

**2021 BCC Annual General Meeting 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 Fund with commencement of the project in January 2019. The project is titled: **Promoting Maternal Infant Health by Increasing Breastfeeding Rates**. This is the third annual BFI Project report prepared 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.

In 2020, a working group of the BCC Assessment Committee (Marina Green, Marg LaSalle, Kathy Venter & Michelle LeDrew) finalized a draft document titled "BFI Implementation Guideline" with revisions based on internal feedback from the BCC committee members. A public consultation survey in English and French was developed in January 2021 and the survey was administered throughout February. In

addition to general feedback on the document content and clarity, the survey sought feedback on the updated language which aimed to be more gender inclusive.

Overall, the public consultation feedback was very positive. There were 112 survey responses on the BFI Implementation Guideline draft with responses from all provinces but no territories. 11 of 112 responses were in French. There was a range of stakeholder feedback from parents, peer support workers, hospital care providers, community care providers, policy makers and researchers. 89/101 of responses in the English survey noted the content was clear and understandable whereas 3/11 of responses in the French survey noted the content was clear and understandable.

Stakeholders provided constructive feedback about how to improve the document and the here are few general positive comments:

- This will be a useful document.
- Appreciate the informed decision-making focus.
- Well done!
- Easy to read and understand.
- Well written, informative, parent friendly and appropriately women friendly.
- Very well written and covered all important areas of BFI.
- I find the document to be very comprehensive.
- Great review of the basics around this well-written document.
- I really appreciate the inclusion of the CQI information and examples of the same.
- An excellent document, thank you. The quality and data collection section is very useful. Looking forward to seeing the newly developed tools. Thank you!
- I like that the indications for hospital and community are clearly stated. It is much clearer to read and understand than the current outcome indicators. The detail will be helpful in determining if an organization feels that it is ready for the assessment process to begin.

The comments from the French survey were overall not supportive of moving toward gender inclusive language, whereas the comments in the English survey were overall supportive of the gender inclusive language changes. After reviewing the feedback from the stakeholders with the BCC Board, a decision was made to use gender inclusive language throughout the English version and retain more traditional language in the French version.

Companion documents and tools to the [BFI Implementation Guideline](#) were also finalized in the Spring of 2021 and included the following: [BFI Guideline Checklist](#), [Supplementation for Medical Indications](#), [Hospital Patient Survey](#), [Community Client Survey](#), [CHS Competency Toolkit](#), [Hospital Chart Audit Manual](#) and [CHS Chart Audit Manual](#). All documents were reviewed by an editor and sent for French translation. In June of 2021, the English documents were posted on the [BCC website](#). Draft French documents were also posted on the [BCC website](#), and final versions were updated in the fall of 2021. A formal launch of the documents was done at the National BFI Virtual Symposium October 1-7. An additional free session was held Oct 8 with 299 registered participants for a presentation titled “BFI Implementation Guideline and Supporting Tools”. This webinar received very positive feedback with a rating of 4.76/5 stars on overall satisfaction and 4.88/5 stars for learning something new. The [BFI Implementation Guideline and Supporting Tools webinar recording](#) has been posted on the BCC website.

Over the summer of 2021, the BCC Assessment Committee Working Group revised the [BFI Process and Cost](#) and [BFI Assessment Process Summary](#) documents. Internal BCC documents for BFI Assessments were also revised in the summer and fall and will be shared with the Assessment Committee in 2022 for

review and approval. Additional user friendly excel template tools are being developed by the BFI Project Evaluation Consultant for hospitals and communities to collect and report on their chart audits and patient/client data. Educational webinars are being planned to instruct on how to use these excel tools in 2022.

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

- Adapt and test a national quality improvement initiative 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 as “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 their BFI journeys.
- Share progress and findings with key stakeholders and the public.

### **National BFI Quality Improvement Collaborative Project highlights:**

A national Baby-Friendly Initiative (BFI) quality improvement collaborative project with 25 maternity hospital teams across Canada was implemented by the Breastfeeding Committee for Canada from June 2019 to December 2021. The Institute for Healthcare Improvement Breakthrough Series and the Associates Press Model for Improvement were used to guide the BFI Project. Hospital teams were supported to complete annual self-assessments, create aim statements, develop action plans, collect monthly and quarterly data, and test for improvements using PDSA quality improvement strategies. Additionally, teams were supported with monthly collaborative educational webinar, workshops and individual team meetings with the National BCC Baby Friendly Project Director and the Quality Improvement Consultant. Feedback from teams indicated that the collaborative project has provided the right supports to move toward meeting their BFI goals. The aggregate data collected during the project has shown significant improvements to the documentation of care practices, rates of skin-to-skin at birth for both vaginal and caesarean births, assistance and support with breastfeeding within 6 hours of birth as well as improved rates of rooming-in. Individual teams have also seen significant improvement in exclusive breastfeeding rates from birth to hospital discharge. One team achieved BFI designation during the project timeline and several other teams are poised to apply for BFI designation in the coming months. Despite the pandemic impacts for health systems overall, teams were successful in improving maternity care practices and breastfeeding outcomes. The pandemic created significant challenges in 2020 with some provinces being impacted more than others, however, we also heard from teams that they appreciated the continued support of the BFI Project collaborative and later in the summer they started to re-engage in the BFI Project with good results.

