

# Journey Through Baby Friendly Re-designation:

An Interdisciplinary Team Approach  
to Sustaining Best Practices

**CAPWHN – Victoria, BC  
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# Objectives

- Understand the experiences of initial Baby Friendly designation and re-designation in the hospital setting.
- Appreciate the challenges and opportunities for sustaining best practices and developing solutions within the context of Baby Friendly.
- Understand the importance of an interdisciplinary team approach along with community engagement as keys to success.



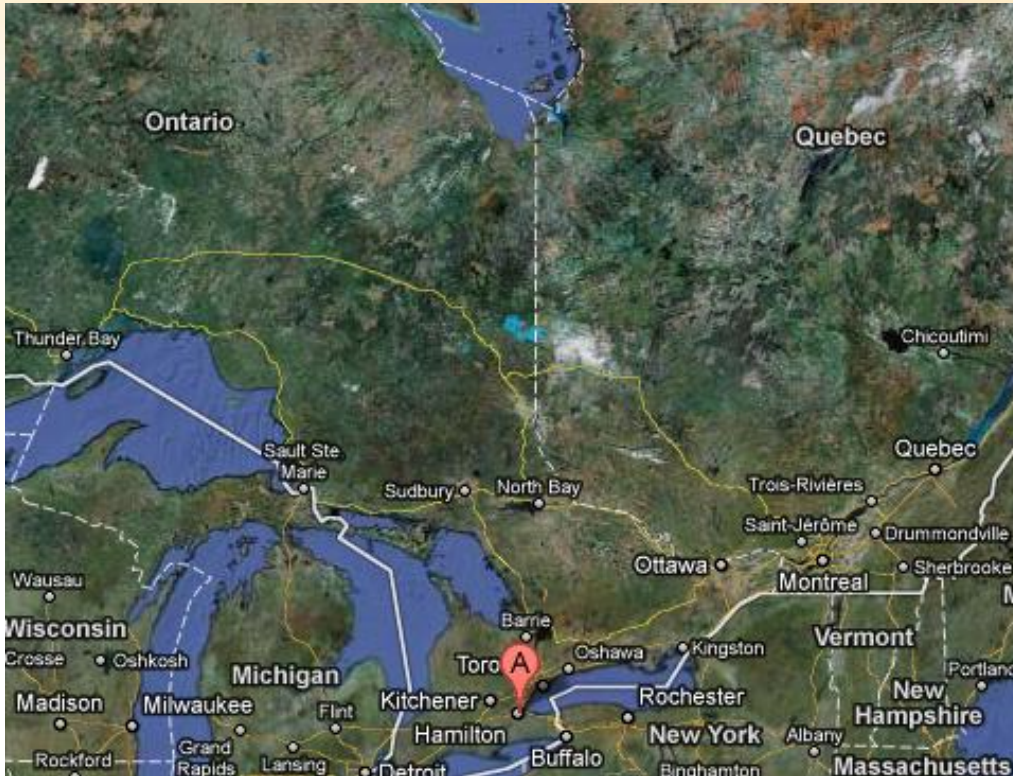
# Setting the Context

- Who are we?
- What are we trying to accomplish?
- When, where and how will we do this?
- Why are we doing this?

St. Joseph's  
Healthcare  Hamilton



# Hamilton, Ontario



- Pop. 505,000
- 8th largest city in Canada
- 25% born outside Canada
- 25% first language other than English or French





**Charlton Campus**



**West 5<sup>th</sup> Campus**



**King Campus**

# Charlton Campus



- 3600 deliveries per year
- 51% of births in Hamilton
- 24% C/S rate
- 34% VBAC rate
- 60% epidural rate

# Women's & Infants' Program

- **Level II(b) obstetrical & neonatal services**
- **Birth Unit – 11 beds + 2 obstetrical OR's**
- **Post Partum/Combined Care – 28 beds**
- **Special Care Nursery – 15 beds**
- **Preregistration & Prenatal Tours – 60% attendance**
- **Obs/Gyne outpatient clinic – 12,000 visits/year**



# Care Providers

- OB/GYN (78%)
- Family Medicine OB (14%)
- Midwifery (8%)
- Newborn Care Rota
- Paediatrics
- Mental Health – Women’s Health Concerns
- Social Work
- Nursing and Respiratory Clinical Educators
- 170 staff including RN, RPN, IBCLC, Clerical





# Ambulatory Care



# When?

**It started with...**



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# Milestones over 25 Years



The Beginning

Final Preparations

Focus on Sustainability

Successful Re-designation

Unwavering Focus



Gaining Momentum

Initial Designation

Addressing Challenges

Integrating BFI with Quality Agenda

3<sup>rd</sup> Assessment



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Healthcare & Hamilton

Mission Excellence Scorecard: Quarterly Results	
The Women's and Baby-Friendly Program at St. Joseph's Healthcare Hamilton strives to provide excellent integrated care to women, families, children and newborns through a collaborative, interdisciplinary team approach focused on standardized care and provision of services that exceeds care the community.	
Period: 1st Quarter 2015 (Jan - Mar)	
Target	Actual
...	...



