

POLICY AND PROCEDURE

Policy Title:	Infant Feeding		
Applies To:	Staff, physicians, learners, and volunteers in NS Health and IWK Health facilities, programs, and sites.		
Location Applicability:	IWK/NSHA		
Approved:	NSHA:	TBA	IWK: August 21, 2023
Effective:	NSHA:	TBA	IWK: Sept 13, 2023
Sponsors:	NSHA:	Senior Director Maternal Child Health Nova Scotia Health Authority (NSH)	IWK: Directors - Women’s and Newborn Health Program and Children’s Health Program – Medical, Critical Care & Rehabilitation, IWK Health
Approval Authorities:	NSHA:	VP, Integrated Health Services, Primary Health Care Population Health	IWK: Policy and Practice Committee
Numbers:	NSHA:	NSHA MC-GA-001	IWK: IWK #1115

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PURPOSE

For staff, physicians, learners, and volunteers to promote evidence-based support, consistent messaging, and a culture of informed decision making regarding infant feeding.

POLICY STATEMENTS

1. All NSH and IWK Health physicians, Staff, Learners, and volunteers must be aware of their unique responsibilities to support families under the Infant Feeding Policy.
2. Nova Scotia Health (NSH) and IWK Health leadership in acute care and the community must support the creation and advancement of a culture which promotes and supports Breast and Chest Feeding and Informed Decision Making through the implementation of the Baby-Friendly Initiative (BFI) including adherence to the International Code of Marketing Breastmilk Substitutes (The WHO Code) and subsequent World Health Assembly resolutions.
 - 2.1. Exclusive breast and chest feeding for six months and continued breast and chest feeding 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 mothers and lactating persons, and child health.
3. All Direct Care Providers:
 - 3.1. In hospital and community, must provide families, including Substitute Decision Makers with:
 - 3.1.1. Information regarding the importance of breast and chest feeding.
 - 3.1.2. Support to make a fully informed decision related to infant feeding.
4. Anyone providing direct or indirect care to mothers and lactating persons, and infants must protect all mother and lactating parent infant feeding relationships.
 - 4.1. Make referrals to appropriate follow-up supports and services.

ROLES AND RESPONSIBILITIES

NSH and IWK Health Leadership are responsible to:

- Demonstrate commitment and provide direction and support of the following:
 - All principles and standards outlined in Breastfeeding Committee for Canada (BCC): [Baby-Friendly Implementation Guideline](#).
 - The NSH/IWK Health Diversity and Inclusion Framework 2017-2020 and the NSH/IWK respectful workplace policies. [IWK Health Policy 1071.1 Respectful Workplace – Violence](#) and [NSHA AD-HR-020 Respectful Workplace](#)
- Create and promote opportunities for collaboration between direct care and indirect care providers across acute care and community health settings. This promotes consistent women and persons, and infant care.
- Establish and monitor knowledge, skills and attitudes on breast and chest feeding support and infant feeding for physicians, staff, learners, and all other direct care providers appropriate to their role as per the BCC BFI Implementation Guidelines.
- Ensure a standard initial orientation and process 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 BCC BFI Implementation Guideline as they relate to all persons and families.
- 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.
- Develop and monitor a Quality Initiatives plan including mechanisms and processes that support evidence-based practice for breast and chest feeding/infant feeding, BFI implementation, and infant feeding data surveillance.
- 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 BCC BFI Implementation Guideline.
- Inform all physicians, staff, learners and volunteers of the Infant Feeding Policy and any relevant related policies including their specific roles and responsibilities to:
 - Comply with the WHO Code and subsequent resolutions.
 - Not permit any solicitation, financial donations, literature, equipment, material donations or other displays from companies selling products prohibited under the Code.

- Support the creation and maintenance of environments where promotion of the importance of breast and chest feeding, and the unique qualities of human milk is the norm.
- Support the environment where every person receives the support they need to breast and chest feed.
- Establish relationships with community partners and groups providing prenatal education and facilitate assistance with curriculum development where appropriate.
- Work with leaders and others to establish a workplace culture supportive of employee breast and chest feeding.
- Create a welcoming environment where mothers and lactating persons are supported to breast and chest feed anywhere.
- Respect and support individual family decisions on infant feeding.
- Work with others to better understand how to support exclusive breast and chest feeding initiation, duration, and improvement of infant feeding culture.
- Work with partners to ensure families have information and access to community and clinical supports for breast and chest feeding/infant feeding.
- 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 [breast and chest feeding initiation, exclusivity, medical and non-medical supplementation, and duration]).