The contributions from the BFI hospital teams, Parent Partners, Leadership Track and Planning Team has been tremendous in 2021 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.

The twenty-five hospital team's hard work is making a difference in the outcomes for Canadian families.

### **Quality Improvement Activities:**

Throughout 2021 BFI teams did their best to move forward with BFI project work while the pandemic overshadowed their time and priorities. The pandemic impacts varied across the country, and this too was evident in data trends observed in each province and territory. Throughout February to April, one-to-one meetings were held with each BFI team and the National BCC Baby-Friendly Project Director and the Quality Improvement consultant. Teams were encouraged to review their accomplishments and create their Action Period 3 workplan. Data trends were discussed with each team and coaching to address challenges was provided. Collaboration across teams was facilitated, and resources and tools were shared primarily through the Microsoft Teams platform. As new COVID-19 waves occurred throughout the year, teams would stop and restart BFI activities. Some teams were able to be creative and continue with quality improvement PDSA cycles based on their action plans.

In the spring, Halton Health Care team hosted five educational sessions for 200 of their staff. Kathy Venter facilitated the educational virtual webinars. The webinars were recorded and posted for the BFI Collaborative Participants to share with their staff. These educational webinars as well as additional [Breastfeeding and BFI Education](#) resources for staff and physicians were later shared on the BCC website.

One-to-one team meetings were held again in the fall of 2021 from October-December. Teams had a chance to review their BFI successes and challenges and to discuss their sustainability plan for continuing BFI work after the BFI Project wrapped up in December 2021. Most teams were able to articulate a long list of accomplishments during the BFI Project timeline. Teams noted that their chart audit data didn't always match what they were seeing in practice. Teams that completed patient surveys were able to validate their findings and used that information to continue to focus their efforts. All teams indicated that they plan to continue with data collection after the project wraps up and they are prepared to continue their BFI journey independently. Four teams began the BFI Pre-Assessment process in 2021 and many other teams are preparing to begin the process in 2022/2023.

### **Workshops and webinars:**

Monthly webinars were held throughout 2021 with simultaneous French translation available. The average range of attendance at the monthly virtual webinars was 50-60 people which was a little lower than the previous year which had 60-70 people regularly attend. Two to three teams presented each month, giving them a chance to review their data, share their accomplishment and seek feedback from other teams that may be dealing with similar challenges. The audience actively engaged in these

webinars through comments and questions in the chat box and during the question-and-answer time scheduled into each webinar.

Additional educational webinars were offered with invited guests Deborah Schroeder and Corrine Ward sharing their research on Breastfeeding and empowering First Nations women in an urban centre; Francine de Montigny presented on Breastfeeding and Engaging Fathers. We also had a focused webinar about prenatal education with parent partners sharing their experiences of being involved in online prenatal education with the Cape Breton and Vancouver teams. Feedback from participants for all webinars was very positive with ratings at or above 4.5/5.

In lieu of offering workshops with educational webinars in 2021, the BFI Project Collaborative members were asked to present at the National BCC Baby-Friendly Initiative Virtual Symposium October 1-8 and were provided complementary attendance for the entire Symposium. [Dr. Theresa Tam provided opening remarks](#) on the first day of the symposium and Indigenous women opened each session with a prayer or sharing their knowledge. The BFI Project related presentations included the following: [Scaling Up BFI Implementation in Canada](#); [How leaders can motivate and sustain evidence based practice](#); and [The Value of Parent Engagement in Advancing BFI](#). The BFI Project Parent Partner Co-Leads Claire Gallant and Candi Edwards were the emcees for the symposium and led by example showcasing how parents can support BFI. The symposium had 175 registered participants and the evaluations were extremely positive with an overall average satisfaction rating of 4.63/5 stars. An average rating of 4.75/5 stars indicated they learned something new. Some attendees commented that they missed the in-person interactions and suggested breakout sessions be held during future virtual events.

A few general comments from the BFI symposium evaluations:

- Great job with organization and speakers
- Keep up the good work
- Great week. Loved the format. Easy to attend. Thank you
- Information was presented well
- Excellent conference, really inspired me to move forward with BFI work
- Thank-you for your time, dedication and sharing of knowledge!
- Excellent. Much appreciated. Amazing work by the BCC to update materials
- Thoroughly enjoyed!
- The conference was so well organized given it was virtual and all went well!

On October 27, co-lead Claire along with five other parent partners from PEI, NS and NL presented at a webinar titled Breastfeeding and Mental Health: What's the Connection? The webinar, the culmination of 8 months of working group meetings, had 575 registrants and 295 attendees. Chat discussion during the 2-hour session was boisterous and it was clear that this was the initiation of a wider conversation.

A working group from the BFI Project Planning team was formed in March and included Claire Gallant, Louise Clement, and Michelle LeDrew. Laurie McPherson from the Canadian Mental Health Association joined the working group as well as parent partners Arleigh Hudson and Sara Dalley. After eight months of planning, a webinar session "[Mental Health and Breastfeeding: What is the Connection?](#)" was held on October 27 and was open to the public. There were 575 registered participants with 294 people attending the live session and 323 views of the webinar recording. Parents from NL, PEI and NS shared

their experiences, evidence-based research was summarized, and an overview of well-being and supports were highlighted.

