



**2019 BCC Baby-Friendly Initiative Project AGM Report**  
**Promoting Maternal Infant Health by Increasing Breastfeeding Rates**  
**Prepared by Michelle LeDrew**

In January 2019, the Breastfeeding Committee for Canada hired Michelle LeDrew as the National BCC Baby-Friendly Project Director for a period of five years to lead the implementation of the Canada Innovation Strategy Funding Project titled: **Promoting Maternal Infant Health by Increasing Breastfeeding Rates**

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 2019.

**Objective 1:**

- 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 small working group of the BCC Assessment Committee was created in April 2019. Team members worked virtually to revise and update 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)*. Some members of the working group reviewed the draft BFI Indicators from Quebec and

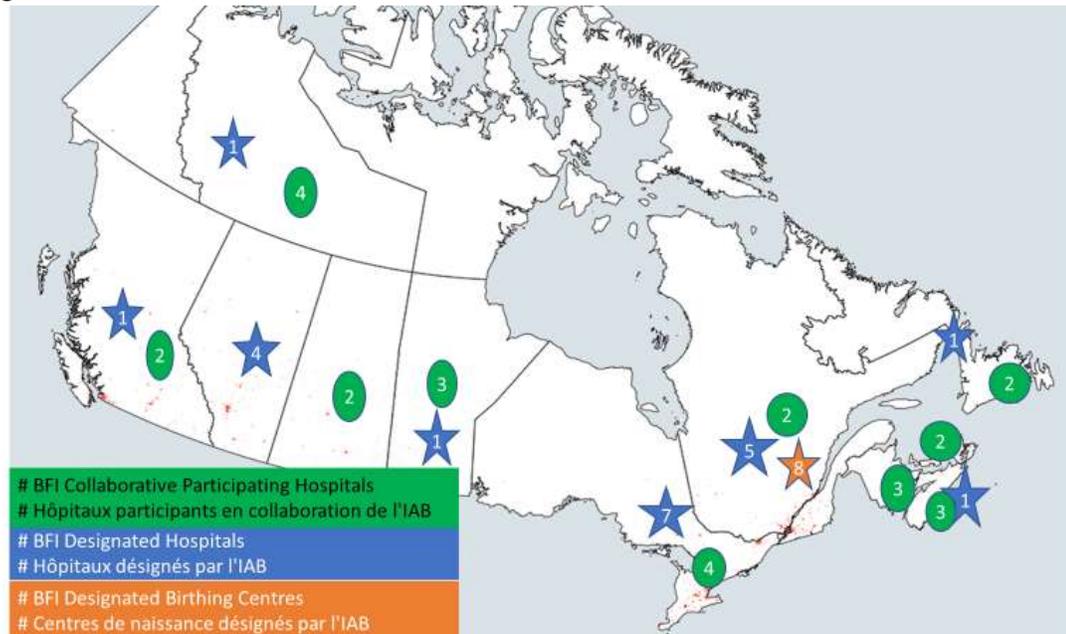
shared the draft with the BCC Assessment Committee. The Quebec team is eager to align their indicators with the BCC. In February 2020 the working group completed a draft of the revised BCC Indicators and sent it to the BCC Assessment Committee for feedback. In March the draft was sent to the BCC Provincial Territorial Committee with plans for the public consultation to follow in 2020. Revisions of other key BCC documents and assessment processes will follow the stakeholder consultation process in 2020/2021.

### **Objective 2:**

- 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.