# How?

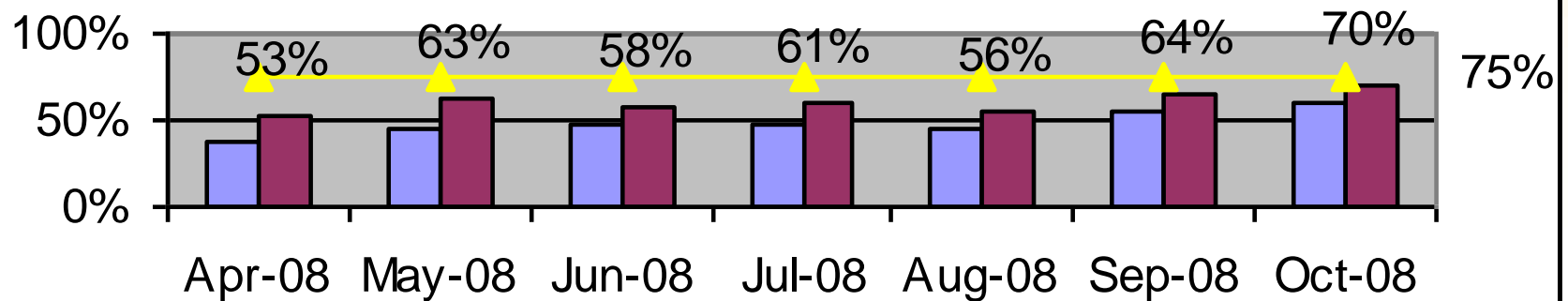
# Preparing for Re-designation



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# Examining the Data

## SJHH Maternal Newborn Child Exclusive Breastfeeding Rates



- Exclusive Breastfeeding
- Exclusive Breastfeeding + Medical Reason
- Target

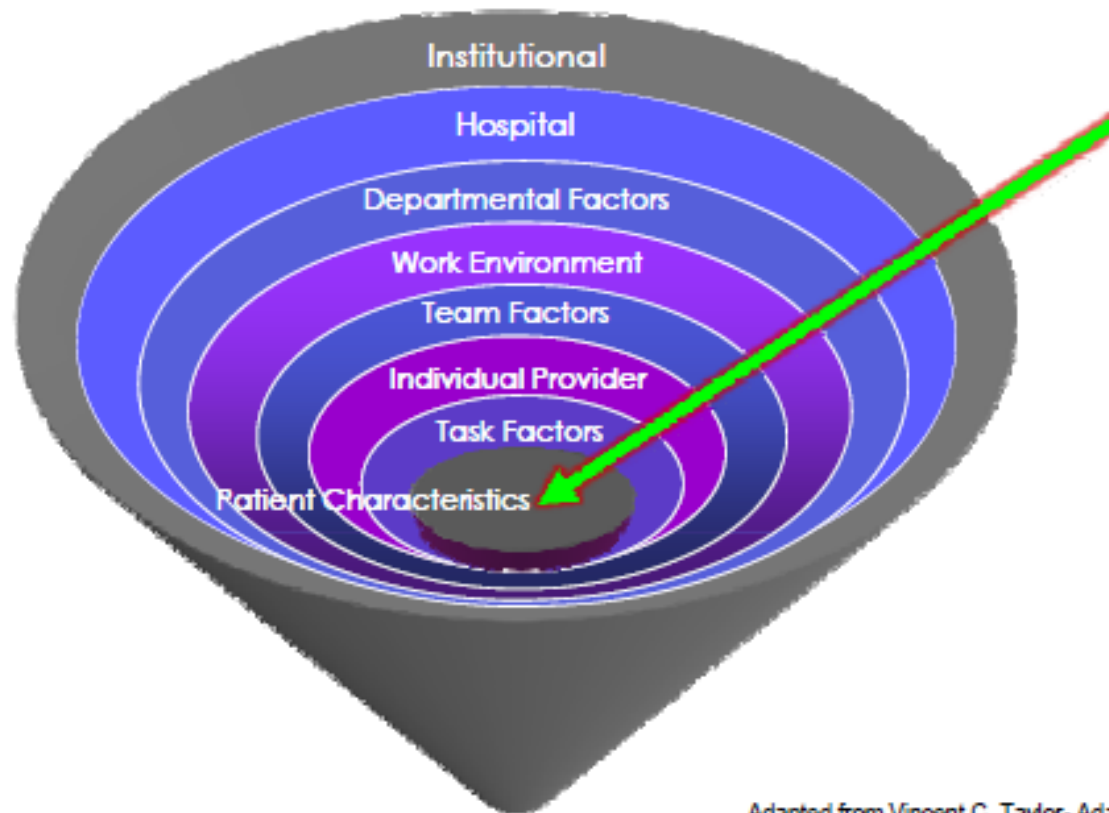
# What are the hurdles?



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# System Factors Impact Uptake of Best Practices



Adapted from Vincent C, Taylor-Adams S, Stanhope N, BMJ, 1998;316:1154-1157.

# Program & Organizational Considerations

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Welcome to

**Birthing Unit**

Leadership Team

Dr. R. McDonagh, Dr. K. Ivanyi,  
Helen MacDonald RM, MHSc  
Jackie Barrett  
Marnie Buchanan

if you have compliments, questions,  
comments or complaints,  
please speak with a member of your healthcare team.  
Our Unit Manager is **Marnie Buchanan** at ext. 33137  
or Patient Relations, ext. 33838

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Welcome to

**Post-Partum  
Combined Care**

Leadership Team

Dr. McDonagh, Dr. Packer, Dr. Ivanyi,  
Jackie Barrett  
Louana MacInnis

if you have compliments, questions,  
comments or complaints,  
please speak with a member of your healthcare team.  
Our Unit Manager is \_\_\_\_\_ at ext. \_\_\_\_\_  
or Patient Relations, ext. 33838

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Healthcare  Hamilton

Welcome to

**Neonatal Intensive Care Unit  
(NICU)**

Leadership Team

Dr. S. Seigel  
Jackie Barrett  
Kimberley Ross

if you have compliments, questions,  
comments or complaints,  
please speak with a member of your healthcare team.  
Our Unit Manager is **KIM ROSS** at ext. 33542  
or Patient Relations, ext. 33838