Pre and post survey evaluations were conducted under the research of Sara Dalley. Once again, the feedback was very positive and a paper/presentation about the comparison of the pre/post surveys is being prepared for potential publication in 2022.

Microsoft Teams was used as our virtual platform for sharing information and to host virtual webinars/workshops. There were some technical challenges using this platform especially for the larger public webinars and feedback for improving the webinars will be considered for future events.

### **Parent Partners:**

A focus of the BFI Project was people-centred and culturally safe care. All 25 hospitals were expected to build interprofessional teams and include Parent Partners that had a recent birthing experience at their hospital. The BFI Project Planning Team led by example with Parent Partners Co-chairing meetings, engaged in planning and hosting webinars. Several webinars focused on culturally safe principles and presenters from Indigenous communities shared their learning.

Parent Partner Co-leads Candi Edwards and Claire Gallant, with the National Baby-Friendly Project Director's support, took on stronger leadership roles in the project during 2021. In the Spring, they co-developed a tip sheet for healthcare providers on ways to engage parent partners, which they presented at the Leadership Track meeting in June. The two co-leads happily accepted an invitation to co-emcee the seven-day National Virtual BCC BFI Symposium in October: the week was a success and feedback around the emcee duties was very positive. As well as emceeing, Claire and Candi co-presented with parent partner Sarah Weatherald of Brandon, MB on "Engaging Parent Partners in your BFI Journey". As noted above, Claire Gallant also participated in the planning and hosting for the Breastfeeding and Mental Health webinar at the end of October.

Throughout 2021, the Parent Partners Co-Leads, Claire and Candi, continued to lead monthly webinar sessions with the Parent Partner Network. They hosted several guest speakers including a mother who exclusively breastfed her triplets; a mother of four who exclusively breastfed her twins and who shared her breastfeeding experience of re-lactating to nurse her 9-month-old; and a new mother who had recently given birth in a BFI-designated tertiary care centre. Other topics discussed included BFI Step 5: hands-on breastfeeding support and connections to experiences with consent to touch; reflections on breastfeeding and getting the COVID-19 vaccine; and details from the parent partner in Brandon, MB who started a NICU parent support group at her centre.

Several strategies were employed to bring larger numbers of parent partners back to the network monthly meetings. Meetings had been steady, with a handful of parents meeting each month for the first half of 2021. In July, the co-leads hosted a meeting called "Into the Twitterverse" where parent partners were asked to answer, in real time, a few prompting questions using very short answers. An online white board (known as a google jamboard) was populated with colourful sticky notes, resulting in a compelling visual representation of parent partner thoughts and feedback (Figure 1).

Figure 1



Co-leads Claire and Candi reached out individually by email to each parent partner to check in and gather details on the level of engagement. It was encouragingly noted that many parent partners who though they did not necessarily have capacity to engage with the parent partner network, were meeting regularly with their hospital team and contributing. Other parent partners noted it was more difficult to stay engaged with their local teams due to restrictions of volunteers not being permitted to on site during the pandemic and the virtual platform was not as always effective for building relationships and staying connected. Similarly, some BFI team members that were on site found it difficult to keep the parents engaged and some parent partners were no longer active. Where parents remained active and engaged teams expressed how valuable it was to have their perspective and contributions.

Parent Partner Co-leads have contributed all year to the monthly collaborative webinars, hosting a webinar about Prenatal Care in February and giving a presentation titled “Resources to Support you in engaging parent partners on your BFI journey” in November. The Co-leads also have co-chaired monthly meetings of the BFI Project Planning Team, contributing to the leadership of the project as an equal voice. They have consulted with the BFI Project Evaluation Consultant on presentation of the results of the second round of Patient Surveys; met with a Family Integrated Care expert in Alberta to talk about connections with BFI; and are drafting plans for publication of the journey as Parent Partner co-leads of this BFI Collaborative, with researcher Dr. Britney Benoit for 2022.

**Leadership Track:**

The Leadership Track consisting of leaders from each BFI team was co-led by leaders Sally Loring from Nova Scotia and Scott Kirk from Manitoba. Monthly meetings were held throughout 2021 and the attendance ranged from 5-15. Leaders noted that it was difficult for them to attend the meetings due to competing pandemic priorities, but several leaders indicated they were able to view the meeting recordings later. In 2020 there was a high turnover of leaders and 2021 began with supporting new leaders as they became familiar with the BFI initiative.

A leadership evaluation survey was sent out in January and 15 leaders completed it. Two thirds of the leaders strongly agreed/agreed and one third disagreed/strongly disagreed that their teams were able

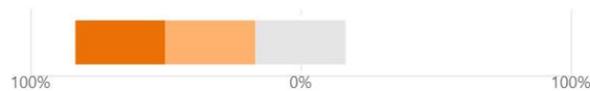
to make progress with BFI implementation in 2020. Less than half of the leaders agreed they were able to provide BFI leadership since the pandemic began. 14/15 leaders indicated that they reviewed their team's monthly data and most (12/15) communicated the results to senior leadership. 13/15 leaders indicated that they do leadership rounds ranging from weekly to rarely.

