A GREAT START

A Breastfeeding Strategic Plan for Newfoundland and Labrador 2014-2017
“Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth.

Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.”

- World Health Organization

This publication is also available on the Perinatal Program NL website at the following address: http://www.ppnl.ca

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*Photo Credit: Laura Vokey Photography*
ABBREVIATIONS

AMNL  Association of Midwives of Newfoundland and Labrador
ARNNL  Association of Registered Nurses of Newfoundland and Labrador
BCC  Breastfeeding Committee for Canada
CIHR  Canadian Institutes for Health Research
DHCS  Department of Health and Community Services
DNL  Dietitians of Newfoundland and Labrador
BFI  Baby-Friendly Initiative
LLLC  La Leche League Canada
MUN  Memorial University
NLMA  Newfoundland and Labrador Medical Association
NLPHA  Newfoundland and Labrador Public Health Association
NLSWA  Newfoundland and Labrador Social Workers Association
PANL  Pharmacists Association of Newfoundland and Labrador
PHAC  Public Health Agency of Canada
PPNL  Perinatal Program NL
RHA  Regional Health Authorities
UNICEF  United Nations Children’s Fund
WBW  World Breastfeeding Week
WHO  World Health Organization

“Investing in breastfeeding promotion, protection and support will save health care costs.”

-World Health Organization
MESSAGE FROM THE CHAIR OF THE BABY-FRIENDLY COUNCIL OF NL

I am pleased to present the updated Breastfeeding Strategic Plan for Newfoundland and Labrador ‘A GREAT START: A Breastfeeding Strategic Plan for NL 2014-2017’. The protection, promotion and support for breastfeeding is one of the most effective ways to improve the health of infants and young children.

Breastfeeding provides substantial benefits to families, communities, health care systems, and the environment. This new strategic plan provides the direction for the ongoing work of the Baby-Friendly Council of NL and its regional partners as we strive to increase breastfeeding initiation and duration rates in the province. This plan builds on previous strategic plans and includes key recommendations for moving forward with the implementation of the WHO/UNICEF Baby-Friendly Initiative within the health care system. In addition, it offers ways to inform the public about the importance of breastfeeding and to normalize breastfeeding in a society where formula-feeding has been more common.

The Baby-Friendly Council of NL is committed to enhancing supports for breastfeeding families. We are working closely with our Regional Health Authority, Aboriginal governments, and community partners to improve access to quality information, support and resources. Breastfeeding rates are steadily increasing and I am confident that as we improve supports within the health care system and in our communities more women will report positive and rewarding breastfeeding experiences. I wish to thank all of the Baby-Friendly Council members and our many partners for the tremendous effort that you all make to enhance care to our breastfeeding families.

Janet Murphy-Goodridge, RN, MN, IBCLC
Chair, Baby-Friendly Council of NL
MESSAGE FROM THE CHAIR OF THE PROVINCIAL ADVISORY COMMITTEE TO PPNL

As Chair of the Provincial Advisory Committee to Perinatal Program Newfoundland and Labrador (PPNL), I am pleased to offer my support for the updated provincial breastfeeding strategic plan “A Great Start: A Breastfeeding Strategic Plan for Newfoundland and Labrador 2014-2017.”

Breastfeeding is recognized as a key factor in improving the short and long term health and well-being of infants, children, women and communities. PPNL’s mandate is to improve the quality of reproductive care and pregnancy outcomes in the province. The Program establishes guidelines for perinatal care, provides education to health care providers, advocates prevention and health promotion, supports research and quality assurance initiatives, and provides decision makers and researchers with information from its perinatal databases. The Baby-Friendly Council of NL (BFCNL) is housed within PPNL and provides leadership for the implementation of the WHO/UNICEF Baby-Friendly Initiative (BFI) through Newfoundland and Labrador’s health care system.

Our health care system plays an important role in protecting, promoting and supporting breastfeeding families. As more and more women are choosing to breastfeed in NL, they need access to accurate information and resources, and quality support from health care providers. In addition, health care provider collaboration with community partners is essential to ensure that all families receive the encouragement and support they need to enable breastfeeding success. The strategic plan highlights the priority goals and actions for improving breastfeeding initiation and duration rates in NL through adherence of best practices and policies of the WHO/UNICEF BFI that reflect global standards by our regional health authorities.

I wish the BFCNL every success in reaching the targets that have been set for breastfeeding rates and for achieving BFI designated hospitals and community health services in NL.

Bev Clarke, MSW, RSW
Chair, Provincial Advisory Committee to PPNL

Photo: Bev Clarke
ACKNOWLEDGEMENTS

Recognition and thanks are extended to the current and past members of the Baby-Friendly Council of NL:

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A GREAT START: 2014 - 2017

A GREAT START is a Breastfeeding Strategic Plan for Newfoundland and Labrador for 2014-2017. This strategy builds on previous work including:

- Breastfeeding Strategic Plan II (2008-2011)

This updated strategy provides the context for the ongoing protection, promotion and support for breastfeeding in Newfoundland and Labrador.

A GREAT START identifies goals, objectives and actions directed at improving initiation and duration rates for breastfeeding in line with national and global infant feeding recommendations. The World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the Public Health Agency of Canada (PHAC), Health Canada, the Canadian Pediatric Society and Dietitians of Canada all recommend exclusive breastfeeding for the first six months, with the introduction of complementary foods at six months of age and continued breastfeeding for up to two years of age and beyond.

“Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers.”

-World Health Organization

Photo Credit: Rhonda Roebotham
The Baby-Friendly Council of NL (previously known as the Breastfeeding Coalition of NL), established in 1992, is an interdisciplinary committee with representatives from all regions in the province strongly committed to increasing the initiation and duration of breastfeeding. The Perinatal Program Newfoundland and Labrador (PPNL) (www.ppnl.ca) evolved as the lead agency supporting the ongoing work of the Council, of which the Provincial Breastfeeding Consultant is chair, and is supported by the Department of Health and Community Services (DHCS).

The Baby-Friendly Council, in affiliation with the Breastfeeding Committee for Canada, is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative (BFI) in Newfoundland and Labrador.

The BFI is a global campaign of the WHO and UNICEF. This campaign recognizes that implementing evidenced-based practices in health and community services is crucial to the success of programs that protect, promote and support breastfeeding. The BFI is a continuous quality improvement initiative and represents best practice in maternal-newborn care. There are over 20,000 BFI designated health facilities globally and over 50 in Canada. For more information about the BFI go to www.breastfeedingcanada.ca.

Provincial funding is provided to the Baby-Friendly Council of NL from the DHCS and it is administered and managed by PPNL.
THE BABY-FRIENDLY COUNCIL OF NEWFOUNDLAND AND LABRADOR

VISION
Newfoundland and Labrador will be a place where women will be supported to breastfeed exclusively for six months and beyond, consistent with national and global recommendations.

MISSION
To provide leadership and support to the Regional Health Authorities, Aboriginal governments, and community partners in the implementation of the BFI within the health care system in NL.

GUIDING PRINCIPLES
The following principles will guide the Breastfeeding Strategic Plan:
- Research and evidence
- Collaboration
- Community capacity
- Consultation
- Cultural sensitivity and inclusion
- Population health focus

PRIORITY AREAS OF FOCUS
- Communication and Strategy
- Public Education and Awareness
- Implementation of WHO/UNICEF Baby-Friendly Initiative

Photo Credit: Leisha Sagan
THE RISKS OF NOT BREASTFEEDING

Health outcomes are very different for mothers and infants who formula feed compared with those who breastfeed, even in developed countries such as Canada.

Breastfeeding supports the health of both infant and mother. When infants and young children are not breastfed, there are increased risks to their health.

To make an informed decision about infant feeding, women have a right to know about the health outcomes associated with not breastfeeding.

Photo Credit: Aimee Chaulk

Adverse Health Outcomes Associated with Not Breastfeeding

**Infant Health Outcomes**
- Increased incidence and severity of infection: otitis media, lower respiratory infection, gastroenteritis, urinary tract infection
- Increased risk of SIDS, necrotizing enterocolitis
- Increased risk of asthma, eczema, lymphoma, diabetes, leukemia, obesity
- Decreased cognitive development
- Increased risk of infection from contaminated formula and unsafe handling or storage

**Maternal Health Outcomes**
- Increased risk of breast and ovarian cancers
- Increased risk of osteoporosis
- Increased risk of hypertension, diabetes, hyperlipidemia, metabolic syndrome
- Decreased postpartum weight loss
KEY MILESTONES FOR THE SUPPORT OF BREASTFEEDING IN NL

1979   Establishment of PPNL (formerly known as Newfoundland and Labrador Provincial Perinatal Program) funded by the DHCS and supported by Eastern Health.

1991   The Canadian Expert Working Group on Breastfeeding was established. This evolved into the Breastfeeding Committee for Canada.

1990s  Regional breastfeeding committees established.

1992   Provincial Breastfeeding Coalition of NL established.

1994   Provincial infant feeding study conducted through Memorial University.

1996   ‘Go with the Flow’ breastfeeding video released in Healthy Baby Clubs.

2006   Breastfeeding and BFI identified as a priority action within the Provincial Wellness Plan, Poverty Reduction Strategy and Education and Support Standards for Pregnancy, Birth and Early Parenting.

ARNNL, NLMA, NLSWA, PANL, DNL, AMNL, NLPHA and LLLC advocates to provincial government to make breastfeeding a public health priority.

Breastfeeding becomes a public health priority for Newfoundland and Labrador.
KEY MILESTONES FOR THE SUPPORT OF BREASTFEEDING IN NL

2008 Provincial breastfeeding consultant position established (part-time). Funding for social marketing campaign, posters (‘You’ll See Plenty of Strange Things ...Breastfeeding Isn’t One of Them’) and website (www.babyfriendlynl.ca).

Working groups of Council formed including: BFI, research and public education and awareness.

2009 Provincial Government provides annualized budget to Baby-Friendly Council of NL.

Breastfeeding Research Symposium.


CIHR Café Scientific St. John’s.

Second Breastfeeding Research Symposium.

2011 NLPHA adapted the OPHA position paper on informed decision making and infant feeding to reflect the NL health system environment – NLPHA Position Statement Informed Decision Making and Infant and Young Child Feeding.

Province wide infant feeding study initiated (FiNaL study).

2012 Breastfeeding Coalition of NL changes name to ‘Baby-Friendly Council of NL’.

Organizational governance workshop.

