Making Ontario Baby Friendly

Partnering for Success
BORN ON Conference
April 2017
Goals for Today’s Session

* Provide an update on BFI Implementation
* Review measurement strategies and impact to date
* Reflect on implementation challenges
The Baby-Friendly Initiative

Global Strategy to set minimum standards for maternity services to **promote**, **protect**, and **support** breastfeeding.

### Guiding Principles

- Inclusive of all infants regardless of how they are fed
- Evidence-based and best practice
- Informed decision making
- Supports breastfeeding across the continuum of care through consistency and collaboration
BFI Best Practices

- Breastfeeding policy
- Health provider education
- Prenatal education on infant feeding
- Uninterrupted skin to skin
- Maintain lactation if mother and baby separated
- Exclusive breastfeeding for first six months
- 24 hour rooming in
- Baby led or cue based feeding
- Breastfeeding without bottles or pacifiers
- Continuity of care post discharge

Journey to BFI Designation

- Multidisciplinary team
- Facility capacity building visit (optional)
- Pre-assessment document Review
- Pre-assessment site visit
- External assessment site visit
BFI Supports Formula Feeding Families

All families benefit from:

* Information to make an informed decision on infant feeding
* Skin-to-skin – this is even more important for bottle fed infants and mothers
* 24 hour rooming in – Zero Separation
* Awareness of cue based feeding
* Consistent messaging from providers
* Ethical marketing of breastmilk substitutes
# BFI Implementation in Ontario

<table>
<thead>
<tr>
<th>Organization</th>
<th>Canada</th>
<th>ON</th>
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<tbody>
<tr>
<td>Hospitals</td>
<td>12</td>
<td>4</td>
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<tr>
<td>Birthing Centres*</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Community Health Services / CLSC</td>
<td>94</td>
<td>28</td>
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<tr>
<td>Native Health Center</td>
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<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>114</strong></td>
<td><strong>32</strong></td>
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</table>
MOHLTC Commitment
(2012)

Providing hospitals and community health organizations with training, tools, guidance and resources to help achieve World Health Organization’s BFI designation and adopt best practices that meet BFI requirements

Goals
• ↑ number of organizations pursuing BFI
• ↑ number of organizations implementing BFI best practices
• ↑ number of organizations achieving BFI designation or re-designation
• CQI strategy for sustainability of designation

BFI Strategy for Ontario
Target/Scope Organizations

- 36 Public Health Units
- 92 Hospitals
- 55 Community Health Centres
- 10 Aboriginal Health Access Centres
- 25 NP-led clinics
- 160+ Family Health Teams
- 3 Birthing Centres
- Midwifery Practices
Expected Impact of BFI Strategy

- Increased rate for initiation of breastfeeding
- Increased rate of exclusive breastfeeding at discharge from hospital
- Decreased non medical supplementation in hospital
- Increased duration of breastfeeding
- Increased number of organizations reaching BFI implementation milestones
- Increased number of organizations achieving BFI designation

Ultimately, a positive impact on the health of infants and mothers in Ontario
BFI STRATEGY for Ontario ROAD MAP

Information & Awareness
1. Understanding Participant Groups
2. Developing Connections
   - Initial Survey
   - Introductory Webinar
   - Conference Presentations
   - Presentations for hospitals
   - Microsite
   - Newsletter
   - Presentations at LHIN tables

Engagement
1. Understanding the BFI Journey
2. Getting Started
   - BFI Implementation Toolkit & Workshops
   - BFI 101 for health professionals
   - Introduction to BFI Videos
   - Presentations for networks/LHINs
   - Webinar Series
   - BFI Strategy Coaching
   - 10 Steps Video Stories
   - Clinic/Office Posters

Implementation
1. Education and Practice Changes
2. Creating a BFI Culture
   - 20-Hour Course Toolkit & Train the Trainer Workshops
   - 20-Hour Course for small organizations
   - Webinar Series
   - Site Visit Strategy
   - Patient Education Resources
   - BFI Strategy Coaching
   - BFI Clearing House
   - Informed Decision Making Toolkit

