p>	<p><b>6. Engagement: Internal and Stakeholder communication will be key for success.</b></p>
<p>To become BFI designated, healthcare institutions must adhere to and fulfill the requirements of the 10 Steps as outlined by WHO/UNICEF (2018) and adapted by the Breastfeeding Committee for Canada. This process is evaluated by a team of BFI assessors.</p> <p>Implementing BFI means =↑ Parent satisfaction, ↑ RN job satisfaction (confidence), ↓ cost to health care system related to ↓hospital readmission for gastro, respiratory and other infections, ↓ rates of maternal mood disorders related to infant feeding challenges, ↓ cost assoc. with lengthy community follow-up. ↑ Equity-based and trauma informed care.</p> <p>Achieving BFI designation will ensure evidence-informed care for families around infant feeding from hospital to home. It will mean alignment with national guidelines, and it fulfills the high-priority criteria outlined in Accreditation Canada Qmentum Standards for Obstetrical Services, 2019.</p>	<p><b>1. Leadership Communications at Management &amp; Directorship level:</b> Memos will need to be disseminated regularly with progress updates. Updates at various, regular meetings on aim &amp; progress, addressing barriers and recognizing successes.</p> <ul style="list-style-type: none"> <li>• Obstetrics, Family Practice, Pediatric, Neonatology, Midwifery</li> <li>• Senior Leadership updates</li> <li>• Quality and Patient Safety</li> <li>• Marketing and Communications</li> <li>• Volunteers, community groups, and Hospital Foundation</li> </ul> <p><b>2. Engage Indigenous community and local leaders in collecting race and ethnicity data related to BFI.</b> NB: Remember to incorporate equity-based, trauma informed and culturally safe approaches in all aspects of BFI work (Invite a range of perspectives). Suggest: Fed is Best rep, diverse cultures, gender diversity, indigenous partners, methadone moms/high risk/trauma experiences ...this is all Baby Friendly work. See:  <a href="#">Hospital Parent Survey (breast/supplement)</a> (Adapted from BCC)  <a href="#">Hospital Parent Survey (formula feeding)</a> (Adapted from BCC)</p> <p><b>3. Use Huddle boards to post info in staff and public areas</b></p> <p><b>4. Consider social media</b> ( [SHA Communications] using BCC social media messages)</p> <p><b>5. Engage Hospital Foundation:</b></p> <ul style="list-style-type: none"> <li>•  Request Kangaroo Chairs from Foundation for NICU</li> <li>• Review Foundation Education on Code</li> <li>• Staff appreciation cards and token for outstanding stories through parent surveys /anecdotal😊</li> <li>• Other ideas?</li> </ul> <p><b>6. Restart BFI Coalition to community stakeholders in all aspects of the Initiative.</b> (Invite First Nations Advisory, IBSW, SW, Emergency rep, Prevention Institute, other? Think outside the box for invitees)</p>

Target	Milestone / Deliverable	Activity	Who	Resources Required:
<b>Step 1a.</b> <b>Initiate work to Comply with WHO Code</b>	Formula out of public view  Staff will understand rationale for same	<ul style="list-style-type: none"> <li>• Work with IP&amp;C to find solution to formula storage</li> <li>*Confirm still purchased at fair market value?</li> <li>• Stop practice of gifting on discharge</li> <li>• Teach The WHO Code via blog, staff room slides, e-learning</li> </ul>		
<b>Step 1b.</b> <b>Work toward Provincial Infant Feeding Standard &amp; Procedure compliant with BFI Guidelines</b>	Draft Provincial Infant Feeding Standard to BFI Team  Draft Procedure to Team  SHA Family Friendly Pledge (Summary of Standard-10 Steps)  Evidence-based Infant Feeding Work Standards	<ul style="list-style-type: none"> <li>• Education / roll out once approved</li> <li>• Website awareness re JPCH Supports BFI “This is what you can expect at JPCH”....</li> <li>• Need help to post Pledge poster / BFI stickers</li> <li>• Review of Infant feeding WS (2016)</li> <li>• Update Algorithm 1st 24 hrs</li> <li>• Update Algorithm hypoglycemia to include expression</li> </ul>		
