



**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 a 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.

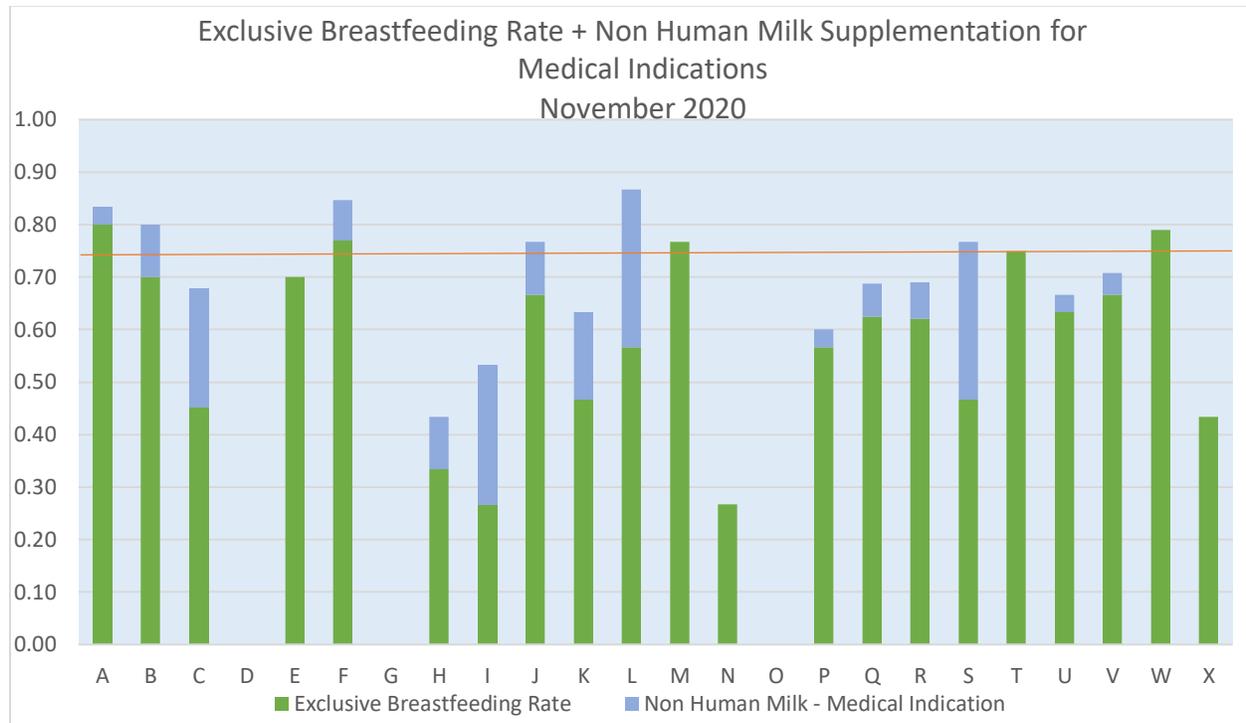
Starting in the summer, each month two leaders were asked to present on their activities to support their team including communication strategies, recognition programs and leadership rounding as well as seek advice from their peers. This approach engaged the leaders that were able to attend. Leaders 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.



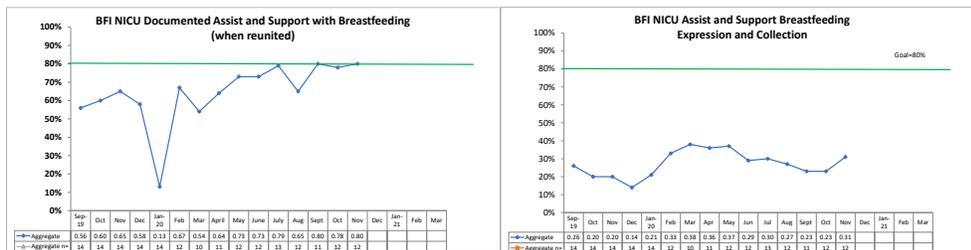
Progress is being made for skin-to-skin care for vaginal births but skin-to-skin care for cesarean births was more challenging. When the pandemic began in March chart audit reporting was impacted but many teams made great efforts to catch up on data submission in subsequent months. One team in New Brunswick 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](https://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](http://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.