

# Baby-Friendly Initiative Report for Ontario



## Acknowledgements

Thank you to the BFI Strategy for Ontario, Better Outcomes Registry & Network (BORN Ontario), and Ontario Public Health Units for providing information for this report card.

A special thank you to the families who participated in the parent survey and contributed comments about their experiences.

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**Introduction:** The Baby-Friendly Hospital Initiative has the power to create systems change, inform professional practice and enrich personal values and ethics, and strengthen commitment to improve women's and children's health and the well being of families. It enables mothers to achieve their personal goals regarding infant feeding.

The WHO/UNICEF Baby-Friendly Hospital Initiative (BFHI) is a globally implemented strategy which has evolved since 1991 for the purpose of providing consistent evidence-based care for families. Experience has shown that this Initiative looks a little different from country to country and even from one health care facility to another, with available support and resources melding with attitudes and commitment to create a kaleidoscope of implementation strategies. Strategies are shared at international meetings of the BFHI Network of Country Coordinators where Canada has two representatives actively contributing to the work.

Nutrition builds the platform for health and well being of people throughout the life span, and powerful research evidence<sup>1</sup> indicates the importance of breastfeeding in saving lives, improving long term health outcomes and cutting health care costs in every country worldwide.

Despite this evidence, our culture and society unwittingly undermine breastfeeding at every level, even questioning whether breastfeeding promotion has gone too far. In reality, rather than making an informed decision about infant feeding, with adequate support to attain their personal goals, individual mothers often find themselves with limited options due to insufficient support and care.

How do we shift culture to enable mothers who want to breastfeed to overcome challenges and attain their goals and for families whose babies are not breastfed to receive every support they need, without the unfair pressures of judgemental societal attitudes and expectations and without commercial pressures?

The key to sustainable change lies in shifting the focus and responsibility for success from individual mothers and recognizing the importance of breastfeeding as a population health issue involving the entire health care system, both formal and informal – we can all make a difference!

The WHO/ UNICEF Baby-Friendly Hospital Initiative, called the Baby-Friendly Initiative (BFI) in Canada, can help achieve these changes in Ontario. The focus of the BFI is on highest impact opportunity – the time around pregnancy and birth, to influence safe infant feeding for all babies throughout the continuum of care, ensuring that informed decision making and consistency of information and support are available for everyone.

## Background Information

The Breastfeeding Committee for Canada (BCC) was established in 1991 as a Health Canada Initiative, following the World Summit for Children. The BCC is the national authority for the Baby-Friendly initiative (BFI), and has representation from each province and territory, as well as the Public Health Agency of Canada. BFI has grown from a grass roots initiative motivated by individuals and interest groups to influencing key professional guidance documents such as Nutrition for Healthy Term Infants, Family Centered Maternity and Newborn Care Guidelines and the Qmentum hospital accreditation standards. Support from provincial and federal ministries is growing.

In 2018 the Public Health Agency of Canada announced the provision of 1.3 million dollars over 5 years for the Breastfeeding Committee for Canada to strengthen the implementation of the Baby-Friendly Initiative and help to improve national breastfeeding rates.



Canada is also a highly respected member of the World Health Assembly, and at the July 2018 meeting was the only industrialised country to co-sponsor the most recent 71 WHA Resolution on infant and young child feeding.

**It's the BFI not the FBI** 😊. The BFI intention is to build capacity, rather than to compel compliance. A spirit of peer support ensures mentoring and sharing of successful strategies at all levels. One of the major goals is to transform hospitals and maternity facilities through implementation of the “Ten Steps”. Large system transformation is definitely a large scale undertaking, and researchers view health care systems as complex adaptive systems. To bring about transformation, it is important to create positive conditions for quality improvement and mobilize the natural creativity and capacities of health care providers within their own context<sup>ii</sup>.

The BFI lens facilitates finding answers to the question: “How can we close this gap between what we know can be achieved and what occurs in practice?”<sup>iii</sup>