CIHR Café Scientific Corner Brook.

2013 CIHR Café Scientific Gander.


www.babyfriendlynl.ca
INFANT FEEDING PRACTICES IN NEWFOUNDLAND AND LABRADOR

A GROWING NUMBER OF WOMEN IN NL ARE BREASTFEEDING

There has been a steady increase in breastfeeding rates in Newfoundland and Labrador (NL) since the early 2000s. Despite this progress, compared to the national breastfeeding initiation rate of almost 90% (Statistics Canada, 2013), NL’s initiation rate of almost 70% remains the lowest in Canada (Perinatal Program NL, 2014).

In addition, the number of NL children exclusively breastfeeding at six months of age is a cause for concern. The percentage of women who breastfed exclusively for six months in NL was 16%. This statistic should be interpreted with caution due to the small sample size (Statistics Canada, 2013; Canadian Community Health Survey, 2011-2012).

Research findings consistently show a positive association between breastfeeding and higher socio-economic status, older maternal age and higher education. Anecdotal reports from around the province confirm these findings.
Regional Differences in Breastfeeding Rates

There are wide regional variations of hospital breastfeeding initiation rates within the province, from a high of 80% to a low of 48%.

![Breastfeeding Rates at Neonatal Screening](chart.png)

Qualitative research conducted in NL communities reported that women who were formula feeding based their decision on
- perceived support needed to breastfeed
- the inconvenience of breastfeeding
- the embarrassment associated with breastfeeding in public

There were also considerable myths and misinformation about breastfeeding and a sense that breastfeeding is associated with “good mothering”. The local research highlights that in working to improve breastfeeding rates, consideration must be given to the many social and cultural factors that shape the infant feeding experiences of women in NL communities and in particular for women in more vulnerable populations (Temple Newhook et al, 2013; Bonia et al, 2013).
STRONG INTER-SECTORAL LINKAGES ARE ESSENTIAL

While the health sector through the Perinatal Program NL, the Department of Health and Community Services, the Regional Health Authorities, and Aboriginal governments provide leadership on initiatives to improve breastfeeding rates, strong intersectoral linkages are essential. Those working within health agencies need to collaborate across all government departments.

Other key stakeholders include:
• health professional associations
• wellness coalitions
• community partners (e.g. Healthy Baby Clubs, La Leche League Canada and other mother-to-mother support programs)
• media
• researchers
• schools

Breastfeeding is linked with Chronic Disease Prevention

Collecting accurate data on exclusive breastfeeding rates in hospital and duration rates in the community will be a priority for the upcoming years. The province-wide Feeding Infants in NL (FiNaL) study will continue until sample size is achieved. As we better understand the infant feeding experiences of NL families we will develop more targeted interventions to improve breastfeeding rates, especially in communities and populations with low uptake of breastfeeding.

Additional efforts will be directed at strengthening community mother-to-mother support initiatives, especially for more vulnerable populations with low initiation and continuance rates of breastfeeding. Policies are in place that reflect international standards; however, more support is needed within the health care system to ensure that the health practices are consistent with these policies.
The structure of the breastfeeding strategic plan for 2014-2017 is diagrammatically represented below; details are provided in the following pages. The plan is organized based on the overall goals for initiation and duration, as well as goals for each of the three priority areas. For each priority area goal, a number of objectives are described. Actions and outcome indicators are listed for each objective, as well as the those responsible for carrying out the actions.
By 2017, the following provincial breastfeeding rates will be achieved:

- A 75% initiation rate (2014 rate, 69.7%).
- A 20% rate of six-month exclusive breastfeeding (2014 rate, 16%*).
- A 60% rate of exclusive breastfeeding on hospital discharge.
- There will be designated Baby-Friendly maternity facilities and community health services in each RHA (2014, no designated facilities).

* Interpret with caution due to small sample size.
**Priority Area: Communication and Strategy**

**Goal: Support breastfeeding as a public health priority.**

**Objective:** To continue to support breastfeeding as a critical public health priority in NL through strategic planning and a comprehensive communications plan for the Baby-Friendly NL Council.

**Actions:**

A. Promote the Baby-Friendly Council of NL as the credible voice on current and emerging issues relating to breastfeeding and BFI.

B. Raise the level of awareness of the importance of breastfeeding and BFI with all government departments and other sectors and continue to participate in provincial pre-budget consultations.

C. Develop and implement a communication plan for the protection, promotion and support of breastfeeding in collaboration with key partners.

D. Integrate breastfeeding/BFI messages and support across all government departments and sectors.

E. Use current mechanisms for disseminating messages and information e.g. website, social media, e-updates, PPNL annual reports, media releases, and events with stakeholders.

F. Support a government-wide breastfeeding policy/position statement that is integrated into all government programs, in particular those relating to maternal-child health and wellness.

G. Recommend a breastfeeding friendly workplace policy within publicly funded buildings and environments.

**Responsibility:** Baby-Friendly Council Communication and Strategy Working Group; DHCS; RHAs through Regional Breastfeeding/BFI Committees; other government departments.