Designation and Sustainability
1. Final Steps to Designation
2. BFI External Assessment
3. Practices/Resources to Support Sustainability
   - Readiness coaching for document review process
   - Mock assessments by BFI Strategy Team
   - Webinar Series for ongoing expertise
   - BFI Sustainability Toolkit

Tracking Progress
- Reporting to MOHLTC
- Quarterly surveys on 10 steps milestones and designation process and reports to LHIN and Hospital CEOs
- BORN ON data refinement and hospital reports with peer comparison data and graphs
- Community health service data collection strategy and report development (Nightingale)

System Building
- Maintaining and extending connections including BCC, BFI ON, RNAO, OHA, Physician groups, Midwifery Association, Association of Ontario Health Centres, Association of Family Health Teams of Ontario, Ontario Family Health Management in Public Health Network and others
- Assessor Capacity Building through Annual Workshop; BFI modules for university programs with IPP electives

GROWING A BABY-FRIENDLY ONTARIO!
Capacity Building in Organizations

Toolkits and Workshops
- Implementation Toolkit and Workshops
- BFI 20-Hour Course Toolkit and Workshops

Webinars and Coaching
- Monthly Hot Topics Webinars
- Monthly Check In Webinars
- Virtual site visit for community agencies

Coming Soon
- 10 Steps Video Clip Stories

Other Initiatives
- Site Visit Strategy for Hospitals
- Baby-Friendly 101 e-Learning Module
- Breastfeeding Module for IPE at U of T
- New BORN ON BFI Reports
Archived Hot Topic Webinars
www.tegh.on.ca/bfistrategy

April-Dec had 882 attendees

* Breastfeeding Our Children for the Health and Future of Our Nations (May 2016)
* Overcoming BFI Data Collection Challenges in Community Health (June 2016)
* Newborn Pain Management: Alignment with BFI (Sept. 2016)
* Breastfeeding the Early Preterm & Breastfeeding the Late Preterm – Introducing Two New Patient Resources (Oct. 2016)
* We Belong Together: Journey to “Zero Separation” of Mother and Infants in Hospital (Nov. 2016)
* Community Collaboration – Improving Breastfeeding Rates in Ontario through Community Projects (Dec. 2016)
* BFI in Action: Stories and Lessons Learned from a BFI Designated CHC (Feb. 2017)
* BFI and the Code – Avoiding Conflicts of Interest (March 2017)
# Provincial Workshops

<table>
<thead>
<tr>
<th>Workshops</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
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<tbody>
<tr>
<td><strong>BFI Implementation Workshops</strong></td>
<td></td>
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</tr>
<tr>
<td>Attendees</td>
<td>2</td>
<td>2</td>
<td>20</td>
<td>10</td>
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<tr>
<td></td>
<td>27</td>
<td>33</td>
<td>234</td>
<td>189</td>
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<tr>
<td><strong>BFI 20-Hour Course Train the Trainer</strong></td>
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<tr>
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<td>3</td>
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<td></td>
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<td>37</td>
<td>156</td>
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<td><strong>BFI 20-Hour Course Direct Care Provider</strong></td>
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<td></td>
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<tr>
<td>Workshops Attendees</td>
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<tr>
<td></td>
<td>29</td>
<td>52</td>
<td>n/a</td>
<td>n/a</td>
</tr>
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</table>

13 hospitals have not attended the implementation workshop

Now booking 2017-18 workshops
Supporting Patient Education

**Currently Available**
- Updated Breastfeeding Matters
- Updated My Breastfeeding Guide
- Breastfeeding Your Early Preterm Infant
- Breastfeeding your Late Preterm Infant
- Updated BSRC Fridge magnet

**Coming Soon**
- Infant Formula - What you Need to Know
- Informed Decision Making Guide for Health Professionals
- Translation of existing BSRC materials & new resources
- BFI Introductory video for Indigenous Communities
BFI Strategy for Ontario Tools for Physicians

Website: www.tegh.on.ca/bfistrategy
Email: BFIStrategy@tegh.on.ca
Breastfeeding Resources Ontario

• Clearing House for BFI Resources
• Free downloadable, multiple languages

Usage from Feb 1, 2016 – Jan 31, 2017:

