



Baby-Friendly Initiative (BFI): A Successful National Quality Improvement Collaborative Project with 25 Canadian Hospitals



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PROMOTING MATERNAL-CHILD HEALTH BY INCREASING BREASTFEEDING RATES: A NATIONAL CANADIAN BABY-FRIENDLY INITIATIVE QUALITY IMPROVEMENT COLLABORATIVE PROJECT
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INTRODUCTION

Less than 10% of hospitals in Canada are designated as "Baby-Friendly" and disparities exist in breastfeeding rates across the country. A National BFI Quality Improvement Collaborative Project with 25 hospital teams has successfully demonstrated how a quality improvement framework and methodologies can systematically support hospital teams to improve their maternal-newborn standards of care and meet BFI standards.

OBJECTIVE

The aim of this BFI Project was to increase the number of BFI designated hospitals in Canada by implementing novel continuous quality improvement approaches at 25 hospitals.

Secondary aims:

- 1) Increase the number of hospitals that fulfilled the Ten Steps to Successful Breastfeeding
- 2) Increase the number of births that occurred in a Baby-Friendly Hospital
- 3) Increase the breastfeeding exclusivity rate during hospital stay

Affiliations:

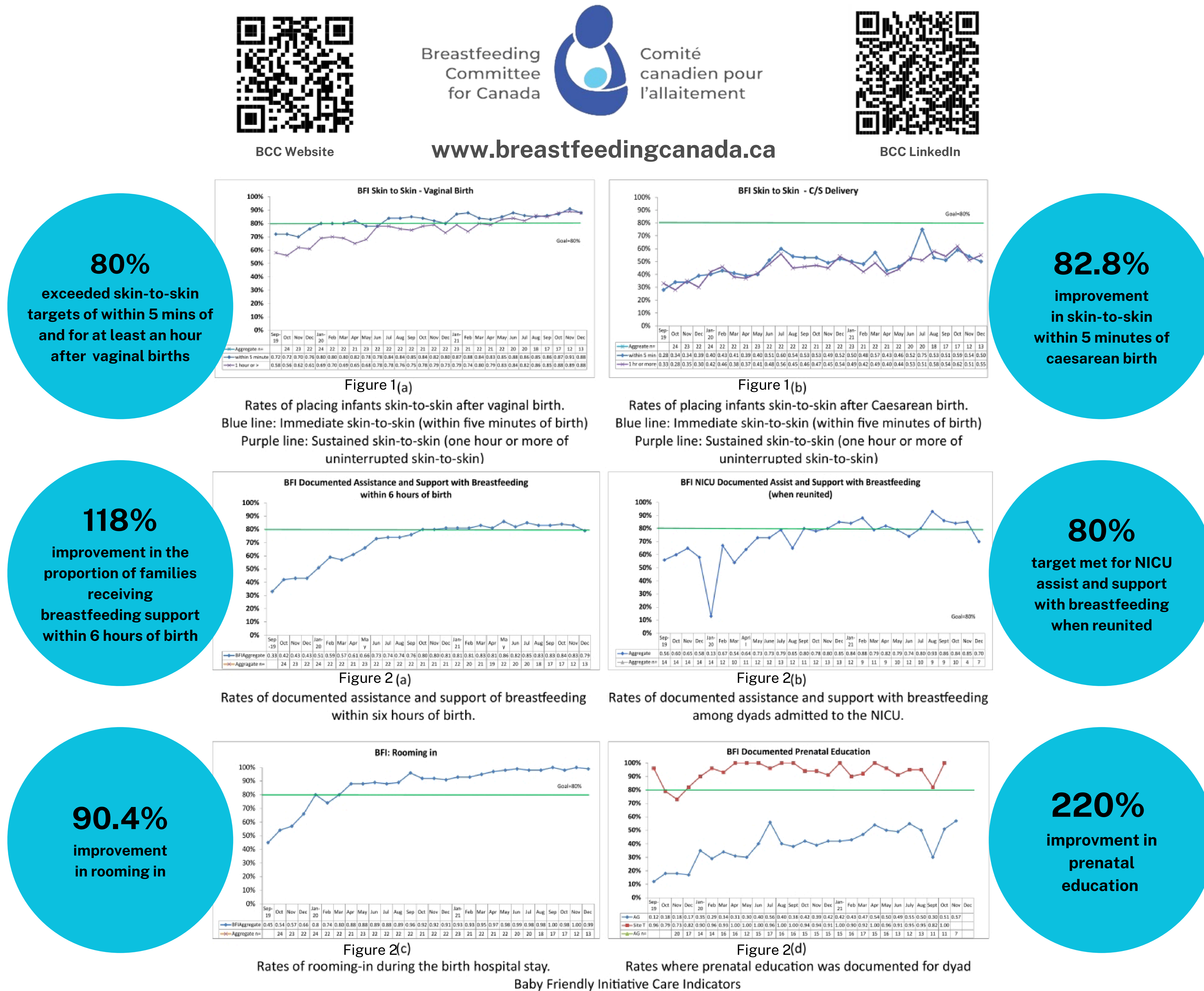
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METHODOLOGY

