

AH1620 – Infant Feeding Policy

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and T̓silhqot̓'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To standardize infant feeding practices in Interior Health that support optimal infant nutrition, growth and development and the promotion of positive infant feeding relationships.

2.0 DEFINITIONS

TERM	DEFINITION
Complementary Foods	Any safe, appropriate and locally available manufactured or locally prepared food introduced into an infant's diet to be consumed in combination with human milk or human milk substitute to satisfy the nutritional requirements of the infant. Also may be referred to as "weaning food" or "breast-milk supplement".
Exclusive Breastfeeding	The infant receives human milk (including expressed milk and donor milk) and allows the infant to receive oral rehydration solution, syrups (vitamins, minerals, medicines) but does not allow the infant to receive anything else.
Health Care Provider (HCP)	A broad term used to refer to a member of the multidisciplinary team, including Physicians, Registered Midwives, Nurse Practitioners, Registered Nurses, Licensed Practical Nurses, Allied Health Professionals
Infant Feeding	The act of feeding an infant from the breast/chest or from an alternate feeding method (e.g., cup, gavage, bottle). Infant feeding language is to be used based on individual preference of the infant's family and should be explored on a client-specific basis to support culturally safe care.

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	<p>Breastfeeding: feeding an infant at the mother’s/birthing parent’s breast or feeding human milk.</p> <p>Chest feeding: a term that may be used by individuals in an infant feeding relationship to describe feeding an infant from the human body.</p>
Informed Decision	<p>The process whereby pregnant women/persons and mothers/birthing parents receive evidence-informed information and support to make infant feeding decisions, which include:</p> <ul style="list-style-type: none"> • The opportunity for mothers/birthing parents to discuss their concerns • The importance of breastfeeding for babies, mothers/birthing parents, families and communities • The health consequences for babies and mothers/birthing parents of not breastfeeding the impact and cost of human milk substitutes, and • The difficulty if reversing decisions once breastfeeding is stopped <p>This does not indicate that making a decision about feeding an infant is the sole responsibility of mothers as it can apply equally to either parent and/or the family unit. We understand that support of extended family, especially support of the partner, can influence a woman’s experience and decisions she makes.</p>
Non-human milk	Refers to human milk substitutes, commercial infant formula or breastmilk substitutes.
Responsive, cue-based feeding	Watching for infant’s cues and responding quickly when infant signals readiness to feed, the need for a break during the feeding or when hunger is satiated.
Skin-to-skin	<ul style="list-style-type: none"> • Skin-to-skin at birth: immediate and uninterrupted skin-to-skin contact at birth. It refers to the naked infant being placed on the mother’s/birthing parent’s naked chest immediately at birth, drying the infant and covering both with a warm dry blanket, and maintaining this close contact for at least one to two hours after birth. • Skin-to-skin care: is skin-to-skin contact at any time

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	<p>after birth</p> <ul style="list-style-type: none"> • Kangaroo care: is sustained skin-to-skin contact with preterm infants.
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3.0 POLICY

3.1 To Guide Standardized Practice for Infant Feeding Support at All Facilities in Interior Health (Acute, Community and Rural)

3.1.1 Baby-Friendly Initiative (BFI)

- The Baby-Friendly Initiative (BFI) is a population health strategy designed for health care organizations to provide evidence-informed care to all childbearing families. BFI is an accreditation standard which protects, promotes and supports best practice related to infant and young child feeding based on the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) Ten Steps to Successful breastfeeding/chest feeding.
- Infant feeding resources are to be informed by and in alignment with the Breastfeeding Committee for Canada (BCC) which is recognized as the National Authority for designating BFI in Canada and the International Code of Breast- milk Substitutes.
- The [BCC Baby-Friendly Initiative \(BFI\) Implementation Guideline](#) and [BFI Guideline Checklist](#) is to be used to support the application of international standards within the Canadian context and reflects the continuum of care from hospital to community.
- [The BCC Baby-Friendly \(BFI\) Implementation Guidelines](#) are to be used at the operational level to ensure BFI quality indicators are being met at each facility or to identify gaps in order to inform quality improvement initiatives.
- Operational leaders are to advance best practices in infant feeding by supporting, aligning, and implementing the BFI quality improvement strategies for all infants, including small, sick and preterm infants.
- Provide a seamless transition between the services provided by the hospital, community health services and peer-support programs.
- Facilities and services within IH that seek BFI designation will be required to meet the BFI standards [BFI Guideline Checklist](#).

3.1.2 Infant Feeding Critical Management Procedures

- The Infant Feeding Policy is routinely communicated to all staff, pregnant persons and parents.