Overall, leaders viewed the support of the Leadership track as valuable.

13. The leadership track has been valuable to my team's BFI journey? La piste du leadership a été précieuse pour le parcours de mon équipe en matière d'IAB ?

[More Details](#)

■ Strongly Agree/Fortement d'accord   ■ Slightly Agree/Un peu d'accord   ■ Agree/Convenir  
■ Slightly Disagree/Un peu en désaccord   ■ Strongly Disagree/Fortement en désaccord



A few comments from the leader's survey:

- We are overwhelmed with COVID right now and will be for the foreseeable future.
- Very stimulating project.
- I don't think we would have achieved so much without this collaborative project. What I find difficult is the lack of human resources to work continuously in the success of this desire and to maintain it.
- The leadership track has allowed for great networking opportunities.
- Being new in my role as the Director for Women's Health, I am just starting to get familiar with where we are in relation to BFI. Due to the pandemic, we have had to place our audits and formal initiatives on hold. I look forward to resuming our activities soon. I am still just getting familiar with where we are at with BFI at our site. Lots of opportunities.

Under the supervision of Dr. Nathan Nickel, masters student Emily Brownell evaluated all leaders' presentations from 2020/21. Highlights from this evaluation identified themes related to barriers such as challenges with communication and continued engagement of staff and physicians, impact of the pandemic, and lack of staff resources. Conversely, supportive themes included increased resources (LCs/Educators), drivers for change (i.e., BFI champions, recognition and celebrating successes), reorganization (BFI committees and BFI specific roles) and continued communication. Leaders also identified activities and tools that they used during their BFI journey and the most common items were priority setting, reviewing documentation (self-assessment, chart audits, & policies), group discussions, attending meetings, webinars and workshops, using communications boards, conducting leadership rounds with patients and staff, and completing PDSAs. Leaders also noted their team's success in improving skin-to-skin care, exclusive breastfeeding rates and initiation, documentation, rooming in, staff education and reduced supplementation.

Based on the survey feedback from leaders and the evaluation review of the leader's presentations, Sally Loring and Scott Kirk led focused presentations in the spring about physician engagement, motivating for change and senior leadership engagement. Claire Gallant and Candi Edwards joined a meeting to discuss tips for engaging Parent Partners. Meetings were not held during July and August and in September Jennifer Ustianov presented on emotional well-being for leaders and their teams. This session was very well received. A guest from Health Standards Organization joined the October meeting

and shared an opportunity for teams to submit their BFI journey as a Leading Practice. A call for applications is planned for 2022. The remainder of the Leadership Track meetings were focused on updates from leaders on their successes, challenges and plans for sustaining BFI work after the project wraps up in December.

### **Evaluation:**

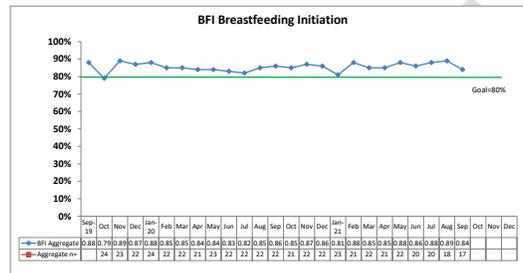
**Overview:** An evaluation plan was developed during the planning stage of the BFI Project. Twenty-five hospital teams measured and reported their progress toward meeting evidence based maternity care according to the Breastfeeding Committee for Canada's adaptation of the Baby-Friendly Initiative 10 Steps ([BFI Implementation Guideline, revised 2021](#)). [Data collection tools](#) for conducting chart audits, patient care experiences and staff surveys were developed for teams. Each of the 25 teams collected monthly chart audit data for 30 mother-baby dyads that remained together in the postpartum care area as well as 10 charts from the NICUs where applicable. Teams submitted aggregate de-identified data using a protected database. Monthly run chart reports were generated for teams with local data and comparison aggregate data from all facilities based on the identified indicators. Monthly chart audit reporting started in September 2019 and continued to December 2021. Patient surveys and staff surveys were conducted in the spring and fall of 2020 and again in the spring of 2021. Hospital patient and staff survey data were compared with aggregate collaborative data and reports generated for each team. At times data submission was hampered due to competing pandemic priorities but most teams caught up with data submission over time. Overall teams reported that participating in the BFI Project was helpful in meeting their BFI goals (4.5/5 stars). This was primarily collected through online surveys after monthly webinars and after workshops.

While the team's results varied, all teams experienced improvement in at least one of the measurable indicators with some teams surpassing all targets. Aggregate chart audit data indicated improved skin-to-skin care within 5 minutes, and for one hour, after vaginal and caesarean births. Support for breastfeeding within six hours of birth sustained the target of 80% in 2021. The documentation of rooming-in practices improved and the target of 80% was achieved in March 2020. Prenatal education did not reach the target of 80% but documentation of prenatal education improved from 20% in 2019 to 54% in 2021. Some teams were able to reduce non-medical supplementation, however, this was observed to be a challenging target and remains an area of focus. Patient surveys and staff surveys provided an opportunity to triangulate the data and validate results obtained through chart audits and most of the data sources aligned.