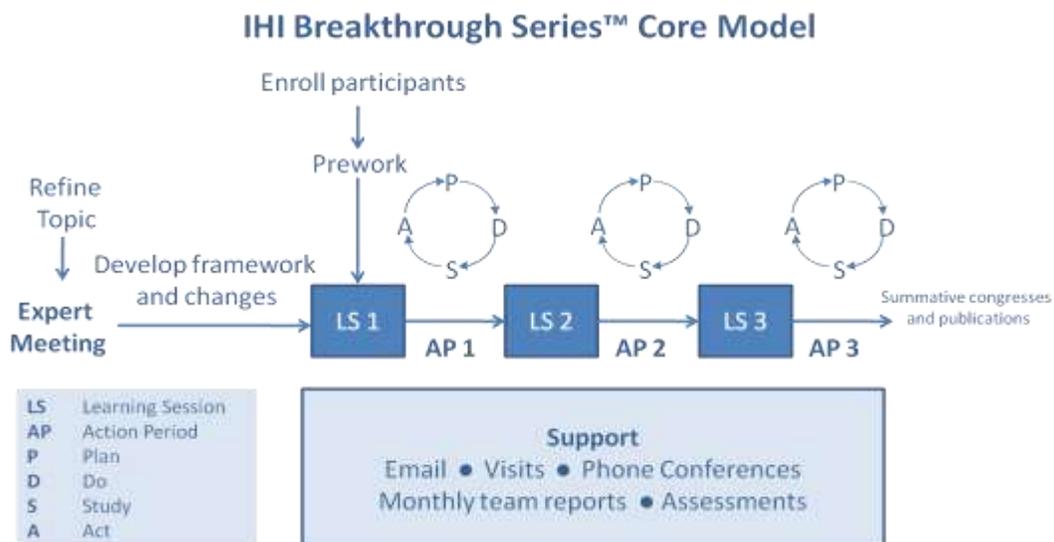
In January 2019, a cross country recruitment process began to enroll 25 hospitals in a National Baby-Friendly Quality Improvement Collaborative Project (BFI Project). A series of webinars were hosted with attendance of interested stakeholders from every province and territory. Over 200 stakeholders attended the webinars. Presentations, a recruitment flyer and a Q & A information sheet about the BFI Project were posted on the BCC website. A template letter requesting CEO support to participate in the BFI project was also posted on the website and submitted with all applications. Representatives from the BCC Assessment Committee and Provincial/Territorial Committee participated in developing the selection criteria and reviewing applications. A total 15 Health Organizations and 26 hospitals were enrolled in the BFI Project from urban and rural/remote settings. Nine provinces and one territory had teams participating. Participating facilities represented over 42,000 annual births or approximately 11% of all Canadian births. See Figure 1 for a map of designated BFI Hospitals at the time of enrolment and the distribution of hospitals participating in the BFI Project. See Appendix A for list of participating hospitals.

Figure 1



The BFI QI Collaborative Project is based on the Institute for Healthcare Improvement (IHI) Collaborative for Achieving Breakthrough Improvement Model (see Figure 2) with an overall aim of increasing the number of BFI designated hospitals in Canada from 21 to 36 by December 2023. The Breakthrough series includes three face to face workshops or learning sessions for the participating hospital teams with actions phases between the workshops to implement improvement strategies and test for change over time.

Figure 2



A BFI Project Planning team was recruited and includes expertise in quality improvement (Jennifer Ustianov), hospital administration (Sally Loring), Baby-Friendly Initiative (Kathy Venter), Neonatology (Dr. Khalid Aziz), Pediatrics (Dr. Catherine Pound) and Indigenous and Cultural Safety (Yolande Lawson). A representative from HSO/Accreditation Canada (Dr. Louise Clement) and two Parent Partners (Claire Gallant and Candi Edwards) also joined the BFI Project Planning team. Where appropriate, faculty agreements were signed with individuals. Contracted service agreements were made with an Evaluation Consultant (Dr. Nathan Nickels) and a Post-doctoral fellow (Dr. Theresa Kim) who were recruited to support the development of data/results collection methodologies and overall evaluation of the BFI Project. A Logic Model (See Appendix B) and a Driver Diagram (See Appendix C) were created by the BFI Project Planning team and the Evaluation Consultant to guide the project work.

Statements of support for the BFI Project were obtained from UNICEF Canada, Children's Health Care Canada, HSO/Accreditation Canada as well as the Public Health Agency of Canada, the sole funder for the project.

An orientation package was developed by the BFI Project Planning Team and shared with each participating hospital. The package included information about breastfeeding, quality improvement, expectations of those participating in the BFI Project and required preparation for attending workshop 1 including development of their hospital storyboards.

In the spring/summer a Memorandum of Understanding and a Results Sharing Agreement were developed and signed with each participating hospital. The IWK Health Centre in Halifax, Nova Scotia agreed to be the host organization for storing hospital results from the BFI Project and a formal agreement was signed between the IWK Health Centre and the BCC in this regard. The above agreements were reviewed and guided by contracted legal council. An ethics submission for the overall BFI Project was developed using A pRoject Ethics Community Consensus Initiative (ARECCI) tool and was reviewed by two bioethicists from Dalhousie University/IWK Health Centre.

Two foundational values of the BFI project are Family Centre Care and Cultural Safety. A national Parent Partner recruitment process began in March and 39 applications were received. Claire Gallant and Candi Edwards were the two Parent Partners hired to co-lead the development of a Parent Partner Network with Parent Partners from each of the participating hospital teams and contribute to the work of the Planning team. Partnership was also initiated with the Canadian Family Advisory Network.

