



Baby-Friendly Initiative in New Brunswick : A fresh start Initiative Amis des Bébés au Nouveau-Brunswick : Un nouveau départ



Objectives

At the completion of this session, you will be familiar with:

- The true meaning of the Baby-Friendly Initiative (BFI)
- The vision & objectives for BFI in New Brunswick
- How to impact skin-to-skin and breastfeeding rates
- The revised WHO Baby-Friendly Hospital Initiative 2018

What is BFI?

BFI is....



BFI is *not*....



A fresh start...



NB BFI Strategic Plan Framework

2017-2020

VISION

Breastfeeding is the cultural norm for infant feeding in New Brunswick.

STRATEGIC OBJECTIVES

- Increase provincial breastfeeding rates.
- Support the implementation of the Baby-Friendly Initiative best practices.
- Improve reporting on Baby-Friendly Initiative implementation.

Overall objectives

- Increase provincial breastfeeding initiation rate to 85%.
- Increase provincial exclusive breastfeeding rate on hospital discharge to 75%.
- Increase provincial rate of exclusive breastfeeding at 6 months to 35%.
- Increase provincial rate of continued breastfeeding at 18 months to 15%.
- Achieve Baby-Friendly accreditation in one hospital and one Public Health office in each Regional Health Authority.

Breastfeeding initiation rate

Birthing Facility	Breastfeeding Initiation Rate				
	2013/14	2014/15	2015/16	2016/17	2017/18*
Campbellton Regional Hospital	71.0%	65.4% ▼	67.2% ▲	66.2% ▼	74.1% ▲
Chaleur Regional Hospital	58.8%	64.9% ▲	72.3% ▲	70.7% ▼	62.6% ▼
Dr. Everett Chalmers Regional Hospital	68.8%	71.3% ▲	73.2% ▲	74.6% ▲	72.8% ▼
Dr. Georges-L.-Dumont University Hospital Centre	84.2%	83.0% ▼	79.7% ▼	80.0% ▲	81.4% ▲
Edmundston Regional Hospital	63.6%	65.2% ▲	73.6% ▲	69.5% ▼	67.8% ▼
Miramichi Regional Hospital	65.0%	68.1% ▲	65.7% ▼	69.3% ▲	65.0% ▼
The Moncton Hospital	72.2%	71.0% ▼	72.6% ▲	73.3% ▲	71.2% ▼
Saint John Regional Hospital	72.5%	72.3% ▼	71.4% ▼	74.6% ▲	76.2% ▲
Upper River Valley Hospital	69.5%	70.3% ▲	82.6% ▲	79.3% ▼	80.3% ▲

*note 2017/2018 data only includes the first three quarters of the year

Exclusive Breastfeeding rate

Birthing Facility	Exclusive Breastfeeding Rate				
	2013/14	2014/15	2015/16	2016/17	2017/18*
Campbellton Regional Hospital	54.9%	57.2% ▲	53.0% ▼	50.9% ▼	51.2% ▲
Chaleur Regional Hospital	58.7%	55.0% ▼	58.4% ▲	52.4% ▼	46.3% ▼
Dr. Everett Chalmers Regional Hospital	59.2%	60.2% ▲	59.5% ▼	54.1% ▼	47.8% ▼
Dr. Georges-L.-Dumont University Hospital Centre	75.3%	73.4% ▼	60.9% ▼	56.9% ▼	53.7% ▼
Edmundston Regional Hospital	56.2%	52.0% ▼	45.5% ▼	47.6% ▲	52.0% ▲
Miramichi Regional Hospital	48.7%	53.1% ▲	46.9% ▼	51.8% ▲	50.9% ▼
The Moncton Hospital	59.9%	55.7% ▼	52.6% ▼	57.6% ▲	54.0% ▼
Saint John Regional Hospital	59.4%	59.1% ▼	60.2% ▲	52.8% ▼	49.8% ▼
Upper River Valley Hospital	56.6%	58.8% ▲	57.8% ▼	62.9% ▲	53.7% ▼

*note 2017/2018 data only includes the first three quarters of the year

Skin to Skin rate

Birthing Facility	Skin-to-Skin Rate				
	2013/14	2014/15	2015/16	2016/17	2017/18*
Campbellton Regional Hospital	60.4%	50.5% ▼	62.8% ▲	53.8% ▼	69.3% ▲
Chaleur Regional Hospital	32.9%	44.4% ▲	43.0% ▼	43.8% ▲	39.6% ▼
Dr. Everett Chalmers Regional Hospital	67.8%	64.2% ▼	55.9% ▼	58.0% ▲	53.9% ▼
Dr. Georges-L.-Dumont University Hospital Centre	73.9%	73.3% ▼	71.3% ▼	72.0% ▼	77.4% ▲
Edmundston Regional Hospital	57.8%	61.5% ▲	61.5% ▲	62.4% ▲	55.1% ▼
Miramichi Regional Hospital	65.8%	65.3% ▼	68.8% ▲	69.1% ▲	65.0% ▼
The Moncton Hospital	67.0%	64.8% ▼	68.0% ▲	72.2% ▲	70.0% ▼
Saint John Regional Hospital	47.8%	55.4% ▲	60.4% ▲	56.6% ▼	56.0% ▼
Upper River Valley Hospital	60.9%	62.4% ▲	44.1% ▼	47.0% ▲	48.9% ▲

*note 2017/2018 data only includes the first three quarters of the year

How do we impact our rates?

