

Annual General Meeting
Breastfeeding Committee for Canada
Report 2021



OUR VISION:

Canadian Children are Breastfed

OUR MISSION:

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

We protect, promote and support breastfeeding in Canada.

The Board of Directors for the Breastfeeding Committee for Canada (BCC) 2021

Co-Chair	Pam O’Sullivan /vacant
Treasurer	Shannon Anderson/Sally Loring
Secretary/membership	Marina Green
Website liaison	Angie Manners
Directors at Large	Yolande Lawson, Maxine Wilkes, Randi Parsons, and Linda Young
BFI Assessment Committee Co-Chairs	Marg LaSalle and Karen Frith
Provincial Territorial Committee Co-Chairs	Heather Gates/vacant
BCC Representatives to Industrialized Nations	Kathy Venter
BCC Representative to the Canadian Pediatric Society’s Nutrition and Gastroenterology Committee	Laura Haiek
BCC Representatives to Accreditation Canada	Laura Haiek and Michelle LeDrew

**Breastfeeding Committee for Canada
Reports for 2021 (January 1-December 31):
Annual General Meeting**

BCC Board of Directors Co-Chair Report

Background Summary

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

The BCC is a volunteer organization that does not have any sustained public or private funding. In 2018, the Public Health Agency of Canada (PHAC) awarded An Innovation Strategy Grant to the BCC of \$1,300,000.00. We have completed 3 years of this 5-year project.

Membership of the BCC

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

Financial Responsibility

In January- April 30, 2021, Shannon Anderson oversaw the treasury under the guidance of Feddema and Company, Chartered Accountants. In May - November 2021, Sally Loring oversaw the treasury under the guidance of Feddema and Company, Chartered Accountants, Alberta. This company retired and a new company was secured called Bluenose Accounting, Nova Scotia in November 2021.

The Board Activities for the year 2021:

During the Year 2021:

There were 12 BCC Board meetings including the AGM in April /21 and an extra board meeting held in July/21. All meetings were conducted on Microsoft teams.

There has been an amazing amount of activity at the BCC in 2021. I am listing some of these activities, but you will find more detail in the committee reports. Although it has been challenging, we have continued to work on our logic model 2018-2022 activities and have

continued to provide support to our Canadian colleagues during the second year of the pandemic.

- The first ever BCC “Virtual” symposium was held October 1-8, 2021. Baby-Friendly Initiative: Theme- protect, promote, and support breastfeeding and BFI- a shared responsibility. Dr. Theresa Tam provided opening remarks. This was a very successful symposium with topics related to scaling up BFI Implementation in Canada, The Value of Parent Engagement in Advancing BFI and How leaders can motivate and sustain evidence-based practice, to name a few. The registration was 175 participants, and the evaluations were very positive.
- Canadian BFI Standards: The revision and update of the Baby-Friendly Initiative in Canada to reflect the newly revised guidance from the World Health Organization (2018) was completed with the development of the new BFI Implementation Guideline and companion documents. These documents include BFI Guideline Checklist and the Medical Indications for Supplementation. This was a tremendous amount of work from a group of experts from the BCC.
- The BCC created a Racial Health equity working group. There had been requests from the PT committee in the past (2020) and this topic was initially discussed at the board in October of 2020. In June 2021, it was decided to create a working group which commenced in September. The purpose of this group is to provide resources and a position statement to acknowledge racism in maternal child health. The hope is that this position statement can start dialogue about solutions that may alleviate racism and discrimination.
- BCC BFI National Plaque - during 2021 there was a working group struck to look at the possibilities of creating a Canadian National Plaque for BFI designation. There was a request for proposal sent out and several responses were received from across Canada. We look forward to selecting and releasing the BCC BFI National Plaque early in 2022.
- The BFI Assessment process: Recommendations have been developed to include a “virtual” component that will support facilities choosing to move forward with the BFI designation process. The Assessment Committee Covid -19 task force continued to pilot the use of Microsoft Teams platform to conduct virtual site visits as an option. Assessor and facility tools were created and are being finalized to facilitate this virtual work.

Standing Committees

1. The BFI Assessment Committee continues to provide support to facilities across Canada that are in progress towards BFI designation. One of the goals of this committee is to have Lead assessors and assessors in each province/territory to support designation. The committee encourages the education and development of new assessor candidates as required.
2. The Provincial/Territorial Committee continues to provide an opportunity for networking and knowledge exchange across jurisdictions and other associations, organizations and committees on topics that relate to the Baby-Friendly Initiative. The BCC Symposium was last held virtually

last year for the first time in October 2021.

3. BCC Website: the overview of the website activity is available in the report.

4. Innovation Strategy Grant: Promoting Maternal Infant Health by Increasing Breastfeeding Rates: This 5-year project funded through the Public Health Agency of Canada has completed the 3rd year. Despite the ongoing challenges of the pandemic in 2021, the National Director has been successful in supporting teams to move forward toward their goals. A quote from the director: *“The contributions from the BFI hospital teams, Parent Partners, Leadership track and Planning Team has been tremendous in 2021 despite the challenges.”*

Acknowledgements: Each year we, the board, take time to thank the dedicated volunteers who devote themselves to the work of the BCC. The challenge of the pandemic in the second year has been ongoing but despite this the BCC volunteers continued to provide support and encouragement across Canada. We are very appreciative of their time and passion. The BCC recognizes the increasing commitment to BFI throughout the country working together to protect, promote and support breastfeeding in Canada.

BCC Co-Chair

Pam O’Sullivan

BCC Membership Report

January 2021-December 2021

Membership in the Breastfeeding Committee for Canada is open to anyone interested in voluntarily furthering the aims of the BCC and has no association with a company whose products fall within the scope of the WHO International Code of Marketing of Breastmilk Substitutes.

BCC membership categories are described in the BCC Bylaws:

A Voting Member

- Is a member of the BCC Board of Directors, BCC Provincial/Territorial BFI Implementation Standing Committee or the BCC BFI Assessment Standing Committee, and has received approval of the Board of Directors
- Is a resident of Canada
- Pays the annual membership fee.

An Associate Member

- Is a member of the BCC who has received approval of the Board of Directors
- Is entitled to vote at any General or Special Meeting
- Pays the annual membership fee.

An Honorary Member

- Is an individual invited by the Board to become an Honorary Member
- Honorary Members are not entitled to vote at any General or Special meeting
- Honorary Members do not pay the annual membership fee.

Members receive:

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

The annual fee of \$30 has remained unchanged for several years and supports BCC expenses such as liaison to the Canadian Pediatric Society Nutrition Committee, involvement with the International BFHI Network for Industrialized countries and website costs. The membership application is at: <http://www.breastfeedingcanada.ca>

At the end of 2021 there were 81 members.

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

Prepared by Marina Green

BCC Board Secretary

Promoting Maternal Infant Health by Increasing Breastfeeding Rates **BFI Project Report**

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:

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 2021.

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 2021, 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. Eleven 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 teams' 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 county, 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.

