

MATERNAL/CHILD HEALTH MANUAL (NSHA)

CLINICAL MANUAL (IWK)

Policy/Protocol

Title:	Infant Feeding	Number:	NSHA MC-GA-001 IWK #1115
Sponsor:	Michelle LeDrew, Director Women’s and Newborn Health, IWK Health Centre Senior Director Maternal Child Health Nova Scotia Health Authority (NSHA)	Page:	1 of 18
Approved by:	IWK – Medical Advisory Committee NSHA – VP, Integrated Health Services, Primary Health Care Population Health	Approval Date:	April 17, 2018 (IWK) Oct. 2, 2018 (NSHA)
		Effective Date:	June 4, 2018 (IWK) Dec. 12, 2018 (NSHA)
Applies To:	Staff, physicians, learners and volunteers in NS Health Authority and IWK Health Centre facilities, programs and sites.		

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PREAMBLE

1. Nova Scotia Health Authority (NSHA) and Izaak Walton Killam Health Centre (IWK) NSHA and IWK leadership in acute care and community health are committed to support the creation and advancement of a culture which promotes and supports breastfeeding and informed decision making through the implementation of the Baby-Friendly Initiative (BFI) and adherence to the International Code of Marketing Breastmilk Substitutes (The WHO Code) and subsequent World Health Assembly resolutions.
2. The NSHA and IWK Infant Feeding Policy supports and advances:
 - 2.1. Systems and practices for quality, Family Centered Care and equitable service delivery.
 - 2.2. The implementation of the BFI as evidence-based practice (see Related Documents #1 and 2) and adherence to the International Code of Marketing Breastmilk Substitutes and subsequent World Health Assembly resolutions.
 - 2.3. Exclusive breastfeeding for six months and continued breastfeeding up to two years and beyond in addition to complementary foods, as the normal, safest and healthiest way of feeding infants and the promotion of its importance for mother and child health.
 - 2.4. The shared responsibility among all leadership teams and employees to create a supportive environment, in collaboration with mothers, their families, and communities to:
 - 2.4.1. Promote, protect, and support a breastfeeding culture.
 - 2.4.2. Promote the importance of breast milk for mother and child health.
 - 2.4.3. Enable mothers and families to make informed decisions on infant feeding.
 - 2.4.4. Demonstrate respect for informed decisions and support for all mothers and families to feed their infants safely.
 - 2.5. Education and training of NSHA/IWK staff, physicians, and volunteers at a level appropriate to their role in caring for pregnant women, mothers, infants and their families ([see Related Document #3](#)).

- 2.6. Recognition of the impact of social, economic, cultural, and environmental factors on infant feeding decisions and breastfeeding initiation and duration (e.g. income, food insecurity, age, sexual orientation, colonialism, racism).

POLICY STATEMENTS

1. All NSHA and IWK physicians, staff, learners and volunteers must be aware of their unique responsibilities to support families under the Infant Feeding Policy.
2. All Direct Care Providers:
 - 2.1. Must practice according to the NS Infant Feeding Practice Guidelines for Health Professionals when caring for women and infants at the prenatal, intrapartum, postnatal, and early childhood stages ([see Appendix B](#)).
 - 2.2. In hospital and community, must provide mothers and families, including Substitute Decision Makers, (refer to [Personal Directives Act](#)) with:
 - 2.2.1. Information regarding the importance of breastfeeding.
 - 2.2.2. Support to make a fully informed decision related to infant feeding.
3. Anyone providing direct or indirect care to mothers and infants must protect all mother and infant feeding relationships and make referrals to appropriate follow-up supports and services in a timely way.

GUIDING PRINCIPLES AND VALUES

1. **NSHA and IWK Health Centre leadership, physicians and all staff** recognize that:
 - 1.1. Mothers and families have a right to Family Centered Care that supports informed decision making and respect for their individual decisions.
 - 1.2. The BFI supports all mothers and families regardless of feeding method chosen and is best implemented and monitored through continuous quality improvement strategies ([see related Document #4](#)).
 - 1.3. A Baby-Friendly culture for maternal and infant health is a shared responsibility across the health system and the community and must be inclusive of diverse cultures, perspectives and support achievement of equity for all.
 - 1.4. Appropriate, timely, relevant conversations and information sharing with mothers and families will help support and inform decision making related to feeding.
 - 1.5. The provision of consistent evidence-based, culturally appropriate and inclusive key messages about infant feeding across the continuum of care, is important.
 - 1.6. Knowledgeable, well-informed staff, mothers, families and community members contribute to a positive breastfeeding culture and improved health for all.
 - 1.7. Policies and practices must be grounded in research and evidence.