# Program Focus

- Integration of BFI across the Women's & Infants' Program
  - Steering Committee
  - Operations and Quality Committees
  - Unit Based Councils
  - Baby Friendly Best Practice Committee



# Organizational Focus

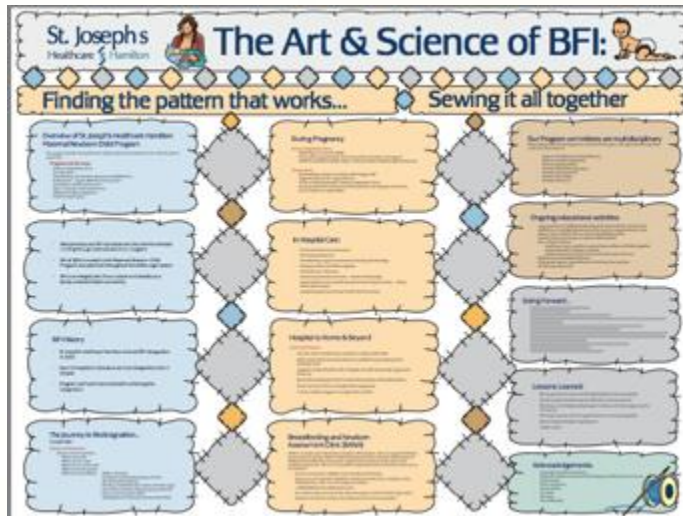
- Linking with other programs & departments
  - Outpatient Pharmacy, Gift Shop
- Guidelines for families with infants outside the program
- Pumping support for staff returning to work
- Educating the organization





# External Focus

- Media exposure
- Conferences
- Educational opportunities for staff
- Resource for other organizations



July 11, 2010

## Why aren't more women breastfeeding?

By Carly Weeks  
Globe and Mail Update

## Is breastfeeding undermined when hospitals provide free formula?

Lindsey Tanner

### Health officials target low breastfeeding rates

HAMILTON SPECTATOR

Fewer women breastfeed in Hamilton compared to the provincial average.

It's a mystery  
newborns.

That's significant

It's surprising  
Canada designates  
Health Organization  
breastfeeding

Hamilton's public health

#### Why do fewer Hamilton moms breastfeed?

Joanna Frketich

**The Hamilton Spectator**

(Jul 23, 2010)

Fewer Hamilton moms breastfeed than average for Ontario and public health wants to know why.

More than 20 per cent of local women decide against breastfeeding when their babies are born compared to the provincial average of just over 10 per cent.

Of those who breastfeed, more than half are using formula within six months.

The Canadian Community Health Survey conducted by Statistics Canada found 45 per cent of Hamilton moms exclusively breastfed for six months in 2007 compared to the provincial average of 53 per cent.

The numbers are a mystery to public health officials especially considering St. Joseph's Healthcare, which delivers 3,500 of the 6,500 babies born in Hamilton each year, is one of only 12 hospitals and birthing centres in Canada to be designated baby friendly.



# Putting the Pieces Together



# Thinking Broadly



- **City and LHIN-wide context**
- **Provincial landscape**



# Learning from Others' Experiences

**What do I need to remember?**

It is important to know the special way that you hold the baby. It is called the "cradle" position. You may find it comfortable or awkward at first.

It is important to practice exclusive breastfeeding and not to mix in any other food.

Good feeding, which means giving the baby what he needs at first, is called "exclusive" feeding. This means the amount of milk that you produce will meet your baby's needs for about 6 months.

When you baby is 6 months old, it is time to begin giving other foods and other drinks. You should not stop breastfeeding until you are told to do so by a health worker.

If you are having any problems with your baby's feeding, it is best to explain and discuss the problem with the health worker who is helping you.

Do not let your baby from becoming exposed to the sun while you are breastfeeding, you and your partner should practice safe sex by using a condom.

For more information on breastfeeding and general health, contact your nearest health care facility.

**How to Practice Exclusive Breastfeeding**

## Breast Feeding - It is Your Right !!

**Help Your Child grow, be Strong and Stay Healthy**

Eat extra food and a variety of the best foods when you are pregnant and breast feeding.

### BFI Requirements

1. HAVE A WRITTEN BREASTFEEDING POLICY THAT IS SUPPORTED BY ALL HEALTH CARE STAFF

2. TRAIN ALL HEALTH CARE STAFF IN BRISTOL AND IMPLEMENT THE POLICY

3. WHEN ALL BREASTMILK WORKERS AGREE THE BENEFITS AND REQUIREMENTS OF BREASTFEEDING, ADVISE TO CHILD TRANSFER FROM THE CARE OF THE PEDIATRIC NURSE TO THE BREASTMILK WORKER WHO HAS THE SKILLS AND EXPERIENCE TO SUPPORT THE INFANT'S FEEDING

4. HELP NURSES IN THE CRADLE POSITION WITH THE BABY AND THE MOTHER WHO HAS TO BEAT THE BABY TO GET THE BABY TO FEED

5. WHEN NURSES ARE IN THE CRADLE POSITION AND STAY WITH THE MOTHER AND THE BABY, SUPPORT THE MOTHER AND THE BABY TO FEED THE BABY AND THE MOTHER WHO HAS TO BEAT THE BABY TO GET THE BABY TO FEED

6. GIVE NURSES THE SKILLS AND EXPERIENCE TO SUPPORT THE MOTHER AND THE BABY TO FEED THE BABY AND THE MOTHER WHO HAS TO BEAT THE BABY TO GET THE BABY TO FEED

