

Infant Feeding Policy for Two Rivers Family Health Team

Infant Feeding Policy for Two Rivers Family Health team		Date Developed:	June 2010	Page Number	Policy Number
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Breastfeeding/chestfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants and is an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed/chestfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding/chestfeeding continues for up to two years of age or beyond (WHO/UNICEF Global Strategy For Infant and Young Child Feeding, 2003, p.7-8).

Consistent with this, Health Canada recommends exclusive breastfeeding/chestfeeding for the first six months of life for healthy term infants, as breast milk is the best food for optimal growth. Infants should be introduced to nutrient-rich, solid foods with particular attention to iron at six months with continued breastfeeding/chestfeeding for up to two years and beyond (Health Canada, 2018).

In addition, the *Ontario Public Health Standards* set “an increased rate of exclusive breastfeeding until six months, with continued breastfeeding for 24 months and beyond” as a societal outcome towards achieving the goal for all children to attain and sustain optimal health and developmental potential (Ministry of Health and Long Term Care, 2014).

The Infant Feeding Policy at Two Rivers Family Health Team is based on the standards for maternity services as declared by the *World Health Organization* (WHO), *the United Nations Children’s Fund* (UNICEF), *Health Canada*, the *Canadian Family-Centered Maternity and Newborn Care: National Guidelines* (2017) and the *RNAO Breastfeeding Best Practice Guideline* (2018). This policy is consistent with the WHO *Baby-Friendly Initiative (BFI) Ten Steps to Successful*

Breastfeeding (2018) and *the BCC Implementation Guidelines (2021)* which is global evidence based standard of care to promote, protect and support breastfeeding.¹

The administrators and staff of the Two Rivers Family Health Team, recognize that:

- 1) Breastfeeding/chestfeeding is the norm for infant and young-child feeding and the foundation for a healthy life.
- 2) Not breastfeeding/chestfeeding or, not receiving breast milk, increases the risk of childhood illness and of hospitalization related to a wide range of acute and chronic diseases such as respiratory and middle ear infection, diabetes, obesity, sudden infant death syndrome, and other short and long-term illnesses.
- 3) Breastfeeding/chestfeeding helps to create and establish a lasting bond between mothers and infants who form an inseparable biological and social unit.
- 4) The early postnatal days are a pivotal time for the establishment of successful breastfeeding/chestfeeding and lactation.

(Dietitians of Canada, Canadian Paediatric Society, The College of Family Physicians of Canada & Community Health Nurses of Canada, 2010; Health Canada, 2004; WHO, 2003)

At Two Rivers Family Health Team:

We protect breastfeeding/chestfeeding families by ensuring that staff and volunteers adhere to the International Code of Marketing of Breast-milk Substitutes (Appendix A).

More specifically:

- We protect breastfeeding/chestfeeding families by allowing no advertising to pregnant persons, parents and their families of any items covered under the WHO Code including breastmilk substitutes, nipples, pacifiers and any food that replaces breastfeeding/chestfeeding, including "follow-up" formulas.
- We provide no free formula, bottles, nipples or pacifiers to pregnant persons, parents and their families
- We do not accept any funding, grants or gifts from companies marketing products addressed in The Code.
- We do not give group instructions on formula preparation or feeding.
- We do provide individual instruction and support to those families who have made a fully informed choice not to breastfeed/chestfeed

In addition to the Code, we promote and support breastfeeding as outlined by the World Health Organization (WHO) 10 Steps to Successful Breastfeeding and its Interpretation from the Breastfeeding Committee for Canada (BCC).

Step 1

- a) WHO 2018: Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
BCC 2021: Comply with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly Resolutions.**

- We do not carry formula, follow-up formulas, feeding bottles, or pacifiers in our facility.

- We do not accept free samples of breastmilk substitutes. We also do not give any free samples to patients and their families.
- We do not display, promote or provide any free distribution of products covered by the Code.
- Our management team monitors all incoming orders and removes any orders that do not comply with the Code.
- We have an Infant Feeding Policy that describes our adherence to the Code (Appendix A).