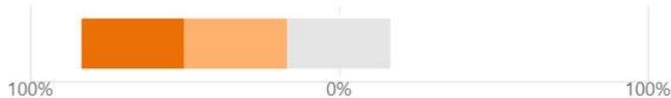
A leadership evaluation survey was sent out in January and 15 leaders completed it. Two thirds of the leaders strongly agreed/agreed and one third disagreed/strongly disagreed that their teams were able to make progress with BFI implementation in 2020. Less than half of the leaders agreed they were able 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:

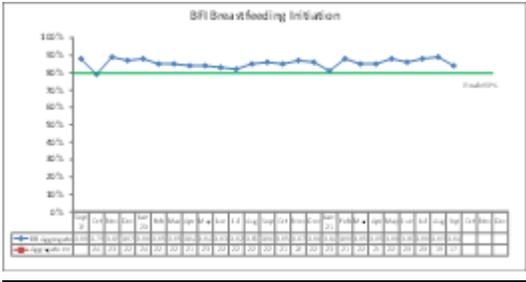
Overview: An evaluation plan was developed during the planning stage of the BFI Project. Twenty-five hospital teams measured and reported their progress toward meeting evidence based maternity care according to the Breastfeeding Committee for Canada's adaptation of the Baby-Friendly Initiative 10 Steps ([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

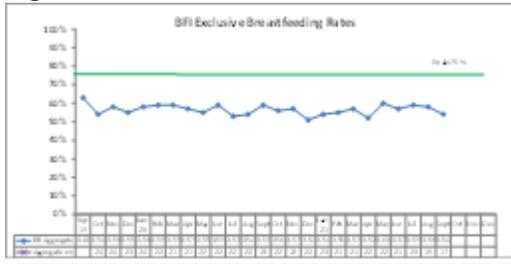
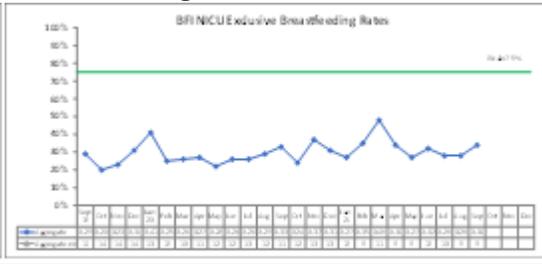


Figure 4



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 5

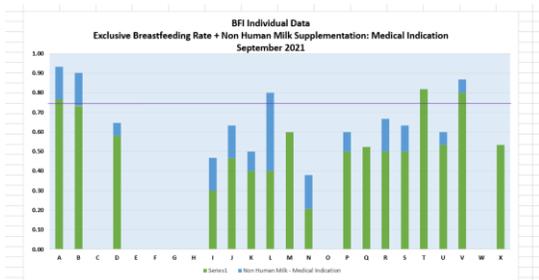
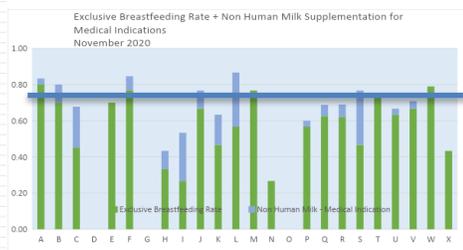


Figure 6



Process indicators show there have been significant improvements made during the project timeline. For example, the indicator for *'skin-to-skin care'* within 5 minutes and duration of one hour or longer after vaginal birth has consistently remained above the target of 80% since March 2021 (Figure 7). Rates for *'skin-to-skin care'* post caesarean has not hit the target (Figure 8), however the data demonstrate consistent improvement from baseline as teams focused significant efforts in this area. The indicator *'Assistance and support of breastfeeding within 6 hours'* has also significantly improved (Figure 9) and many teams indicated this is attributed to better documentation of care. Likewise, *'rooming-in'* rates have increased and there is more consistent documentation of this practice (Figure 10).

Figure 7

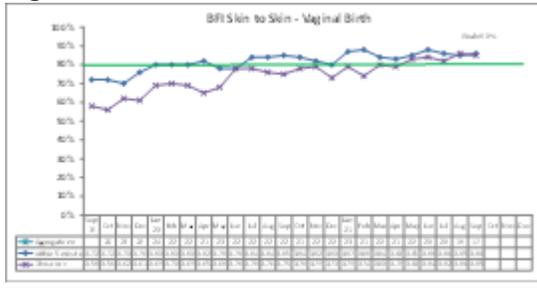


Figure 8

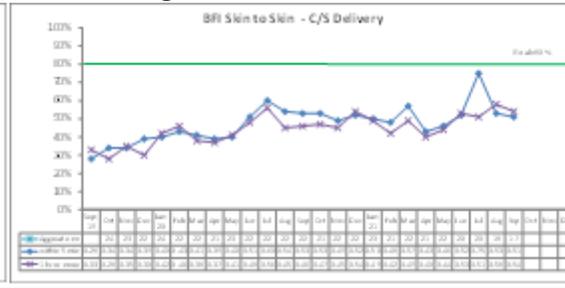


Figure 9

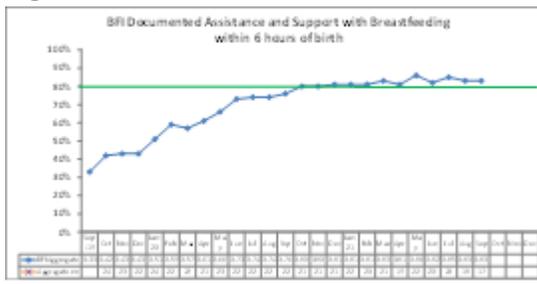
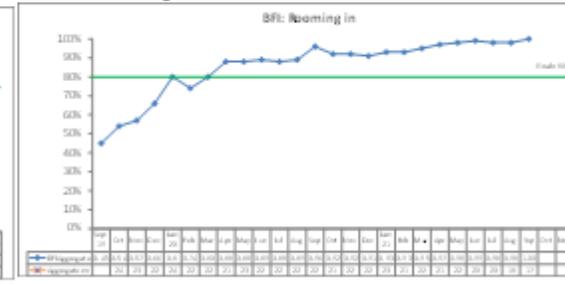


Figure 10



Aggregate data can mask individual team’s progress. Each team received their individual team monthly run chart data reports to monitor their progress over time. Figures 11 and 12 show one team’s data in comparison to the aggregate data. The team’s data is indicated with the red line and the blue line represents the aggregate data from all facilities. All indicators for this team were better than the aggregate average. Here you can see their low ‘*non-medical supplementation*’ and high ‘*prenatal education*’. This team achieved BFI designation in 2020!

Figure 11

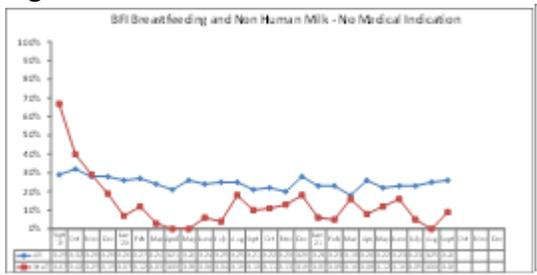
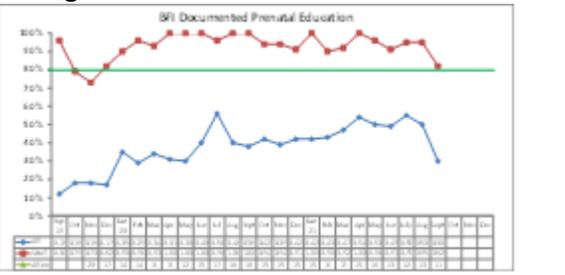


Figure 12



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

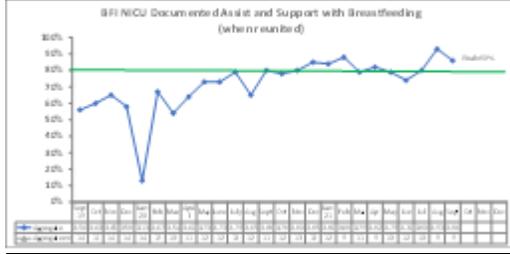
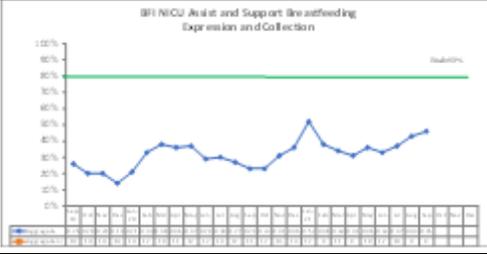