NSH and IWK physicians, staff, learners, and volunteers providing direct/indirect care to mothers and lactating persons, and infants are responsible to:

- Collaborate with acute care and community health settings on mother-baby and lactating parent-baby, infant feeding care plans.
- Ensure skin-to-skin care immediately following birth and is uninterrupted for at least 1 hour, until completion of the first feed or as long as the mother and gestational parent wishes, including on transfer to another care area unless either are medically unstable (see [IWK-1745/NSHA-MC-NB-001 Skin-to-Skin Contact for Healthy Term Infants](#)).
- Ensure that families are respected in their informed infant feeding decisions and are provided support through appropriate education and resources.
- Ensure that families receive support and guidance for informed decision making about feeding their infant and are provided information about:
 - The importance and process of breast and chest feeding and human milk.
 - The health consequences of not breast and chest feeding for infants and mothers and lactating parents.

- The impact and cost of human milk substitutes.
- Possible detrimental impact of non-medically indicated supplementation and partial bottle feeding on exclusive breast and chest feeding and breast and chest feeding duration.
- How to choose what is acceptable, feasible, affordable, sustainable, and safe in their circumstance.
- The difficulty of reversing the decision not to breast and chest feed.
- 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.
- The importance of Responsive Cue-Based Feeding and how to feed responsively when their infant is ready to feed, receiving help if needed.
- The importance of mother and lactating parent, and infant remaining together during their hospital stay unless either or both are medically unstable.
- How to hand express human milk and safely handle expressed human milk as per organizational policy.
- Community and clinical services for any follow-up support required.
- Ensure that families with infants in the Neonatal Intensive Care Unit (NICU) are actively supported to:
 - Begin the process of lactation with skin-to-skin care and early initiation of hand expression, within the first hour of birth (Hand Expression [video](#)).
 - Continue with breast and chest feeding and maintain lactation with ongoing support during separation and challenging circumstances.
 - Make infant feeding decisions through informed decision making when a human milk substitute is medically indicated [IWK Health Policy #685A – Supplemental Feedings for Breastfeeding Children](#) and [MC-GA-010 Supplemental Feedings for Breastfeeding Babies](#) .
 - Be engaged in Responsive Cue-Based Feeding.
 - Ensure that mothers and lactating persons who have medical needs that may impact on breast and chest feeding, are provided evidence-based advice and timely support to protect breast and chest feeding.
 - Provide any supplemental feedings according to [IWK Health Policy #685A – Supplemental Feedings for Breastfeeding Children](#) and [MC-GA-010 Supplemental Feedings for Breastfeeding Babies](#).
 - Attend to their mental health needs (e.g., postpartum psychosis).
 - Explore any concerns or questions regarding medication use ([see LACTMED](#)).

- Address diagnostic testing or surgery needs.
- Adhere to the Breastfeeding Committee of Canada competency requirements for either Direct Care Providers or Indirect Care Providers.

All other NSH and IWK physicians, staff, learners, and volunteers (non-clinical contact) are responsible to ensure they:

- Are familiar with:
 - The organizational Infant Feeding Policy and where to find it.
 - The NSH/IWK commitment to welcoming breast and chest feeding anywhere, anytime.
 - Baby-friendly private spaces for all families, staff, and volunteers in NSH and IWK facilities.
 - The Breastfeeding Committee of Canada competency requirements for Non-Clinical Staff.
- Respect and support the feeding decisions of all mothers and lactating persons.
- Recognize that breast and chest feeding is protected in the Nova Scotia Human Rights Act.
- Understand that the BFI is a Quality Improvement Initiative of the organization that supports all families in their infant feeding decisions through optimal care.

PRINCIPLES AND VALUES

1. Patients and families have a right to Family Centred Care that supports informed decision making and respect for their individual decisions.
2. The BFI supports all patients and families regardless of feeding method chosen and is best implemented and monitored through continuous quality improvement strategies.
3. A Baby-Friendly culture is a shared responsibility across the health system and the community must be inclusive of diverse cultures, perspectives, and support achievement of equity for all.
4. Recognition and commitment to reduce the impact of social, economic, cultural, and environmental factors on infant feeding decisions and breast and chest feeding initiation and duration (e.g., income, food insecurity, age, sexual orientation, colonialism, racism).
5. Appropriate, timely, relevant conversations and information sharing with families will help support and inform decision making related to feeding.
6. The provision of consistent evidence-based, culturally appropriate, and inclusive key messages about infant feeding across the continuum of care is important.
7. Knowledgeable, well-informed staff, families and community members contribute to a positive breast and chest feeding culture and improved health for all.
8. Policies and practices must be grounded in research and evidence.
9. NSH and IWK Health will ensure systems and practices for quality improvement, care continuity, and equitable service delivery for infant feeding.