**b) WHO 2018: Have a written infant feeding policy that is routinely communicated to staff and parents.
BCC 2021: Have a written Infant Feeding Policy that is routinely communicated to all staff, pregnant women/persons and parents**

- We have a comprehensive infant feeding policy that has been reviewed and accepted by the Board of Directors, Chronic Disease Management (CDM) and Programs Committee Working Groups of the Two Rivers Family Health Team.
- We communicate this policy to all health care providers, staff and volunteers and orient them to the policy appropriate to their roles and responsibilities within the FHT.
- We provide a summary of this policy in our patient education materials and display the policy summary in all public areas that serve mothers, parents, infants and/or children (See Appendix B for a breastfeeding/chestfeeding policy poster). A copy of the full policy is available upon request.
- This summary and other patient education materials are written at an approved literacy level to meet the needs of the client population we serve.
- We review the policy and staff compliance at a minimum of every two years.

**c) WHO 2018: Establish ongoing monitoring and data-management systems.
BCC 2021: Establish ongoing monitoring and data-management systems.**

- We monitor infant feeding at several different service points including: entry to service, well baby visits for the first 2 year of life, and any breastfeeding/chestfeeding related follow-up with our Newborn Support Program.
- We created a custom form in our electronic medical record that helps us to track infant feeding. This data is reported quarterly to our Newborn Support Program lead.
- We aligned our Annual Operating Plan (AOP) for the Ministry with the BCC's Monitoring Recommendations. This ensures that we are collecting data before for program development and our BFI status.
- We ensure our Newborn Support Program (NSP) working group meets once every 4 months, minimum. If changes/improvements are necessary, then meetings occur more often.

**Step 2 WHO 2018: Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
BCC 2021: Ensure that staff have the competencies (knowledge, attitudes, and skills) necessary to support women/birthing parents to meet their infant feeding goals.**

- We educate all staff and volunteers who have contact with parents, infants and/or children about the infant feeding policy including the rationale *for* the *Ten Steps* and the *WHO Code*. We also educate staff and volunteers about which agency personnel provide primary

- breastfeeding/chestfeeding support and how to make appropriate referrals. This includes (but is not limited to) nurses, physicians, nurse practitioners, dietitians, social workers, support staff, students and volunteers who have contact with pregnant persons, new parents and their families.
- We provide further education within 6 months of hire for all staff who are directly involved either pre- or postnatally with breastfeeding/chestfeeding assessment, support and intervention. This includes practical skills [e.g., assessment of the baby at the breast, including position, latch and suck/swallow (milk transfer), prevention and management of problems and supporting the mother to establish a milk supply (if separated from her baby) to ensure that each staff member is comfortable with teaching mothers and able to provide consistent, evidence-based information, counseling and practical assistance.
 - We provide education in ways meaningful to staff and try to accommodate their schedules.
 - We provide ongoing breastfeeding/chestfeeding education [such as bulletin boards, conference opportunities, guest speakers, skills fairs] to increase awareness of policies, facts and newsworthy information.
 - We respect the feeding decision of each family and provide written information and one-to-one teaching of safe formula preparation and feeding to families who have made a fully informed decision to formula feed their infants.

Step 3 **WHO 2018: Discuss the importance and management of breastfeeding with pregnant women and their families.**
BCC 2021: Discuss the importance and process of breastfeeding with pregnant women/person and their families.

- We promote breastfeeding/chestfeeding by providing parents and their support people with the information required to make an informed decision about infant feeding including the benefits of exclusive breastfeeding/chestfeeding, the risks and costs of artificial feeding and the difficulty of reversing the decision once breastfeeding/chestfeeding is stopped.
- We support and protect breastfeeding/chestfeeding by providing information about basic breastfeeding/chestfeeding management including the *Ten Steps to Successful Breastfeeding*, breastfeeding/chestfeeding technique and prevention and management of problems. The aim is to give parents confidence in their ability to breastfeed/chestfeed.
- We talk to pregnant persons and support people in any prenatal contact (e.g., home visits, clinic visits or classes) about the benefits of breastfeeding/chestfeeding.
- We identify parents who may need special help with breastfeeding/chestfeeding.
- We provide up-to-date breastfeeding/chestfeeding education materials during the prenatal and postpartum period.
- We collaborate with other community prenatal care and education providers to promote consistency of breastfeeding/chestfeeding information to families.

Step 4 **WHO 2018: Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.**
BCC 2021: Facilitate immediate and uninterrupted skin-to-skin contact at birth. Support mother's/birthing parents to respond to the infant's cues to initiate breastfeeding as soon as possible after birth.

- We promote breastfeeding/chestfeeding by educating expectant parents and their support people, during the prenatal period, about the importance of initiating skin-to-skin contact as soon as possible after birth, and breastfeeding/chestfeeding within an hour.