PROTOCOL

1. NSHA and IWK Leadership are responsible to:

- 1.1. Demonstrate commitment and provide direction in support of the following:
 - 1.1.1. All principles and indicators outlined in Breastfeeding Committee for Canada (BCC): [“The BFI Ten Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services”](#).
 - 1.1.2. The NSHA/IWK Diversity and Inclusion Framework 2017-2020 and the NSHA/IWK respectful workplace policies.
- 1.2. Create and promote opportunities for collaboration between direct care and indirect care providers across acute care and community health settings to advance consistent mother and infant care.
- 1.3. Establish and monitor minimum education requirements on breastfeeding support and infant feeding for physicians, staff and all other direct care providers appropriate to their role as per the BCC Baby-Friendly Initiative 10 Steps (see Related [Document #1 and Appendix C](#)).
- 1.4. Ensure a standard initial orientation and system for ongoing education exists for all physicians, staff, learners and volunteers, appropriate to their role. This will include key messages, processes and competencies required in the Baby-Friendly Initiative 10 Steps and the WHO Code as they relate to all mothers and families.
- 1.5. Establish education for direct and indirect care providers on products included in the scope of the WHO Code that is delivered by a designated clinical staff, based on scientific information only and not by a company representative.
- 1.6. Develop and monitor a Quality Initiatives plan including mechanisms and processes that support evidence-based practice for breastfeeding/infant feeding, BFI implementation, and infant feeding data surveillance
- 1.7. Ensure that purchase arrangements for human milk substitutes, specialty milk substitutes, fortifiers and feeding equipment used including those for use in Pediatric and Special Care Units meet the criteria outlined in [The BFI Ten Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services](#).
- 1.8. Inform all physicians, staff, learners and volunteers of the Infant Feeding Policy and any relevant related policies including their specific roles and responsibilities to:
 - 1.8.1. Comply with the World Health Organization (WHO) International Code of Marketing of Breastmilk Substitutes and subsequent resolutions (see Related Documents # [6](#) and [7](#)).
 - 1.8.2. Not permit any solicitation, financial donations, literature, equipment, material donations or other displays from companies selling products prohibited under the Code.

- 1.8.3. Support the creation of environments where promotion of the importance of breastfeeding and the unique qualities of breast milk is the norm where every person can expect to receive the support they need to breastfeed.
 - 1.8.4. Establish relationships with community partners and groups providing prenatal education and facilitate assistance with curriculum development where appropriate.
 - 1.8.5. Work with leaders and others to establish a workplace culture supportive of employee breastfeeding.
 - 1.8.6. Create a welcoming environment where mothers are supported to breastfeed anywhere.
 - 1.8.7. Respect and support individual family decisions on infant feeding.
 - 1.8.8. Work with others to better understand how to support exclusive breastfeeding initiation and duration rates and improve infant feeding culture for all families regardless of social, economic or material circumstances.
 - 1.8.9. Work with partners to ensure families have information and access to community and clinical supports for breastfeeding/infant feeding.
 - 1.8.10. Work with leaders to contribute to and implement Quality Initiatives (e.g., monitor/audit clinical care including skin-to-skin contact, track supplementation rates, capture infant feeding data [breastfeeding initiation, exclusivity, supplementation and duration]).
2. **NSHA and IWK physicians, staff, learners and volunteers** providing direct care or indirect care (clinical or supportive) to mothers and infants are responsible to:
- 2.1. Collaborate with other direct/indirect care providers in acute care and community health settings on mother-baby infant feeding care plans.
 - 2.2. Ensure skin-to-skin care immediately following birth which is uninterrupted for at least one hour, until completion of the first feed or as long as the mother wishes including on transfer to another care area unless either are medically unstable (see [IWK-1745/NSHA-MC-NB-001](#)).
 - 2.3. Ensure that families are respected in their individual informed infant feeding decisions and are provided support through appropriate education and resources.
 - 2.4. Ensure that families receive support and guidance for informed decision making about feeding their infant (see Appendix B) and are provided information about:
 - 2.4.1. The importance and process of breastfeeding and breast milk.
 - 2.4.2. Possible detrimental impact of non-medically indicated supplementation and partial bottle feeding on exclusive breastfeeding and breastfeeding duration.
 - 2.4.3. How to choose what is acceptable, feasible, affordable, sustainable and safe in their circumstance.