**Outcome Indicators:**

- Communication strategy developed and implemented for the Baby-Friendly NL Council.
- Breastfeeding messages integrated within relevant public health and province-wide initiatives (e.g. emergency planning, education curriculum, early learning)
- Provincial government breastfeeding policy/position statement implemented.
- Consistent breastfeeding messages are present across all sectors.
- Breastfeeding friendly workplace policies implemented in publicly funded buildings and environments.

Baby-Friendly NL Facebook group

www.babyfriendlynl.ca
Priority Area: Public Education and Awareness

Goal: To increase public awareness of the importance of breastfeeding and the risks of not breastfeeding.

Objective 1: To develop new and update existing breastfeeding and infant/young child feeding resources used in prenatal education and support programs.

Actions:
A. Ensure infant and young child feeding resources are current, accurate, consistent and updated in a timely manner.

B. Evaluate need for new resources and determine appropriate format (e.g., print, audiovisual, web-based).

C. Determine effective ways to communicate messages to public and target audiences through consultation with Regional Breastfeeding/BFI Committees and Aboriginal governments.

D. Improve access to breastfeeding information for priority groups including: Aboriginal women and families, young mothers, new immigrants, etc.

E. Develop consistent prenatal education messages that adhere to Baby-Friendly standards.

Outcome Indicators:
• Use of resources by RHAs and community groups.
• Resources comply with BFI standards and reflect unique social-cultural needs of specific target groups.
• Babyfriendlynl.ca website includes current, accurate breastfeeding information and resources.
• A process is established for ongoing evaluation of provincial resources and associated communication tools.
• Gaps in resources for specific target groups identified and actioned.

Responsibility:
Baby-Friendly Council Public Education and Awareness Working Group; Prenatal Breastfeeding Education Community of Practice Group; Regional Breastfeeding/BFI Committees; Aboriginal governments; DHCS; Provincial Healthy Baby Clubs; health professionals within RHAs; communications, social media, marketing experts.

Decision resource for new parents and families
Objective 2: To ensure that provincial breastfeeding and infant and young child promotional/educational materials are easily accessible to health professionals, key community stakeholders and the public at large.

Actions:
A. Develop a process for ensuring easy and timely access to provincial breastfeeding resources for different stakeholder groups.

B. Ensure that the Newfoundland and Labrador breastfeeding promotional videos and other educational resources are disseminated in community health/hospital prenatal education programs, Healthy Baby Clubs and other relevant venues.

C. Explore opportunities to avail of post-secondary students (e.g., business, nursing, etc.) to assist in the development of innovative strategies to communicate breastfeeding messages and disseminate resources.

Outcome Indicators:
- Process developed to ensure dissemination of resources to key stakeholders.
- Resources disseminated in a timely manner.
- Consistent breastfeeding messages disseminated by health professionals.

Responsibility:
Baby-Friendly Council of NL Public Education and Awareness Working Group; Regional breastfeeding/BFI committees; MUN students, faculty, and staff.

Above: Mary Lewis, producer/director of the Newfoundland and Labrador Breastfeeds educational video series for public health offices in NL (Photo credit: Baby-Friendly NL)

Left: Newfoundland and Labrador Breastfeeds educational video series is available through the BabyFriendly NL YouTube channel
Objective 3: To develop and enhance existing partnerships with the Department of Education and schools for the purpose of disseminating breastfeeding information and encouraging promotion within the school system.

Actions:
A. Identify key individuals within the Department of Education and DHCS (e.g., School Health) to collaborate on this initiative.

B. Review existing K-12 school curricula and determine areas in which key breastfeeding messages could be incorporated or strengthened.

C. Ensure the development and dissemination of resources for schools that support a strong curricular message of breastfeeding as the normal way to feed an infant and young child e.g., provincial posters, fact sheets and promotional videos for potential use secondary school curriculum.

D. Ensure access to information and educational materials on breastfeeding that have been developed and tested for use by teachers in primary and secondary schools.

E. Provide appropriate in-service education/training as needed.

F. Explore and identify other opportunities for including appropriate breastfeeding messages in groups working with children and youth (e.g., early learning and care centres, YMCA programs, Family Resource Centres, community-based programs)

Responsibility:
Baby-Friendly Council Public Education and Awareness Working Group; Regional Breastfeeding/BFI Committees; Department of Education; schools; DHCS.

Outcome Indicators:
- Links established with key individuals in the Department of Education and schools.
- Relevant provincial resources disseminated.
- New resources for K-12 developed as needed.
- Training opportunities provided.
- Breastfeeding content incorporated into school curricula.

Happy Valley-Goose Bay’s Breastfeeding Support Group
Photo credit: Judy Voisey
Priority Area: Implementation of the WHO/UNICEF Baby-Friendly Initiative

Goal: To promote and support the WHO/UNICEF Baby-Friendly Initiative as the evidenced-based, best practice standard for maternal-child health practice.

Objective 1: To ensure that RHAs and Aboriginal governments have access to support and resources to work towards Baby-Friendly Initiative designation.

Actions:
A. Collaborate with the BCC through the P/T BFI Implementation Committee to identify “lessons learned” regarding BFI implementation from other jurisdictions.

B. Promote ongoing dialogue pertaining to BFI designation with Provincial Breastfeeding Consultant and Provincial BFI Assessor(s) and BFI working group.

C. Support RHAs to follow established guidelines for the designation of Baby-Friendly Hospitals and Community Health Services in Canada as put forth by the BCC in the BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services.