**Chart Audits:** BFI Teams became more proficient at completing chart audit data collection and overall, less errors were noted during the monthly submissions to the collaborative database. Consistent documentation of care practices improved but some teams continued to struggle to have confidence that the data matched the practice. These teams noted that they thought the best practices were occurring, but their chart audit data didn't always reflect this. Most teams had to adjust their patient documentation templates to better capture the best practice indicators. These changes were challenging for teams, and it took time for staff to consistently document in new ways. Teams were encouraged to complete patient surveys to validate the care practices, and this provided confidence where evidence-based care was happening and where they needed to continue to focus their quality improvement efforts.

Data was submitted into a secure REDCap database and managed by Dr. Theresa Kim with in-kind support from the IWK Health Centre, NS. Run Chart reports of de-identified data for each hospital team were prepared by Jennifer Ustianov, the BFI 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. Initiation rates (Figure 2) show a relatively high rate for all teams (above 80%) throughout the project timeline. Teams from western provinces and central provinces maintained higher initiation rates compared to teams from eastern provinces.

Figure 2



Aggregate breastfeeding exclusivity rates from birth to discharge did not improve overall during the project timeline for mothers/babies that remained together (Figure 3) or babies that received care in the NICU (Figure 4). This long-term outcome measure is influenced by many factors both internal and external to the hospitals.

Figure 3

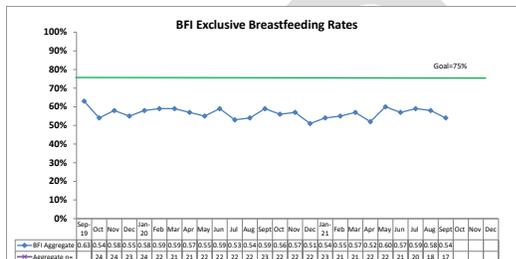
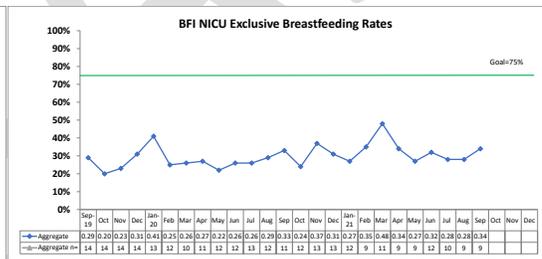


Figure 4



Comparing exclusivity rates from September 2021 (Figure 5) and September 2020 (Figure 6) there are a few noteworthy differences. In 2021, some teams were not able to complete their chart audit data collection as consistently as they did in 2020 and therefore not as many teams are represented in Figure 5. Most teams that were meeting or exceeding the target of 75% exclusivity rate in 2020 also met the target in 2021. Teams that met or were getting close to the exclusivity target are preparing to move forward with BFI designation in 2022. Other teams that were getting closer to the target in 2020 seemed to struggle more in 2021. This may be due to decreased maintenance of best practices during the pandemic or decreased documentation of the care over time.



Figure 11

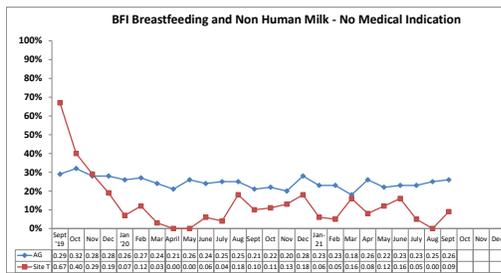
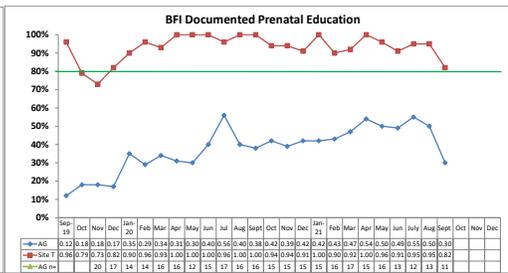


Figure 12



Fourteen teams had NICUs. Data for babies that had a NICU stay was more variable, and most teams struggled to make improvement in their NICU indicators. The variability of the data each month is likely due to the low number of chart audits which ranged from 6-10 charts each month. There was an increase in documentation and sustained improvement with assistance and support of breastfeeding from a baseline of 60% in 2019 to 80% and greater throughout 2021 (Figure 13). Teams with NICUs were encouraged to focus on supporting expression and collection of breast milk and although the target of 80% was not attained there was improvement in this indicator during the project timeline (Figure 14).

Figure 13

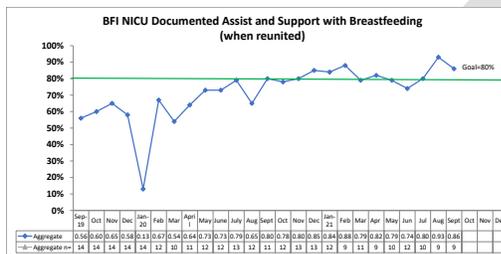
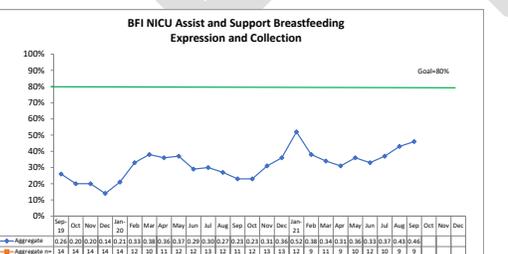