Figure 14



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

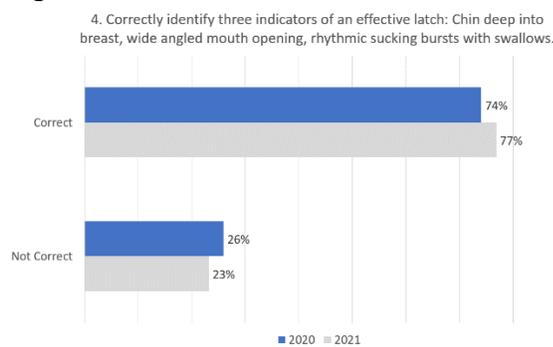


Figure 16

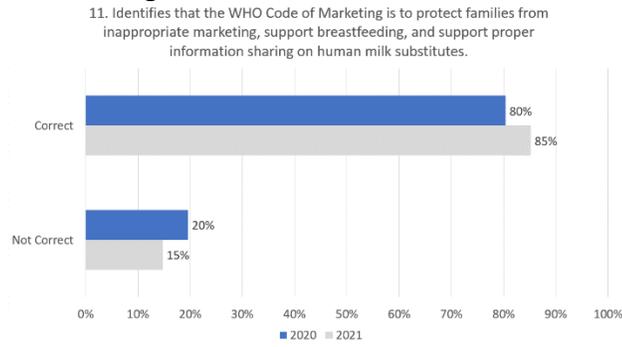


Figure 17

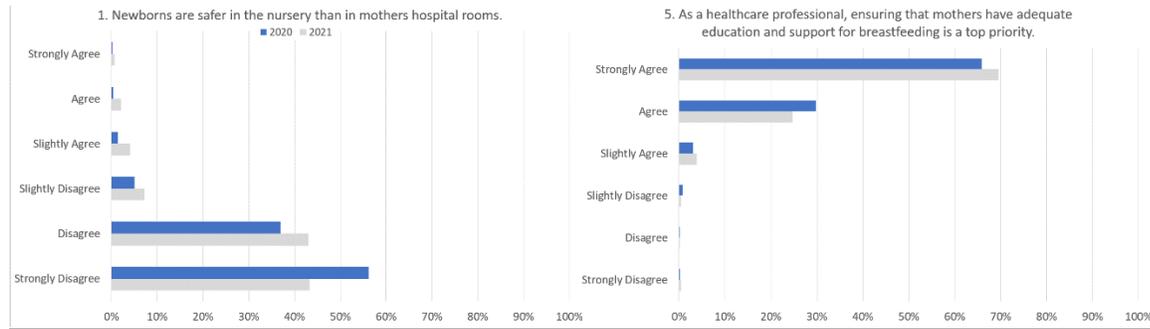
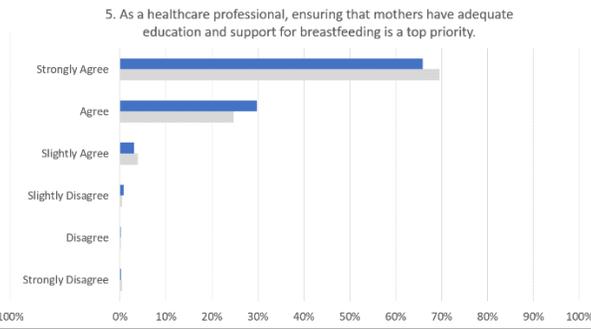


Figure 18



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

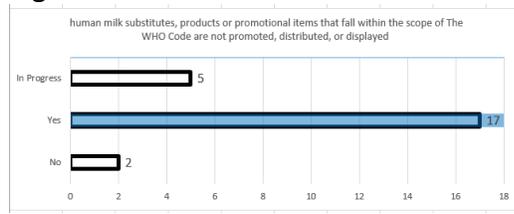


Figure 20

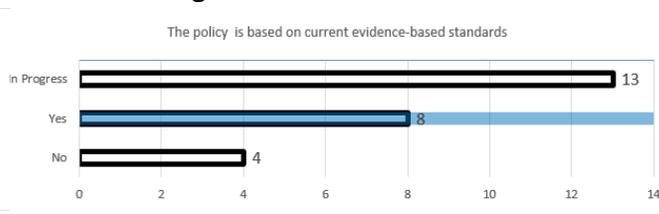


Figure 21

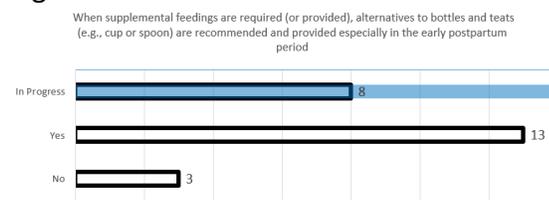
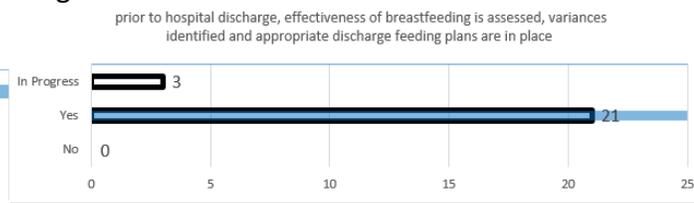


Figure 22



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.

Submitted by Michelle LeDrew

BCC Treasurer’s Financial Report

BCC Treasurer’s annual financial report for 2021

Revenue

Membership fees	\$	2,430.00
Assessment fees	\$	6,975.00
BFI Assessors' expenses	\$	11,612.40
Symposium	\$	7,980.00
Donation		
Total cash revenue	\$	28,997.40
Total in-kind revenue	\$	-
Total Revenue	\$	28,997.40

Expenses

Insurance	\$	3,029.00
Accounting	\$	4,410.00
BFI Plaques	\$	412.51
Banking Fees	\$	231.37
BFI Assessment expenses	\$	6,255.90
BCC ID Badges	\$	1,813.51
Lawyer	\$	3,274.92
Subtotal cash expenses	\$	19,427.21
Subtotal in-kind expenses	\$	-
Total Expenses	\$	19,427.21

Revenue over Expenses

\$	9,570.19
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Thank you for the opportunity to serve as the BCC Treasurer.

Sally Loring

BCC BFI Assessment Committee
Annual Report of Activities in 2021

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

Committee Members are Lead Assessors and Assessors:

Co-chairs: Marg La Salle and Karen Frith

Committee members: Donna Brown, Eileen Chuey, Lea Geiger, Marina Green, Odile Lapointe, Kathy O’Grady Venter, Pam O’Sullivan, Linda Romphf, and Nancy Worth.

Michelle LeDrew, BFI Project Director, attended Assessment Committee meetings throughout 2021. Michelle became the National Coordinator in September 2021.

Louise Dumas resigned from the Assessment Committee in April 2021. Thank you, Louise, for your excellent contributions to the Assessment Committee work for many years.

Kathy O’Grady Venter’s term as Co-chair of the Assessment Committee ended in April 2021. Kathy remains a valued member of the Assessment Committee and is the International Delegate for the BCC.

The BFI Assessment Committee held 9 meetings in 2021. Additional meetings were held by workgroups within the Assessment Committee.

