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IMPLEMENTING THE BABY-FRIENDLY INITIATIVE IN YORK REGION

The Community and Health Services Committee recommends the adoption of the recommendations contained in the following report dated February 16, 2012, from the Commissioner of Community and Health Services and Medical Officer of Health.

1. RECOMMENDATIONS

It is recommended that:

1. Council approve the Community and Health Services Department's plan to obtain Baby-Friendly Initiative designation.

2. The Regional Clerk circulate this report to the Chief Executive Officers of Southlake Regional Health Centre, Markham-Stouffville Hospital and York Central Hospital

2. PURPOSE

This report is prepared for Council in order for it to carry out its legislative duties and responsibilities as the board of health under the *Health Protection and Promotion Act.* It describes the Baby-Friendly Initiative and the activities that the Public Health Branch of the Community and Health Services Department will implement to achieve Baby-Friendly designation as required by the new provincial Public Health Accountability Agreement.

3. BACKGROUND

The Baby-Friendly Initiative is an international program to improve breastfeeding outcomes for mothers and babies

The Baby-Friendly Initiative is a global program established by the World Health Organization and the United Nations Children's Fund (UNICEF) in 1991 to improve breastfeeding outcomes for mothers and babies. The Baby-Friendly designation may be pursued by either community health services or by hospitals as a means of ensuring the delivery of infant feeding services to the public meet a high standard. A Baby-Friendly facility helps women to successfully initiate and continue to breastfeed their babies, and receives recognition for having done so.

The Baby-Friendly Initiative is inclusive of all babies and families, regardless of feeding method. Health care providers within a Baby-Friendly-accredited setting have the responsibility to ensure that families receive all the education they need to make informed decisions regarding how to feed their child. A mother who makes the informed decision not to breastfeed for personal or medical reasons is supported in her decision and educated to provide breast milk substitutes in a safe and nurturing manner.

The Baby-Friendly Initiative is an Accountability Agreement indicator and is in alignment with the Ontario Public Health Standards

Baby-Friendly Initiative status is one of 14 Public Health Accountability Agreement indicators for 2011-13 (see *Attachment 1*). It was chosen by the Ministry of Health and Long-Term Care because it aligns with breastfeeding promotion, protection and support activities mandated in the Ontario Public Health Standards. As of 2012, all public health units in Ontario are required to demonstrate progression toward or maintenance of Baby-Friendly Initiative designation as part of Accountability Agreement performance reporting.
Currently, there are seven health units in Ontario that have achieved Baby-Friendly designation: Peel, Halton, Thunder Bay, Peterborough County, Algoma, Chatham-Kent and North Bay-Parry Sound. All other health units are working toward designation.

York Region needs to improve breastfeeding rates to meet international and national infant feeding recommendations

Breastfeeding is an important contributor to infant and child health. Research demonstrates that breastmilk is the optimum nutrition for healthy development and provides biological protection against disease and illness for both mother and child.

The World Health Organization, Health Canada, and the Canadian Paediatric Society recommend exclusive breastfeeding for the first six months of a child's life, with continued breastfeeding in addition to age-appropriate solid foods for two years and beyond. The Ontario Public Health Standards support the recommendation and require an increased rate of exclusive breastfeeding until six months, with continued breastfeeding until 24 months and beyond.

The York Region Infant Feeding Study conducted in 2009-2010 revealed that while breastfeeding initiation rates are high in York Region (96%), many mothers stopped breastfeeding by 6 weeks. Although 66 % of mothers continued to breastfeed until 6 months postpartum, only 14.8 % were exclusively breastfeeding to 6 months. The Baby-Friendly Initiative will be an important strategy to develop an environment that supports and promotes exclusive breastfeeding for 6 months with continued breastfeeding for 2 years and beyond.

A community health agency earns Baby-Friendly designation when ten steps are achieved

The Baby-Friendly Initiative involves an accreditation process by a national authority. The Breastfeeding Committee for Canada is the official Baby-Friendly Initiative designation authority in Canada. In order to be designated as Baby-Friendly, a community health service has to implement and adhere to the Breastfeeding Committee of Canada's Integrated 10 Steps Practice Outcome Indicators for Community Health Services (see *Attachment 2*). These are made up of evidenced-based, best practice actions to ensure the highest quality of care so that families can achieve breastfeeding success.