Figure 14



**Patient Surveys:** In 2020, 56% teams conducted patient surveys in the spring and 72% teams in the fall. In the spring of 2021, 60% teams completed the patient surveys. This provided an opportunity to validate data by triangulating patient survey data with chart audit and staff survey data. The patient survey questions were aligned with the BFI 10 steps. Sometimes there was agreement between the data sources and sometime not. In 2020, the rooming-in chart audit indicator was 80% yet only 62 % of families indicated they experienced rooming-in. In 2021, the chart audit rooming-in indicator was over 90% and 71% of families indicated they experienced rooming-in. Overall, the trend for this indicator has improved both in the chart audit and patient surveys. Comparing the skin-to-skin care through chart audits and patient surveys in 2020 and 2021; the rates from the chart audits were consistent with the self-reported patient experiences. Both chart audits and patient surveys reported rates of 80% skin-to-skin in 2020 and both data sources reported over 90% skin-to-skin care in 2021.

**Staff Survey:** It is also important to see how well staff competencies are aligned with BFI. 751 staff surveys were completed in 2020 and 845 in 2021. The surveys showed consistently high breastfeeding knowledge and improvement in knowledge and attitude in one year. Figures 15-18 illustrate examples of staff survey questions with improvement in knowledge and attitudes from 2020 to 2021.

Figure 15

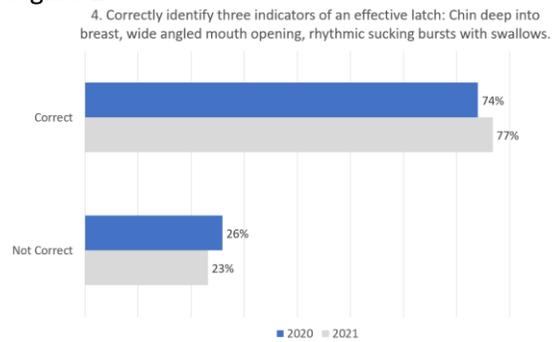


Figure 16

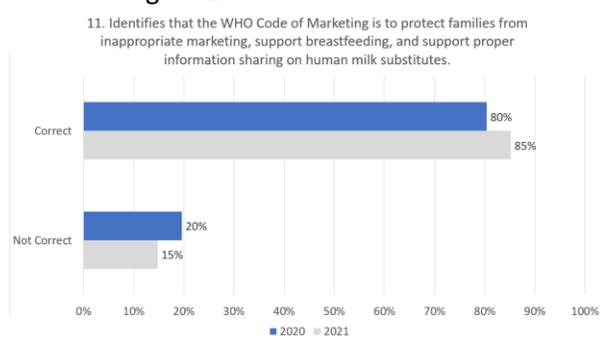


Figure 17

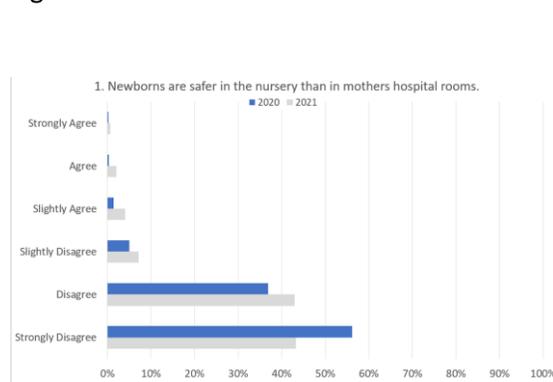
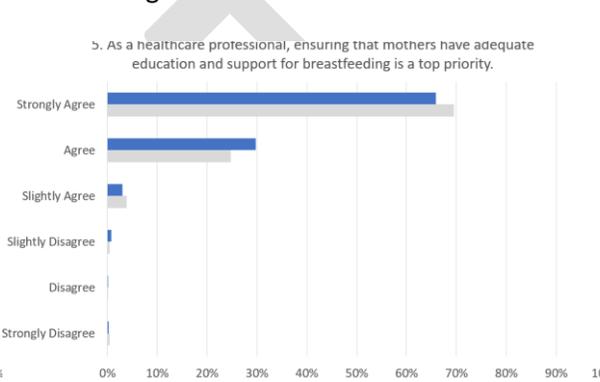


Figure 18



Facilities were encouraged to complete their BFI Self-Assessments annually. All BFI teams completed the BFI self-assessment when they joined the BFI Project in 2019. Fourteen teams repeated their self-assessments in fall of 2020 and teams were encouraged to complete their BFI self-assessments again in fall of 2021. Each team that completed their BFI self-assessment were provided with a report comparing their progress against the aggregate data. The BFI self-assessment was an opportunity to get a global view of their BFI progress and assess other parameters that were not measured in the chart audits or patient and staff surveys. The following are examples from the BFI Self-Assessment surveys: assessing compliance with the International Code of Marketing Breastmilk Substitutes (Figure 19), infant feeding policies (Figure 20), alternative feeding methods (Figure 21), and discharge feeding plans (Figure 22). Note: figures 19-22 are from 2020 data collection and the blue line indicates an individual team's data in comparison to the aggregate data.