7. PROVIDE SUPPORT IN THE CRADLE POSITION AND STAY WITH THE MOTHER AND THE BABY, SUPPORT THE MOTHER AND THE BABY TO FEED THE BABY AND THE MOTHER WHO HAS TO BEAT THE BABY TO GET THE BABY TO FEED

8. ESTABLISH A SUPPORTIVE ENVIRONMENT FOR BREASTFEEDING

9. IN THE CRADLE POSITION, STAY WITH THE MOTHER AND THE BABY, SUPPORT THE MOTHER AND THE BABY TO FEED THE BABY AND THE MOTHER WHO HAS TO BEAT THE BABY TO GET THE BABY TO FEED



# Family Centered Care



## Our Pledge to Breastfeeding Families

St. Joseph's Healthcare Hamilton invites you to walk through the 10 steps to successful breastfeeding. We have put the following steps in place with the guidance of the World Health Organization to help ensure the breastfeeding of your infant is a success.

### Step 1

#### **BREASTFEEDING POLICY -**

We have a breastfeeding policy that all staff in the Maternal Newborn Child Program follows. Our pledge is to protect, promote and support breastfeeding and respect the decision of each mother.

### Step 2

#### **STAFF EDUCATION -**

Our staff caring for your baby during and after the birth of your baby has special education in breastfeeding. This education is based on the latest research and experience.

### Step 3

#### **TALK ABOUT BREASTFEEDING-**

All families having babies will talk with their care provider about breastfeeding. We will give all of the information you need to make a good decision for you and your baby.

### Step 4

#### **START BREASTFEEDING-**

We help each mother get breastfeeding off to a good start by skin-to-skin contact between mother and baby right after birth. Skin-to-skin contact helps mothers and babies start breastfeeding.

### Step 5

#### **LEARN TO BREASTFEED -**

We will teach you how to position and latch your baby to breastfeed. You will learn what to do so you and your baby can breastfeed successfully.

### Step 6

#### **FEED BREASTMILK ONLY -**

Your baby needs only your breastmilk. This is the normal and safest way to feed your baby and maintain your milk supply.

### Step 7

#### **ROOM-IN WITH YOUR BABY -**

To help you care for your baby we encourage you to keep your baby with you at all times (day and night).

### Step 8

#### **FEED ON DEMAND -**

Having your baby with you at all times helps you learn baby's hunger signs or "feeding cues". Breastfeeding your baby for as long and as often as your baby needs helps you produce a good milk supply and gives your baby comfort.

### Step 9

#### **GIVE NO SOOTHERS OR BOTTLES WITH NIPPLES -**

Soothers and bottles with nipples are not used in the early weeks of breastfeeding because they may cause problems with breastfeeding and with your milk supply.

### Step 10

#### **COMMUNITY SUPPORT -**

Before you leave the hospital, we will make sure you know about and have the phone numbers for any breastfeeding support programs and groups in your community. Connecting with other breastfeeding women can also make your breastfeeding experience more enjoyable and rewarding.



# Our Promise to Families





A Baby Friendly™ Hospital Since 2003

### What families can expect at our hospital:

- You will be educated during pregnancy about the importance of breastfeeding.
- Staff will be knowledgeable and supportive in teaching you how to breastfeed.
- You and your baby will have the opportunity for skin-to-skin contact immediately following birth.
- You will be given assistance to feed your baby within the first hour after birth.
- You will be shown or given information about how to express breast milk and to maintain your milk supply.
- You will be encouraged and helped to breastfeed exclusively.
- Baby will room in with you during your hospital stay.
- No artificial nipples, pacifiers or soothers will be offered.
- We accept no free or subsidized supplies of breast milk substitutes (formula), bottles, nipples or pacifiers from manufacturers or distributors of these products.
- You will be informed about how to contact breastfeeding support after discharge from hospital.
- You will be supported in having a successful breastfeeding experience.

PD 6582 (2009-03)

*Breastfeeding Friendly*



ANY TIME ANYWHERE



### Why is breastfeeding so important?

Breastfeeding is the normal way to feed your new baby. Breast milk is the best food you can offer your baby.

The Canadian Paediatric Society recommends exclusive breastfeeding for the first 6 months of life.

The Canadian Paediatric Society also recommends that you continue to breastfeed until your child is 2 years of age and beyond.

Your breast milk has the perfect amount of nutrients made especially for your baby's needs.

Breast milk contains antibodies and other immune factors. These help babies prevent and fight off illness better than those who are not fed breast milk.

Breastfeeding offers your baby the best start!

### For mothers who breastfeed:

Studies have shown that women who breastfeed reduce the risk of developing breast and ovarian cancers.

Breastfeeding provides a unique bond between mother and child; an automatic skin-to-skin closeness!



**St. Joseph's**  
Healthcare  Hamilton

At St. Joseph's Healthcare Hamilton, we protect, promote and support breastfeeding.

For more information, please visit our website at [www.stjoes.ca](http://www.stjoes.ca) and contact your health care provider.