A Leadership Track was formed and includes Hospital Directors Sally Loring (Nova Scotia Health Authority) and Scott Harrison (St. Paul's Hospital Maternity Care Centre) who co-lead the national network with administrative leaders from each hospital facility.

Pre-workshop webinars related to Quality Improvement 101 and Evaluation, Measurement and Data Collection were hosted in the summer. French translation services were hired and provided simultaneous translation of all webinars. Information shared with the project participants was also translated to French when possible.

Detailed planning for workshop 1 with the BFI Project Planning Team occurred over the summer. Workshop 1 was held in Oakville, Ontario Sept 5<sup>th</sup> and 6<sup>th</sup>, 2019 with 116 registered participants from 26 hospitals. Attendees learned about Quality Improvement science and how to translate BFI theory and evidence into practice. They began to build relationships and form teams that were actively engaged to create an aim statement, measure results and implement change ideas through use of Plan, Do, Study, Act (PDSA) tools. Parent Partners played an active role in all aspects of the workshop. Sessions about Cultural Safety and practical tips for BFI Implementation were very highly valued in the workshop evaluations.

Key indicators aligned with the BFI criteria were developed and questions were created for purposes of collecting monthly data from patient hospital charts. A Chart Audit Manual was developed with the Evaluation Consultant and members of the BFI Project Planning Team. The manual detailed the process for data collection and submission of results into REDCap. The questions for data collection and details regarding criteria for answering questions were outlined as well as a review of the numerator and denominator for each indicator being collected. Excel data forms and Redcap tools were created based on the Chart Audit Manual and shared with hospital facilities. Tools were reviewed and pilot tested by two hospital BFI Leads. All content was duplicated in English and French. Hospitals only submit aggregate non-identifiable patient chart data with the BFI Project. Additional webinars were offered to Data Managers on use of the tools and to review expectations. Teams began submitting their monthly chart audit results in October for September births. Over the first 3 months teams began to become more familiar with the tools and the entry of results was becoming more accurate and consistent.

Work began in the fall on developing a Patient Attestation Survey and Staff Survey tools. These surveys will be administered three times during the project in March and September of 2020 and April 2021. The Parent Partner Network reviewed and provided feedback on revising the Patient Attestation Survey prior to sharing with teams in December. Staff Survey finalization was carried forward to 2020.

In October through November, 1:1 meetings were held with each hospital team, the National BCC Baby-Friendly Project Director and the Quality Improvement Consultant. Data collection processes and quality improvement activities were discussed as well as challenges and opportunities for further improvement. Many teams were focused on updating their chart documentation tools and process of data collection as well as implementing PDSAs related to skin-to-skin after vaginal and cesarean births. Teams were getting familiar with using PDSA cycles and sharing their learning and asking questions on the BFI Project virtual platform- Microsoft Teams.

From October to December, select hospital teams presented their progress and shared their challenges as well as sought advice from other teams during the monthly collaborative webinars. Teams have actively engaged their Parent Partners during these webinar presentations and spoke of their valuable contributions to their local work. The Parent Partner Network met on a monthly basis to share their experiences and discuss ways they could be involved to support their local BFI Teams. The Leadership Track also met monthly and discussed topics such as how to support Skin-to-Skin in the OR, Leadership Rounding and the Determinants of Health and use of a Cultural Wheel to engage and support priority populations. All webinars were recorded and saved on the Microsoft Teams platform.

The BCC *BFI 10 Steps and WHO Code Practice Outcome Indicators for Hospitals and Community Health Services* document was used to guide the development of an electronic version of the BFI Self-Assessment using REDcap. Teams transcribed their Self-Assessment data into the online tool and the BFI Project Evaluation Consultant analyzed the results in late December.

In mid to late December an evaluation survey was distributed seeking feedback from participating teams on the usefulness of the monthly collaborative webinars, leadership track webinars, Parent Partner Network, data collection tools, and overall project progress and support. Results from the evaluation were very positive and teams expressed being supported, engaged and valued having the opportunity to participate in the BFI Project.

Jennifer Ustianov analyzed monthly chart audit results from September to December and provided feedback to teams regarding checks to validate the entry of their results. Individual team reports with comparisons to collaborative aggregate data was sent to each hospital team.