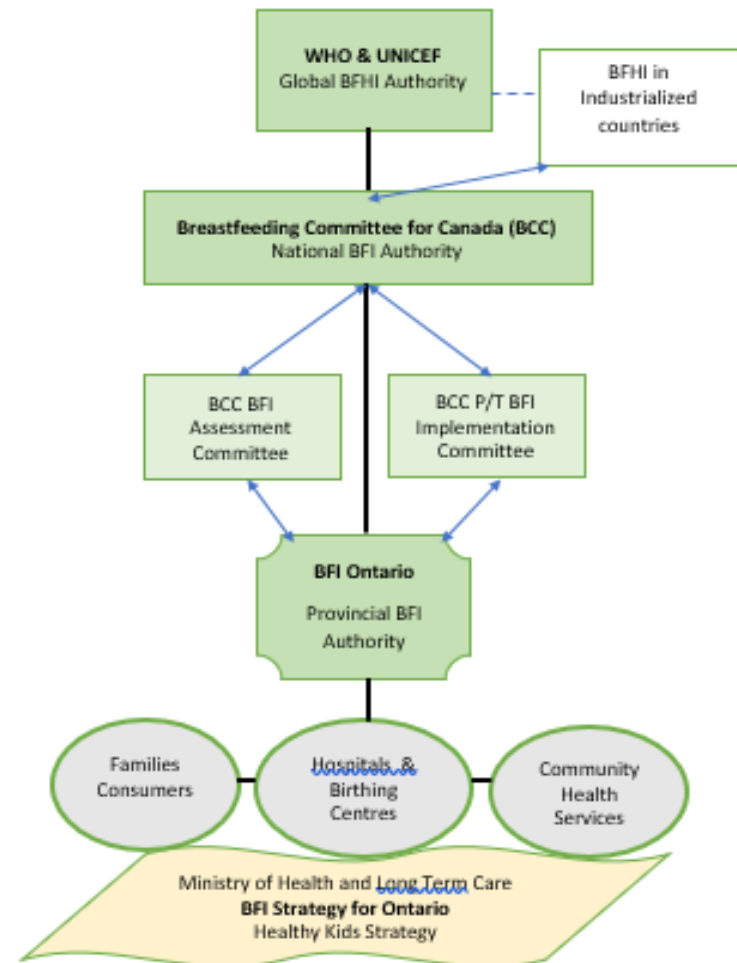
Like pearls strung together the BFI “Ten Steps” collectively form a framework for standards of care with outcomes indicators, encouraging accountability and continuous quality improvement. Facilities can determine what they do well, and what needs

improvement. Outcomes are measured and reported in incremental change cycles. All mothers provide feedback regarding satisfaction with their care during pregnancy, birth and postpartum.

The Baby-Friendly Initiative remains a cornerstone in the WHO Global Strategy for Infant and Young Child Feeding, and the WHO Global Strategy for Women’s, Children’s and Adolescent Health and is integral to the 2030 Millennium Development Goals (<http://www.unfoundation.org/what-we-do/issues/mdgs.html>).

The BFHI (BFI) has the power to create systems change, inform professional practice, enrich personal values and ethics and strengthen commitment to improve women’s and children’s health and the well being of families. More importantly, the BFI enables mothers to achieve their personal goals regarding infant feeding in a supportive environment. Going forward there is a need to scale-up government awareness and support to increase the number of designated facilities and to incorporate the BFI into policies and preservice training for health care providers at every level.

### How Ontario Fits in to the Global Perspective



## The Work of the Baby-Friendly Initiative Ontario

Baby-Friendly Initiative Ontario (BFI Ontario or BFION) is a volunteer multidisciplinary organization consisting of health care professionals, service providers and consumers within Ontario. Members are interested in protecting, promoting and supporting breastfeeding and strive for parents to engage in informed decision making about the use of infant formula when needed for medical or personal reasons.

BFION serves as the contact between the hospital or community facility and the Breastfeeding Committee for Canada (BCC) for all matters related to the Pre-Assessment and the External Assessment process. BFION partners with hospitals and community health services to assist and support them to achieve Baby-Friendly designation.

BFION provides ongoing expert advice and recommendations on policy and guidelines to government, health facilities, community agencies and professional organizations through knowledge exchange and translation, advocacy, the sharing of resources, and provincial monitoring surveys.

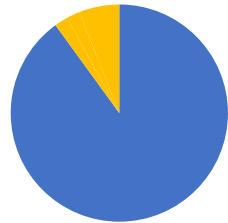
**Mission:** To protect, promote, and support breastfeeding in the province of Ontario through the adoption, implementation and maintenance of the practice standards of the Baby-Friendly Initiative.

**Vision:** All eligible facilities in Ontario receive the Baby-Friendly Initiative designation and all supporting facilities practice according to Baby-Friendly Initiative (BFI) standards.

### Goals:

- To increase the number of hospitals and community health services involved in the implementation of the Baby-Friendly Initiative.
- To increase the number of BFI designated hospitals and community health services.
- To support Baby-Friendly Initiative designated hospitals and community health services to maintain their Baby-Friendly Initiative designation.