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- IH purchasing and advertising processes comply with the WHO [International Code of Marketing of Breast- Milk Substitutes](#)
- The surveillance system for monitoring and reporting of data for both hospital and community align with the Breastfeeding Committee for Canada definitions and required indicators. The surveillance system is embedded in facility quality improvement (QI) monitoring programs and is reviewed at least every six months to ensure [BFI](#) best practices are sustained. QI strategies are implemented when opportunities for improvement are identified.
- All HCPs, staff, students and volunteers are required to have sufficient competencies (knowledge, skills and attitude) aligned with BFI principles and the International Code of Marketing of Breast-milk Substitutes to support parent/infant feeding goals across the continuum of care in IH.
- Breast/chest feeding is welcomed and supported in all public places throughout Interior Health. Private areas are designated and available for feeding or expressing milk if this is desired by the parent/caregiver.
- Staff are supported to continue breastfeeding/chest feeding or expressing milk for their child at work through the provision of access to a suitable space for feeding or pumping, a flexible breakschedule, and refrigeration.

3.2 Applies to all Individuals Who Support Infant Feeding Practices in all Departments, Worksites, Clinics and/or Services

3.2.1 Education and Training Resources

- Resources in the format of an infant feeding guide toolkit will provide standardized infant feeding practices, available in the Breastfeeding Quality Bundle.
- An education/orientation package that clearly outlines learning requirements for infant feeding as well as an associated competency validation process is to be reviewed and completed within 6 months of hire and repeated at least every 2 years (under development).
- Refer to the [IH Independent Double Check - Nursing Clinical Practice Standard](#) for the requirements of labeling expressed human milk and the independent double check (ICD) process.

3.3 Promote a Person-Centered Approach to Empower Families to Reach Personal Infant Feeding Goals

3.3.1 Person and Family Centered Care

- Ensure all care is person and family centered and non-judgmental. IH will support all parents and families in making informed decisions about infant feeding and in achieving their infant feeding goals, including the use of

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human milk substitutes (HMS). [National Guideline: Family-centered maternity and newborn care](#)

3.3.2 Cultural Safety

- All individuals who support infant feeding practices will act with humility and in a culturally safe and respectful manner with the intent to reduce barriers to care, increase quality and safety of services, positively impact patterns of service utilization, improve clinical outcomes and lead to fewer disparities in health status.
- Strengthen partnerships and promote shared decision-making to support improved health outcomes for all individuals regardless of race, ethnicity, nationality or culture.

3.3.3 Diversity and Inclusion

- Education, communication, and care processes are developed with the understanding that each individual is unique and recognizing individual differences based on a variety of dimensions including but not limited to race, gender, values, and beliefs.
- Includes efforts to ensure an inclusive and safe environment for everyone and to encourage the use of inclusive language (see [Interior Health Inclusive Language Guide](#)).
- It is the expectation that all care relationships are supported through conversation to identify preferred terminology used in reference to infant feeding and personal identifiers (names and pronouns) for individuals and families.

3.3.4 Trauma-Informed Practice

To promote the understanding of how trauma can be experienced differently by each individual and impacts many population groups including but not limited to immigrants, refugees, women, men, children, youth, Indigenous peoples, and individuals with disabilities.

3.4 Uphold the Rights of Infants to Receive Safe Care and Given the Opportunity to Achieve the Highest Attainable Standard of Health by Ensuring Optimal Nutrition and Preventing Unjustified Separation from their Parent.

3.4.1 Skin-to-Skin Contact

- Facilitate immediate and uninterrupted skin-to-skin contact at birth (regardless of type of birth; vaginal or caesarean) unless medically contraindicated, which should be documented in the patient chart (e.g. indication for safety and/or medical intervention)
- Support ongoing skin to skin care and/or kangaroo care any time after birth

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- If separated, the infant- parent dyad is to be reunited as soon as possible

3.4.2 Optimal Nutrition for Infants

Establish a practice environment that protects, promotes, and supports the [WHO and UNICEF global recommendations](#) for infant and young child feeding including:

- immediate and uninterrupted skin-to-skin contact at birth
- early initiation of breastfeeding within 1 hour of birth
- exclusive breastfeeding for the first 6 months of life; and
- introduction of nutritionally adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond
- provide skilled support to initiate and sustain breast/chest feeding and manage common difficulties

Share evidence-based knowledge and resources with the family as appropriate at all stages of the new parenting process in alignment with the WHO [ten steps to successful breastfeeding](#).

Topics include, but are not limited to:

- the importance of exclusive breastfeeding
- the importance of sustained skin-to-skin contact to support adequate human milk production and to establish a positive infant feeding relationship
- the process of responsive, cue-based feeding
- techniques for hand expression of human milk
- processes for expressing human milk, safe storage, handling and cleaning of equipment
- strategies to maintain and/or increase milk supply
- available community services and peer-support groups for infant feeding

Some individuals cannot or choose not to breastfeed; this should be respected by healthcare professionals and appropriate support and education on infant feeding provided.

- Once an informed decision has been made, information around safe preparation and storage should be provided on an individual basis as appropriate to support infants that are being fed non - human milk.

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