D. Ensure that RHAs complete the BFI Self-appraisal survey as a starting point for assessing readiness for BFI. Use BCC BFI indicators to compare current practices and identify successes, barriers and opportunities. Compile findings.

E. Develop regional BFI Action Plans following completion of the Self-appraisal surveys.

F. Ensure that Regional BFI Action Plans address unique challenges such as workload issues, patient mix, attitudes, and access to education, etc.

G. Monitor RHA BFI implementation progress using a standardized reporting template.

H. Provide ongoing consultation and expert assistance to RHAs in their efforts to achieve Baby-Friendly status (identifying and resolving barriers to the implementation of BFI, delineating ongoing educational needs, supporting breastfeeding research and advocating for breastfeeding).

I. Develop and implement presentations on the BFI process for senior administration emphasizing the cost and health benefits of becoming Baby-Friendly.

J. Collaborate with key Atlantic Canada partners in establishing a human milk bank in the Atlantic region.

Right: Establishing a human milk bank in the Atlantic Region is a key priority.
Outcome Indicators:
- Regional committees follow established BCC guidelines for BFI implementation.
- BFI Self-appraisal surveys completed and regional action plans developed.
- Provincial BFI Self-appraisal report compiled.
- RHA and Aboriginal governments breastfeeding policies developed, implemented and audited on a regular basis.
- Senior RHA and Aboriginal government representatives are aware of and support BFI implementation.
- BFI messages are integrated into RHA communication plans.
- Information and strategies shared through regular conference calls.
- Regular BFI progress report through provincial template.
- RHAs and Aboriginal governments implement BFI policies and practices.

Responsibility:
RHAs (Regional BFI Committees); Baby-Friendly Council BFI Working Group; Aboriginal governments; Breastfeeding Committee for Canada P/T Committee.

Above: Minister of Health and Community Services, Hon. Susan Sullivan, proclaims World Breastfeeding Week (2013) along with members of the Baby-Friendly Council of NL and members of the breastfeeding community (Photo credit: Heather Mercer).

Below: Completion of BFI Self-appraisal surveys and regional action plans are key priorities.
Objective 2: To promote comprehensive and standardized collection of regional and provincial breastfeeding initiation and duration rates.

Actions:
A. Review the existing system for collecting and analyzing data for breastfeeding and infant feeding indicators.
B. Ensure that the Canadian Breastfeeding Definitions from the Breastfeeding Committee for Canada (2012) are used in all relevant hospital and community health CRMS systems.
C. Collaborate with RHAs to accurately capture infant feeding practices in a standardized format on client records.
D. Ensure that health professionals and coders have ongoing education regarding importance of following accurate definitions and completing required data collection tools.
E. Ensure that regional and provincial breastfeeding data are analyzed and reported on an annual basis.
F. Support the continued collection of infant and young child feeding data through the provincial FiNaL study.
G. Collaborate with Aboriginal partners (Innu Nation, Nunatsiavut, and Nunatukavut) LGH and The Labrador Institute to develop a plan for adapting the provincial infant feeding survey to Labrador’s Aboriginal communities.
H. Host a round table discussion and planning day with key Labrador stakeholders.
I. Advocate for breastfeeding research to be included in an interdisciplinary research agenda for the purpose of informing interventions.
J. Ensure that the provincial breastfeeding research plan targets vulnerable groups (including outcomes, experiences, barriers and opportunities) and health care costs of not breastfeeding.
K. Use provincial findings to develop, implement and evaluate interventions to support best practices in infant and young child feeding.
L. Ensure that provincial breastfeeding research results are widely disseminated and easily accessible to key stakeholders.

Right: Feeding Infants in Newfoundland and Labrador (FiNaL) Study recruitment poster
Objective 3: To ensure consistent, accurate breastfeeding content in undergraduate health professional programs.

Actions:
A. To review undergraduate program curricula in health professional schools, where breastfeeding is currently included, and identify gaps in theory and clinical practice.

B. Collaborate with faculty and teaching staff to incorporate appropriate course content into curricula (theory and practicum).

C. Collaborate with NLPHA and other health professional partners to keep breastfeeding a public health priority.

Responsibility:
MUN School of Nursing, Pharmacy, Faculty of Medicine, Social Work; Health Professional Associations and schools; Baby-Friendly Council BFI Working Group; PPNL; RHAs.

Outcome Indicators:
• Core breastfeeding/ BFI content and competencies for breastfeeding are developed and integrated into relevant undergraduate professional programs.
Objective 4: To ensure that health professionals working directly with breastfeeding mothers have the knowledge and skills to protect, promote and support breastfeeding and to support the needs of the non-breastfeeding family.

Actions:
A. Establish minimum competency-based standards (relevant to area of work) for health professionals in the front-line working directly with pregnant women and breastfeeding families (refer to BCC and WHO/UNICEF recommendations).

B. Ensure availability of evidenced-based orientation programs on breastfeeding for all health professionals entering new workplaces.

C. Recommend the WHO/UNICEF 20-hour course, or equivalent, for frontline health professional staff within six months of hire (Note: In NL, the Making a Difference (MaD) course and STEP 2 Breastfeeding Essentials (online) are considered equivalent).