Assessment Committee key actions January 2021-December 2021:

- **National support to the BCC Board on matters relevant to BFI Assessment:**
 - Co-chairs attended BCC Board meetings and provided monthly reports from the BCC BFI Assessment Committee
 - Continued dialogue with Accreditation Canada regarding increased BFI content in accreditation process

- Assessment Committee members participated in the review of responses to the Request for Proposal (RFP) for an image suitable for the national BFI designation Plaque awarded to facilities achieving BFI designation.
- **BCC BFI Quality Improvement Collaborative Project support:**
 - Kathy O’Grady Venter and Pam O’Sullivan provided leadership and support to the BFI project director through bi-weekly meetings
 - Kathy O’Grady Venter is a faculty member and actively engaged with the project
 - Assessment Committee members were invited to join the Microsoft Teams platform and contribute to conversations, share information, and stay updated
 - Assessment Committee members participated in the BFI project work including upscaling BFI Sustainability Planning.
- **Provincial/Territorial Committee support and engagement:**
 - Consulted and supported individual Provincial and Territorial Committees and facilities regarding policy and practice challenges
 - Committee members contributed timely communication and responded to questions from individuals and groups across Canada to clarify and build capacity for BFI
 - Marg La Salle attends the bi-monthly meetings as Assessment Committee co-chair.
- **International Affairs:**
 - Kathy O’Grady Venter is the Chair of the BFHI Network Development Committee and an active member of the BFHI Network Coordinating Committee
 - Kathy O’Grady Venter participated in WHO-UNICEF calls and webinars and maintained our international presence
 - Michelle LeDrew was approved by the Board as National Coordinator in September 2021.

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

- **Canadian BFI Standards:**
 - Kathy O’Grady Venter, Marina Green, Marg La Salle and Michelle Le Drew continued their work to update the BFI Standards for Canada. After public consultation the *BFI Implementation Guideline* and companion documents including the *BFI Guideline Checklist*, *Medical Indications for Supplementation*, competency verification guidance documents and tools to assist facilities with monitoring their progress with BFI were released. All documents will be posted on the BCC website and available in English and French. The *BCC’s Baby-Friendly Initiative Assessment Process and Costs*

for Hospitals, Birthing Centres and Community Health Services and summary document were updated and posted in both official languages on the BCC website.

- **BFI Assessment Tools:**
 - BFI Assessment tools are being updated to reflect the revised BCC BFI Standards.

- **BFI Assessment Process:**
 - Tracked facilities across Canada in progress towards BFI designation
 - Maintained database of designated facilities
 - Coordinated assessments: contracts, invoices, assessor teams, reporting, and evaluations
 - Sent letters to newly designated facilities outlining BCC BFI maintenance requirements
 - Sent letters outlining requirements for facilities not re-designating
 - Provided support for facilities needing to postpone Pre-Assessment, External Assessment, self-monitoring reports and interim reports due to demands of the pandemic
 - The Assessment Committee Covid-19 task force continued to pilot the use of the Microsoft Teams platform to conduct virtual site visits. Assessor and facility tools were created and are being finalized to facilitate this virtual work.

Designated Facilities in Canada (December 2021)

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

*Data for Quebec is from 2018.

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

For list of designated facilities in Quebec visit:

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

BFI Assessment:

- Assessor and Assessor Candidate tracking sheets are updated annually
- BFI Assessor/Assessor Candidate closed Facebook page now has 38 members
- Most provinces have Assessors/Assessor Candidates. The overarching goal is to have at least one certified assessor in each province and territory
- Assessors will continue to receive the Government of Canada mileage rate and the National Joint council per diem rate for reimbursement of expenses during BFI site visits.
- Decision was made that Assessor Candidates are required to have a current BCC membership
- Identification badges with the new BCC logo were purchased and sent to BCC assessors.

Number of Certified Lead Assessors, Assessors, and Assessor Candidates in Canada (December 2021)

	BC	AB	SK	MB	ON	QC	NB	NS	NL	PEI	NWT	Total
Lead Assessors	2	1*	0	1	2	2	1*	1				10
Assessors	3	0	1	1	5	26**	1	1				12
Assessor Candidates	4	3	1	0	6		2	1			1	18
Total	9	4	2	2	13	28	4	3			1	66

* denotes assessor in transition to becoming a lead assessor

**denotes assessors and assessor candidates are mixed in Quebec

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

Respectfully submitted by
 Marg La Salle and Karen Frith
 Co-Chairs, BFI Assessment Committee

BCC Provincial/Territorial BFI Implementation Committee **Report on 2021**

BCC Provincial /Territorial BFI Implementation Committee Report on 2021 Background
The Provincial/Territorial Baby-Friendly Initiative (BFI) Implementation Committee (P/T committee) is one of two standing committees of the Breastfeeding Committee for Canada (BCC). Members, who represent all provinces and territories, as well as the Public Health Agency of Canada (PHAC), participate in activities that build capacity and foster dialogue and collaboration toward the continued implementation of the BFI in Canada.

Meetings

The P/T Committee meets every second month and held six regular meetings by conference call in 2021.

Activities

The P/T committee provides a forum for ongoing dialogue, knowledge exchange and strategic collaboration across Canada through regular conference call meetings, email discussion, professional development opportunities and sharing of key resources. The P/T Committee also organizes professional development opportunities for members related to the implementation of the Baby-Friendly Initiative.

The 2021 National BCC BFI Symposium (biennial) was offered virtually and in partnership with the BCC Board over the week of October 1-7th ending with a free webinar on October 8th. It was deemed a great success as the first ever virtual BFI symposium offered during what we know as National Breastfeeding Week. The symposium was well attended with great speakers touching on many relevant topic areas. There were many learnings as we move forward in the advancement of BFI. An evaluation and report on the symposium was also completed shortly afterward by Michelle LeDrew and shared with PT Committee and BCC Board.

In addition to the above mentioned, the PT committee members bring forward issues arising in their jurisdiction (or cross-nationally) related to the implementation of the BFI. The PT Co-chairs then take these issues forward to the BCC Board. The following topics of concern introduced in 2020 have broadened into priorities for the current and future work of the BCC Board:

- Formation of Racial Health Equity Working Group who are working diligently on drafting a position statement for the BCC.
- Discussion of increasing social media presence of the BCC, leading to a proposal, discussion and posting of multimedia coordinator position for the BCC. Further

discussion is ongoing around the involvement of members of the PT in the formation of a working group to support social media content creation and posting schedules.

- Discussion around the Baby-Friendly Initiative being identified as a leading practice with Health Standards Organization (HSO).

Upcoming areas of concern that are *in process* or *not yet addressed* include:

- Recruitment of Co-Chair for this committee
- Coordinating a response from the BCC in situations where there are inquiries about violations of the WHO International Code of marketing of breastmilk substitutes.