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REFERENCES

Legislative Acts/References

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

Other

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

[Baby-Friendly Implementation Guideline, Breastfeeding Committee for Canada, 2021](#)

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](#)

Protecting, promoting and supporting breastfeeding: the Baby-friendly Hospital Initiative for small, sick and preterm newborns. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO. <https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.who.int%2Fpublications-detail-redirect%2F9789240005648&data=05%7C01%7Cjanine.mcclure%40iwk.nshealth.ca%7Cef5b7c422bfd4177381708dbae2e58d7%7C8eb23313ce754345a56a297a2412b4db%7C0%7C0%7C6>

Public Health Agency of Canada. (2022). *Principles of family-centred maternity and newborn care*. <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/maternity-newborn-care/principles-maternity-newborn-care-fact-sheet-eng.pdf>

[World Health Organization. \(2017\). Protecting, Promoting & Supporting Breastfeeding In Facilities providing maternity and newborn service](#)

[World Health Organization. \(2017\). National Implementation of the Baby Friendly Hospital Initiative](#)

[NSHA/IWK Provincial Diversity and Inclusion Framework 2017-2020](#)

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[Special Collection Enabling Breastfeeding for mothers and babies](#)**RELATED DOCUMENTS**

1. [Breastfeeding Committee for Canada BFI Guideline Checklist](#)
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](http://rcp.nshealth.ca/sites/default/files/resources-reports/Baby%20Friendly_WEB_Rev%20Nov%202012.pdf)
5. [The International Code of Marketing of Breastmilk Substitutes](#)
6. [Global Strategy for Infant and Young Child Feeding](#)
7. [Responsive Feeding Infosheet - Baby Friendly Initiative \(unicef.org.uk\)](#)
8. NS human Rights Legislation on Breastfeeding
<http://www.infactcanada.ca/humanright.htm>
9. [Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative](#)
10. [Competency Verification for Indirect Care Providers](#)
11. [Competency Verification for Indirect General Service Providers \(Non Clinical Staff\)](#)
12. [Health Canada Nutrition Recommendations for Healthy Term Infants](#)
13. Breastfeeding Committee for Canada Medical Indications for Supplementation
<https://breastfeedingcanada.ca/wp-content/uploads/2021/04/Medical-Indications-for-Supplementation-April-14.pdf>

Evidence-Based Resources used in Nova Scotia**Documents**

- [Breastfeeding Basics](#)
- [Infant Feeding: What you need to know](#)
- [Loving Care: Birth to 6 months](#)
- [Loving Care: 6 months to 1year](#)

Videos

- [Hand Expression Video](#)
- The Healthy Children Project. (2010). *Skin-to-Skin in the First Hour After Birth: Practical*

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Advice for Staff after Vaginal and Cesarean Birth

Websites

- [LACTMED](#)

Policies

[IWK Health Policy #685A – Supplemental Feedings for Breastfeeding Children](#)

[MC-GA-010 Supplemental Feedings for Breastfeeding Babies](#)

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

[IWK Health Policy 907 Labeling, Storage, Handling, Thawing, Fortification and Administration of Expressed Breast Milk](#)

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

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

[IWK Health Policy 50005 Comfort Promise – Comfort Positioning Guidelines](#)

Brochures

- IWK/NSHA A Parent’s Guide to SSC: What you can do to support your baby
- [About the Baby-Friendly Initiative and Infant Feeding Policy](#)
- Making an informed choice about: Feeding Your Baby
- IWK Resources for Breastfeeding

Appendices

Appendix A: Definitions

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

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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, parenting, 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. In Canada, the BFHI includes community health services reflecting the continuum of care in our healthcare system and is called the Baby-Friendly Initiative (BFI). The Baby-Friendly Initiative Implementation Guideline describes the application of the international standards within the Canadian context.
Breast and Chest Feeding	The baby, infant or child is receiving breast milk, either directly from the breast and chest or expressed. This definition may include exclusive, predominant, and partial breast and chest feeding.
Birthing Parent	Gender-neutral, inclusive, term that refers to anyone who has/will give birth.
Responsive Cue-Based Feeding	Feedings initiated in response to the infant’s behavioral cues and ending when the infant demonstrates satiation.
Direct Care	Includes quality care for infant feeding assessment, breast and chest feeding support and education, intervention, and follow-up with families. 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 patients 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 patients and their families to provide medical or other supportive care. May include 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.