Throughout the year the National Baby-Friendly Project Director submitted bi-weekly updates and met with the BCC co-chair, Pam O’Sullivan and BCC Board member, Kathy Venter. Tremendous support and guidance with many volunteer hours were given by both Pam and Kathy. Updates were provided to the BCC Board, Assessment Committee and Provincial Territorial Committees during their regular meetings. In September, a newsletter was created and shared broadly within the project, with BCC members and PHAC and posted on the BCC website. In the fall, the National Baby-Friendly Project Director presented a BFI Project update at the BFI Symposium in Yellowknife, NWT and at the CAPWHN conference in Vancouver, BC. The Project Director also attended the EPIC quality improvement workshops hosted by the Canadian Neonatal Network in Toronto and Halifax.

Overall, it was a very busy and productive year for the BFI Project. Engagement and enthusiasm with the participating hospital teams remained strong throughout the year.

### **Objective 3:**

- Raise awareness of the Baby-Friendly Initiative among stakeholders and the general public in order 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.

Communications Strategy: In the summer, a search for a communications agency was conducted with submission of two proposals. General Public company was contracted to work with the BCC to create a communications strategy and revitalize the BCC website.

General Public initially led the BCC through a Brand and Identity process to validate the current name of the BCC and then began the work of an overall communication strategy and brand guidelines. A design team was subcontracted by General Public and options for the BCC logo were presented and one selected by the BCC Board. There were several consultative meetings and communications with the BCC Board, Assessment Committee and PT Committee as needed

during these steps. In the meantime, work to review content for the BCC website was led by Louise Dumas and Angie Manners. The existing BCC website content was updated as a new website was being designed and created by another subcontractor of General Public. The final version of the new website in English was shared the end of March with the French version to follow. The communication strategy and logo implementation were recommended to be launched at the same time as the new BCC website and the release of the revised *BFI 10 Steps and WHO Code Practice Outcome Indicators for Hospitals and Community Health Services*.

Enhanced public education and awareness has primarily been addressed in 2019 through the activities described above. It is expected that the consultation process related to the revision of the *BFI 10 Steps and WHO Code Practice Outcome Indicators for Hospitals and Community Health Services* with the community in 2020 will further the aims of this goal.

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 contributed to chapter reviews and feedback on the Loss and Grief Chapter as well as the Postpartum Chapter to focus attention on inclusion of up to date breastfeeding content. These chapters have not yet been released by PHAC.
- HSO/Accreditation Canada Technical Committee updating the standards for obstetrics and Newborn Care. Dr. Laura Haiek from the BCC PT Committee was also a member of this committee and provided valuable input to revise the standards to be more aligned with Baby-Friendly evidence informed practices. Kathy Venter and the Project Director also collaborated with Dr. Louise Clement from HSO/Accreditation Canada to provide background information to Accreditation Canada surveyors about BFI. Dr. Clement linked Accreditation Coordinators with BFI Leads participating in the BFI Project to highlight the quality improvement focus of the project with surveyors. Additional collaborative opportunities have been discussed for implementation in 2020.

Budget: Excel templates were developed to track all BFI Project monthly expenses starting in January 2019 and expenses were reconciled with actual expenses paid by the BCC Treasurer on a quarterly basis. Annual projections of the expenses were estimated quarterly and budget tracking was reviewed and shared with the BCC Treasurer, BCC Board Co-Chair and Board members providing guidance to the overall BFI Project. An additional budget request was submitted to PHAC to support the expenses related to French translation services.

**Appendix A**

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**National BFI Quality Improvement Collaborative Project  
Participating Hospitals**

BC Penticton Regional Hospital, Penticton

BC St Paul's Hospital Maternity Centre, Vancouver

Northwest Territories Health and Social Service Authority-Stanton, NTHSSA-Fort Smith, HRHSSA, TCSA Health Centre (participating as whole region which includes 3 hospitals and 1 Health Centre)

SK Regina General Hospital (RGH), Regina

SK Victoria Hospital, Prince Albert

MB Brandon Regional Health Centre (BRHC), Brandon

MB Health Science Centre, Winnipeg

MB St. Boniface Hospital, Winnipeg

ON Halton Healthcare, Georgetown

ON Halton Healthcare, Oakville

ON Halton Healthcare, Milton

ON Mount Sinai Hospital, Toronto

QC Hôpital du Centre-de-la-Mauricie du Centre intégré universitaire de santé et de services sociaux de la Mauricie-et-du-Centre-du-Québec (CIUSSS MCQ), Shawinigan

QC The Montreal West Island Integrated University Health and Social service  
Centre (MWI IUHSSC): Lakeshore General Hospital site, Montreal