Committee members provided highlights of work to advance the implementation of BFI in their province or territory in 2021

British Colombia	<p>Work continues on provincial infant feeding strategic direction and key priorities through the Provincial BFI Coordinator role, Perinatal Services BC. Work also continued on the draft 2022 Preconception, Perinatal, Infant and Early Childhood Service Standards to provide provincial guidance on service delivery from the preconception period through to a child’s sixth birthday. Support for breast/chest feeding and feeding with human milk for the first sixth months of life and beyond is an important component of this work. In addition, the development of a broader provincial maternity services strategy that includes breast/chest feeding across the continuum of care. Some opportunities and strengths to advance breast/chest feeding & BFI in 2021 include:</p> <ul style="list-style-type: none"> ● Two B.C. Acute Care sites; Penticton Regional Hospital and St. Paul’s Hospital continue to participate in the National BFI Collaborative Project. The cross-regional sharing of resources and lessons learned help support their BFI journey and other facilities in BC. Both facilities have made significant progress and are nearing readiness to apply for BFI designation. ● To support families with infant and young child feeding needs during the B.C. flood crisis; we developed social media content and created a new safe infant feeding health feature on our provincial food safety page – prioritizing breast/chest feeding and providing information on safe preparation of infant formula and information on how to access provincial feeding support. ● BC Women's Provincial Milk Bank enhanced service to all the NICUs which was challenging due to the B.C. flood crisis and disruption of shipping routes as well as the increase in the number of perinatal (postpartum) units providing pasteurized donor human milk.
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	<ul style="list-style-type: none"> ● Developed a new parent resource: Breastfeeding Your Preterm Baby. The Breastfeeding Your Preterm Baby booklet supports families who have a preterm baby and who plan to breastfeed and/or provide human milk to their baby. ● Public Health messaging was developed regarding COVID-19 vaccine safety and effectiveness during lactation. BC messaging continues to recommend that standard infant breast/chest feeding guidelines be adhered to during the COVID-19 pandemic. ● Community support for breast/chest feeding families has been impacted significantly during the pandemic Efforts to support families across B.C. during the pandemic included many of our Regional Health Authorities establishing virtual supports (e.g, breastfeeding support groups, and prenatal programs) Additionally, breast/chest feeding support from providers such as Midwives, IBCLC’s, Family Physicians and Public Health Nurses has continued in community and/ or home settings where possible. ● Refreshed the 2020 social media toolkit and developed a WBW Communications plan for 2021: Protect Breastfeeding A Shared Responsibility. The social media toolkit and central provincial repository can be used provincially during World Breastfeeding Week (Canada). This toolkit is for the purpose of creating consistent social media messaging and expanding the awareness of promotional tools for advancing breast/chest feeding and the Baby-Friendly Initiative (BFI) in BC.
Alberta	<p>The Alberta Breastfeeding Committee (ABC) is a team of health care providers, independent breastfeeding experts, and consumers who are dedicated to protecting, promoting, and supporting breastfeeding in Alberta.</p> <ul style="list-style-type: none"> ● Our Vision Breastfeeding is the norm in Alberta. ● Our Mission The ABC will provide leadership and resources to protect, promote, and support breastfeeding in Alberta as the cultural and biological norm for children, mothers, families, and communities. ● Operating Principles and Core Values Excellence The members of the ABC offer unique expertise and a commitment to protecting, promoting, and supporting breastfeeding through the lens of the Baby-Friendly Initiative (BFI)

	<ul style="list-style-type: none"> • In addition, 2021 included many maintenance efforts to inspire BFI practices throughout Alberta. Perhaps our most exciting achievement was seeing the Government of Alberta reinstate a member to our board. The government recognition of the ABC's work and participation of the government representative have been extremely helpful in moving our work forward. • Many updates have occurred on the ABC website and we encourage those interested to visit www.breastfeedingalberta.ca • The ABC Annual conference largely planned in 2020 and put on pause due to pandemic pressures was finally held June 4, 2021 in partnership with Calgary Breastfeeding Matters Group. Please visit 2021 ABC Conference – Kathleen Kendall-Tackett – Alberta Breastfeeding Committee (breastfeedingalberta.ca) for more information on the conference details • There is one BFI Assessment for an AHS Public Health Department that is awaiting external assessment to become the first Public Health office in the province to become designated. Due to COVID restrictions the assessment was placed on hold and is scheduled for 2022.
Saskatchewan	<p>Regina General Hospital completed the 30 month BFI project through BCC in Dec. 2021</p> <p>Prince Albert Victoria Hospital did not gain BFI designation but continues to work towards this designation.</p> <p>West Winds Primary Health Care Centre in Saskatoon is currently working on BFI re-designation. The document review is completed and they are anticipating an external assessment in the coming months.</p> <p>Provincial BFI collaborative Committee meets monthly. The work includes:</p> <ul style="list-style-type: none"> • Increasing skin to skin contact after vaginal birth, C-sections and during procedures. Will present to obstetricians. • Increasing hand expression. • Increasing support for assistance with breastfeeding • Developing a Pasteurized Human Donor Milk procedure specific to infants >35 weeks for the treatment of hypoglycemia to support exclusive breastfeeding of HIV+ (undetectable) mothers. • Development of a provincial Clinical Standard and Procedure for Infant Feeding

	<p>Mother’s Milk Baby’s Choice pamphlet is being revised to include gender neutral language and to update information and resources. BFI coalition group to bring together primary health care, public health and community partners is being re-established.</p>
Manitoba	No report available
Ontario	<p>2021 saw a bit of improvement in regard to COVID’s impact on the work of BFI Ontario from the previous year, with more engagement from the executive and membership. BFI Ontario has remained unsupported for the past three years with no appointed Provincial government representation or support person.</p> <ul style="list-style-type: none"> • The executive sought to engage with members about how best to meet their needs/expectations in regards to their membership. A survey to members was distributed in early 2021 and helped to guide updating our Action Plan. This past year, members of the executive finalized the BFI Ontario Bylaws, Terms of Reference, and our Action Plan. We are in the process of developing a new document “BFI Ontario Executive Role Descriptions, Responsibilities and Accountability” to help with onboarding and mentoring new executive members. • Four membership meetings plus the AGM were held this past year. Much of the discussion this year focused on the release of BCC’s ‘New’ Baby-Friendly Implementation Guideline, BCC’s virtual Symposium and sharing of successful innovative initiatives and challenges due to the continuing pandemic. • Resources about COVID-19 vaccines and breastfeeding were shared through Mailchimp messages, our social media platforms (Twitter, Facebook) and our website (https://www.bfiontario.ca/). To recognize global and national commemorative days/weeks including the first National Day for Truth and Reconciliation, appropriate, supportive resources were shared through our social media platforms. During National Breastfeeding Week, materials were shared with membership and posted on our social media platforms. • The Ontario Family Forum section on our website had some interest. This provided us the opportunity to educate about the role of BFION around BFI in our communities and hospitals as well the role of all HCP in ensuring that families receive adequate support and information about infant feeding. This is open to anybody who would like to share their experience receiving care in a healthcare facility in Ontario. Family experiences and responses can be viewed by the public.

	<ul style="list-style-type: none"> • As part of our Action Plan, we are in the process of organizing a focus group to increase diversity of representation in the membership with more First Nations members, family health teams, physicians, midwives, doulas, mother-to-mother support and parents. • The biennial 2020 BFI Ontario Expo celebrating 20 years was further delayed due to continuing pandemic related work and staffing concerns in member organizations. No plans have been initiated due continued issues; we will reexamine options early in 2022. • No Pre-assessments or External Assessments took place in Ontario during 2021. One facility had a virtual capacity building visit in 2021. Four facilities in Ontario were in Pre-assessment in 2019 and it is hoped that their Pre-assessment work will resume once the challenges of the pandemic are no longer problematic. • Mount Sinai Hospital in Toronto and Halton Healthcare with Georgetown Hospital, Milton District Hospital and Oakville Trafalgar Memorial Hospital continue with their BFI work as part of the BCC’s Quality Improvement Collaborative Project. In the spring of 2021 Halton Health Care team hosted five educational sessions for 200 of their staff. Kathy Venter facilitated the educational virtual webinars and access to the recordings of these webinars is available on the BCC’s website (“Breastfeeding and BFI Educational Resources “ https://breastfeedingcanada.ca/en/resources/) • As of December 31, 2021, Ontario has 30 designated facilities including 7 hospitals and 23 community health services. Although some previously designated hospitals and community health services in the province have decided to not be reassessed for BFI re-designation many have indicated that they intend to continue to uphold BFI principles and standards.
Quebec	<p>In the last year, much progress has been made in the province of Quebec regarding different aspects of BFI; it includes the following:</p> <ul style="list-style-type: none"> • <i>Adaptation of the Implementation Guidance from WHO/UNICEF to the context of Quebec.</i> A comprehensive process, under the leadership of the breastfeeding team at the Ministry of Health and Social Services (MSSS), led to the publication of these norms for Quebec in October 2021. In the spirit of BFI, additional norms on neonatology have also been introduced to continue to strengthen the Initiative.