Through a national recruitment strategy and application process, 25 hospital teams encompassing urban and rural/remote settings across nine provinces and one territory were enrolled. Participating facilities represented over 42,000 annual births (approximately 11% of all Canadian births).

BFI implementation included national collaboration using the Institute for Healthcare Improvement (IHI) Breakthrough Series Model over a period of 30 months. Teams participated in collaborative workshops, action periods, and data collection. They were mentored by the Breastfeeding Committee for Canada's (BCC) leadership, and supported by a Leadership Track, a Parent Partner Network and a collaborative national network.

Key areas of focus were quality improvement strategies, parent partner engagement, committed hospital leadership and capacity in data collection, analysis, and reporting.



ANALYSIS

Every month, 25 participating teams audited 30 charts for mother/birth parent-baby dyads cared for on their postpartum unit, and, where applicable, 10 charts from infants admitted to the Neonatal Intensive Care Unit (NICU). Baseline chart audit data were collected over three months starting in September 2019. Results data were collected from all participating facilities until December 2021. All teams demonstrated improvement in BFI care practice indicators and many met and exceed the targets.

Aggregate data from the 25 teams showed that **skin-to-skin indicators all improved** over the duration of the BFI Project. The rates of immediate (within five minutes of birth) and sustained (greater than one hour) skin-to-skin following vaginal birth met the target (above 80%, Figure 1a). While rates of immediate and sustained skin-to-skin did not meet targets for caesarean births, there was significant improvement (Figure 1b).

Similar positive trends were observed, with the following BFI care indicators reaching targets: **assistance and support with breastfeeding** within six hours of birth for non-NICU (Figure 2a) and NICU families (Figure 2b), and **rooming-in** (Figure 2c). Aggregate targets were not met for **prenatal education**. There was an upward trend over time (Figure 2d), with five facilities reporting meeting prenatal education target values. Aggregate data for breastfeeding **initiations rates** remained above the 80% target and exclusivity rates were stable but did not meet the target of 75%. More time is needed to determine if the breastfeeding exclusivity target would be met as other care practices continue to improve.

RESULTS/FINDINGS

This BFI Project demonstrated that hospitals could successfully implement Baby-Friendly practices in various Canadian settings despite challenges introduced by the COVID-19 pandemic. After 30 months, 4 of 25 teams achieved BFI designation, 6 facilities entered into the designation process and all facilities demonstrated improvement in BFI care practices.

Indicators collected as part of this work demonstrate that delivery of evidence based Baby-Friendly care improved in all participating facilities.

Related literature

Institute for Healthcare Improvement. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. [Internet]. Boston; 2003. Available from: www.IHI.org

Public Health Agency of Canada. Canada's Breastfeeding Progress Report 2022 [Internet]. 2022 [cited 2023 Apr 27]. Available from: https://health-infobase.canada.ca/src/data/breastfeeding/PHAC%20-%20Breastfeeding%20Report%202022.pdf

CONCLUSION

This BFI Project demonstrated that hospitals could successfully implement Baby-Friendly practice in various Canadian settings using quality improvement strategies with the support of the Breastfeeding Committee for Canada's (BCC) leadership. Four participating hospitals attained BFI designation, six have started the official process toward obtaining designation with the BCC and all have advance in the BFI journey of improving care practices. The BCC has engaged 51 facilities in a Coach Mentor Program to further scale up BFI implementation in Canada.

Critical success factors of BFI implementation included use of the IHI Breakthrough Series Model, quality improvement strategies, the multi-site nature of the project, parent partner engagement, committed leadership, funding support, and capacity in data collection, analysis, and reporting. Competing organizational priorities and variations in leadership and human resources during the COVID-19 pandemic were barriers. Implementation of a BFI Coach Mentor Program and electronic user friendly data collection tools to sustain and scale up BFI implementation in hospitals and community health services across Canada is ongoing to enable continued progress and impact on breastfeeding and maternal-child health outcomes.