<b>Step 1c.</b> <b>Implement ISP charting mechanisms /Collection of BFI Data / BCC Monitoring System for long term tracking</b>  <b>Implement Regular Meetings of Working Groups to ensure QI &amp; QA around infant feeding (MCC) and continue work in NICU</b>	Data tools to capture current state (real time data entry/collection of BFI outcomes and process indicators consistent with National guidelines and other Accredited maternal children’s hospitals)  PDSAs on competencies chosen reflecting improvement* See Steps 4-10	<ul style="list-style-type: none"> <li>• Update ISP per <a href="#">BFI Implementation Guideline 2021</a> *Go to ~50 min</li> <li>• Implement run charts to show change over time</li> <li>• 30 Chart Audits per month</li> <li>• Communication rollout re: new chart entry in ISP</li> <li>• Parent Surveys &amp; communication back to staff</li> <li>• Document Meetings: Steering, Coalition, Working Groups, Provincial</li> <li>• Implement weekly Leadership Rounding</li> <li>• Assess learning needs Pediatrics/NICU/Emerg</li> <li>• Implement Flash Cards at Huddles</li> </ul>	Directors/Managers	The ISP DATA implementation & monitoring will be a major project with <b>huge impact</b> . <a href="#">BFI Chart Audit Tool</a> <a href="#">Audit User Manual</a>  <a href="#">Hospital Parent Survey (breast/supplement)</a> <a href="#">Hospital Parent Survey (formula feeding)</a>  <a href="#">Leadership Rounding Tool</a>

Target	Milestone / Deliverable	Activity	Who	Resources Required:
<p><b>Step 2. Improve Education/Communication</b></p> <p><b>Plan for Physician Education</b></p> <p><b>Plan Non-Direct Care Staff Education</b></p>	<p>Nursing staff complete BFI competencies within their role in the facility using the WHO Competency Verification Tool</p>	<ul style="list-style-type: none"> <li>• LCs to offer BF Assessments of RNs (part of SRNA Continuing Competency? /Performance Appraisals?)</li> <li>• Send to other Units?</li> <li>• BFI education included in Performance Appraisals?</li> <li>• Mentoring opportunities with LCs</li> <li>• All Units to implement tracking tool for continuing education of staff related to any infant feeding/BFI</li> <li>• Review E-learning modules evidence-based /BFI approved &amp; staff friendly?</li> <li>• Add to E-Learning (for direct care providers to complete at least q2 yrs.:             <ul style="list-style-type: none"> <li>○ <a href="#">WHO Verification Tool Kit</a></li> <li>○ <a href="#">Multiple Choice Quiz</a></li> </ul> </li> <li>• Advise staff re: access of new Standard &amp; Procedure when complete.</li> <li>• In-services/Grand Rounds/Lunch Learn or Webinar             <ol style="list-style-type: none"> <li>1. Prenatally Conversations: Key Messages around Infant Feeding for Physicians</li> <li>2. Promoting Antenatal Hand Expression in the Physician's Office</li> <li>3. BFI For Physicians: What's my role</li> <li>4. Why BFI</li> </ol> </li> <li>• Review E-learning modules evidence-based /BFI approved &amp; staff friendly?</li> </ul>		<p>NB: Orientation to BFI must occur within 6 months of hire</p> <p>Consider replacing with: <a href="#">Best Start BF/BFI Basics</a> prior to hire.</p> <p>On-going: Consider shortened BCC Competency handout for RN review prior to Pre-assessment</p> <p>Standard &amp; Procedure will Need Director approval when finalized</p> <p>Suggested Resources:  <a href="#">Key Messages For Care Providers in Pregnancy</a>  <a href="#">/prenatal-breastfeeding-toolkit-health-care-providers</a>  <a href="#">Breastfeeding Resources breastfeeding-protocol-prenatal-BFI nutshell videos</a></p>

Target	Milestone / Deliverable	Activity	Who	Resources Required:
<p><b>Step 3 Review &amp; Update Antenatal Education to be compliant with obstetrical care standards (Improve prenatal services of PHC and HMHB and Assessment Unit etc. -need to work at full capacity) big important decisions/move mtns for high-risk moms</b></p>	<p>Consistent easy to use teaching tools for staff of Prenatal Home Care, Assessment, Prenatal, community partners, Obs</p> <p>= ↑ BF rates ↓ readmission, ↑ Parent satisfaction, ↓ cost to health care system related to pump kits, formula, bottles, readmission, postpartum depression supports, on-going community follow-up.