#### References:

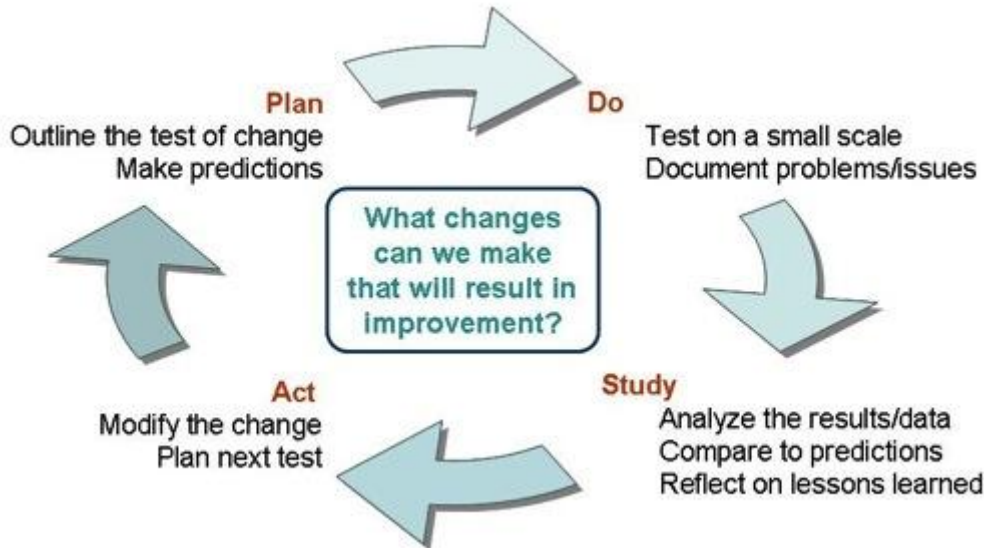
Breastfeeding Committee for Canada, [www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca)  
Canadian Paediatric Society, [www.cps.ca](http://www.cps.ca)  
Health Canada, [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

# Are we all moving in the same direction?





# PDSA Cycles



- **Initiation rates**
- **Formula supplementation**
- **In Room Care**

## Baby's Second Night

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You have made it through your first 24 hours as a new mother. Even if you have other children, you are a new mother. Now it is your **Baby's Second Night**.

This is the time your baby knows that he is no longer in your warm tummy where he spent the last 9 months. It is scary out here! He cannot hear your heart beat and the other sounds he heard when he was inside you. Instead, he is in a bed all alone.

During the day, many people have held your baby. He is getting used to new noises, lights, sounds and smells. He has also found his own voice. Each time you take him away from your breast and warm body he cries loudly! He is telling you that he was very happy being close to you.

When he cries, you put him back on your breast. He is happy and feeds for a short time and then goes to sleep. When you put him back to bed he cries again. New mothers think this happens because the baby is hungry and "not getting enough milk". This really happens because he wants to snuggle up to your warm body. This waking up and sleeping pattern can go on for hours and is tiring for you and your baby.

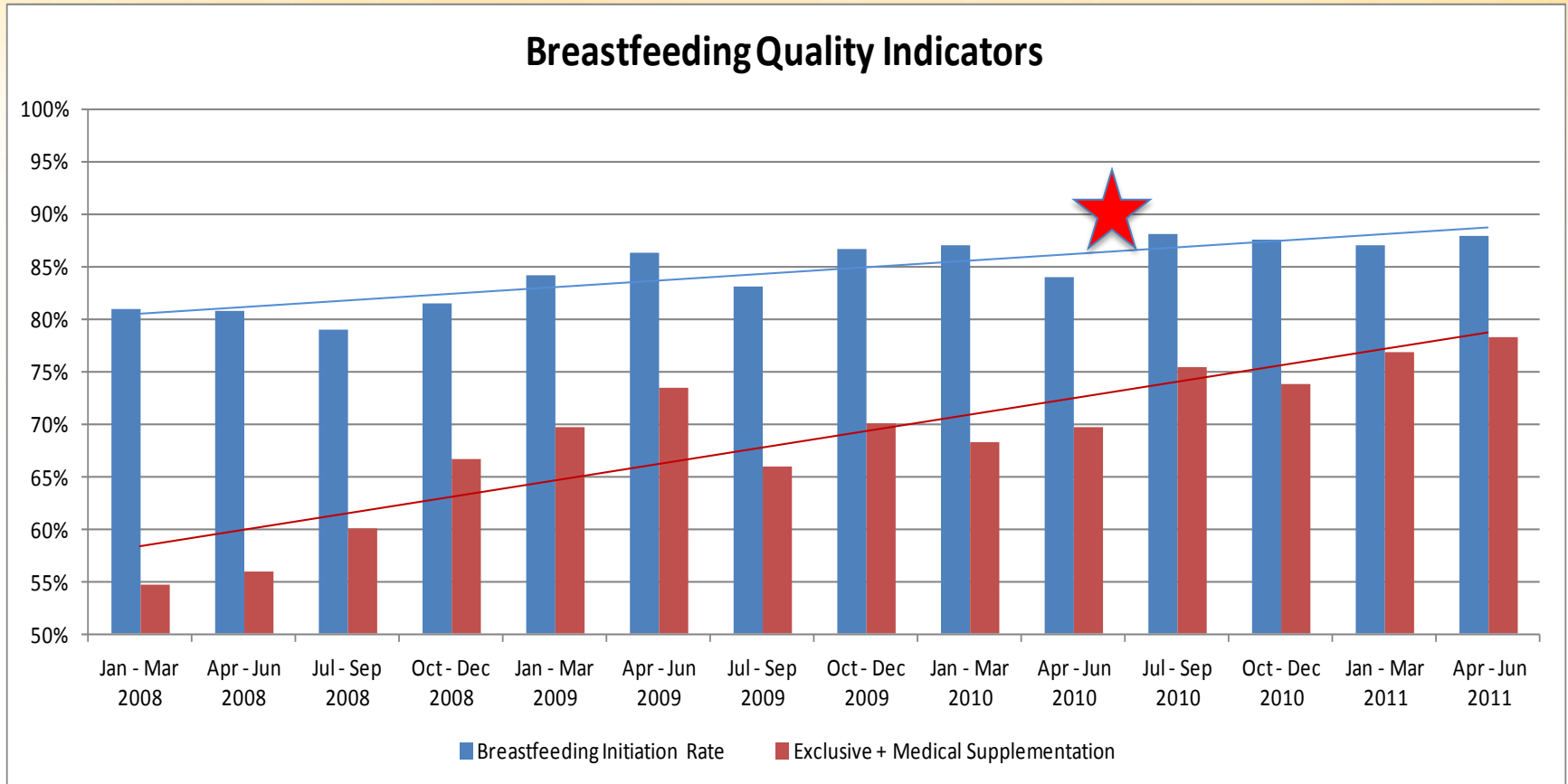
You can help your baby by letting him sleep at your breast after a good feed. Do not burp or move him. Relax and snuggle for a while. You will see your baby go into a light sleep first. If he is moved now he will wake up. As you snuggle longer, your baby goes into a deeper sleep. Watch your baby to learn the signs of deep sleep. This is when you can move your baby to bed. If he starts to wake, this is a sign that he was not in a deep sleep, so wait a while longer.