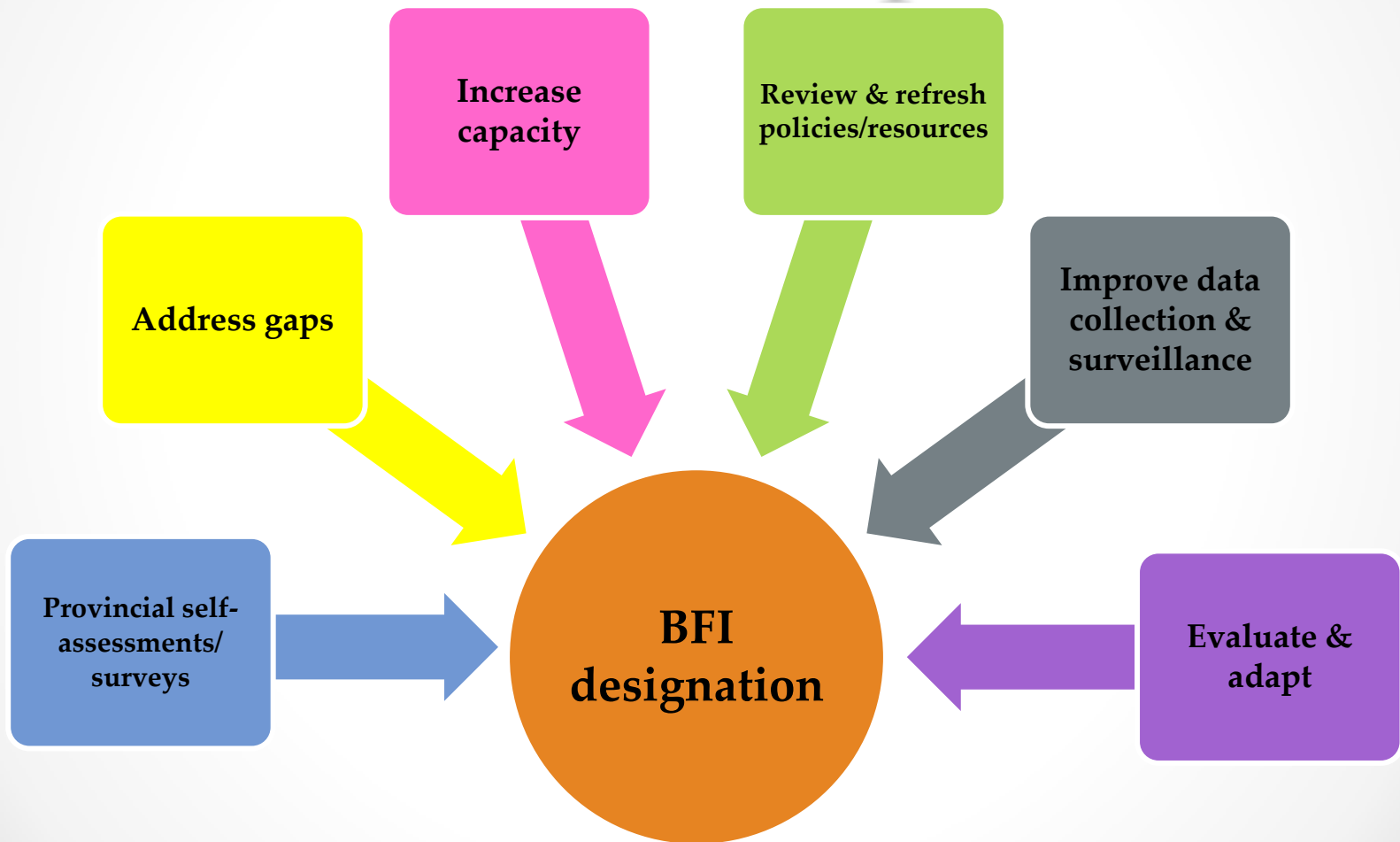




Join us on Facebook

www.facebook.com/breastfeeding.nb.allaitement.nb

What is the plan?



The Revised WHO- BFHI 2018

- Ten Steps to Successful Breastfeeding (revised 2018)

Critical management procedures

1. a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.

b. Have a written infant feeding policy that is routinely communicated to staff and parents.

c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

The Revised WHO- BFHI 2018

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

The Revised WHO- BFHI 2018

7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers.
10. Coordinate discharge so that parents and their infants have timely ;access to ongoing support and care.

References:

- Breastfeeding Committee for Canada:
<http://breastfeedingcanada.ca/BFI.aspx>
- WHO revised BFHI 2018:
<http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>
- U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding, Washington, DC:U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.
- Government of New Brunswick, Department of Health:
http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/bfi.html



Thank
you!

Donna Brown: Donna.Brown2@gnb.ca

Marie-Christine Friolet: Marie-Christine.Friolet@gnb.ca