In addition, a community health service must also endorse, and adhere to, the principles of the World Health Organization International Code of Marketing of Breastmilk Substitutes and all subsequent relevant resolutions as a prerequisite for Baby-Friendly designation (see *Attachment 3*). One resolution of this code clearly indicates that "there should be no financial support for professionals working in infant and young child health which would create conflicts of interest." This would preclude staff from attendance at conferences or educational workshops dealing with any aspect of infant or child health that are sponsored by artificial baby milk manufacturers.

4. ANALYSIS AND OPTIONS

Breastfeeding support is an identified need in York Region

York Region currently offers a variety of services to support, promote and protect breastfeeding:

- In 2011, the Public Health Breastfeeding Program received 1,210 referrals from the community for breastfeeding support.
- Breastfeeding counselling and education was provided to 813 families for a total of 1,453 visits to York Region Breastfeeding Clinics.
- Telephone support was provided for a total of 3,982 telephone calls from the community to the Breastfeeding Support Line.
- In addition, over 30% of all child health related calls to the Health Connection line in the last four years have been related to breastfeeding.

Breastfeeding families also receive instruction in the home from public health nurses in the Healthy Babies, Healthy Children program, and community support at parenting and nutrition programs. Prenatal breastfeeding education is provided by childbirth educators at York Region prenatal classes.

Additional activities need to be implemented to achieve Baby-Friendly status

In order for York Region to be awarded Baby-Friendly designation, trained assessors will interview both clients and staff, observe practice in detail, and examine all policies, procedures and statistics pertaining to breastfeeding and infant feeding to ensure all 10 steps of the Baby-Friendly process are fully achieved. The following actions will prepare York Region Community and Health Services for accreditation:

Regional activities required to meet Baby-Friendly criteria

- Revision of Regional Breastfeeding Policy to include both a woman's right to breastfeed anywhere, anytime on Regional premises and Integrated 10 Steps.
- Translation of revised policy into languages most commonly understood by clients and staff, and posting in all areas that service mothers, infants, and/or children.
- Education of staff proportionate to amount of contact staff has with families in reproductive years. All Community and Health Services staff will be educated on Breastfeeding Policy, Baby-Friendly Initiative, and International Code of Marketing of Breastmilk Substitutes. Other Regional staff will be informed about Breastfeeding Policy via means such as e-mail, Regional web portal, posters, etc.
- All Regional employees should be aware of strategies necessary to create a welcoming environment for breastfeeding families, including finding a quiet, private place to breastfeed, when requested.

Public Health Branch activities required to meet Baby-Friendly criteria

- Completion of a 20-hour World Health Organization-approved breastfeeding course every 10 years for nurses in the Child and Family Health Division of the Public Health Branch. New staff will complete a 20-hour course within 6 months of hire.
- Education to all child birth educators to ensure delivery of Baby-Friendly-consistent breastfeeding messaging and support.
- Review of prenatal curriculum for compliance with Baby-Friendly Initiative criteria.
- Review of resources (parent handouts, staff references) used by the Child and Family Health Division to ensure Code compliance.
- Creation and implementation of a data collection system to capture York Region breastfeeding initiation, duration, and exclusivity rates over time. (The Breastfeeding Program is currently working with a Provincial Infant Feeding Survey Collaborative to develop strategies to meet the statistical collection required under both the Ontario Public Health Standards and the Baby-Friendly Initiative.)

Community-wide activities to meet Baby-Friendly criteria

- Creation of a communication strategy to educate, support and encourage businesses and workplaces within York Region to be breastfeeding friendly.
- Championing the Baby-Friendly Initiative in the community. Although local hospitals are not required to be Baby-Friendly in order for York Region to be accredited, the

Breastfeeding Program would be available for educational in-services and instruction on the process and merits of Baby-Friendly accreditation.
- Multidisciplinary Baby-Friendly committee chaired by Community and Health Services and including community stakeholders and partners, to seek input, share messaging and develop consistent breastfeeding support throughout York Region.