You can also let your baby suck on his thumb or fingers any time he wants to. He did this in your tummy before he was born. If his hands are covered with mittens this can be strange to him. He may be saying, "Where are my hands?" He has no way of soothing himself with mittens on. Your baby needs to be able to touch and feel. When he puts his hands on your breasts, this helps increase your supply of milk. So, take the mittens off and let him get to his hands. If he scratches himself, do not worry, he will heal. After all, he had fingernails when he was inside you and was fine.

After **Baby's Second Night** there may be times when your baby does not go to sleep. This may be when you had a busy day such as going to the doctor, going out shopping, or visiting grandparents. Your baby is just saying that he wants some snuggle time at the breast. For your baby your breast is "home."

# Focused initiatives that address challenges

# Monitoring Trends Over Time



# Strategies



# Focus on Quality



## Women's and Infants' Health Program Mission Excellence Scorecard

The Women's and Infants' Health program at St. Joseph's Healthcare Hamilton strives to provide excellent integrated care to women, families, children and newborns through a collaborative, inter-disciplinary team approach focused on family-centered care and provision of services that extends into the community.

Period: FY 2011/12 Q1 (Apr - Jun)

Service and Mission Excellence <i>Living our CARE commitment through: Compassion, Attitude, Responsiveness, and Excellence</i>				Excellence in Patient Care <i>Providing improved access to safe and high quality care through innovation and evidence based practice</i>			
	Jan - Mar	Apr - Jun	Target		Jan - Mar	Apr - Jun	Target
<b>Patient Satisfaction</b>				<b>Commitment to Quality Improvement</b>			
Overall Quality of Care	91.8%	No Data	85.0%	# 2011 Accreditation Unmet Criteria	67	12	0
All Dimensions Combined	90.4%	No Data	85.0%	Birth Trauma - Injury to Neonate per 1,000 (raw)	6.35 (5/787)	6.75 (6/889)	1.9
Recommend Hospital to Family or Friend	88.7%	No Data	85.0%	Obstetric Trauma - Vaginal Delivery with Instrument per 1,000 (raw)	30.3 (2/566)	13.88 (1/72)	47.1
				Obstetric Trauma - Vaginal Delivery without Instrument per 1,000 (raw)	3.70 (2/540)	3.31 (2/603)	9.9
				Obstetric Trauma - Caesarean Delivery per 1,000 (raw)	27.6 (5/181)	28.4 (6/211)	21.2
				BFI Breast Feeding Rate	74.6%	75.0%	75.0%
<b>Research</b>				<b>Patient Safety Focus and Adoption of Best Practices</b>			
Number of Learning Simulations	Future Reporting			Nonsocomial Infections - MRSA rate per 1000 patient days	0	0	1.21
				Nonsocomial Infections - VRE rate per 1000 patient days	0	0	0.57
				Nonsocomial Infections - C-Diff rate per 1000 patient days	0	0	0.40
				# of Reported Incidents & (Patient Falls) - Birthing Unit	22 (0)	22 (0)	30
				# of Reported Incidents & (Patient Falls) - Level II Nursery	41 (0)	31 (0)	43
				# of Reported Incidents & (Patient Falls) - Obstetrics	23 (0)	34 (0)	45
				Transfers to ICU (Mom)	0.3%	0.0%	0.1%
				Transfers to NICU (Baby)	8.3%	9.7%	11.5%
				Mortality Rate (Mom)	0.1%	0.0%	0.1%
				Mortality Rate (Baby)	0.3%	0.0%	0.0%
				Post-Admit Co-morbidity (Mom)	6.5%	8.9%	6.9%
				Post-Admit Co-morbidity (Baby)	0.4%	0.0%	0.4%
				Readmission Rate (Mom)	0.3%	0.1%	0.8%
				Readmission Rate (Baby)	2.4%	1.8%	2.5%
				3rd degree tear	24	34	28.5
				4th degree tear	1	1	2.5
				Epidural Rate	60.4%	60.1%	59.7%
				# of Still Births	5	2	0
				Infection Rate - Cesarean Sections	0.00%	0.00%	2.0%
				Infection Rate - Abd Hysterectomy (Risk 0 / Risk 1 / Risk 2*)	5.0/0/20%	0/4.5/0%	1.4/2.3/5.3 %
				Safe Surgical Checklist Compliance (Labour & Delivery)	90%	96%	100%
				Safe Surgical Checklist Compliance (Gynaecology)		96%	100%
<b>Financial Health</b> <i>Providing excellence in care through sound fiscal management</i>				<b>Utilization</b>			
	YTD Mar	YTD Jun	Target	# of Births (Deliveries)	786 (783)	893 (875)	871
Achieve Financial Balance				# of Pediatric Day Surgery Cases (< 18 yrs)	62	50	72
Combined Care/ Post Partum (1712608001)				# Vaginal Births Without Episiotomy	509	578	564
Actual vs. Budget (Variance) YTD	(\$389,375)	(\$54,443)	0	# Vaginal Births With Episiotomy	35	30	29
% Variance YTD	-12.0%	-7.0%	0.0%	% of Assisted Deliveries (Forceps and/or Vacuum)	7.9%	7.4%	7.8%
Net Cost per Patient Day	\$252.08	\$237.20	\$243.24	Cesarean Section Rate	23.0%	23.9%	28.2%
Level II Nursery (1712608001)				Vaginal Birth After Cesarean Rate	40.3%	33.8%	20.8%
Actual vs. Budget (Variance) YTD	(\$217,555)	(\$42,585)	0	Trial of Labour	82.1%	85.7%	82.8%
% Variance YTD	-9.0%	-7.0%	0.0%	Induction Rate	27.5%	27.9%	26.6%
Net Cost per Patient Day	\$518.27	\$505.96	\$520.65	# Neonatal Abstinence Syndrome Babies	15	9	15
Labour and Delivery (1712608002 & 1713606021)				LOS Vaginal Deliveries (Mom)	2.2	2.28	1.9
Actual vs. Budget (Variance) YTD	(\$555,585)	(\$ 178,267)	0	LOS Vaginal Deliveries (Baby)	2.6	2.3	2.2
% Variance YTD	-13.5%	-17.5%	0.0%	LOS CS Deliveries (Mom)	3.4	3.4	3.2
Net Cost per Birth	\$1,399	\$1,371	\$1,207	LOS CS Deliveries (Baby)	3.5	3.65	3.41
				LOS Assisted Deliveries (Forceps and/or Vacuum)	2.5	2.5	2.3
				LOS Level II Nursery	15.8	19.8	17.3
				LOS Neonatal Abstinence Syndrome Babies	21.7	13.4	7.2
<b>Work Life and Learning</b> <i>Respectful of work life balance and inspire health care professionals through continuous learning and innovation</i>							
	Jan - Mar	Apr - Jun	Target				
Achieving Work Life Balance							
Combined Care/ Post Partum (1712608001)							
Sick Days per FT Employee	5.3	5.8	2.6				
Overtime Hours per FT Employee	4.0%	3.4%	0.0%				
Level II Nursery (1712608001)							
Sick Days per FT Employee	6.1	4.0	2.6				
Overtime Hours per FT Employee	2.1%	2.1%	0.0%				
Labour and Delivery (1712608002 & 1713606021)							
Sick Days per FT Employee	5.1	5.9	2.6				
Overtime Hours per FT Employee	2.0%	2.1%	0.0%				