Document available at:

<https://publications.msss.gouv.qc.ca/msss/document-003166/>

- *Development of a tool for managers in perinatal programs/departments.* This tool aims to sustain the optimization of breastfeeding support services within the network of Quebec health and social services.

Document available at :

<https://publications.msss.gouv.qc.ca/msss/fichiers/2021/21-815-02W.pdf>

- *Webinar and roundtable on strengthening the breastfeeding education of health professionals.* This event was co-organized by the Quebec Breastfeeding Movement, the Ministry of Health and Social Services and the Strategic Group of Actors to enhance the training of health professionals on breastfeeding. The national on-line training on breastfeeding produced by the MSSS in 2021 was presented, along with the *Competency Verification Toolkit* from WHO/UNICEF. The objectives were to discuss the importance of enhancing breastfeeding competencies and to introduce the WHO/UNICEF toolkit. In this context, a roundtable with key stakeholders was organized to discuss how this toolkit could be used to make further progress in Quebec.

Webinar, national training and toolkit available at:

<https://mouvementallaitement.org/ressources/formation-allaitement/>

- *One-day thematic workshop on enabling environment for breastfeeding.* This event was organized by the same partners as in #3, in the context of the Annual Public Health Days (*Journées annuelles de santé publique*). The program was designed to explain the different dimensions of the concept of enabling environment and to help identify actions required to make different environments more favorable to breastfeeding. Description available at: <https://www.inspq.qc.ca/jasp/rendre-environnements-favorables-l-allaitement-tout-monde-y-gagne>

- *Funding to work on the Code in the province.* The Quebec Breastfeeding Movement received funding from a foundation in Quebec to develop a 5-year plan to translate the International Code of Marketing of Breastmilk Substitutes into national measures. In this context, two presentations were organized with several stakeholders from the Quebec Breastfeeding Movement and the BFI Accreditation Committee to show how

	<p>key actors from UNICEF, Alive & Thrive and governments have made progress on the Code in 9 countries and learn from the experience.</p> <p>Paper discussed available at: https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12730</p> <ul style="list-style-type: none"> • <i>Development a questionnaire for mothers.</i> A project is being developed to improve the monitoring of breastfeeding data through a questionnaire that would be filled in by mothers after delivery and check out from the maternity. Its trial in a hospital should begin in the second quarter of 2022. • <i>Working group to revise the accreditation system.</i> A working group is also giving consideration to setting up an eventual staged accreditation system in the province. The experiences of such system from Spain, United Kingdom and the United States have been examined and some options for Quebec have been proposed. • <i>Reflection-Action for the revitalization of BFI.</i> Building on the momentum created globally by the various publications from WHO and UNICEF to revitalize BFHI, the breastfeeding team at MSSS has undertaken a process in which a deep reflection is taking place with actors working in breastfeeding. The team uses the 9 responsibilities proposed by the WHO and UNICEF for the implementation of the BFHI as the analytical frame to draw a status of the situation, identify challenges and propose actions.
New Brunswick	<p>General Update</p> <ul style="list-style-type: none"> • After reconvening in early 2021, work from the NB Baby Friendly Initiative Steering Committee was put on hold for much of the year due to Covid 19 response. Data collection continues, with trends showing similar breastfeeding initiation and exclusivity rates from 2020. Rates of Skin-to-Skin contact following both vaginal and c-section births are increasing in some facilities after targeted efforts to improve this standard. <ul style="list-style-type: none"> • Approval of the revised NB BFI (Baby Friendly Initiative) Strategic Plan for 2021-2025 has been postponed, with approval anticipated this year.

- Julie Levasseur-Dubé continues in a temporary position as the regional BFI Coordinator for the Vitalité Health Network.

BFI National Quality Improvement Project

- Two NB hospitals were active with the BFI National Quality Improvement Project in 2021 and both are planning to request a pre-assessment visit in 2022. A third hospital had their birth services interrupted due to centralization of services and has resigned from the formal project; however they continue to work on applying the BFI Standards in Pre-and Post-natal care services.

Provincial Breastfeeding Resource

- Members of the Provincial Steering Committee Education Subgroup completed a Phase 1 revision of the Provincial Resource “Breastfeeding Your Baby”. This revision includes updated language, breastmilk storage guidelines and links to community resources, including the New Brunswick Prenatal Breastfeeding Class. A larger second phase of the revision will be completed in 2022.

National Breastfeeding Week

- The Promotions subgroup of the Provincial BFI Steering Committee launched an updated version of their Breastfeeding Promotions Toolkit, which is used by hospitals, public health services and community partners to spread messages about breastfeeding and National Breastfeeding Week. Updates include information on supporting infant feeding during the Covid 19 pandemic.

Vitalite Health Network Update

- Initial analyses on the use of infant formula in the hospitals of the Health Network were carried out. Reports have been submitted to SNB (Service New Brunswick) to analyze the needs and costs associated with the purchase of infant formulas and related dietary accessories. This will ensure hospitals comply with the WHO (World Health Organization) International Code of Marketing of Breast Milk Substitutes.
- Several infant feeding policies have been developed, including a policy on skin-to-skin contact. This policy supports best practices for immediate and uninterrupted skin-to-skin at birth, with a

focus on supports and interventions related to the practice of skin-to-skin after a caesarean birth.

- An e-learning module on the Baby Friendly Initiative has been developed. This learning module is an orientation to the BFI policy and is intended for all hospital employees, including students and volunteers.
- Prenatal and postnatal education grids have been developed to align with best practices around education and support related to infant nutrition and the Baby Friendly Initiative.
- An online learning module has been developed on pain management in newborns and infants. This online module is supported by the skin-to-skin policy. Both resources encourage the use of skin-to-skin and breastfeeding as a non-pharmacological method of relieving and preventing pain in newborns and infants. They are aimed at hospitals and communities.
- A Breastfeeding Mom to Mom Support training program has been developed. This program is 6 weeks long and can be delivered in person or via a virtual platform. This program was offered in one region of the Vitalité Health Network to evaluate it but will be implemented in all communities in 2022.

Horizon Health Network Update

- Horizon's *Maternal and Newborn Standards of Care* underwent major revisions in 2021, with a new focus on incorporating all aspects of BFI best-practices into the document. The Women & Children's Health Network collaborated closely with the regional BFI Coordinator on all chapters of these standards, with the goal of using the Baby Friendly Initiative as a lens through which to view all guidelines, rather than a stand-alone program.
- The Women & Children's Network, led by Marilyn Underhill, collaborated with clinicians and Service New Brunswick to evaluate product use and estimate the cost of purchasing infant formula and related feeding supplies in all Horizon facilities, in-line with requirements of the WHO Code. A report and funding request were presented to the senior leadership team and were well-received. Further details expected in 2022.
- Horizon's regional BFI Committee undertook a Quality Improvement Project to increase rates of skin-to-skin contact after caesarean birth. Using PDSA cycles, local hospital teams evaluated current practices, and implemented targeted messages for families. A collaboration with Horizon's Communications team to create a new series of skin-to-skin posters, which include images from the OR, added to the