**BFION Development of BFI Capacity and Support Work 2017-18**



■ Individual support ■ Teleconferences  
 ■ Educational sessions ■ BCC Liaison work

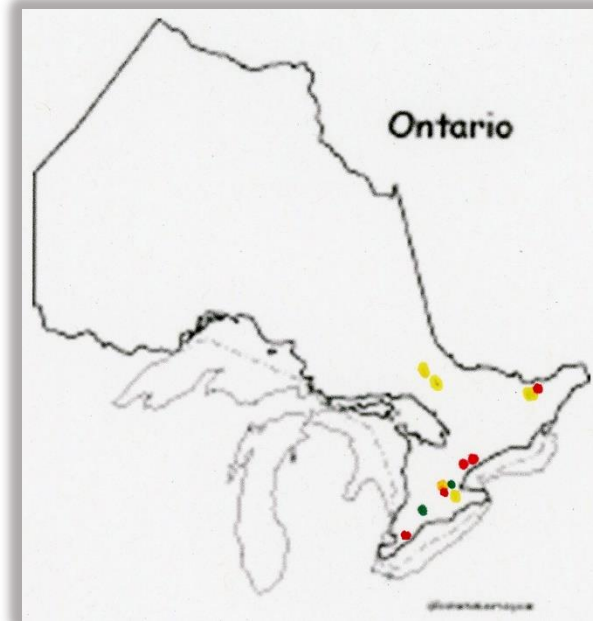
Individual contacts	4796
Group teleconferences	28
Ask an Assessor teleconferences	4
Educational sessions	9
Membership meetings	9
Liaison meetings with BCC	52

This pie chart reflects broad groupings of BFI activities

**Please note:** The tables reflect provincial (Ontario) activities only. Work done under the authority of the BCC (assessor training sessions, Pre-Assessment and External Assessment activities) is not represented here.

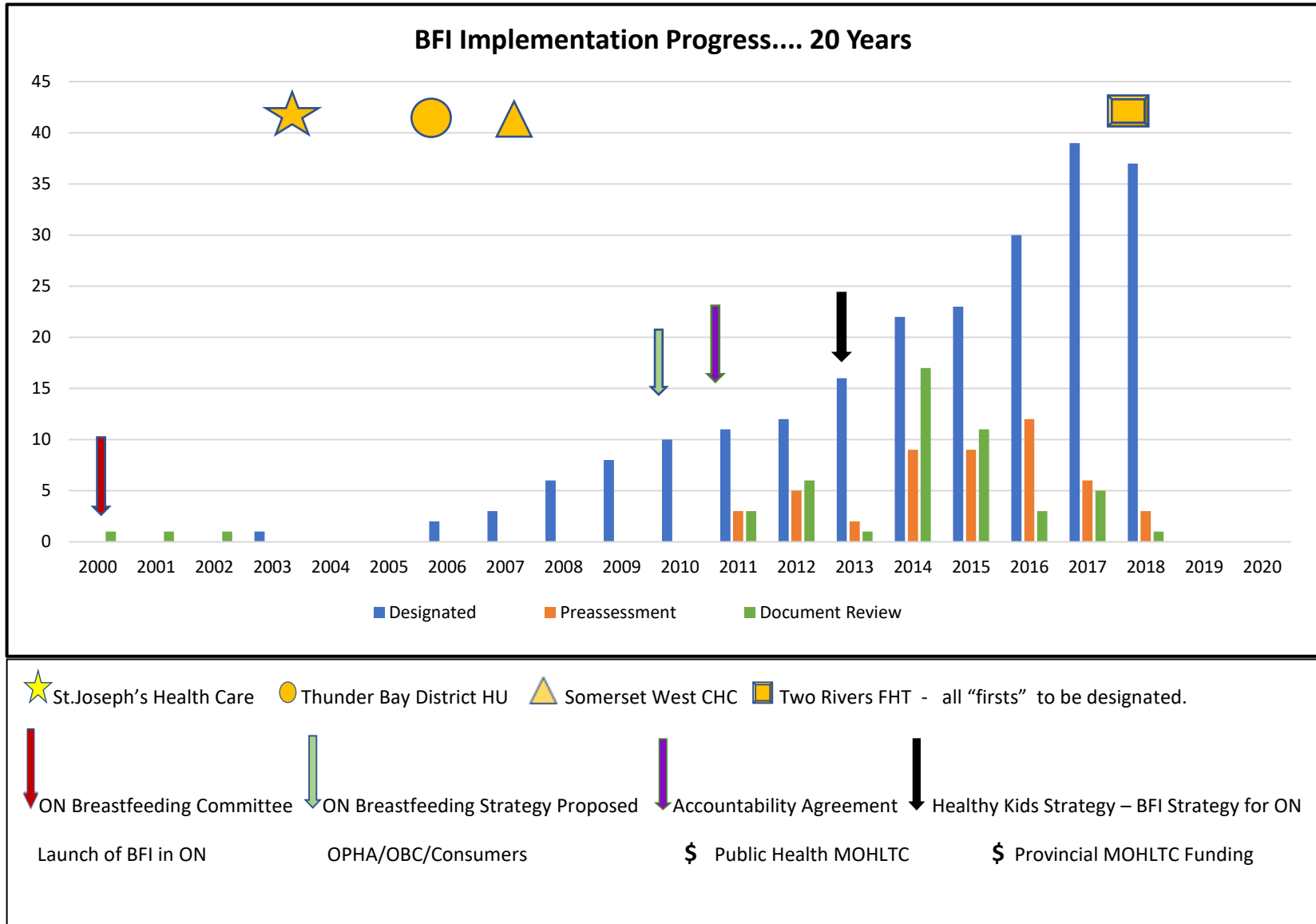
**Ontario Assessors and Assessor Candidates (2018)**