Figure 19

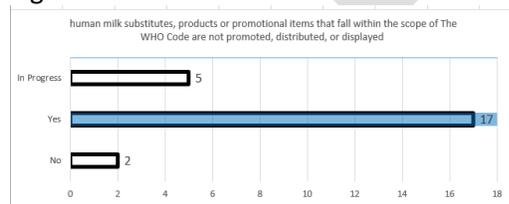


Figure 20

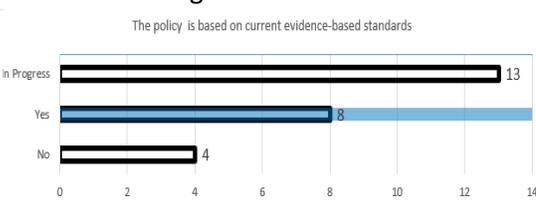


Figure 21

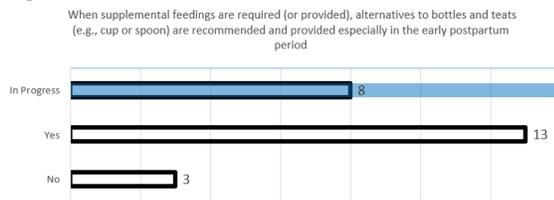
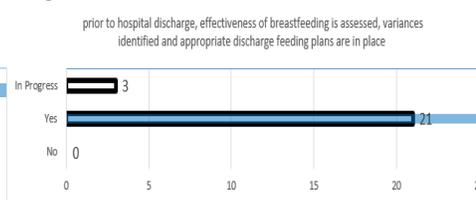


Figure 22



**BFI Project Final Evaluation:** A final evaluation survey of the BFI Project was distributed to BFI collaborative participants in December 2021. The intent of the survey was to inform the overall evaluation report of the National BFI Quality Improvement Collaborate Project and to share the feedback with the Public Health Agency of Canada and other stakeholders. In addition, the information from the survey will determine how the BCC can best guide other BFI teams to be successful in achieving their BFI goals. The results from the survey will be incorporated into a final evaluation report of the BFI Project that will be written by Dr. Nathan Nickel, Evaluation Consultant. In addition, a harvest meeting is being planned in January/February 2022 to further mine learnings from the project with select teams that were highly successful in implementing BFI.

**BFI Project Planning Team:**

The BFI Project Planning Team members remained consistent throughout the project timeline and were highly dedicated to the success of the 25 hospital teams and planning for future scaling up of BFI implementation. The BFI Project planning team members were Claire Gallant and Candi Edwards, 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 Administrative Health Leader, Dr. Louise Clement, HSO/Accreditation Canada and Michelle LeDrew, National BCC Baby-Friendly Project Director ([click here for BFI Project Team Bio's](#)). Behind the scenes, we had valuable support from Dr. Nathan Nickel, Evaluation Consultant, and Dr. Theresa Kim, REDCap Data Manager.

The BFI Project Planning Team met monthly throughout 2021 and all members remained actively engaged and attended meetings or viewed the recorded meeting sessions. The planning team regularly reviewed ways to support the Parent Partners, Leadership Track and discussed team's progress including data trends, planning of webinars and strategies to support teams throughout the pandemic.

**Sustainability and Spread:** An expectation of the 25 hospital teams was to share their learning with other facilities in their region/province/territory as well as share learning nationally at conferences. Many hospital teams are part of larger organizations and regional health authorities. Teams have shared their learning through communications tools such as newsletters, presentations and reports internal and external to their organization. Some teams had BFI as part of their organizational strategic plan/goals and reported their progress internal and external to the organization. The updates of the BFI Project have been shared at national conferences (CAPWHN, CNN and BCC Symposiums) and on the Breastfeeding Committee for Canada's website. The data collection tools and resources from the BFI Project have been updated and expanded to include Community Health Services (CHS). Updated tools include chart audit manuals and Excel templates for hospitals and CHS, Patient Survey and Client Survey templates were also updated and posted on the BCC website. Additional tools for creating run chart reports are in progress of development and will be posted on the BCC website in 2022.

In anticipation of the BFI Project wrapping up in December the BFI Project Planning team members started conversations about next steps to scale up BFI implementation. Brainstorming began early in the spring of 2021 and ideas were generated and reviewed by the planning team. To get a better understanding of options and solicit feedback on the ideas that were generated, a survey was created and sent to the BCC Board and Assessment Committees in May. Fourteen people from the Board and Assessment Committee responded to the survey and based on an impact and feasibility grid, the two primary ideas to start with were mentorship/coaching and documentation.

The discussion about scaling up BFI Implementation was also reviewed by the BCC Provincial/Territorial committee. Overall, feedback was positive regarding the strategy to implement a coaching and mentoring program, documentation tools to support practice and having educational webinars. There were also other ideas generated such as expanding parent partner on-going involvement and buddying designated facilities with other facilities that were on the BFI journey. There was a recognition that other ideas generated are important and layering on of these ideas over time would be very useful. At that time, we also asked for BCC Provincial/Territorial, Board and Assessment Committee members to come forward and assist with planning the next steps. In the fall, nine additional people from the committees joined the BFI Project Planning team and began a workplan to help guide next steps.