Step 5 **WHO 2018: Support mothers to initiate and maintain breastfeeding and manage common difficulties.**
BCC 2021: Support mothers/parents to initiate and maintain breastfeeding and manage common difficulties.

- We support evidence-based practices which are known to facilitate the initiation, establishment and maintenance of exclusive breastfeeding/chestfeeding for six months, such as maximizing parent- baby contact, cue-based feeding and avoiding non-medically indicated supplements.
- We provide the opportunity for early assessment of breastfeeding/chestfeeding by a designated health care provider. Breastfeeding/chestfeeding progress will be assessed at each subsequent follow-up to provide reassurance and enable early identification of potential concerns with breastfeeding/chestfeeding.
- We promote breastfeeding/chestfeeding by teaching parents how to position and latch their babies, how to recognize a good latch and when their babies are getting enough milk.
- We teach parents how to express milk by hand and, if required, how to use a breast pump and how to store breast milk.
- We assist and encourage parents to maintain lactation during periods of separation from the baby.
- We provide parents with the information on how to access community-based breastfeeding/chestfeeding and parenting support on a 24-hour basis.
- We promote and discuss exclusive breastfeeding/chestfeeding to six months and continued breastfeeding for two years or beyond with appropriate introduction of complementary foods.
- We provide ongoing guidance and discussion about continued breastfeeding/chestfeeding and complimentary foods.
- We provide anticipatory guidance about expected changes and possible challenges for breastfeeding/chestfeeding the older baby and young child.
- We inform parents about their right to have accommodations in the workplace that support and sustain breastfeeding/chestfeeding.
- We support breastfeeding/chestfeeding parents by demonstrating a positive attitude towards breastfeeding/chestfeeding from all staff and volunteers.
- We welcome parents to breastfeed/chestfeed in all public areas of our facility (facilities) and provide signage indicating that "breastfeeding is welcome here".
- We endeavor to provide an inviting, comfortable and safe area for families with infants and young children while accessing our services.
- We promote and support breastfeeding/chestfeeding for employees by providing time and facilities for the expression and storage of breastmilk and/or breastfeeding/chestfeeding (Appendix E)

Step 6 **WHO 2018: Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.**
BCC 2021: Support mothers/parents to exclusively breastfeed for the first six months, unless supplements are medically indicated.

- We inform parents about the benefits of exclusive breastfeeding/chestfeeding for the establishment of lactation and sustained breastfeeding.
- We promote and protect breastfeeding/chestfeeding by advising that breastfeeding/chestfeeding infants should not receive supplementary feeds unless medically indicated according to the WHO/UNICEF guidelines. This includes infants with documented hypoglycemia or dehydration who fail to respond to optimal breastfeeding/chestfeeding. Medical reason for supplementation should be documented as well as parent's informed decision-making.
- We promote breastfeeding/chestfeeding by giving parents information about hand expressing or pumping at home, so expressed breastmilk can be used, if a supplement is medically indicated.

Step 7 **WHO 2018: Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.**
BCC 2021: Promote and support mother-infant togetherness.

- We support breastfeeding/chestfeeding by teaching parents and families about the importance of parents and infants remaining together from birth and encouraging skin-to-skin contact for as long and as often as parent desire.
- We support parents being with their infant for all necessary clinic visit, examinations and vaccinations that are performed. Parents are encouraged to breastfeed and hold their infant skin-to-skin during any painful procedure, if able.
- We provide education at well baby visits around safe infant sleeping (including: room-sharing, co-sleeping and bed sharing) using harm reduction messaging.

Step 8 **WHO 2018: Support mothers to recognize and respond to their infants' cues for feeding.**
BCC 2021: Encouraged responsive, cue-based feeding for infants.
Encouraged sustained breastfeeding beyond 6 months with appropriate introduction of complementary foods.

- We promote breastfeeding/chestfeeding by teaching parents to respond to their infants feeding cues by breastfeeding/chestfeeding whenever the infant shows signs of interest in feeding.
- We encourage parents to give their babies the opportunity to breastfeed/chestfeed frequently especially in the early days and weeks and inform them about how patterns of feeding change over time.

Step 9 **WHO 2018: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.**
BCC 2021: Discuss the use and effects of feeding bottles, artificial nipples, and pacifiers with parents.

- We protect breastfeeding/chestfeeding by providing no pacifiers to breastfeeding/chestfeeding infants in our clinics and by not selling any pacifiers in our facility.
- Where supplementation is indicated, we encourage alternate feeding methods such as lactation aids at the breast/chest, finger feeding, syringe feeding, cup feeding and spoon feeding.

