

	POLICY Number: 7311-60-022 Title: Support for Breastfeeding
Authorization <input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services	Source: Director, Maternal Services Cross Index: Date Approved: February 20, 2008 Date Reaffirmed: SRHA May 20, 2015 Date Revised: May 27, 2016 Date Effective: May 30, 2016 Scope: SHR

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DEFINITIONS

Baby-Friendly Initiative is an international program established by the World Health Organization (WHO) and UNICEF to protect, support and promote breastfeeding worldwide (see Appendix A and B).

Staff means SHR employees, practitioner staff, professional staff and students.

1. PURPOSE

The purpose of this policy is to facilitate a regional philosophy that advocates breastfeeding. It also supports the Baby-Friendly Initiative and establishes leadership for the protection, promotion and support of breastfeeding in Saskatoon Health Region (SHR).

2. PRINCIPLES

- 2.1 Exclusive breastfeeding for the first six (6) months of life is the optimal way to feed infants.
- 2.2 The Breastfeeding Committee for Canada's "*BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services*" describe the international standards for the WHO/UNICEF Baby Friendly Initiative.
- 2.3 SHR staff provide families with evidence-based care that is mother and family-centred and supports informed decision making.

3. POLICY

- 3.1 SHR supports the development and implementation of systems and structures that create a culture conducive to breastfeeding.
- 3.2 SHR supports the implementation of the Baby-Friendly Initiative.
- 3.3 Education and training in breastfeeding support will be provided for all staff at a level appropriate to their role in caring for pregnant women and mothers.
- 3.4 SHR staff will respect a mother's right to choose how she feeds her infant.

4. ROLES AND RESPONSIBILITIES

4.1 SHR Baby-Friendly Initiative Coalition (a regional community partnership committee)

- 4.1.1 Collaborate with communities throughout the region regarding implementation of the *Baby-Friendly Initiative* including all aspects of infant feeding.
- 4.1.2 Facilitate the support of breastfeeding in all public areas where health services for child bearing families are offered. A designated, well marked breastfeeding/pumping space will be provided.

4.2 Managers

- 4.2.1 Communicate the breastfeeding policy to all Staff on orientation, or within 6 months of employment.
- 4.2.2 Make policy accessible to Staff in maternal/child units and in areas where community services are provided for mothers and children.
- 4.2.3 Advise Unit Managers/Educators of new Staff who require training.

4.3 Managers/Educators (as appropriate)

- 4.3.1 Arrange training appropriate to the role of the employee:
 - Professional Staff that have the primary responsibility for supporting breastfeeding women and for providing appropriate interventions, will receive initial training and ongoing education appropriate to their role.
 - All Staff who have contact with pregnant women and mothers, to receive education in breastfeeding support appropriate to their role.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of Director, Maternal Services.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy may result in disciplinary action up to and including termination of employment and or privileges.

7. REFERENCES

Breastfeeding Committee for Canada, *BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services*.

http://www.breastfeedingcanada.ca/documents/2012-05-14_BCC_BFI_Ten_Steps_Integrated_Indicators.pdf

Canadian Pediatric Society, *The Baby-Friendly Initiative: Protecting, Promoting and Supporting Breastfeeding*, updated May 22, 2015.

<http://www.cps.ca/documents/position/baby-friendly-initiative-breastfeeding>

World Health Organization, *Baby-friendly Hospital Initiative, Nutrition*.

<http://www.who.int/nutrition/topics/bfhi/en/>

World Health Organization, *International Code of Marketing of Breast-milk Substitutes*, Geneva, 1981.

10 STEPS TO SUCCESSFUL BREASTFEEDING¹

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
2. Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform pregnant women and their families about the importance and process of breastfeeding.
4. Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: Encourage mothers to recognize when their babies are ready to feed, offering help as needed.
5. Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.
6. Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.
7. Facilitate 24-hour rooming-in for all mother-infant dyads: mothers and infants remain together.
8. Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
9. Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).
10. Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply the principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

The ten steps were written to support breastfeeding for healthy, full-term infants. Statements #4, 6, 7, 9 do not fully reflect the medical needs of infants who are premature, low birth weight or medically ill at birth. These infants may be too ill to feed at the breast during the first few hours of life.

Breastfeeding for these infants may include using mothers expressed breast milk, feedings by breast, tube or bottle and supplementation and fortification for breast milk as medically indicated. Research findings support the benefits of non-nutritive sucking (soother/pacifier) for premature or clinically ill infants in hospital. This option is provided to promote positive outcomes with these infants.

¹ BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services, http://www.breastfeedingcanada.ca/documents/2012-05-14_BCC_BFI_Ten_Steps_Integrated_Indicators.pdf

SUMMARY OF THE INTERNATIONAL CODE OF MARKETING BREAST MILK SUBSTITUTES¹

The Code includes the following 10 provisions:

1. No advertising of these products to the public.
2. No free samples to mothers.
3. No promotion of products in health care facilities.
4. No company representatives to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of the products.
7. Information to health workers should be scientific and factual.
8. All information on artificial feeding, including the labels, should explain the benefits of breastfeeding and the costs and hazards associated with artificial feeding.
9. Unsuitable products such as sweetened condensed milk should not be promoted for babies.
10. All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.

¹ International Code of Marketing of Breast-milk Substitutes, WHO, 1981
http://www.who.int/nutrition/publications/code_english.pdf