• 5803 users in 8670 sessions
• 21,013 page views, average duration 2:27 minutes
• 66.7% new visitors; 33.3% returning
• Cities with most users in Ontario were: Toronto, Ottawa, Sudbury, Hamilton, Barrie, London (ON), Kingston (ON)
• 82% from Canada, 5.5% from U.S., 3.2% from U.K.
Total Coaching Requests
2015-YTD: 227

Types of Requests:
- Where to find key BFI documents and templates
- How to apply for certificates
- Developing presentations
- Designing communications
- Work plan development and refinement
- Overcoming barriers and implementing specific steps
- Co-facilitating the 20 Hour Course
- Preparing for designation process milestones

Organizations Seeking Coaching Support

- Hospital
- CHC
- PHU
- FHT
- BFI Network
- Other
Tracking Progress

* **BFI Implementation Status Report Tool**
  * Self-monitoring electronic survey tool
  * Initial survey sent to hospital CEOs and Maternal/Newborn program directors through PCMCH
  * Subsequent surveys sent to contacts in hospitals and community health services quarterly

* Aggregate results sent 2x year to hospital and LHIN CEOs through PCMCH
**BFI Status Report Tool**

**SECTION I: DESIGNATION PROCESS**

<table>
<thead>
<tr>
<th>Preliminary Work</th>
<th>Intermediate Work</th>
<th>Advanced Work</th>
<th>BFI Designation</th>
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</thead>
<tbody>
<tr>
<td>Copy of the BCC BFI Practice Outcome Indicators obtained and reviewed</td>
<td>Data reviewed and baseline collected</td>
<td>Document Review completed</td>
<td>Date for External Site Visit set</td>
</tr>
<tr>
<td>Endorsement / support from senior leadership obtained</td>
<td>Initial self-assessment completed</td>
<td>Pre-Assessment Visit completed</td>
<td>Date for External Site Visit set</td>
</tr>
<tr>
<td>Multidisciplinary BFI Committee developed to lead changes and lead identified</td>
<td>Written action plan developed</td>
<td>Certificate of Participation received from BCC</td>
<td>BCC Site Visit Completed Outcome: Designed Certificate of Commitment</td>
</tr>
<tr>
<td>Certificate of intent received from BFI ON</td>
<td>Mechanism to gather feedback on breastfeeding support and needed improvements established</td>
<td>Certificate of intent received from BFI ON</td>
<td>Plans for sustainability including quality improvement activities established</td>
</tr>
</tbody>
</table>

**Note:** The check boxes below provide only a small selection of activities related to each step to better understand your organization’s implementation status. The BFI Practice Outcome Indicators set all requirements, which must be completed to achieve BFI designation. The journey to designation is not linear and you are able to work on and check off completion in any Step listed below.

**SECTION II: IMPLEMENTATION OF PRACTICE OUTCOME INDICATORS**

**STEP 1** Written breastfeeding policy
- Policy drafted
- Policy approved
- Policy communicated to all health care providers
- Family-friendly version of policy posted
- Plan in place to support non-breastfeeding mothers
- Practices revised to ensure compliance with International Code of Marketing of Breastmilk Substitutes

**STEP 2** Implementation of policy & education
- Plan developed for training direct care providers
- Plan developed for training “indirect” care providers developed
- Education complete including staff, physicians, midwives, students and volunteers
  - % direct care providers trained
  - % indirect care providers trained
- Plan for continuing education developed

**STEP 3** Inform pregnant women & families on importance of breastfeeding
- Evidence of prenatal education regarding breastfeeding including importance of exclusive breastfeeding
- Process in place for supporting families in making informed decision re use of supplementation or alternative feeding
- Documentation tools reflect assessment and teaching for BFI
- Patient teaching materials reviewed to be in compliance with BFI

**STEP 4** Skin-to-skin practices
- Uninterrupted skin-to-skin is practiced in the immediate postpartum period until after the 1st feed or longer
- After vaginal birth
- After caesarean birth
- OR
- Skin-to-skin contact is promoted in community