Baby-Friendly accreditation will promote professional best practice and improve quality of care delivered to families in York Region

Attainment of Baby-Friendly status in York Region will ensure that we are aligned with international best practice guidelines for the support of infant feeding. The Registered Nursing Association of Ontario recommends in their Nursing Best Practice Guidelines that nurses endorse the Baby-Friendly Initiative. Such endorsement promotes professional best practice and enables the delivery of high quality, consistent messaging and support to breastfeeding families in our communities.

York Region clients will:
- Receive accurate, evidence-based, consistent information about infant feeding practices.
- Achieve greater success in reaching their breastfeeding goals.
- Find programs, services and premises welcoming of breastfeeding families.

Link to key Council–approved plans

Achievement of Baby-Friendly status in York Region aligns with actions identified under the action area "A Place Where People Achieve Optimal Health" in *Vision 2051* and with the priority area "Improve Social and Health Supports" in *From Vision to Results: 2011 to 2015 Strategic Plan*.

5. FINANCIAL IMPLICATIONS

Initial implementation costs for the Baby-Friendly Initiative are accommodated within the 2012 Regional budget. This includes $248,000 for staff costs, assessments, and promotional and educational materials. The Province provides 75% funding through the Ministry of Health and Long-Term Care under their annual program-based cost-share grant. The remaining 25% is funded through the approved municipal tax levy.

6. LOCAL MUNICIPAL IMPACT

By endorsing the Baby-Friendly Initiative, York Region will make a comprehensive commitment to breastfeeding at a municipal level, thereby aligning itself with provincial,

national and international standards. The promotion and support of breastfeeding is a key step in promoting health for all women and children in York Region.

7. CONCLUSION

Implementing the Baby-Friendly Initiative will provide a proven framework for superior service delivery and ensure York Region is meeting the goals and outcomes outlined in the 2011-2013 Public Health Accountability Agreement and the Ontario Public Health Standards. York Region will join the many other Ontario health units striving toward Baby-Friendly designation and continue to be a leader in creating safe and healthy communities.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health at Ext. 4012.

The Senior Management Group has reviewed this report.

(The three attachments referred to in this clause were included in the agenda for the March 7, 2012, Committee meeting.)

Public Health Accountability Agreement Indicators 2011-13

1. Proportion of high risk food premises inspected once every four months while in operation

2. Proportion of pools and public spas by class inspected while in operation

3. Proportion of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection

4. Time between health unit notification of a case of gonorrhoea and initiation of follow-up

5. Time between health unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up

6. (DEFERRED) Proportion of known high risk personal services settings inspected annually

7. Proportion of vaccine wasted by vaccine type that are stored / administered by the public health unit

8. (DEFERRED) Proportion completion of reports related to vaccine wastage by vaccine type that are stored/ administered by other health care providers

9. Proportion of school-aged children who have completed immunizations for Hepatitis B, HPV and meningococcus

10. Proportion of youth (ages 12 - 18) who have never smoked a whole cigarette

11. Proportion of tobacco vendors in compliance with youth access legislation at the time of last inspection

12. Fall-related emergency visits in older adults aged 65+

13. Proportion of population (19+) that exceeds the Low-Risk Drinking Guidelines

14. **Baby Friendly Initiative (BFI) Status**

Breastfeeding Committee for Canada
Integrated Ten Steps & World Health Organization Code Practice Outcome Indicators for Hospitals and Community Health Services: Interpretation for Canadian Practice (2011)

Note: These steps reflect the continuum of care by providing a single set of criteria for both hospitals and community health services. The Public Health Branch of the Community and Health Services Department will focus on implementing activities targeted towards community health services. Accreditation assessment varies between hospitals and community health services.

Step 1: Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.

Step 2: Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.

Step 3: Inform pregnant women and their families about the importance and process of breastfeeding.

Step 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.

Step 5: Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

Step 6: Support mothers to exclusively breastfeed for the first 6 months, unless supplements are *medically* indicated

Step 7: Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together

Step 8: Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods

Step 9: Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

Step 10: Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply 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 Code: Compliance with the International Code of Marketing of Breastmilk Substitutes.

International Code of Marketing of Breastmilk Substitutes

1. No advertising of products under the scope of the Code to the public.
2. No free samples to mothers.
3. No promotion of products in health care facilities, including the distribution of free or low-cost supplies.
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 product labels.
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 costs and hazards associated with artificial feeding.
9. Unsuitable products such as sweetened condensed milk should not be promoted for babies.
10. Products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.