Step 10 WHO 2018: Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

BCC 2021: Provide a seamless transition between the services provided by the hospital, community health services and peer-support programs.

- We liaise with Cambridge Memorial Hospital and Waterloo Regions Public Health, to ensure that there is a reliable system for communicating a parent's breastfeeding/chestfeeding progress from hospital to community.
- We liaise and collaborate with hospitals and community support services in our area to provide coordinated community based breastfeeding/chestfeeding support services and policies (e.g., public health, community health centers, CMH, Ontario Early Years Centers, physicians, midwives, lactation consultants and peer support groups).
- We support breastfeeding/chestfeeding by giving parents a list of breastfeeding/chestfeeding resources in the community including mother-to-mother support groups such as La Leche League, Breastfeeding Buddies (See Appendix C *Breastfeeding Support in Waterloo Region Handout*, 2018).
- We provide all families with written information about the signs of effective breastfeeding/chestfeeding and when and where to seek help (See Appendix C & D)
- We refer parents, who consent, to the public health *Healthy Babies Healthy Children* or *Breastfeeding and Positive Parenting* program for additional support.
- We encourage all families to link with a health care professional or community breastfeeding/chestfeeding supports in their area.
- We refer all parents and infants with identified breastfeeding/chestfeeding problems for follow-up to the appropriate community breastfeeding/chestfeeding support service.
- We encourage a face-to-face postnatal assessment of the parent and infant by a health care professional qualified in maternal-child care within 48 hours in the post-discharge clinic and 1 week in the family physician's office.
- We will advocate for a breastfeeding/chestfeeding culture in the local community through collaborative partnerships with community groups, businesses, schools, local government and the media.

*This policy is adapted with permission from the *Breastfeeding Policy* (2007) St. Joseph's Hospital, Healthcare Hamilton & *The BFI Health Services Policy and Procedure*, Somerset West Community Health centre, Ottawa (2007). This policy is based on the *BFI 10 Steps and WHO Code Outcome Indicators for Hospital and Community Health Services* (BCC, 2017) and the *Baby-Friendly Hospital Initiative. Revised, Updated & Expanded for Integrated Care. Section 4 Hospital Self-Appraisal and Monitoring* (2009) published by UNICEF & WHO

Appendix A: World Health Organization International Code of Marketing Breast- milk Substitutes²

Summary of the main points

1. No advertising of these products (i.e., formula, bottles, nipples, pacifiers) to the public.
2. No free samples of these products to mothers.
3. No promotion of artificial feeding products in health care facilities, including the distribution of free or low-cost supplies.
4. No company representatives to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of products.
7. Information to health workers should be scientific and factual.
8. All information on artificial infant feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

² UNICEF & World Health Organization. (2009). *Annex 2: The international Code of Marketing of Breast-milk Substitutes*. In *Baby-Friendly Hospital Initiative. Revised, Updated and Expanded for Integrated Care. Section 4 Hospital Self-appraisal and Monitoring*. p. 29.

Appendix B: Breastfeeding/Chestfeeding Policy Poster



TWO RIVERS
Family Health Team



BABY FRIENDLY INITIATIVE



OUR COMMITMENT TO YOU

We promote, protect and support breastfeeding with a written breastfeeding policy. We train all staff in this policy. We teach pregnant mothers about the benefits of breastfeeding. We support exclusive breastfeeding for 6 months, with the introduction of nutrient dense complementary foods, and continued breastfeeding for up to 2 years and beyond. We provide a welcoming atmosphere to breastfeed, and support breastfeeding within our Family Health Team and our Community.

Appendix C: Breastfeeding/Chestfeeding Support in Waterloo Region



Breastfeeding Support in Waterloo Region

During COVID-19 Pandemic

Breastfeeding is a normal way to feed your child. Successful breastfeeding can be helped by holding your baby against your chest immediately after birth, skin-to-skin; by breastfeeding often in the first hours and days of your child’s life and proper positioning of your child at your breast. Health Canada recommends exclusive breastfeeding for the first six months of life and continuing for up to two years and beyond.

For information on safe breastfeeding practices for those experiencing symptoms of COVID-19, see the breastfeeding section of our [Adults and COVID-19 webpage](#).

See the next page for a list of local services for information and support in breastfeeding.