	<p>visibility of this project. Some hospitals have seen double-digit increases in rates! More data to come in 2022.</p> <p>40 identified Breastfeeding Mentors, with representation from all hospitals and public health units, completed a continuing education course on reducing rates of non-medical supplementation for breastfeeding infants. These mentors act as resources to staff in their respective departments and are working diligently to pin-point root causes of non-medical supplementation and offer additional support to families to exclusively breastfeed their babies in hospital.</p>
<p>Nova Scotia</p>	<p>Covid-19</p> <ul style="list-style-type: none"> • While Covid-19 has impacted all of us and our work, we have continued to move forward on our individual journeys to BFI Designation here in Nova Scotia. Many hospitals have continued to provide virtual prenatal education throughout the pandemic. Public Health has been primarily focused on Covid-19 work which has impacted our collaboration on BFI work. <p>Designation Updates</p> <ul style="list-style-type: none"> • The South Shore Regional Hospital had their Pre-Assessment Site Visit on October 15th. They have developed a work plan based on the feedback and hope to be ready for their external site visit in the fall. • The Colchester East Hants Health Centre had their External Site Visit in October and were granted a Conditional Designation. They have created an action plan and will be evaluating their success at the end of March and providing a final report to the BCC for review. • The Cape Breton Regional Hospital has submitted their Document Review and is hoping to arrange a Pre-Assessment Site Visit in late spring or early summer. <p>Restructuring</p> <ul style="list-style-type: none"> • Nova Scotia Health experienced a restructuring in April. Women & Children’s Health transitioned from a Provincial Program reporting to a Senior Director to a Zonal reporting structure. This restructuring has impacted our collective work on many projects, including BFI.

Prince Edward Island	No report available
Newfoundland and Labrador	<p>COVID Support / Resources</p> <ul style="list-style-type: none"> • COVID-19 continued to put a strain on the work of the Baby-Friendly Council of NL (BFCNL) with key regional staff redeployed to COVID-19 related efforts. The group continued to focus on the delivery of current evidence based information and worked with the Government of NL to update their website resources on Breastfeeding and COVID-19 including updates on vaccination and mental well-being. In the fall, there was some return to in person supports for breastfeeding families; however, when Omicron cases began to rise, members returned to prioritizing online access to information and virtual supports. • The Council also continued to raise awareness of the importance of breastfeeding in emergency preparedness. Government of NL continues to prioritize improved food security and increased access to healthy food, and with the BFCNL, has recognized the key role of breastfeeding in these efforts during the COVID-19 pandemic and beyond. <p>Health Accord NL</p> <ul style="list-style-type: none"> • The Health Accord NL aims to develop a 10-year plan to improve health in the province. The vision is improved health and health outcomes of Newfoundlanders and Labradorians by accepting and intervening in the social determinants of health, and by designing a higher quality health system that rebalances community, hospital, and long-term care services. Members of the BFCNL have engaged with the NL Health Accord team to raise awareness of the importance of an investment in the Baby Friendly Initiative to improved health outcomes in NL and this was reflected in the Accord’s report. <p>The Baby-Friendly Initiative</p> <ul style="list-style-type: none"> • Two birthing facilities in NL continue to be involved in upscaling BFI through the QI Collaborative Project. COVID-19 has caused some delays; however, commitment continues from the BFI working groups to proceed. One site has plans to schedule a pre-assessment visit in summer 2022 while the other site continues to build momentum and advance BFI. • The 2021 BCC BFI Virtual Symposium had great representation from our province. Several members of the BFCNL presented on topics including innovations during Covid-19, focussing on social media messaging to enhance BFI (Brittany Howell and Heather Gates); the linkages between infant feeding mode and

healthcare usage and costs (Alicia Blackmore); and the importance of BFI for improving population health and addressing health inequities (Heidi Boyd with Lea Geiger from BC).

Research

- The BFCNL continues to support research in the area of infant feeding in our Province and this has continued to grow during the Pandemic.
- The BFCNL supports a research/social media coordinator position, who supports knowledge translation with BFCNL members, partners and the public.
- The Infant Feeding eHealth Resource to Assist Expecting Parents Achieve Desired Goals (iFEED) pilot study proceeded through various phases in 2021 (which included recruitment, follow up and data analysis) and now it is complete. The researchers are pulling together a report of the findings for spring 2022. (The aim of this study is to help parents in NL meet their infant feeding goals).
- The research team recently conducted an observational cross-sectional study with n=120 participants investigating the *Potential Exposure of Mothers to Violations of the WHO International Code of Marketing of Breast-Milk Substitutes in Eastern Newfoundland and Labrador, Canada*. The majority of mothers were exposed to at least one WHO International Code violation (examples were receiving free samples/coupons or breastmilk substitutes from infant formula companies). The most common facility where branding of infant formula or breastmilk substitutes was viewed was in a doctor's office. These findings further support the need for policymakers to actively endorse the WHO International Code recommendations.
- A "round table session" was hosted by Breastfeeding Research Working Group on the WHO Code. Representatives from all branches of the Baby-friendly Council along with La Leche League, BCC, INFACT, Safely Fed Canada and Memorial University of Newfoundland were present. The BFCNL plans to revisit the recommendations from this session and explore impacts of the WHO code and code violations on families.
- The Janet Murphy Goodridge Legacy award had its first recipient, Alicia Blackmore, whose research examines the economic impact of infant feeding mode on healthcare system costs.

	<p>World Breastfeeding Week</p> <ul style="list-style-type: none"> • The BFCNL developed an online media package for Regional Health Authorities and other community partners. World Breastfeeding Week (WBW) was acknowledged by provincial government with a proclamation signed by the Minister of Health and Community Services. • A social media campaign based on the theme “Shared Responsibility” was developed that highlighted members of the BFCNL and their responsibility in protecting breastfeeding (e.g., Researcher, Dietitians, Data Analysts, Lactation Consultants). The BFCNL also worked with the online Breastfeeding Support NL Facebook group to facilitate an awareness raising contest with great engagement.
<p>Nunavut</p>	<p>Nunavut Department of Health</p> <ul style="list-style-type: none"> • Many resources continue to be directed to managing the COVID 19 pandemic. As Public Health restrictions ease program capacity will increase again. • The NU Territorial Maternal Child Health Working Group is currently reviewing and updating key clinical guidelines and records related to prenatal and postpartum care, including updating breastfeeding information to provide health centres with tools required to promote and support breastfeeding. • The Government of Nunavut is currently conducting focus groups and interviews investigating the needs of birthing families in the Kivalliq region as part of an initiative to support birthing within communities and reducing the number of women who need to travel to birth out of Territory. <p>The Nunavut Territorial Infant Feeding Working Group continued to be active in 2021:</p> <ul style="list-style-type: none"> • The NU Territorial Infant Feeding Working Group (TIFWG) now reports to the Territorial Maternal-Child Health Working Group that reports directly to the Chief Public Health Officer and senior leadership. • The TIFWG membership includes representatives from Qikiqtani General Hospital, Iqaluit Public Health, Cambridge Bay Birthing Centers, and Community Health Centers and is supporting assessment and implementation of best practices in the

	<p>Territory using the BFI as a quality improvement framework to guide its work.</p> <ul style="list-style-type: none"> • The TIFWG is currently working with partners in the Northwest Territories and Yukon to support the formalization by the 3 Governments of a Tri-Territorial BFI Collaborative for education, knowledge, and resource sharing for the Northern context. • The Infant Feeding Working Group is advocating for the pilot of a Lactation Consultant position to meet the needs of the Territory, the group is currently working on a proposal for funding the position through Indigenous Services Canada Inuit Child First Initiative. <p>Training/Education:</p> <ul style="list-style-type: none"> • Regular breastfeeding training and education provided to community wellness staff (e.g. Community Health Representatives and Canada Prenatal Nutrition Program Community Coordinators) via MS Teams. • Public Health Nurses Orientation (October 2021): A one hour webinar was included for the first time and was well received. • As COVID 19 allows, additional inter-professional education will be offered. <p>Resource Development/Knowledge Translation:</p> <ul style="list-style-type: none"> • In collaboration with health promotion and program specialists: <ul style="list-style-type: none"> ○ A Breastfeeding & Tuberculosis infographic and radio script were created in response to recent TB outbreaks in select communities and made available to relevant health centers. ○ Ongoing support to community programs regarding breastfeeding and COVID-19 information.
North West Territories	No report available