D. Make recommendations for appropriate clinical skills component for practitioners e.g., nurses, midwives, family physicians and pediatricians.

E. Recommend that RHAs provide orientation on breastfeeding to non front-line staff, e.g., radiology, pharmacy, food service, ward clerks, housekeeping staff and clinical support staff in community health settings.

F. Use innovative strategies to deliver education programs, e.g., webinars, on-line self-paced learning modules, face-to-face sessions.

G. Recommend and support the implementation of evidenced-based breastfeeding protocols and best practice guidelines for use by all health professionals. (e.g. Toronto Public Health Breastfeeding Protocols for Health Care Providers).

H. Provide support and education to front-line providers in assisting families to make informed decisions about infant feeding as outlined in The NLPHA Position Paper on Informed Decision Making and Infant and Young Child Feeding (2011).

I. Promote the use of standardized infant feeding assessments and care-planning tools for health professionals in hospitals and community health services.

J. Collaborate with ARNNL to implement and evaluate the recommendations in the RN Position Paper “The Role of the Registered Nurse in Protecting, Promoting and Supporting Breastfeeding”.

K. Support regions in their efforts to establish funded positions for Lactation Consultants (IBCLC) in community health and hospital settings.
Responsibility:
RHAs; Aboriginal governments; Regional Breastfeeding/BFI Committees; PPNL; Baby-Friendly Council BFI Working Group; Lactation Consultants.

Outcome Indicators:
• Minimum competency-based standards (based on BFI standards) for front-line health professionals are developed.
• Evidenced-based orientation programs are developed and implemented for all health professionals.
• Evidenced-based education programs are developed and offered to all front-line staff within six months of hire.
• Orientation to breastfeeding policy provided to all non front-line staff.
• RHAs and Aboriginal governments develop and implement evidenced-based breastfeeding guidelines and protocols for all health professionals.
• Standardized infant feeding assessment and care-planning tools are used in the care of breastfeeding families.
• IBCLC positions are established in hospital and community health settings.

Breastfeeding promotional poster campaign.
Objective 5: To encourage and support the continuing professional development of front-line health care providers.

Actions:

A. Provide easy access to ongoing professional development for health professionals to ensure that they are using current, evidenced-based practice guidelines.

B. Recommend a formal mechanism (e.g. log for tracking education) within RHAs and Aboriginal governments for ensuring that health professionals maintain and up-date their breastfeeding knowledge and skills.

C. Recommend the use of a competency checklist tool to support continuing competencies.

D. Develop and disseminate a quarterly newsletter to provide updates on BFI practices, new trends, issues and events.

E. Develop a strategy for engaging family physicians through the dissemination of the Breastfeeding Tool Kit for Physicians.

F. Develop targeted education sessions on breastfeeding for physicians in particular family physicians, pediatricians, and obstetricians (e.g. Dr. Jack Newman provincial visit).

G. Establish an effective means of disseminating information on breastfeeding to nurses, physicians, dietitians, social workers, and pharmacists through displays, newsletters, teleconferences, and information sessions at annual meetings and conferences.

H. Continue to promote ongoing collaboration with the ARNNL, NLMA, College of Family Physicians, Dietitians of Canada, NL Pharmacists Association, NL Public Health Association, etc. to ensure that opportunities for continuing education for health professionals are included in the above educational sessions for these associations/groups.

Responsibility:
RHAs; Aboriginal governments; Health Professional Associations; NLPHA; PPNL; Baby-Friendly Council of NL BFI Working Group; Regional Breastfeeding/BFI Committees.

Outcome Indicators:

- Professional development opportunities for front-line staff are available and accessible.
- Education programs and accompanying resources are developed and disseminated.
- Effective communication mechanism established between the Baby-Friendly Council of NL and health professionals and associations.
- Physician Tool Kit promoted and implemented.

Breastfeeding Tool Kit for Physicians.
Objective 6: To ensure that all women have access to a seamless system of breastfeeding support services in the transition from hospital to home and community.

Actions:

A. Use the findings from the regional BFI Self-appraisals to identify gaps in community based support services.

B. Promote and support the development of appropriate regional and provincial breastfeeding support services to respond to needs identified, e.g., mother-to-mother initiatives, one-to-one support, group support, telephone support, online support, follow-up clinic for high risk families, community health clinics, and lactation consultant services.

C. Develop partnerships and collaborative strategies with RHAs, Aboriginal governments and other key stakeholders (e.g., Health Baby Clubs, Family Resource Programs, La Leche League Canada, Wellness Councils) to establish mother-to-mother support initiatives at the community level.

D. Promote and support educational opportunities to enhance the capacity of staff working in early child care settings and Family Resource Centres to support breastfeeding families.

E. Ensure that the Support Section of Babyfriendlynl.ca website is accurate and up to date to reflect the array of regional supports available.

F. Promote mother-to-mother support programs, online sites (e.g. Breastfeeding Moms in NL Facebook site) and services.

G. Provide education to the NL Healthline to ensure that staff has information on community-based breastfeeding support.

H. Explore ways to ensure that women with complex breastfeeding challenges receive timely and effective care (e.g., collaborative physician/nurse practitioner/lactation consultant clinics, videoconferencing support).

I. Collaborate with public institutions, municipalities, and private businesses to establish policies and guidelines that promote a breastfeeding and baby friendly environment.