# Measurement & Evaluation

- Data collection
- Monthly reporting
- Transparency
- Team approach

St. Joseph's HealthCare BREASTFEEDING REPORT 2010 Fiscal year						
	1st quarter 2011			2nd quarter 2011		
	APR	MAY	JUN	JUL	AUG	SEP
Total # of days audited	20/30	19/31	20/30	14/31	18/31	19/30
Total # of term babies (TWB)	157	143	175	102	113	153
Total # of well breastfed babies (B)	136	125	155	88	103	140
Total % of well breastfed babies (B/TWB)	87.00%	88%	88.60%	86%	91%	92%
Total # of formula fed babies (F)	21	18	20	14	10	13
Total % of formula fed babies (F/TWB)	13.00%	12%	11%	14%	9%	8%
Total # of NICU charts audited (included)				8	0	3
<b>Of Breastfed Babies:</b>						
# exclusively breastfed or breastmilk only (E)	91	86	109	53	71	82
# supplemented with non-human milk (S)	45	39	46	35	32	58
Exclusive breastfeeding rate (E/TWB)%	58.00%	60.00%	62.30%	52.00%	63%	54.00%
% Breastfed babies that were supplemented S/B	33.00%	31.00%	29.60%	40.00%	31.00%	41.00%
Medical acceptable reasons for supplementation (M)	25	18	28	20	17	31
Mothers informed choice	15	18	17	10	12	20
Nonjustifiable supplementation (no reason)	5	3	1	5	3	7
Exclusive breastfed plus medical supp. (E+M/TWB)%	74.00%	73.00%	78.30%	72.00%	78.00%	74.00%
Exclusive breastfed plus medical supp.				**new BBC guidelines incl. NICU		
(E+M/TWB)% Average			75.10%			75%

# Engaging External Partners

- Public Health
- Community care providers
- Learners



Do we have all of our ducks in a row?



# It Takes a Team!





# Baby Friendly

Designated since 2003

Re-designated  
June 2010

A designation of the World Health Organization, Baby Friendly means that at St. Joe's, we protect, promote and support breastfeeding as the healthiest choice for mothers and babies. Through education, we support informed choices for families.

Breastfeeding support is available to patients in all departments throughout St. Joe's as well as to staff returning to work through the Breastfeeding and Newborn Assessment Clinic (BANA), ext. 34998.



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*Thank you for supporting our  
Baby Friendly hospital environment.*

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[www.stjoes.ca](http://www.stjoes.ca)

## Celebrating our success



# Publicity – Internal & External



## St. Joe's only 1 of 12 in Canada to hold WHO Designation

St. Joseph's Healthcare Hamilton has, for the second time, successfully met the requirements of the **Baby Friendly** Hospital Initiative! First designated in 2003, we received our formal re-designation on June 25, 2010 as a **Baby Friendly** organization. Everyone at St. Joseph's Healthcare should be very proud of this achievement as we are one of only 12 hospitals in Canada to hold this designation.