P/T Committee Membership:

Jurisdiction	Current Representatives (as of December 31, 2021)	Other Representatives during 2021
British Columbia	Lea Geiger and Kristen Ruddick	Erin Price Lindstrom participated in 2021

Alberta	Jennifer Splaine	
Saskatchewan	Julie Smith-Fehr, Morag Granger, Amanda Sowden and Lorissa Jones	
Manitoba	Linda Romphf and Sylvia Bucholz	
Ontario	Marg LaSalle (Co-Chair, BCC Assessment Committee), Seneca Overduin and Louise Guthro	Carolyn Crowley participated in 2021
Québec	Isabelle Michaud-Letorneau	
PEI	Vacant	
New Brunswick	Ellen Bolden, Jessica Webster, Christina Gallant and Julie Levasseur-Dube	
Nova Scotia	Sally Loring and Jennifer Swan and Leanne Mackeen	Rebecca Attenborough participated in 2021
Newfoundland and Labrador	Heidi Boyd and Heather Gates (Chair)	
Northwest Territories	Kyla Wright and Sheena Gagnon	
Nunavut	Alex Inman	Lea Butcher also participated in 2021
Yukon	Brenda Dedon	
Public Health Agency of Canada	Julie Castleman and Marie-Claude Lang	
Canadian Pediatric Society	Laura Haiek	

The PT Committee thanks all provincial and territorial representatives who have contributed to the committee in 2021 and wish our colleagues well who have left the committee.

Website Report

During the last year, the website duties included:

- Regularly updating the content, specifically the News and the Resources sections.
- Reviewing translated documents for linguistic content accuracy prior to updating the website:
 - Reviewing translated BFI chart audit documents (hospital and community health centre) and posting on the website.
 - Finalize review and posting of translated BFI Process and Cost and BFI Process and Cost Summary documents.
 - Posting the RFP for artwork
 - BFI Implementation guide
 - BFI Implementation accompanying documents
 - BFI chart

- Updated COVID-19 and other pandemic related documents
- BFI Mentorship Program
- Relevant information regarding the QI project
- Others as indicated by the BCC
- Monthly reports to be presented to the board of directors.
- Review the Job Description of the co-web liaison and the co-web liaison Criteria.
- Participate in the Multi-media Coordinator recruitment.

Website traffic summary

Sessions

Consistently over 2000 sessions monthly. This is reflective of how many times the website has been accessed.

Page views

Page views (number of different pages viewed while navigating the website) average between 2500-3000 per month.

Duration

The average amount of time spent on the website is 2 minutes.

New users

We consistently see new users on the website with an average of 60 new users per month.

Device

Accessing our website through a desktop continues to be the most frequent device used with an average of 75% of activity deriving from a desktop on a monthly basis.

Top three countries

The top two countries where our website visitors originated are Canada and the United States. New Zealand, China and France have often been in the top three spot in 2021.

Top three referrals

This is reflective of how people reach our site, meaning they were navigating a different site and a link or referral led them to the BCC website. The following two sites have been referred the most in 2021: courses.step2education.com, clinicalanatomy.ca with a third varying on a monthly basis.

Submitted by Angie Manners

BCC liaison Report Canadian Pediatric Society

Nutrition and Gastroenterology Committee Meeting

Committee meetings in 2021: April 22 and November 16 and 17, all by Zoom.

Members: Ana Sant'Anna (Chair), Pushpa Sathya, Christopher Tomlinson, Tanis Fenton (Dietitians of Canada), Laura Haiek (Breastfeeding Committee for Canada), Subhadeep Chakrabarti (Food Directorate, Health Canada), Jennifer McCrea (Health Canada), Rilla Schneider (Resident), Sanjukta Basak (Liaison Canadian Pediatric Endocrine group), Eddy Lau (Board representative), Belal Alshaik, Gina Rempel.

Changes in committee membership:

Catherine Pound stepped down as chair of the committee in June 2021, Ana Sant'Anna took over the position in September 2021.

Becky Blair stepped down as liaison for Dietitians of Canada.

Christopher Tomlinson completed his term to the committee.

Resident Rilla Schneider and pediatricians Gina Rempel and Belal Alshaik joined the committee

1. Statements and Practice Points in Progress pertinent to breastfeeding (authors)

- 1.1. Using Probiotics in the Paediatric Population (Sant'Anna) (in queue for publication)
- 1.2. Human milk feeding in the NICU; from birth to discharge (Tomlinson/Haiek)
- 1.3. Cow's milk protein allergy (Sathya/Casey)
- 1.4. Identifying and Addressing Atypical Growth (Casey).

2. Statements and Practice Points in need of Revision, Reaffirmation, or Retirement pertinent to breastfeeding

- 2.1. Nutrition for healthy term infants, birth to six months: an overview (2013): Recommended for reaffirmation for an additional year. It continues to be up to date.
- 2.2. Promoting optimal monitoring of child growth in Canada: Using the new World Health Organization growth charts: 10+ years post publication, needs to be reaffirmed with minor changes.

3. Future Statements and practice points pertinent to breastfeeding (approved intent required)

- 3.1 Antenatal expression of milk: The committee suggested to consider this a future practice point.
- 3.2. Baby-friendly initiative: Update of this statement was refused in June 2021, resubmitted in December 2021 and refused once again.
- 3.3. Baby-led weaning: There is already some, albeit limited, information on baby-led weaning in the joint statement on NHTI. It could be a joint statement or practice point (to be decided).
- 3.4. Medical indications for supplements of breastfed babies: The committee felt that this is an important and novel topic and will be reassessed at the spring meeting.

4. Liaison Reports from AAP, Dietitians of Canada, Health Canada and BCC were presented

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

- Cow's Milk Protein Allergy in infants and children
- Household Food Insecurity and Implications on Child Health
- Follow-up Care of the Extremely Preterm Infant after Discharge

6. The creation of a CPS Breastfeeding Committee as per annual report 2020 was refused by the board of directors. Of note, the update of the BFHI statement was also refused. The board proposed as an alternative to a breastfeeding committee, the create a breastfeeding Special Interest Group (SIG). Here are examples of existing SIGs <https://cps.ca/sections/special-interest-groups>. This group would not have a specific mandate, can discuss relevant issues but can also have an advocacy role proposing subjects for statements and practice points. If the group is very active and productive it could be a stepstone to forming a true breastfeeding committee. To create a SIG, it requires the commitment of at least 15 members. It can combine member pediatricians with other specialists and family doctors, and nurses that have enrolled (and pay their dues) to the CPS as affiliate members. Several family doctors and pediatricians came forward expressing interest. We would require a person to lead this project in the future.

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

[Non-IgE-mediated food allergy: Evaluation and management](#)

Practice point | Posted: Apr 27, 2021

[Dietary exposures and allergy prevention in high-risk infants](#)

Position statement | Posted: Dec 17, 2021

Of note, the text in the abstract related to making sure that, once introduced, the regular ingestion of cow's milk protein formula, (as little as 10 mL daily) is maintained to prevent loss of tolerance was not in present in the manuscripts sent for revision to the Nutrition and Gastroenterology Committee.

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