NB Campbellton Regional Hospital, Campbellton

NB Chaleur Regional Hospital, Bathurst

NB Edmundston Regional Hospital, Edmundston

PEI Prince County Hospital (PCH), Summerside

PEI Queen Elizabeth Hospital, Charlottetown

NS Aberdeen Hospital, New Glasgow

NS Cape Breton Regional Hospital, Cape Breton

NS South Shore Regional Hospital, Bridgewater

NL Central Newfoundland Regional Health Center (CNRHC), Grand Falls  
Windsor

NL Health Sciences Centre (HSC) a Facility of Eastern Health, St. John's, NL

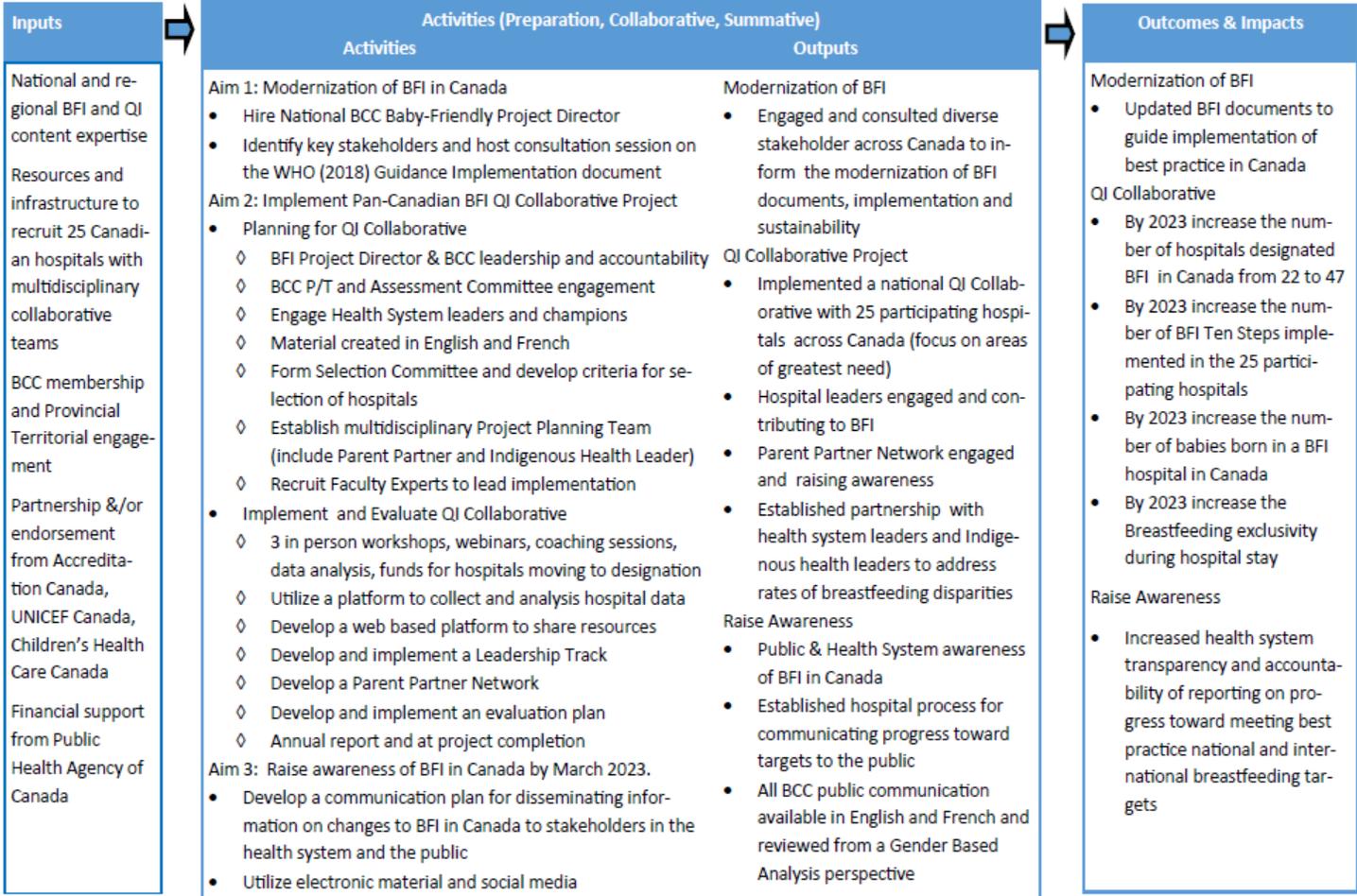
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**Appendix B**