- 2.4.4. The difficulty of reversing the decision not to breastfeed.
- 2.4.5. Safe preparation, storage and feeding of any milk, when parents have made an informed decision to use human milk substitutes for personal or medical reasons placing special emphasis on Responsive Bottle Feeding.
- 2.4.6. The importance of Responsive Cue-Based Feeding and how to feed responsively when their infant is ready to feed, receiving help if needed.
- 2.4.7. The importance of mother and infant remaining together during their hospital stay unless either or both are medically unstable (see Related Documents [#8](#) and [9](#))
- 2.4.8. How to hand express breast milk and safely handle expressed breast milk as per organizational policy.
- 2.4.9. Community and clinical services for any follow-up support required.
- 2.5. Ensure that families with infants in the Neonatal Intensive Care Unit (NICU) are actively supported to:
 - 2.5.1. Begin the process of lactation with skin-to-skin care and early initiation of hand expression, within the first hour of birth (see related [video](#)).
 - 2.5.2. Continue with breastfeeding and maintain lactation with ongoing support during separation and challenging circumstances.
 - 2.5.3. Make infant feeding decisions through informed decision making when a human milk substitute is medically indicated (see IWK Policy #685A – Supplemental Feedings for Breastfeeding Children).
 - 2.5.4. Be engaged in responsive cue-based feeding.
- 2.6. Ensure that mothers who have medical needs that may impact on breastfeeding, are provided evidence-based advice and timely support to protect breastfeeding. Examples of medical needs include, but are not limited to:
 - 2.6.1. Babies requiring supplementation (i.e., expressed milk, donor milk, human milk substitutes), (see IWK Policy #685A – Supplemental Feedings for Breastfeeding Children).
 - 2.6.2. Maternal mental health issues (e.g., postpartum psychosis).
 - 2.6.3. Maternal medication use ([see Motherisk Website & LACTMED](#)).
 - 2.6.4. Mothers that require diagnostics or surgery.
3. **All other NSHA and IWK physicians, staff, learners and volunteers (non-clinical contact)** are responsible to ensure they:
 - 3.1. Are familiar with:
 - 3.1.1. The organizational Infant Feeding Policy and where to find it.

- 3.1.2. The NSHA/IWK commitment to welcoming breastfeeding anywhere, anytime.
- 3.1.3. Baby-friendly private spaces for all families, staff and volunteers in NSHA and IWK facilities.
- 3.1.4. Key messages that support the policy, the BCC Baby-Friendly Initiative 10 Steps and the principles of the WHO Code.
- 3.2. Respect and support the feeding decisions of all mothers.
- 3.3. Recognize that breastfeeding is protected in the Nova Scotia Human Rights Act (see [Related Document #10](#)).
- 3.4. Understand that the BFI is a Quality Improvement Initiative of the organization that supports all families in their infant feeding decisions through optimal care (see [Related Documents 4](#)).