**STEP 5** Assistance with breastfeeding challenges, including separation
- Mothers receive breastfeeding support and teaching
- Mothers are taught hand expression
- Strategies developed to assist mothers with lactation challenges
- Best practices (see BCC BFI Practice Outcome Indicators) are adapted to support women with breastfeeding challenges including separation of mother and infant

**STEP 6** Support exclusive breastfeeding for six months
- Information and materials for families reflect
  - The importance and value of exclusive breastfeeding
  - The risks of non-medically indicated supplementation

**STEP 7** 24-hour rooming-in
- Adoption of 24-hour rooming-in with no separation of mother and infant throughout their hospital stay, unless medically indicated
- Infant examinations and procedures conducted at bedside
- Community practices support educate clients on the importance of 24-hour rooming-in during early postpartum period

**STEP 8** Case-based feeding
- Teaching and practices ensure that parents are informed about case-based feeding
- Patient education materials reflect case-based feeding
- Staff offer anticipatory guidance and information regarding continued breastfeeding to six months and continued breastfeeding to two years and beyond

**STEP 9** Support breastfeeding without bottles or soothers
- Support for breastfeeding without use of artificial teats or soothers
- Information and materials provided to families include cautions on the use of bottles and soothers, and alternate ways to soothe babies
- When medically indicated, alternate feeding methods are taught for supplementation in the early postpartum period

**STEP 10** Breastfeeding support in continuum of care
- Families are informed on where to get breastfeeding support in community
- Hospital(s), community health services(s), and community groups collaborate to promote and support breastfeeding
- Discharge plan communicated to parents when there are lactation challenges
- Follow-up plan between hospital and community care providers established for referrals
- Hospital(s), community health services(s), and community groups collaborate to promote and support breastfeeding
84/88 hospitals engaged (95%)

64 hospitals have moved at least one step closer to designation since April 2014

TC LHIN REPORT

<table>
<thead>
<tr>
<th>LHIN</th>
<th>Hospital</th>
<th>Never Responded</th>
<th>Not Formally Initiated</th>
<th>Preliminary Work</th>
<th>Intermediate Work</th>
<th>Advanced Work</th>
<th>Designated</th>
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<tbody>
<tr>
<td>LHIN 7 - Toronto Central</td>
<td>Mount Sinai Hospital</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>St. Joseph’s Health Centre</td>
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<td></td>
<td>St. Michael’s Hospital</td>
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<tr>
<td></td>
<td>Sunnybrook Health Sciences Centre</td>
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<td></td>
<td>The Hospital for Sick Children</td>
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<tr>
<td></td>
<td>Toronto East General Hospital</td>
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</tbody>
</table>

Summary:
100% hospitals are engaged
100% hospitals have moved at least 1 step closer to designation
Hospital BFI Implementation

- Not initiated
- Preliminary Work
- Intermediate Work
- Advanced Work
- Designated

- August 2014
- January 2015
- January 2016
- January 2017
Tracking 10 Steps

1. Breastfeeding policy
2. Health provider education
3. Prenatal education on infant feeding
4. Uninterrupted skin to skin
5. Maintain lactation if mother and baby separated
6. Exclusive breastfeeding for first six months
7. 24 hour rooming in
8. Baby led or cue based feeding
9. Breastfeeding without bottles or pacifiers
10. Continuity of care post discharge
1. Breastfeeding policy
2. Health provider education
3. Prenatal education on infant feeding
4. Uninterrupted skin to skin
5. Maintain lactation if mother and baby separated
6. Exclusive breastfeeding for first six months
7. 24 hour rooming in
8. Baby led or cue based feeding
9. Breastfeeding without bottles or pacifiers
10. Continuity of care post discharge
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Initiation Rate</td>
<td>Number of infants who <em>received human milk</em> (maternal or donor milk) anytime from birth to discharge / total births</td>
</tr>
<tr>
<td>Exclusive Breastfeeding</td>
<td>Number of infants <em>exclusively breastfed (or fed human milk - maternal or donor)</em> from birth to discharge / total births</td>
</tr>
<tr>
<td>Supplementation-Medical Reason</td>
<td>Number of infants <em>exclusively breastfed (or fed human milk - maternal or donor)</em> from birth to discharge / total births</td>
</tr>
<tr>
<td>Supplementation – No Medical Reason</td>
<td>The number of *breastfed infants who received at least one feed other than human milk during the hospital stay with NO documented medical reason.</td>
</tr>
<tr>
<td>Adjusted Breastfeeding Rate</td>
<td>Infants <em>exclusively breastfed or fed human milk (maternal or donor)</em> from birth to discharge , PLUS Infants supplemented for documented medical indications / total births</td>
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</tbody>
</table>
New BORN Reports