In your breastfed baby’s first few weeks, you know that your baby is doing well if:

- your baby is feeding well at least eight times in 24 hours; feeding more than eight times in 24 hours is also normal
- your baby is back to birth weight by about two weeks of age
- your baby’s mouth is wet and pink, your baby’s eyes look bright and awake and your baby comes off the breast looking relaxed and sleepy
- your breasts feel softer and less full after breastfeeding
- you can see and hear your baby swallow at the breast
- your child’s wet and soiled diapers are in line with the chart below

Your baby’s age	1 day	2 days	3 days	4 days	5 days	6 days
Wet Diapers	At least one	At least two	At least three	At least four	At least five	At least six heavy
Soiled Diapers	One to two green or black	One to two green or black	At least three brown, green or yellow	Three brown, green or yellow	Three, getting more yellow	Three large, soft, yellow and seedy

It is important to contact your health care provider or Telehealth at 1-866-797-0000 if:

- your baby is very sleepy and hard to wake for feedings
- your baby is crying and will not settle after feedings
- your nipples are sore and are not getting better
- you have fever, chills, flu-like symptoms, or a red and painful area on your breast

If you need breastfeeding support or information, the following services can help. Contact the service for an appointment:

Name of service	Description	Location	Contact information	Cost	Services delivered
Public Health Breastfeeding Services Clinic	One-to-one breastfeeding support with a Public Health Nurse – Mon-Fri	Waterloo Region*	Book online at: regionofwaterloo.ca/breastfeedingclinic 519-575-4400	Free No OHIP required	- In person - Virtual - Phone
Breastfeeding Buddies	Get matched with a trained volunteer who has breastfed. One-to-one support and learning opportunities www.breastfeedingbuddies.com	Waterloo Region*	bfbuddies@kdchc.org	Free	- Virtual - Phone - Text - Email
Breastfeeding Medicine of KW	Physician-led breastfeeding support Dr. Joanna Zorzitto MD, CCFP, IBCLC Referral preferred	Waterloo Region*	519-578-3510 www.breastfeedingmedicinekw.ca	Covered by OHIP	- In person - Phone
LatchedOn Paediatrics	Breastfeeding support with Tara Shantz IBCLC, NP, RN. Mon-Fri www.latchedon.ca	Waterloo Region*	519-585-3100	Covered by OHIP or private insurance *fees may apply	- In clinic - Home - Phone - Virtual
Cambridge Paediatric and Breastfeeding Clinic	Breastfeeding support with Paediatrician Philip Mantynen MD FRCP (c) and Diana Ritchie RN, IBCLC Referral is preferred	246 Dundas St. South Unit 3, Cambridge	519-620-3600	Covered by OHIP	- Phone - In person
Two Rivers Family Health Team Lactation Consultant	Breastfeeding support with a Lactation Consultant available to all residents of Waterloo Region	350 Conestoga Blvd. Unit B15, Cambridge	519-629-4615 ext. 271	Covered by OHIP	- In person - Virtual - Phone

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Name of service	Description	Location	Contact information	Cost	Services delivered
The Nest Breastfeeding and Prenatal Services Inc.	Private lactation consultant. Elaina Verrette CLC, CBS. (Referral required for OHIP) www.theKWnest.com	Waterloo Region	905-805-5430 info@theKWnest.com	Covered by OHIP or private insurance *fees may apply	- Home visits - Virtual - In person
Tania Heinemann IBCLC	Virtual classes, and virtual, phone and in person consultations (referral required for OHIP) www.yellowood.ca	Waterloo Region*	519-716-0956 Yellowood73@gmail.com	Covered by OHIP or private insurance *fees may apply	- In person - Virtual - Phone - Text - Email
Nourishing Foundations	Private Lactation Consultant Bethany Heintz RPN, IBCLC (referral required for OHIP) www.NourishingFoundations.ca	Waterloo Region and Wellington county	519-546-5874 bethany@nourishingfoundations.ca	Covered by OHIP or private insurance *fees may apply	- In person - Virtual - Phone - Text - Email
LaLeche League	Accredited leaders guide individual or group discussions and provide support to breastfeeding parents	Waterloo Region*	www.lllc.ca/get-help	Free	- Virtual - Phone - Email
Mothers Own Lactation Services	Private Lactation Consultant Rupinder Sadhra RPN, IBCLC www.mothersown.ca	Waterloo Region*	226-989-2553 mothersownlactation@gmail.com	Fee based	- Home visits - Phone - Email - Virtual
Uptown Lactation Services	Private Lactation Consultant Nichole Wagner RN, IBCLC www.uptownlactationservices.ca	Waterloo Region *	519-589-8915 Instagram: @UptownLC17	Private insurance or fee based	- Home visits - Phone - Virtual
Private Lactation Consultant services	International Lactation Consultant Association (ILCA). Click on "find a lactation consultant"	Waterloo Region*	www.ilca.org	Fees vary	- Varies