REFERENCES

Legislative Acts

Government of Nova Scotia. (2008). *Personal Directives Act*. Retrieved from <https://nslegislature.ca/sites/default/files/legc/statutes/persdir.htm>

Other

The BFI 10 Steps and Who Outcome Indicators for Hospital and Community Health Service <http://breastfeedingcanada.ca/documents/Indicators%20-%20complete%20June%202017.pdf>

Accreditation Canada. <https://www.accreditation.ca>

Government of Nova Scotia Health Promotion and Protection. (2006). *Nova Scotia Provincial Breastfeeding Policy*. Retrieved August 29, 2017 from: <https://novascotia.ca/dhw/healthy-development/documents/Provincial-Breastfeeding-Policy.pdf>

Health Canada. *Infant Feeding*. Retrieved August 29, 2017 from: <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/infant-feeding.html>

Health Canada. Minister of Public Works and Government Services. A joint statement of Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada. *Nutrition for Healthy Term Infants*. Retrieved August 29, 2017 from: <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months.html>

Health Prince Edward Island. (Infant Feeding Policy) http://www.gov.pe.ca/photos/original/src_bfi_brochur.pdf

NSHA AD-HR-020 Respectful Workplace Policy

Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months: www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php#a11

Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months: www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-moiseng

World Health Organization. (2017) Protecting, Promoting & Supporting Breastfeeding In Facilities providing maternity and newborn services. <http://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn/en/>

World Health Organization. (2017). National Implementation of the Baby Friendly Hospital Initiative. <http://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/>

NSHA/IWK Provincial Diversity and Inclusion Framework 2017-2020
<http://intra.nshealth.ca/Pages/Resources.aspx>

Special Collection Enabling Breastfeeding for mothers and babies
<http://www.cochranelibrary.com/app/content/special-collections/article/?doi=10.1002/14651858.10100214651858>

RELATED DOCUMENTS

1. [Breastfeeding Committee for Canada 10 Steps and WHO Code Outcome Indicators for Hospital and Community Services](#)
2. [UNICEF UK Baby-Friendly Initiative Standards](#)
3. **Education Requirements for NSHA and IWK Physicians, staff and volunteers** – See Appendix C of the policy
4. The Baby-Friendly Initiative - a Quality Improvement Primer
http://rcp.nshealth.ca/sites/default/files/resources-reports/Baby%20Friendly_WEB_Rev%20Nov%202012.pdf
5. [Education Requirements for NSHA and IWK Physicians, staff and volunteers \(Being adapted from Health PEI http://www.gov.pe.ca/photos/original/src_bfi_edrequi.pdf\)](#)
6. The International Code of Marketing of Breastmilk Substitutes
<http://www.breastfeedingcanada.ca/documents/TheInternationalCodeOfMarketingOfBreastmilkSubstitutes.pdf>
7. [Global Strategy for Infant and Young Child Feeding](#)
8. Responsive Feeding <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/07/Responsive-Feeding-Infosheet-Unicef-UK-Baby-Friendly-Initiative.pdf>
9. NSHA/IWK Mother Baby Togetherness Guidelines/Policy (Under Development)
10. NS human Rights Legislation on Breastfeeding
<http://www.infactcanada.ca/humanright.htm>
11. [Health Canada Nutrition Recommendations for Healthy Term Infants](#)

Policies

IWK Supplemental Feedings for Breastfeeding Children IWK# 685A

NSHA Supplementation of Breastfeeding Children Policy (pending)

IWK/NSHA Skin to Skin Contact for Healthy Term Infants #IWK-1745 #NSHA-MC-NB-001

IWK/NSHA Handling and Storage of Expressed Breast Milk (pending)

[NSHA AD-HR-020 Respectful Workplace](#)

[IWK #1071.1 Respectful Workplace - Violence](#)

Under Revision – NSHA/IWK related Breastfeeding Policies

Evidence-Based Resources used in Nova Scotia

Documents

- [Breastfeeding Basics](#)
- [How to Feed Your Baby with Infant Formula](#)
- [Loving Care: Birth to 6 months](#)
- [Loving Care: 6 months to 1 year](#)

Pamphlets

- IWK/NSHA A Parent's Guide to SSC: What you can do to support your baby
- [NSHA/IWK Infant Feeding Policy Information pamphlet for staff, Physicians Volunteers](#)

Videos

- [Hand Expression video](#)
- The Healthy Children Project. (2010). *Skin-to-Skin in the First Hour After Birth: Practical Advice for Staff after Vaginal and Cesarean Birth*

Websites

- [LACTMED](#)
- [Motherisk](#)

Appendices

[Appendix A – Definitions](#)

[Appendix B – NS Infant Feeding Practice Guidelines for Health Professionals](#)

[Appendix C - Education for Physicians, Staff, Learners and Volunteers](#)

Appendix A – Definitions

Anticipatory Guidance

Anticipatory guidance is a proactive developmentally-based counseling technique where information is used to assist parents or guardians in the understanding of the “what to expect” and how to be prepared for the process of birthing, mothering, feeding, transition to home, etc.