Breastfeeding Initiation (BI), Exclusivity (A) and Adjusted Breastfeeding ABF Rates

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<td>BI</td>
<td>92.0</td>
<td>92.9</td>
<td>94.6</td>
<td>91.7</td>
<td>93.6</td>
<td>97.5</td>
<td>95.5</td>
<td>92.9</td>
<td>94.6</td>
<td>90.9</td>
<td>97.1</td>
<td>95.2</td>
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<td>66.0</td>
<td>66.8</td>
<td>63.9</td>
<td>72.8</td>
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<td>69.2</td>
<td>63.9</td>
<td>65.8</td>
<td>64.9</td>
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<td>ABF</td>
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<td>78.4</td>
<td>79.3</td>
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<td>79.3</td>
<td>76.2</td>
<td>80.8</td>
<td>79.4</td>
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</table>

Rates of Supplementation - With (B) and without (C) Documented Medical Reasons

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<tr>
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<tbody>
<tr>
<td>B</td>
<td>14.6</td>
<td>11.2</td>
<td>12.3</td>
<td>16.7</td>
<td>11.1</td>
<td>14.4</td>
<td>17.8</td>
<td>13.2</td>
<td>10.7</td>
<td>13.5</td>
<td>15.5</td>
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<tr>
<td>C</td>
<td>16.2</td>
<td>17.8</td>
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<td>14.0</td>
<td>16.1</td>
<td>16.2</td>
<td>16.7</td>
<td>16.5</td>
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<tr>
<td>Total (B+C)</td>
<td>30.8</td>
<td>29.0</td>
<td>29.4</td>
<td>29.8</td>
<td>21.8</td>
<td>25.0</td>
<td>33.5</td>
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<td>26.8</td>
<td>29.7</td>
<td>32.2</td>
<td>31.8</td>
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</tbody>
</table>
BFI key indicators for hospital births show small incremental changes

Target for exclusive breastfeeding is 75%

n=137,000 births/yr
Preterm Births

Late Preterm Births (34-36 weeks GA)
\( n = \text{about 8200 births/yr} \)

Preterm Births (< 34 weeks GA)
\( n = \text{2800 births/yr} \)

NOTE: Only 4/8 level III NICUs capture data in the BIS
Ontario data comparing care at designated vs non designated hospitals clearly demonstrates the value of BFI designation to ensure optimal breastfeeding support for mothers.

n=375,859 births

About 7.5% of births are in BFI designated hospitals
BFI Implementation Challenges

Identify, Engage & Understand Key Stakeholders

Identify Roadblocks

BFI Integrated 10 Steps
Outcome Indicators

Support Available

Detour Ahead
Dramatic Decrease in Exclusive Breastfeeding

Reasons for drop-off:

- Not enough milk
- Painful breastfeeding
- Infant not latching
- Parental choice

Targeted Supports for Ontario Populations with Lower Breastfeeding Rates 2013-16, BSRC, 2017
## BF Intention to Reality at Discharge

<table>
<thead>
<tr>
<th>Breastfeeding Intention Rates</th>
<th>Exclusive BF at Discharge</th>
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</thead>
<tbody>
<tr>
<td>&lt; 90%</td>
<td>&lt; 60%</td>
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<tr>
<td>90-95%</td>
<td>60-69%</td>
</tr>
<tr>
<td>&gt; 95%</td>
<td>70-79%</td>
</tr>
<tr>
<td>North West LHIN</td>
<td>North West LHIN</td>
</tr>
<tr>
<td>South West</td>
<td>South West Central</td>
</tr>
<tr>
<td>Mississauga Halton</td>
<td>Waterloo Wellington</td>
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<td>North East LHIN</td>
<td>Central</td>
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<td>Toronto Central</td>
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<tr>
<td>South East LHIN</td>
<td>Mississauga Halton</td>
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<td>Champlain</td>
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<td>Central</td>
<td>North Simcoe Muskoka</td>
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<tr>
<td>Erie St Clair</td>
<td>Central East</td>
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<td>Central West</td>
<td>Central West</td>
</tr>
<tr>
<td>Central West</td>
<td>South East LHIN</td>
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<td>Waterloo Wellington</td>
<td>Hamilton, Niagara, Haldimand, Brant</td>
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<tr>
<td>Hamilton, Niagara, Haldimand, Brant</td>
<td>Hamilton, Niagara, Haldimand, Brant</td>
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</table>
Overall supplementation rate has increased 5.5%