2 lead assessors	●
5 assessors	●
5 assessor candidates	●





**BFI Growth in Ontario**



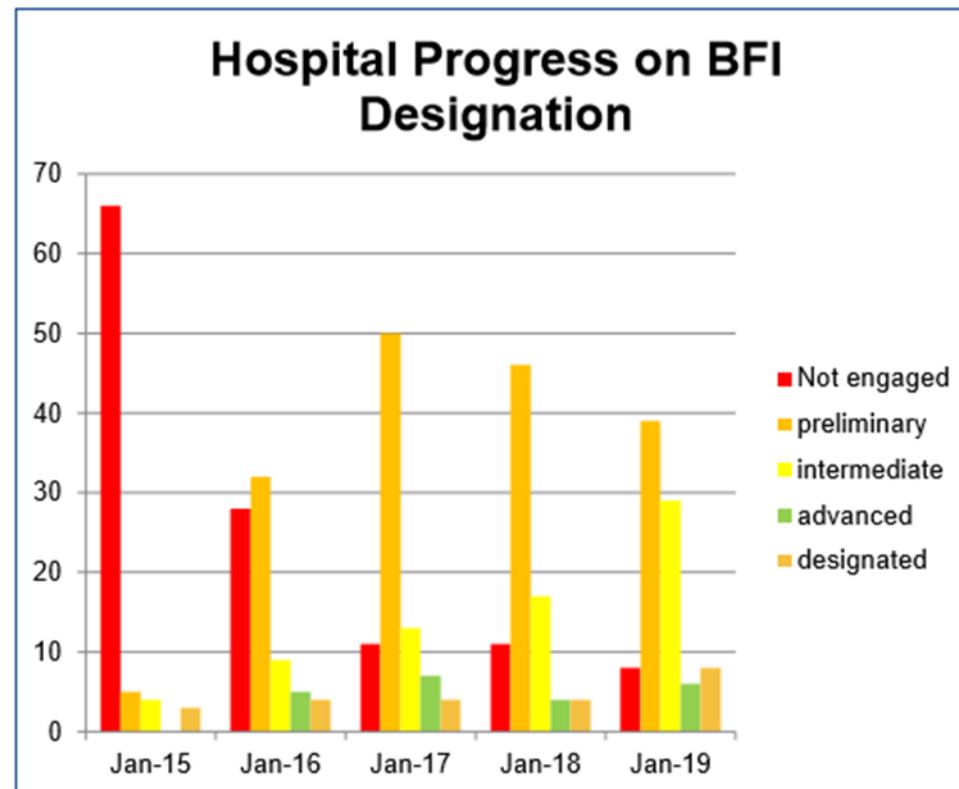
## Catalysts

- **2007** - A report entitled "Breastfeeding in Toronto: Promoting Supportive Environments" included a survey of breastfeeding rates by hospital and compliance with BFI requirements. The report called on Toronto Public Health to work with Toronto birthing hospitals to support their efforts to achieve Baby-Friendly Initiative designation. It also required that Toronto Public Health achieve Community Health Service Baby-Friendly Initiative designation for itself. The Report resulted in energetic and constructive discussion regarding standards of practice and client satisfaction and contributed to the development of more reliable ways of reporting infant feeding in hospitals and ultimately the inclusion of BFI benchmarks into the BORN data collection system.
- **2010** - Since the first Provincial Breastfeeding Strategy was proposed and presented to the Provincial Ministry of Health by parent community members, the Ontario Breastfeeding Committee (now called BFI Ontario), OPHA and RNAO, significant support for breastfeeding and the BFI has occurred.