</p>	<ul style="list-style-type: none"> <li>• Create WS for Antenatal /Prenatal per <a href="#">p16 protocol prenatal discussions</a> (high risk /trauma-informed, vulnerable women)</li> <li>• Need documentation of teaching in charting 💡 Idea: work with Prevention Inst. to incorporate BF into <a href="#">MyPregnancyapp</a> like <a href="#">O'Mama</a> app. Physicians to initiate moms get weekly prenatal self-care/ infant feeding education links / videos.</li> <li>• PDSA for PHC Program/ Sanctum/ Indigenous Birth Support/ HMHB/ Midwifery/Food for Thought</li> <li>• Grand Rounds / Memo to docs (RNs requesting colostrum collection kits in physician offices for early expression &amp; human milk to replace formula on unit)</li> <li>• QR code cards <a href="#">moremilksooner/handexpression</a></li> </ul>	<p><b>Big project but must do. Equity based care.</b></p>	<p><a href="#">High Risk Recommendations</a> Best Start Guide to new program to reach high risk moms prenatally/provincially <a href="#">Key Messages Week by Week Info for Parents</a> (Best Start Breastfeeding Basics available in 17 languages) * Do we need FN translations? <a href="#">Attaching at Breast Global Health Media</a> Information for Parents/w videos. <a href="#">breastfeedinginfo.ca</a> <a href="#">The Creator's Gift</a> video breastfeeding w Indigenous focus <a href="#">Parent Partner Tip Sheet</a></p>
<p><b>Step 4 ↑ rates of all stable dyads skin-to-skin</b> for a min 1 hr after birth or until completion of first breastfeed (<i>offered</i> breast)</p> <p><b>Approval of STS policy/or Work Standard by all involved departments</b></p> <p>5% ↑ of stable dyads having to skin-to-skin for a min. of 1 hr after <b>Caesarean birth</b> or until completion of first breastfeed (<i>offered</i> breast)</p>	<p>Improved rate of STS for all infants regardless of mode of feeding is a sentinel standard of BFI</p> <p>Data collection tool/monthly run charts to capture skin-to-skin after C/S /offering breast within 1 hour of birth</p> <p>Work Standard for STS C/S</p> <p>Posters demonstrating safe positioning and monitoring during STS.</p> <p>No falls reported</p>	<ul style="list-style-type: none"> <li>• Data collection /PDSA on STS within 5 minutes of birth specific to C/S</li> <li>• PDSA &amp; run chart monthly for offering breast within 1 hr</li> <li>• Draft/Approve/Implement/Educate: Work Standard for STS after C/S</li> <li>• Borrow/seek permission for use: Parent education videos from other centers/TV pt rooms/ QR codes/ Discharge Cards?</li> <li>• Educate/communicate change</li> <li>• Create SHA poster Safe Skin to Skin/involve support persons</li> <li>• Implement “wrap” for safe STS?</li> </ul>		<p>Suggested staff education: <a href="#">The Golden Hour-K Venter</a></p> <p><a href="#">Natural Caesarean</a></p> <p><a href="#">PCMCH Implementation Tool</a></p>

Target	Milestone / Deliverable	Activity	Who	Resources Required:
<p><b>Step 5 Improved Management of Early BF Problems</b></p>	<p>Improved RN confidence to support breastfeeding and infant feeding evidenced by self-report</p> <p>Evidenced-Based Infant Feeding Education for care providers and families</p> <p>Evidence based/updated WS and algorithms</p>	<ul style="list-style-type: none"> <li>• MCC Working Group PDSAs: Hand Expression taught BF assistance within 6hrs of birth</li> <li>• Add Medical Indications to ISP (charting)</li> <li>• In-service Re: hand expression/BF</li> </ul> <p><b>Families:</b></p> <ul style="list-style-type: none"> <li>• Enable TV Education</li> <li>• Rollout re-branded Breastfeeding Matters handout “Human Milk Human Babies”</li> <li>• 💡 Update new hire BF education with K Venter Videos x3 (webinar access this year)</li> <li>• Post Weekly Blog Infant feeding / staff room TV slides: -Just one bottle -Engaging Partners -one-liners for night feeds -one-liners for “help no milk!” -informed decisions etc.</li> <li>• Create WS for NICU to round on Induction/High risk</li> <li>• Host Grand Rounds re BFI, Antenatal Hand Expression &amp; Liaise w Physician Clinics re Colostrum kits More Milk Sooner</li> <li>• Continue/support NICU Colostrum kits &lt;29 wks.</li> <li>• Develop survey monkey to assess RN confidence of BF initiation feeding and challenges</li> </ul>		<p><b>*What Parents need to know, Nurses need to know:</b> TVs in all rooms with suggested videos as follows and for staff in-services and orientation to unit:</p> <p><a href="#">Attaching at Breast Global Health Media</a></p> <p><a href="#">Hand Expressing BC or More Milk Sooner Minute Messages</a></p> <p>Add to MCC Unit Orientation</p> <p><a href="#">The Golden Hour-K Venter</a></p> <p><a href="#">Triggering Feeding Behaviours</a></p> <p><a href="#">Babies Not Feeding Effectively</a></p>