Baby-Friendly Initiative (BFI):

An international program established by the World Health Organization (WHO) and UNICEF to promote, support and protect breastfeeding worldwide in hospital and in the community. Two evidence-based documents provide the foundation for the BFI: Integrated 10 Steps for Hospitals and Community Health Services and The International Code of Marketing of Breastmilk Substitutes and subsequent WHO Resolutions.

Responsive Cue-Based Feeding

Feedings initiated in response to the infant’s behavioral cues and ending when the infant demonstrates satiation (Tosh, K & McGuire W, 2007).

Direct Care

Includes quality care for infant feeding assessment, breastfeeding support and education, intervention and follow-up with mothers and their support people. May be offered by physicians, nurses, midwives and certain allied health staff (Dietitians, Physiotherapists, Laboratory Technicians, Occupational Therapists, Emergency Department care providers etc.), learners, volunteers such as lactation consultants, doulas, midwives etc.

Direct Care Provider

Staff who hold **primary** responsibility for the provision of **direct** care to a woman and her infant as defined above – usually nurses, lactation consultants and physicians.

Indirect Care Provider

Care providers whose role is outside of the direct care responsibilities but come into contact with mothers, infants and their families to provide medical or other supportive care. May include by physicians, nursing and allied health staff.

Family Centered Care

A way of caring for patients that recognizes and respects the essential role of their family in their lives. Family centred care strives to support families in their caregiving role; and promotes a partnership of mutual respect and support among families and staff. <http://www.iwk.nshealth.ca/page/glossary>

Informed Decision Making

Supporting informed decision making includes the provision of:

- “The opportunity for mother to discuss her concerns
- The importance of breastfeeding for mother, baby, family and community
- Health consequences for mother and baby of not breastfeeding
- Risk and cost of human milk substitutes
- Difficulty of reversing the decision to once breastfeed is stopped”
- [Breastfeeding Committee for Canada 10 Steps and WHO Code Outcome Indicators for Hospital and Community Services](#) (Pg. 10)

Also can include:

- Anticipatory Guidance about what to expect
- Supports available for families

International Code of Marketing of Breastmilk Substitutes

The Code was adopted by a resolution of the WHO in 1981. It bans all promotion of human milk substitutes, bottles and teats and sets out requirements for labeling and information on infant feeding. Any activity that undermines breastfeeding also violates the aim and spirit of the Code. Several additional Resolutions have been adopted to clarify the Code.

Learner

A student or learner who is currently in a program/service from a recognized learning institution.

Responsive Bottle Feeding

For families who are bottle feeding, responsive feeding is recognized as prompt, emotionally supportive, and developmentally appropriate responses to children's hunger and satiety cues (DiSantis, Hodges, Johnson, & Fisher, 2011).

The mother-baby relationship will be enhanced if mothers

- Recognize baby's cues
- Hold baby close during feeds
- Pace the feeds to meet baby's needs
- Avoid forcing the baby to finish the feed to prevent overfeeding
- Ensure that the parents give most of the feeds, particularly in the early weeks

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/further-guidance-on-implementing-the-standards/responsive-feeding-infosheet/>

Skin-to-Skin Contact

When a mother holds her baby dressed only in a diaper on her bare chest, maximizing skin contact between the two. It may also be provided by a support person identified by the mother when extenuating circumstances prevent her from being able to access it.

Supportive Environment

Environments that offer people protection from factors that can threaten good health. They foster participation and confidence in health and let people expand their capabilities, independence and self-reliance. Conditions are created that support the ability and likelihood of choosing healthy options.

Staff

Includes all IWK and NSHA employees working within hospital and communities who support (or come into contact) with mothers, infants and families. This includes staff in all departments.

Appendix B – NS Infant Feeding Practice Guidelines for Health Professionals

Health Care professionals are responsible to promote breast milk as the best possible food and drink for baby up to 6 months. After 6 months, sustained breast milk for up to two years and beyond with the addition of complementary foods is recommended (see Related Document #13).