- **2011** - The BFI was for a time part of the Public Health Accountability Standards for Ontario which motivated change of practice, examined availability of breastfeeding support in communities and a focused effort to collect basic infant feeding data as part of this quality improvement strategy.
- **2013** – Healthy Kids Strategy – government initiative to promote children’s health and reduce childhood obesity
- **2013-2015** – Public Health Ontario Locally Driven Collaborative Project program developed a standardized tool and method for collecting infant feeding surveillance data by Ontario public health units.
- **2013-2019** -The Ministry of Health provided funding to increase breastfeeding support in Ontario and later significant support for hospitals to implement the BFI through the **BFI Strategy for Ontario**.

**The BFI Strategy for Ontario** was developed at the request of the Ministry of Health in response to the release of the Healthy Kids Panel Report, *No Time to Wait: The Healthy Kids Strategy*, in the spring of 2013. The mandate of the BFI Strategy for Ontario, as set by the Ministry was:

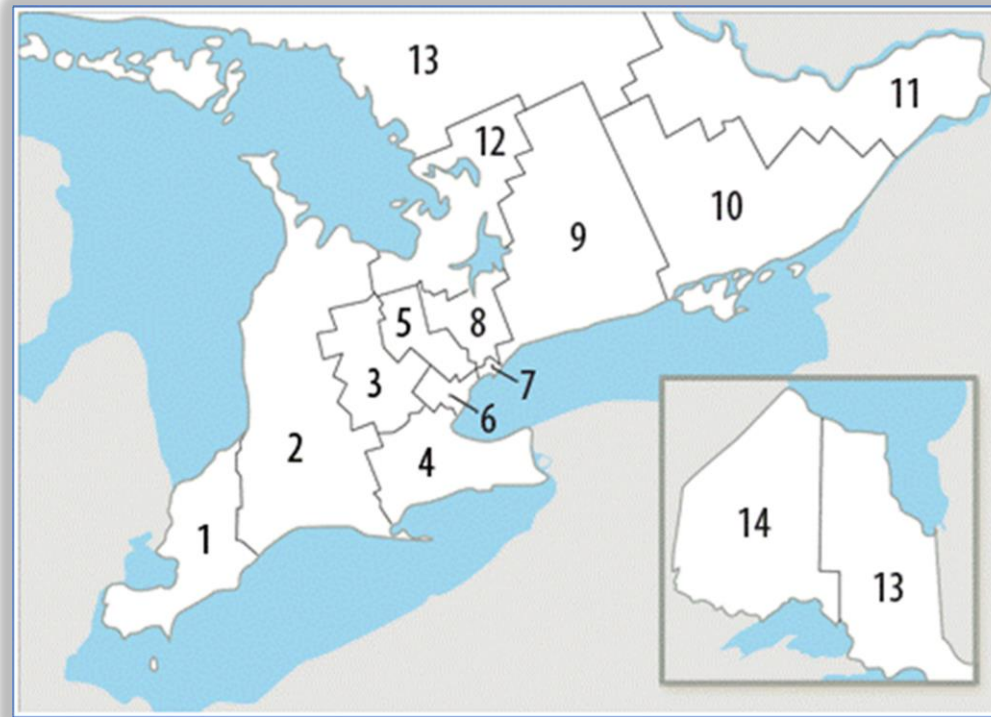
Providing hospitals and community health care organizations with training, tools, guidance and resources to help them achieve the World Health Organization’s Baby-Friendly Initiative designation and adopt clinical best practices in infant feeding that meet Baby-Friendly Initiative designation requirements.