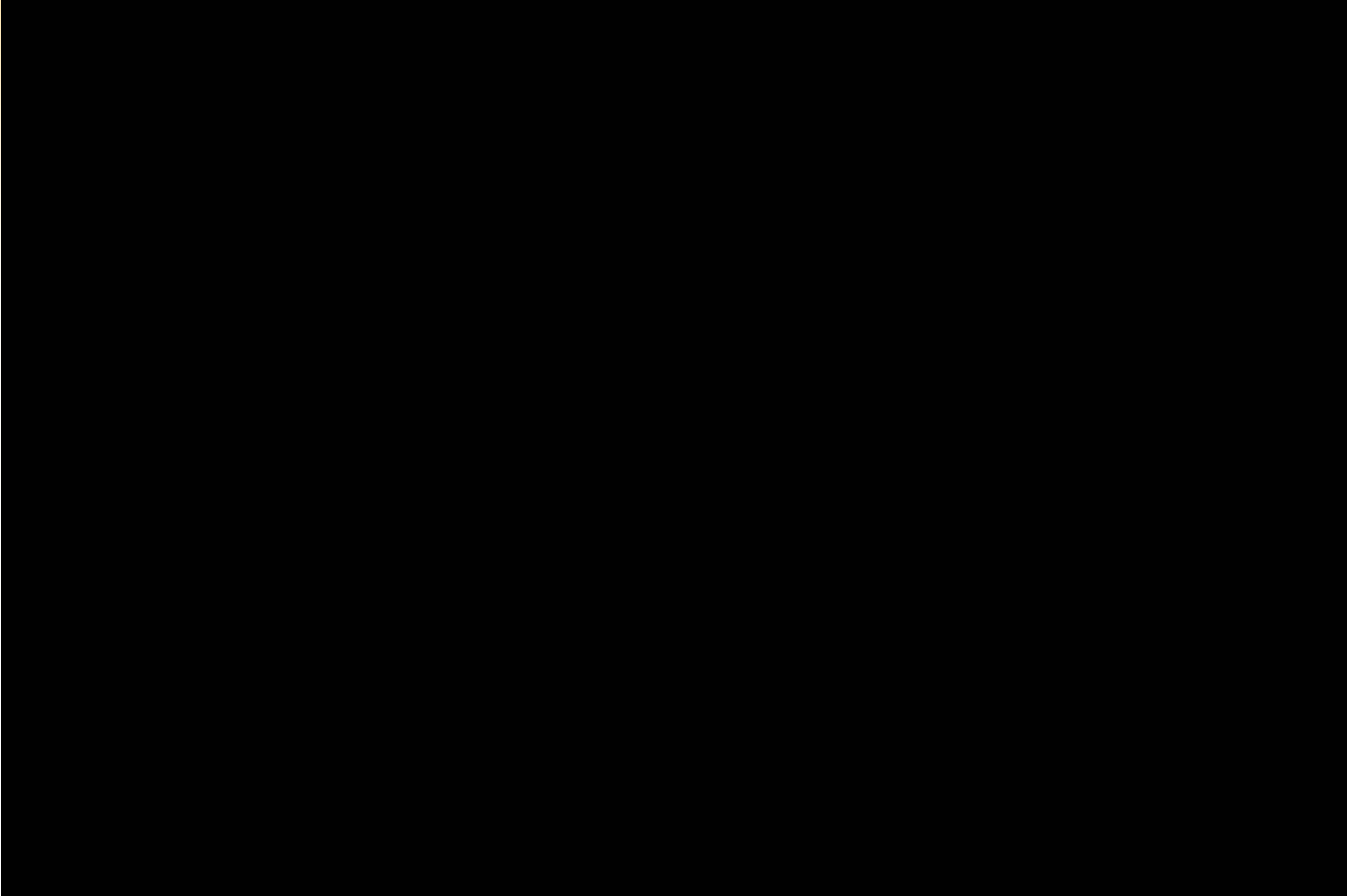
Being **Baby Friendly** means that we are committed to promoting, supporting and protecting breastfeeding as the healthiest choice for mothers and babies. We do this by following and implementing the *Ten Steps to Successful Breastfeeding*, and by adhering to the World Health Organization's *International Code of Marketing of Breastmilk Substitutes*. At St. Joseph's Healthcare, we foster a culture that provides education and support for women and families in their infant feeding choices.

Our organization has received this designation, which means that support is always available to women and babies in all inpatient and outpatient settings (patients, staff and visitors). Information and assistance is available through the Breastfeeding and Newborn Assessment Clinic at 905-522-1155, ext. 34998.

Through a lot of hard work and dedication, we continue to achieve the gold standard of care for women, babies and families. Many thanks to all staff, physicians and volunteers for your roles in supporting our **Baby Friendly** hospital environment. We look forward to working together as we continue to uphold these rigorous World Health Organization standards.

*Submitted by Kim Ross,  
Nurse Manager, NICU & Maternal Newborn Child Ambulatory Care, SJHH*

# In Our Own Words



# Lessons Learned

- Sustainability
- Motivation
- Maintaining focus
- Continuous monitoring
- Rapid response when issues arise
- Input from all team members
- Integration with Quality agenda



# Going Forward

- Preparation for 2015 assessment
- Focusing on attention areas:
  - Initiation rates
  - Formula supplementation
  - Staff education
  - Antenatal support & education





# Thank You!

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# Questions?



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