Health Care professionals are responsible to uphold Baby-Friendly Implementation responsibilities and will:

- 1) Ensure all feeding orders reflect the mother's wishes with special regard for her personal goals, experiences and feeding plans.
- 2) Develop feeding plans in conjunction with mother/family that address her wishes, concerns and support for any feeding problems identified.
- 3) Enable mother baby togetherness at all times unless separation is medically indicated, including during routine care procedures.
- 4) Communicate with community supports (public health or other) to enable a smooth transition to home and ensure mothers are aware of where to access support within 24 hours of discharge from hospital.
- 5) Make every family aware of the importance of breastfeeding and human milk using teachable moments to share best practice information.
- 6) Use developmentally appropriate teaching methods and strategies to teach the breastfeeding pair and document same in progress notes and plan of care for the pair.
- 7) Teach all mothers about effective breastfeeding technique and how to do hand expression (see Evidence-Based Resource #12) and cup feeding, where appropriate.
- 8) Recommend appropriate alternate feeding techniques and strategies if mother cannot be present with baby or baby's nutritional needs are not being met. Mothers who are separated from baby are instructed on how to maintain lactation over time and how to safely store breast milk.
- 9) Maintain knowledge and competence about when and how to make appropriate referrals for identified breastfeeding problems. Referrals are made in a timely way.
- 10) Teach mothers who have made a decision not to breastfeed or provide milk for their infants how to safely choose, prepare, store and feed human milk substitutes using the recommended resource (see Evidence-Based Resource # 2).

- 11) Support mothers to feed and care for their baby without the use of artificial nipples or pacifiers and provide families appropriate instruction to make an informed decision about use.
- 12) Support informed decision making where families will have received information and anticipatory guidance on the importance of breastfeeding and human milk and the difficulty of reversing the decision not to breastfeed and the opportunity to discuss all decisions fully.
- 13) Adhere to the standards in “medical indications for supplementation of breastfed infants” when supplements are deemed medically necessary (see Policy #685A – Supplemental Feedings for Breastfeeding Children).
- 14) Follow Supplementation of Breastfeeding Infants Policy (pending development/adoption from Health PEI).

Appendix C – Education for Physicians, Staff, Learners and Volunteers



EDUCATION FOR PHYSICIANS, STAFF, LEARNERS AND VOLUNTEERS

It is recommended that all physicians, staff, learners and volunteers who provide **Direct Care** receive education about breastfeeding within 6 months of hire. Ongoing education needs will be identified in the individual’s personal development plan. The type of education will vary depending on their role. Please see the suggested education options below, outlined by profession in **Table 1**.

Education is also encouraged for physicians, staff, learners and volunteers who provide secondary or supportive care (**Indirect care**) to mothers and babies and is outlined in **Table 2**.

All Staff, volunteers and learners who come into contact with mothers and babies but do not provide them with breastfeeding education or support (**non-clinical contact**) are also encouraged to receive education. Suggestions are outlined in **Table 3**.

TABLE 1.	DIRECT CARE
<p>Suggested practitioners</p>	<p>Those who provide direct infant feeding assessment and teaching, breastfeeding support, intervention and follow up. Examples: Mother-baby units, pediatric units, public health nursing, primary care.</p>
<p>Physicians (2 options for direct care education)</p>	<p>Option 1: Latching On: How Family Physicians Can Support Breastfeeding Patients. Free online module, UBC Faculty of Medicine CPD (1.0 Mainpro+) To register: http://ubccpd.ca/course/breastfeeding-fp</p> <p>Option 2: Step 2 Education ES06: Breast Feeding Essentials for Physicians</p> <ul style="list-style-type: none"> • Online course (4 hours) • Complete the registration form as directed by your department
<p>Nursing staff</p>	<p>Step 2 Education ES01: Breastfeeding Essentials (for staff who are caring for mothers during pregnancy, birthing and for the duration of breastfeeding) Mandatory education</p> <p>Online course (20 hours)</p>

	<p>To register, complete the registration form as directed by your department.</p> <p>Please note: For this staff group, at least 3 hours of supervised clinical instruction is strongly recommended in addition to the ES01 course.</p>
<p>Step 2 Course descriptions can be found at:</p> <ul style="list-style-type: none"> - Step2 Education https://step2education.com/courses.html <p>ALSO AVAILABLE</p> <ol style="list-style-type: none"> 1. Registered Nurses Association of Ontario http://elearning.rnao.ca/login/signup.php <p>Online e-learning LMS module (see below for description) https://elearning.nshealth.ca Search catalogue for Infant Feeding</p>	

TABLE 2.