Responsibility:
RHAs; Regional Breastfeeding Committees; Aboriginal governments; BFI Working Group; Public Education and Awareness Working Group; PPNL; Provincial HBC Advisory Committee.

Outcome Indicators:

- Local inventory of community-based breastfeeding support compiled and distributed to all pregnant women, breastfeeding mothers and their families.

- Formal mechanism established for linking all new mothers to community health support programs.

- Health professional services are available and accessible to all mothers within 48 hours of hospital discharge.

- Local partnerships established to address community breastfeeding support needs.

- Mother-to-mother support programs are available and accessible in all RHAs.

- Education and training programs for peer-support workers developed and implemented as needed.
APPENDIX A - ACCOMPLISHMENTS

BREASTFEEDING RATES

- Breastfeeding initiation rates based on Maternal Newborn Screening have increased from 63% in 2007 to 70% in 2013.
- There continue to be wide regional variations in initiation rates with 2013 statistics showing a maternity facility range from 45% to 80%.
- In 2013, Regional Health Authority breastfeeding rates in hospital varied from 62% to 73%.
- Only 15% of Newfoundland and Labrador women exclusively breastfeed for six months (Statistics Canada, 2003; Canadian Community Health Survey, 2011-2012).

PROVINCIAL FUNDING

- Half-time Provincial Lactation consultant position established in 2008, PPNL.
- Funding received ($50,000) for establishment of a website and poster campaign, 2008.
- Annualized provincial government funding ($159,000) for provincial breastfeeding initiatives since 2009.

STRATEGY AND COMMUNICATION EFFORTS

- Presentations to NL Health Line staff, Healthy Baby Club resource mothers, Labrador Regional Wellness Coalition, NLPHA, College of Family Physicians, NLMA, Parliamentary Secretary for Minister of Health and Community Services, Dietitians of Canada, Breastfeeding Committee for Canada, National BFI symposium, National Healthy Weight Summit, Canadian Lactation Consultant Association Conference, and ILCA Conference.
- Minister of Health and Community Services World Breastfeeding Week Proclamations.
- Media coverage, CBC, NTV, VOCM radio and TV, CBC radio Cross Talks, newspaper articles in all regions.
### Public Education and Awareness

- **Social Marketing Campaign**, *You’ll see plenty of strange things...Breastfeeding isn’t one of them.* Posters, postcard inserts, launch of babyfriendlynl.ca website (2009).

- Enhancements to babyfriendlynl.ca with addition of regular mom bloggers and guest blogs on a variety of breastfeeding and parenting topics, a Facebook page, regular news updates and a twitter following (2011).

- Collaborated with Labrador partners in the development of a new breastfeeding DVD featuring local mothers and babies from the Happy Valley Goose Bay area, *Breastfeeding: Celebrating the tradition!* (2012).

- *Newfoundland and Labrador Breastfeeds*, three promotional breastfeeding videos developed to promote public awareness, and a suite of short YouTube video clips on different topics (2013).

- Redesign of Breastfeeding NL website, babyfriendlynl.ca (2014).

- Cineplex breastfeeding ads in Mount Pearl, St. John’s and Corner Brook (2014).

- Metro Bus breastfeeding ads to normalize breastfeeding and promote Baby-Friendly NL website and Facebook site (2014).

- Prenatal education breastfeeding PowerPoint modules developed in collaboration with Central Health and New Brunswick BFI (2014).

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*Baby-Friendly NL Metrobus Ads in St. John’s, NL, Spring/Summer 2014*
PUBLIC EDUCATION AND AWARENESS

- Facebook community engagement through consultations and contests (2013, 2014).
- Baby-Friendly NL logo developed along with business cards and photo magnets.
- World Breastfeeding Week activities in all regions.
- Provincial Breastfeeding Handbook (the foundational parent resource for NL) revised in 2008, 2010, and 2013. New or revised breastfeeding related fact sheets developed to provide information to pregnant women, new mothers and their families.

EXAMPLES OF CURRENT RESOURCES INCLUDE:

FEEDING YOUR BABY: SO... YOU HAVE A DECISION TO MAKE
SKIN TO SKIN: OUR FIRST CUDDLE
GET TO KNOW YOUR BABY AND LET YOUR BABY KNOW YOU
HOW YOU KNOW YOUR BABY IS GETTING ENOUGH BREASTMILK
THRUSH
BREASTFEEDING: THE PRICE IS RIGHT
DEAR DAD WE NEED YOUR HELP TO BREASTFEED

BUILDING COMMUNITY CAPACITY

- This work is happening at regional level. Role of province is to provide support and consultation as needed.
- Education and support sessions for Family Resource Centre Programs.
- Strengthened partnership with breastfeeding communities online (e.g. Breastfeeding moms in NL) and regional mother-to-mother support. Wellness proposals for implementing mother-to-mother initiatives were successful in Western and Central.
BABY-FRIENDLY INITIATIVE

- Regional Health Authority Policy development - 3 of 4 RHAs have regional policies based on the BFI Ten Steps to Successful Breastfeeding.

- BFI education for health professionals - Making a Difference (MaD) breastfeeding 20 hour course implemented in all RHAs (approximately 500 acute care and community health nurses).