Target	Milestone / Deliverable	Activity	Who	Resources Required:
<b>Step 6 Decreased use of Formula for Non-Medical Indications</b>	Updated charting mechanisms to prompt RNs in ISP RUN charts /data tracking tools RNs with clear understanding of Medical Reasons for Supplementation (↑'d rates excl BF& ↓formula use for non-medical reason)	<ul style="list-style-type: none"> <li>Update ISP with prompts for medical indications. Create monthly run charts on the supplementation for medical and non-medical supplementation.</li> <li>Communicate trends and engage staff in the data analysis (huddle board)</li> <li>Chart Audit readmissions. How/What are we doing?</li> <li>Create E learning module <a href="#">Medical Indications for Supplementation</a></li> </ul>		Slides staff room Oct 7-ongoing  <a href="#">ABM Protocol Preterm</a>  WHO 2020 <a href="#">BFI for small, sick and preterm newborns (who.int)</a>
<b>Step 7 Implement data collection for mother-infant togetherness</b>	ISP charting and run charts to track Mother-infant togetherness on MCC  Improved care experience evidenced in patient surveys	<ul style="list-style-type: none"> <li>Update &amp; Implement BCC systems /ISP</li> <li>Review Work Standards for supporting mother-infant togetherness in Emerg and re-admission PEDS, NICU, &amp; Assessment according to new <a href="#">ABM Protocol 2021</a></li> </ul>		Support for BF During Hospitalization <a href="#">ABM Protocol 2021</a>
<b>Step 8 Standardized teaching around cue-based feeding among staff</b>	“Consistent messaging” reported on Parent surveys	<ul style="list-style-type: none"> <li>Staff (direct &amp; non-direct care updates) re: via Blog and staffroom</li> <li>Do we order free brochures or environmental impact?</li> <li>Add teaspoons/medcups to all bassinets</li> <li>See Parent Surveys / Chart Audits Step 1c</li> </ul>		<a href="#">Safe Sleep Health Canada 2021</a> (Free pdf brochure) Information for Parents/w videos. <a href="#">breastfeedinginfo.ca</a> WHO 2020 <a href="#">BFI for small, sick and preterm newborns (who.int)</a>
<b>Step 9 Consistent teaching to parents around use and effects of pacifiers /bottles etc.</b>	Education materials staff & parents	<ul style="list-style-type: none"> <li>Education to staff around pacifier and bottle use only when medically indicated (blog/ slides, TVs patient rooms)</li> <li>Review WHO 2020 <a href="#">BFI for small, sick and preterm newborns (who.int)</a></li> </ul>		

Target	Milestone / Deliverable	Activity	Who	Resources Required:
<b>Step 10 Increase hospital /community engagement/communication</b>	Improved hospital to community discharge and follow-up after re-admission  Revitalization of the BFI Coalition	<ul style="list-style-type: none"> <li>Meeting of BFI Coalition regularly. Invite champions, multidisciplinary.</li> </ul>		<a href="#">Parent Partner Tip Sheet</a>  <a href="#">Saskatoon Breastfeeding Matters</a>
<b>OTHER COMMUNICATIONS IDEAS</b>		<ul style="list-style-type: none"> <li>Create/ distribute appreciation cards</li> </ul>		
		<ul style="list-style-type: none"> <li>Implement BFI component for Huddle board (team building)</li> </ul>		
		<ul style="list-style-type: none"> <li>Connect with Communications re: social media, visual, direction</li> </ul>		
	Accessible parent education	<ul style="list-style-type: none"> <li>TVs in rooms a necessity for parent teaching moving forward</li> </ul>		
	BFI Coalition / improved communication	<ul style="list-style-type: none"> <li>Posting of BF Welcome stickers</li> <li>Involve all disciplines to teams. Naysayers as well. Need all perspectives.</li> </ul>		