INDIRECT CARE

Suggested practitioners	<p>Care providers whose role is outside of the direct care responsibilities but come into contact with mothers, infants and their families to provide medical or other supportive care.</p>
Physicians	<p><i>But I Don't Do Maternity Care!</i></p> <p><i>Specialist Physician Management of the Breastfeeding Patient</i></p> <ul style="list-style-type: none"> • Free online module, UBC Faculty of Medicine CPD (0.25 Mainpro+) • To register: http://ubccpd.ca/course/breastfeeding-sp
All Indirect Care Providers	<p><i>Step 2 Education ES05: Breast Feeding Essentials for Allied Health</i></p> <ul style="list-style-type: none"> • Online course (8 hours) • To register, complete the registration form on Staff Resource Centre. <ul style="list-style-type: none"> • Step 2 Course descriptions can be found at: Step2 Education https://step2education.com/courses.html <p>Also available: Online e-learning LMS module (see below for description) https://elearning.nshealth.ca Search catalogue for Infant Feeding</p>

TABLE 3.	NON-CLINICAL CONTACT WITH MOTHERS AND BABIES
Suggested practitioners	All who come into contact with mothers and infants but do not provide them with infant feeding education or support.
Non-clinical staff, learners and volunteers (2 education options)	<p>Option 1: Step2 Education ES04: Breastfeeding Essentials for Ancillary Staff - Free online module (10 minutes long, can be viewed as a group).</p> <ul style="list-style-type: none"> • Registration is not required to view the module, however to obtain a certificate of completion, you do need to register by completing the registration form found on the Staff Resource Centre. • Proceed with direction from your department <ul style="list-style-type: none"> • Step 2 Course descriptions can be found at: Step2 Education https://step2education.com/courses.html <p>Option 2:</p> <p>Healthy Mothers, Healthy Babies Breastfeeding</p> <ul style="list-style-type: none"> • Free online course, Best Start Ontario (3hrs) • To register: http://www.beststart.org/courses/login/index.php
	<p>Online e-learning modules All staff</p> <p>The Infant Feeding Policy: Together We Are Baby-Friendly (2019). The NSHA & IWK has made a commitment to achieve Baby-Friendly designation. The implementation of the Infant Feeding Policy and the Baby-Friendly Initiative requires the help of everyone working in the healthcare system, whether you’re working directly with moms, babies, and families or not. The Infant Feeding Policy clearly outlines the roles and responsibilities of leaders, physicians, staff, learner, and volunteers. This module has been created to help you understand your role in the Infant Feeding Policy and the Baby-Friendly Initiative.</p> <p>https://elearning.nshealth.ca</p> <p>Search catalogue for Infant Feeding</p>

For more information on education options and registration email:

Adapted with permission from Health PEI

District Health Authority/IWK Policies Being Replaced

CHA 212-029 Infant Feeding Policy

PCHA (2014) 1-i-30 Infant Feeding Policy

CEHHA (2005) Breastfeeding Policy

GASHA Infant/Child Feeding 3 - 100

GASHA 3-130: Healthy Development: Postpartum Standard for Infant Feeding

GASHA 4-20 Bottle Feeding

GASHA 5-10 Breastfeeding

GASHA - Postpartum Standard for Infant Feeding

CBDHA CFS 6 - 170 Standard Infant Feeding Formulas

CBDHA A-7-031 Breastfeeding

SSH-NU-400-542 Breast Feeding Policy

SWH 517.0 Breastfeeding Policy

AVH Breastfeeding Promotion, Protection and Support

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
NEW IWK 2018-04-17 / NSHA 2018-10-02	2018-10-30