	<p>The guiding principles of family-centred maternity and newborn care (FCMNC) provide the basis for national, provincial, regional, and local planning and organizing of maternal and newborn services. These principles state that pregnancy and birth are normal, healthy life events and family support, participation, and informed decision-making are central to all care. Care is organized in such a way that it responds to the physical, emotional, psychosocial, and spiritual needs of the woman, the newborn, and the family</p>
<p>Birth Parent</p>	<p>Gender-neutral, inclusive, term that refers to anyone who has/will give birth</p>
<p>Informed Decision Making</p>	<p>Supporting informed decision making includes the provision of:</p> <ul style="list-style-type: none"> • The opportunity for mothers and persons to discuss their concerns. • The importance of breast and chest feeding for mothers and lactating persons, baby, family, and community. • Health consequences for mother and lactating persons and baby of not breast and chest feeding. • Risk and cost of human milk substitutes. • Difficulty of reversing the decision to once breast and chest feeding is stopped. • Anticipatory Guidance about what to expect • Supports available for families <p><u>Breastfeeding Committee for Canada BFI Guideline Checklist (page 14)</u></p>
<p>Learner</p>	<p>A student or learner who is currently in a program/service from a recognized learning institution</p>
<p>Responsive Bottle Feeding</p>	<p>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. The mother-baby and lactating parent-baby relationship will be enhanced if mothers and lactating parents:</p> <p>Recognize baby’s cues</p> <p>Hold baby close during feeds</p> <p>Pace the feeds to meet baby’s needs</p> <p>Avoid forcing the baby to finish the feed to prevent overfeeding</p> <p>Ensure that the parents give most of the feeds, particularly in the early weeks</p>

Skin-to-Skin Contact	When a mother and lactating person holds their infant dressed only in a diaper on their bare chest, maximizing skin contact between the two. It may also be provided by a support person identified by the mother and lactating person 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 NSH employees working within hospital and communities who support (or come into contact) with mothers and persons, infants, and families. This includes staff in all departments.

Appendix B – 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 breast and chest feeding 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 breast and chest feeding education or support (non-clinical contact) are also encouraged to receive education. Suggestions are outlined in Table 3

TABLE 1.

DIRECT CARE	
Suggested practitioners	Those who provide direct infant feeding assessment and teaching, breast and chest feeding support, intervention and follow up. <i>Examples: Mother- baby units, pediatric units, public health nursing, primary care.</i>
Physicians and Nurse Practitioners (2 options for direct care education)	Option 1: <i>Latching On: How Family Physicians Can Support Breastfeeding Patients.</i> Free online module, UBC Faculty of Medicine CPD (1.0 Mainpro+) To register: http://ubccpd.ca/course/breastfeeding-fp Option 2: <i>Step 2 Education ES06: Breast Feeding Essentials for Physicians</i>
Nursing staff	<i>Step 2 Education ES01: Breastfeeding Essentials</i> (for staff who are caring for mothers during pregnancy, birthing and for the duration of breastfeeding) Mandatory education Online course (20 hours)

	<p><i>To register, complete the registration form as directed by your department.</i></p> <p><i>Please note: For this staff group, at least 3 hours of</i></p>
	<p><i>supervised clinical instruction is strongly recommended in addition to the ES01 course.</i></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"> 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</p> <p>Search catalogue for Infant Feeding</p>	

TABLE 2. INDIRECT CARE	
Suggested practitioners	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.
Physicians	<p><i>But I Don't Do Maternity Care!</i></p> <p><i>Specialist Physician Management of the Breastfeeding Patient</i></p>

All Indirect Care Providers	<p>Step 2 Education ES05: Breast Feeding Essentials for Allied Health</p> <ul style="list-style-type: none"> • Online course (8 hours) • To register, complete the registration form on Staff Resource Centre. • Step 2 Course descriptions can be found at: Step2 Education https://step2education.com/courses.html
	<p>Search catalogue for Infant Feeding</p>

POLICIES BEING REPLACED

(Please List)

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	YYYY-MM-DD	[Issuing Authority]	N/A
[Revised / Reaffirmed]	2023-09-13	IWK only. Policy & Practice Committee	4-year review
	2024-04-10	IWK Co-Sponsors	Minor change to brochure link