The central focus in 2022 will be on a train-the-trainer mentorship model across Canada to support the transition of the 25 teams to independently collect and report their own data and meet their BFI goals as well as expanding support to interested hospitals and CHS facilities that were not involved in the BFI project. A job posting was drafted for BFI Coaches and Mentors and approved by the Board in December for posting.

Insights for Other Organizations: The BFI Project demonstrated how hospitals can implement BFI in various Canadian settings. Other hospital and community health service teams in Canada and in other countries would benefit from using the Breastfeeding Committee for Canada's [BFI Implementation Guideline and supporting tools](#) to inform and support their local BFI implementation. Critical success factors of BFI Implementation included dedicated leadership support, competent staff and physicians and interprofessional teams that have the dedication and resources to actively plan, collect data, make improvement changes using quality improvement strategies, monitor changes over time and report on progress. Seeking CEO/senior leadership support through a written letter of support gave teams the support to lead through challenging times. Barriers to BFI implementation included competing priorities of organizations especially during the pandemic, available human resources, and consistency of leaders over time. The BFI Project was focused on hospital facilities so there is limited demonstration of the quality improvement strategies for BFI Implementation in community health services although many of the processes are believed to be transferable. Success of BFI Implementation of evidence-based practices requires long term commitment by the organization, its leaders and staff but is achievable with a dedicated team, a clear aim statement, action plans, and using quality improvement processes and tools. Celebrating and recognizing successes are key in motivating for ongoing improvement.

**Budget:**

A budget surplus from 2020-2021 was carried forward to 2021-2022. A positive variance is projected for the remainder of the fiscal year 2021-2022 and additional funds being carried forward into 2022-2023.

In anticipation of scaling up BFI Implementation, noted above, the BFI Project budget was reviewed to determine costs of hiring coaches and mentors as well as supporting the BFI assessment fees of facilities going forward. This redistribution of funds will be reviewed with PHAC in 2022 after additional planning is finalized.

### **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.

A communications strategy and implementation activities were completed in 2020, see last year's BCC AGM report for details.

The BCC continues to raise awareness of the BFI in Canada through updating the BCC website with new breastfeeding tools and resources. The other primary avenue for raising awareness is through the BCC bi-annual Symposium. The National BCC Baby-Friendly Project Director worked with a symposium planning team starting in February. The symposium planning team met regularly to develop a [symposium program](#) that aimed to meet the following objectives:

- Showcase regional, provincial/territorial and national quality improvement strategies and change efforts;
- Learn about strategies to implement BFI within different contexts while drawing strong links with health equity and family-centered care;
- Build connections with colleagues and engage in discussion around innovative practices that contribute to transformative change in breastfeeding promotion, policy and research;
- Investigate and expand on the important links between BFI and other relevant, timely issues.

The theme for the 2021 Symposium was Protect, Promote and Support Breastfeeding and BFI: a Shared Responsibility. The BCC BFI Virtual Symposium October 1-7 had a total of 175 registered/invited participants. 58 were paid guests. 117 people were supported to attend in-kind as members of the National BFI Quality Improvement Collaborative Project, as speakers or guests. Guest speaker fees and French translation costs were paid through the BFI Project funds. All [symposium presentations](#) are posted on the BCC website and available to the public. BCC Board members, Randi Parsons and Heather Gates created and shared [twitter posts during the symposium](#) through the BCC twitter account, [@BCCBFI](#). Building on new social media opportunities is being considered by the BCC Board. For more details on the symposium see the Provincial/Territorial 2021 AGM report.

Following the symposium on October 8, a free webinar about the BFI Implementation Guideline and Supporting Tools was offered free to the public. There were 299 registered participants and simultaneous French translation was available. The [recording](#) of this session is posted on the BCC website.

The BFI Project Planning team also met for several months and hosted a free public webinar about Breastfeeding and Mental Health: What is the connection? There were 575 registered participants and 294 attended, with 323 views of the webinar recording as of December 2021. This presentation [recording](#) is also available on the BCC website.

Through the BFI Project's collaboration with Accreditation Canada/Health Standards Organization (HSO), the BCC has been invited to submit the National BFI Quality Improvement Collaborative Project as a HSO Leading Practice. Submission of this application occurred in December. Publication of the BFI Project through HSO's Leading Practices library will reach a global audience which is very exciting. HSO is also planning a special call out for individual BFI teams to submit their BFI work as a Leading Practice. This call for applications will be launched in 2022 by HSO with the intent to reach the 25 teams that have been involved in the BFI Project as well as other designated/redesignated facilities in Canada.

Finally, the BFI project is exploring opportunities to have publications written based on the BFI Project outcomes and experiences. Dr. Britney Benoit and Dr. Nathan Nickel will be taking a lead to assist with these publications.

Closing remarks: It has been a pleasure and privilege to be the National BCC Baby-Friendly Project Director over the past three years. I'm proud to see the progress that BFI has made in Canada through the BFI Project and I'm confident that this has led to improved practices and outcomes for women/parents, babies, families, and communities. I will be stepping away from this work in January for a medical leave and I'm thrilled that Kathy Venter will lead the next phase of the BFI Project in 2022. I'm optimistic that much will be accomplished by the BCC to protect, promote, and support breastfeeding in the coming years.