Why are rates increasing?

<table>
<thead>
<tr>
<th>Maternal</th>
<th>Infant</th>
</tr>
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<tbody>
<tr>
<td>• Active herpes on breast</td>
<td>• Hypoglycemia</td>
</tr>
<tr>
<td>• Additional health concerns</td>
<td>• Inborn errors of metabolism</td>
</tr>
<tr>
<td>• Contraindicated maternal medication</td>
<td>• Significant weight loss in the presence of clinical indications</td>
</tr>
<tr>
<td>• HIV infection</td>
<td>• Other clinical indications</td>
</tr>
<tr>
<td>• Severe maternal illness</td>
<td>• Pre-term (&lt;32 weeks)</td>
</tr>
<tr>
<td>• Birth mother not involved in care</td>
<td>• Very low birth weight (&lt;1500 grams)</td>
</tr>
</tbody>
</table>
Supplementation Rates

**All Births**

- 2012-13: 24.60
- 2013-14: 26.10
- 2014-15: 26.10
- 2015-16: 24.50
- 2016-17 Q1-3: 25.80

**Full Term Births**

- 2012-13: 4.50
- 2013-14: 4.60
- 2014-15: 8.40
- 2015-16: 8.50
- 2016-17 Q1-3: 8.80

**Late Preterm Births**

- 2012-13: 51.4
- 2013-14: 51.4
- 2014-15: 51.4
- 2015-16: 51.4
- 2016-17 Q1-3: 51.4

**Preterm Births <34 wks**

- 2012-13: 71.8
- 2013-14: 71.8
- 2014-15: 71.8
- 2015-16: 71.8
- 2016-17 Q1-3: 71.8
Why are supplementation rates so high?

- Unbalanced scales predicting higher weight loss?
- Glucometers that are not as effective with neonates?
- Increasing rates of diabetes in maternal population
- More diligent with using hypoglycemia protocols
- Delayed cord clamping
- Physician and care provider beliefs re use of formula
- Staff and physician turnover
- Cultural values and belief systems
- Vulnerable populations
Population Groups with Low Breastfeeding Rates

Pregnant women and new mothers who are at risk of not breastfeeding:

* Are younger.
* Have lower education levels.
* Have lower socio-economic status.
* Face cultural and societal biases about breastfeeding.
* Have lower physical and mental well-being
* Lack support from partner, family and friends.
* Face barriers to health care.

(Andrew & Harvey, 2011; Best Start Resource Centre, 2015)
Directions for 2016-2017

* Formula resource as part of being Baby-Friendly
* Ongoing partnership with BFI Ontario and BCC
* Informed decision making education
* Launching resources & videos
* BFI in the nurseries
* Refining BORN ON reports
* Physician engagement
* Community data collection
The Way Forward

Stepping Up To The Plate...

Provincial Responsibility
National Accountability
Global Action
Governments
Implement a BFI policy or strategy, with a designated coordinator and breastfeeding education for all health care providers, managers and volunteers working in hospitals and community services that care for mothers and babies.

Provinces and Territories
- Develop incentives to encourage and support BFI certification;
- Track breastfeeding practices, especially initiation, duration and exclusivity rates;
- Provide easily accessible supportive services, such as lactation consults in person or by phone/email, and
- Provide pasteurized human milk banking for sick or premature infants.²⁰

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Where is Ontario? Why?
Questions? Suggestions?

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Growing a Baby-Friendly Ontario!