**Baby-Friendly Initiative (BFI) Project Logic Model**

Project mission: Promote maternal infant health and increase breastfeeding rates in Canada. Specifically:

1. Modernize the BFI in Canada to reflect WHO (2018) Implementation Guidance of BFHI and engagement of Canadian stakeholders
2. Implement a Pan-Canadian BFI Quality Improvement Collaborative Project
3. Raise awareness of the BFI in Canada



Appendix C

**BCC Baby-Friendly Project  
Driver Diagram**

**Project Aim/Outcome**  
By Dec 31, 2023 increase the number of BFI designated hospitals in Canada from 21 to 36

**Primary Drivers**

- 1. Promote, protect and support breastfeeding in 25 participating hospitals with maternal newborn settings.
- 2. Administrative and Clinical practices in place aligned with the 10 Steps and the Code
- 3. Multi-level leadership understands and drives change
- 4. Culturally safe and Person Centred Care
- 5. Engaged partners across multiple disciplines and health care sectors ensures supportive transitions of care.
- 6. Public engagement and holding hospitals accountable to meet targets

**Secondary Drivers**

<p><b>System Drivers:</b></p> <ul style="list-style-type: none"> <li>• Breastfeeding Committee for Canada standards/indicators are in place and updated based on the WHO (2018) Implementation Guidance</li> <li>• HSO/Accreditation Canada standards integrate BFHI and Code requirements</li> <li>• Public recognition and accountability toward BFI targets</li> <li>• Integrate BFI into maternal newborn Quality Improvement and Quality Assurance accountabilities of the hospital Critical Management Procedures</li> <li>• Comply fully with the International Code of Marketing Breastmilk Substitutes and relevant WHA resolutions</li> <li>• Have a written infant feeding policy that is routinely communicated to staff and parents</li> <li>• Establish ongoing monitoring and data-management systems</li> <li>• Ensure staff have sufficient knowledge, skills and competence and are accountable for providing evidence based maternity practices that support exclusive breastfeeding</li> <li>• Adequately track and monitor to ensure staff competencies are met and maintained</li> <li>• Evaluate consistency of information for parents</li> <li>• Ensure Baby-Friendly documentation tools are available and completed for each patient encounter</li> <li>• Ensure space to support safe rooming –in 24 hours a day. In the NICU create an environment with adequate space to rest by their infants bedside on a bed/mattress (optimal); on a chair with armrest or on a reclining chair, or a chair without armrest (suboptimal)</li> </ul>
<p><b>Staff and Provider Drivers:</b></p> <ul style="list-style-type: none"> <li>• Staff and providers with adequate training to safely implement the clinical practices outlined in Steps 3-10.</li> <li>• Staff and providers comply with documentation requirements of BFI</li> <li>• Staff and providers participate in data collection, trend analysis and communication of targets and results</li> <li>• Staff and providers provide culturally safe and people centred care</li> </ul>
<p><b>Leadership Drivers:</b></p> <ul style="list-style-type: none"> <li>• Senior leadership understanding, commitment and accountability to the aims of the Baby Friendly QI Collaborative.</li> <li>• Senior leadership commitment to ensure adequate resources are in place (e.g staffing and finances)</li> <li>• Leadership engagement in data analysis and driving for results</li> <li>• Facilitate the procurement process for an infant formula contract aligned with the Code</li> <li>• Champion BFI culture utilizing change management theories</li> <li>• Leadership rounding for success by practicing regular walkabouts to seek feedback from staff and families</li> <li>• Communicate targets, incentivize improvements and celebrate success</li> <li>• Hospital leaders participate in a national Leadership Track and share their successes and learn from others.</li> <li>• Hospital leaders promote and share their experiences and successes with the community they serve and other hospitals in their region, province and nationally</li> </ul>
<p><b>Partnership Drivers:</b></p> <ul style="list-style-type: none"> <li>• Parent Partners on hospital BFI QI Collaborative team are engaged and fully participate as a team member</li> <li>• Hospital Parent Partners are supported by a national Parent Partner Network, sharing experiences and learning from others.</li> <li>• Hospital partners with community to ensure prenatal education and supports are in place for transition from hospital to home</li> <li>• Level of understanding and championing of BFI with key national partners (government, accrediting bodies and associations)</li> <li>• Key leader participation with expertise in BFI, Population Health, health disparities, Indigenous health and quality improvement</li> </ul>