- Research pertaining to compliance with 10 Steps following BFI education using Centre for Disease Control PMinc Survey Tool.

- Step 2 Breastfeeding Essentials 20 hour online course available in 2014, 140 frontline staff registered.

- BFI Self-assessment currently in progress in all RHAs.

- Physician education opportunities: medical grand rounds, Wednesday at noon; Women and Children’s Health Day; family physician presentations; presentations to physicians in all RHAs; Dr. Jack Newman educational visit (Carbonear, Corner Brook, St. John’s).

- Physician Tool Kit on Breastfeeding for front-line Family Physicians.

- ARNNL Position Statement on RN role in promoting BF (2011) and survey completed to evaluate the implementation of recommendations in this document (2014).


- BCC and P/T links and profile- BFI assessor training, presentations to national committee and national conferences.

- Atlantic Canada collaboration and meetings on BFI implementation and human milk banks (2014).

- Contribution to key PHAC documents e.g., Nutrition for Healthy Term Infants (0-6 months and 6-12 months), Safe Sleep.

- CPNP Practical Workbook - updated 2014 though BCC.

- Curbing Childhood Obesity Framework (BFI actions) and chronic disease prevention - ongoing work with BCC P/T and co-champions NS and NB (2012).

RESEARCH

- Established a strong research working group in 2009 representing MUN, NLCHI, NLCAHR, etc.

- Implementation of province-wide infant feeding survey, the FiNaL (Feeding Infants in NL) study. Note: Labrador Grenfell is also included, however the survey has not been extended to Aboriginal communities.

- Qualitative research 2010-2013 (focus groups with formula feeding mothers and grandmothers).

- Ongoing support for graduate research relating to breastfeeding.


- Canadian Institutes for Health Research funded Café Scientique - St. John’s, Corner Brook, Gander, and Happy Valley - Goose Bay.

- Presentations at provincial, national and international conferences.

- Peer-reviewed publications.

- 2013 Janeway Foundation Grant ($70,000) to conduct health services utilization study.

- Labrador BF roundtable consultation with key stakeholders, 2014.
APPENDIX B - TERMS OF REFERENCE

Baby-Friendly Council of Newfoundland and Labrador
Terms of Reference
(Last Revised September 2012)

Purpose

To provide leadership and support for the implementation of the WHO/UNICEF Baby-Friendly Initiative (BFI) to improve health outcomes in NL by protecting, promoting and supporting breastfeeding.

Objectives

1. To advise and inform the Department of Health and Community Services and other relevant government departments.
2. To provide provincial oversight on BFI progress.
3. To provide a forum for dialogue, consultation and advocacy on issues that influence breastfeeding and the BFI process.
4. To develop, implement and/or make recommendations about policies, guidelines, protocols, and educational resources to support the implementation of the BFI.
5. To contribute to the development of comprehensive, multi-sectorial population health strategies to establish a breastfeeding culture in the province.
6. To advocate for and conduct interdisciplinary breastfeeding research.
7. To improve the transfer of knowledge about breastfeeding and human lactation.
8. To collaborate with the Breastfeeding Committee for Canada through representation on the BCC P/T BFI committee.

Meetings: By teleconference at least six times a year and one face-to-face meeting a year.

Reporting Authority: PPNL.
Membership

The membership of the Baby-Friendly Council of NL is comprised of representation from, but not limited to:

- PPNL
- Department of Health and Community Services from Healthy Living Division (nutrition and parent and child health)
- Memorial University Faculty
- Representatives from hospitals and community health services selected through regional breastfeeding/BFI committees.[Footnote]
- Community based mother-to-mother support programs e.g., La Leche League Canada
- Aboriginal representation
- Additional expertise as deemed necessary e.g., Communications, Department of Education, Social Media Consultant

Working Groups of the Baby-Friendly Council of NL

- Research: To conduct research related to breastfeeding and infant feeding practices.
- Baby-Friendly Initiative: To provide support to Regional Health Authorities in the implementation of the BFI.
- Public Education and Awareness: To provide leadership and direction to the Baby-Friendly Council regarding the development and distribution of educational and promotional resources.
- Strategy and Communications: To increase awareness of importance of breastfeeding and the BFI with key government and health partner stakeholders.

Community of Practice: Prenatal Breastfeeding Education - To share and enhance knowledge, skills, information and resources relevant to Prenatal Education and Breastfeeding; To provide guidance to the Baby-Friendly Council of NL and other stakeholders on best practices in delivering consistent, accurate and evidenced-based messages to assist pregnant women in making informed decisions about breastfeeding.
APPENDIX C - BABY-FRIENDLY NL COUNCIL STRUCTURE

Baby-Friendly Council Of NL

- Public Education and Awareness
- Central Regional Breastfeeding Committee
- Western Regional Breastfeeding Committee
- Labrador/Grenfell Regional Breastfeeding Committee
- Research and Monitoring
- Labrador/Grenfell Regional Breastfeeding Committee
- Eastern Regional Breastfeeding Committee
- Communication and Strategy
- Baby-Friendly Initiative

www.babyfriendlynl.ca
REFERENCES

1. Key Breastfeeding and Baby-Friendly Initiative Positions, Strategies and Research.


11. Perinatal Program NL (PPNL) 2014. PPNL Newborn Screening Program. 2013,St. John’s, NL: Author.