*Cambridge, Kitchener, Waterloo, North Dumfries, Woolwich, Wilmot and Wellesley

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Breastfeeding resources at no cost:

Breastfeeding Your Baby booklet

An informative guide to breastfeeding your baby. It can be accessed online at:
www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/BreastfeedingYourBabyBooklet.pdf

Breastfeeding Your Baby videos

Short and informative videos covering a variety of breastfeeding topics. They can be accessed through the ROWPublicHealth YouTube channel:
www.bit.ly/BreastfeedingVideoPlaylist

Telehealth Ontario 1-866-797-0000 or TTY: 1-866-797-0007

Support from a registered nurse trained in breastfeeding and lactation support over the phone 24 hours a day, seven days a week

Online prenatal programs which include breastfeeding:

Name of Service	Description	Contact information	Cost
Public Health Online Prenatal	Four separate web-based and mobile friendly e-classes that include audio, videos, animations and games to help you learn about pregnancy, labour and birth, breastfeeding and taking care of your newborn	www.Regionofwaterloo.ca/online/prenatal	Free
Cambridge Memorial Hospital (CMH)	Free virtual prenatal classes to CMH/Midwife patients who are 34-36+ gestation	rsadhra@cmh.org	Free
Breastfeeding Buddies	Free virtual prenatal classes and Latch & Learn virtual group sessions	www.breastfeedingbuddies.com bfbuddies@kdchc.org	Free

This document is available in accessible formats upon request.
www.regionofwaterloo.ca/ph
 519-575-4400 TTY 519-575-4608 Fax 519-883-2241



Appendix D:

Breastfeeding Protocols are adapted with permission of Toronto Public Health and are in keeping with protocols used at Cambridge Memorial Hospital, Waterloo Regional Public Health Unit and Cambridge Midwives. Hard copy of Protocols can be located in each clinic manager's office at Two Rivers Family Health Team for reference.

The [Breastfeeding Your Baby Booklet](#) is given to all families who register at CMH, and is used as a teaching tool from Hospital to Public Health to the Community.

- [Breastfeeding protocols for health care providers](#) (PDF) These protocols are intended for use by health care providers to promote, protect and support effective breastfeeding for the families of healthy term infants. To obtain a copy of this resource, please contact [Toronto Health Connection](#) at 416-338-7600.
- [Breastfeeding your baby](#) (PDF) This booklet is a guide to breastfeeding your baby. This resource is available in a number of languages. To obtain copies of this resource, please contact [Toronto Health Connection](#) at 416-338-7600.
- [Breastfeeding Matters](#) (PDF) An important guide to breastfeeding for women and their families.
- PDF versions of the Protocols can be found in Common/Shared Documents, Provider Resource File under Lactation File

Appendix E:

Employee Breastfeeding/Chestfeeding Procedure:

Two Rivers Family Health Team will:

- Provide a welcoming atmosphere that encourages the parent and employees to initiate and continue breastfeeding/chestfeeding after returning to work
- Provide a comfortable space for the parent to breastfeed/chestfeed their children on site, but welcome parents to breastfeed/chestfeed wherever they are comfortable
- Provide a private, comfortable space for the parent to express breastmilk during lunch periods or breaks.
- Provide a space in the refrigerator for storage of expressed breastmilk.
- Provide information on how to combine breastfeeding/chestfeeding and work.

Appendix F:

For parents who have made an informed decision not to breastfeed, one-to-one formula instructions will be given using the Region of Waterloo Public Health Formula Feeding Your Baby flip chart.

Informed Decision to Formula Feed

Do you have any concerns?

Are you aware of the risks and costs of formula feeding?

Have you considered pumping and feeding expressed breast milk to your baby?

Are you aware of the difficulty reversing the decision once made?

Formula Choices: **(Acceptable, feasible, affordable, sustainable and safe)**

- a) Ready made
- b) Concentrate
- c) Powdered

Formula Instructions given	Y	N
Skin to Skin and Rooming In reviewed	Y	N
Care of Engorgement Post partum	Y	N
Resource given	Y	N
Prenatal Breastfeeding class	Y	N

<https://www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/FormulaFeedingYourBabyBooklet.pdf>

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