As one of three Baby-Friendly hospitals in the province at the time, Toronto East General Hospital (TEGH,) was asked to develop and lead the Strategy, in partnership with the Provincial Council for Maternal Child Health (PCMCH) and the Best Start Resource Centre. Excerpt: The BFI Strategy for Ontario *Proposal Outline In Brief for 2016-2019*



## Infant Feeding Trends

### Ontario Local Health Integration Network Regions (LHINS)



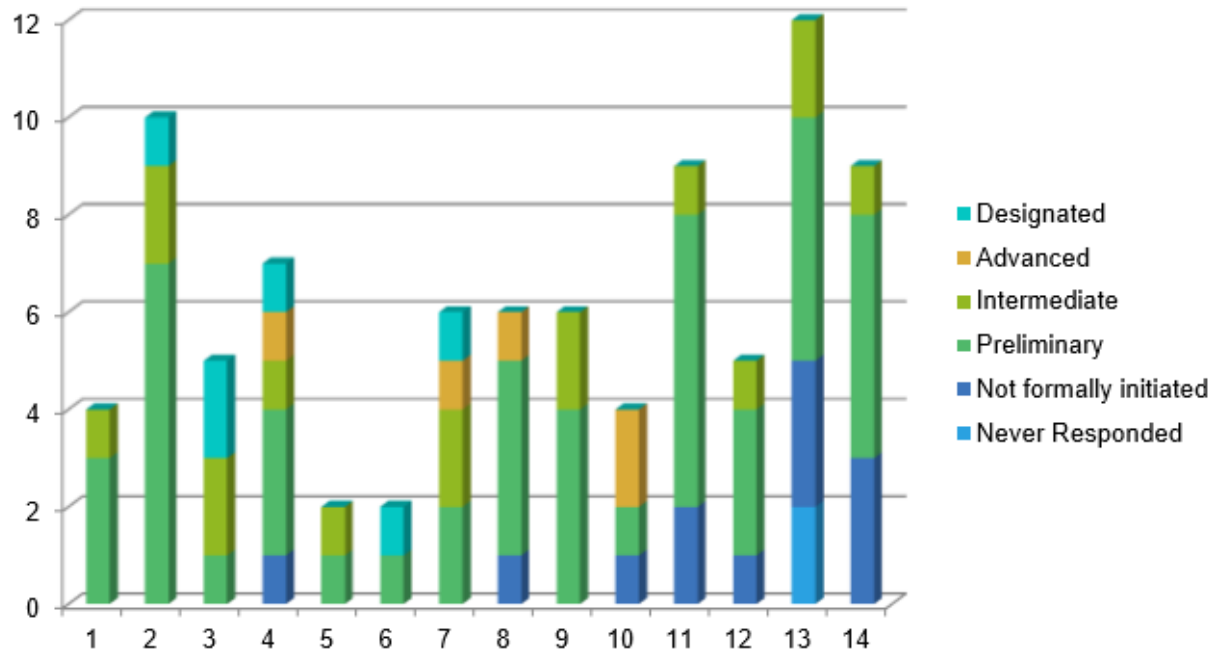
<u>1.</u>	Erie St. Clair	<u>8.</u>	Central
<u>2.</u>	South West	<u>9.</u>	Central East
<u>3.</u>	Waterloo Wellington	<u>10.</u>	South East
<u>4.</u>	Hamilton Niagara Haldimand Brant	<u>11.</u>	Champlain
<u>5.</u>	Central West	<u>12.</u>	North Simcoe Muskoka
<u>6.</u>	Mississauga Halton	<u>13.</u>	North East
<u>7.</u>	Toronto Central	<u>14.</u>	North West

Source: Ontario's LHINS <http://www.lhins.on.ca/>

**BFI Designated Hospitals and Public Health Units in Ontario (December 2018)**

LHIN	Number of Hospitals with Maternity Services in LHIN	Number of BFI Designated Hospitals in LHIN (2018)	Number of Public Health Unit's Servicing the LHIN	Number of BFI Designated Public Health Unit's Servicing the LHIN (2018)
Erie St. Clair	4	0	3	2
South West	10	1	6	4
Waterloo Wellington	6	3	3	1
Hamilton Niagara Haldimand Brant	7	1	5	3
Central West	3	0	3	2
Mississauga Halton	5	2	3	3
Toronto Central	5	1	1	1
Central	6	0	2	2
Central East	9	0	4	3
South East	4	0	4	2
Champlain	9	0	4	3
North Simcoe Muskoka	6	0	2	1
North East	12	0	6	5
North West	8	0	2	0
<b>Total</b>	<b>94</b>	<b>In 2018 8 of the 94 hospitals with maternity services were BFI designated (8.5%)</b>	<b>There are 35 PHU's in Ontario. Many service multiple LHINS</b>	<b>In 2018 26 PHU's were BFI designated (74%)</b>

### Jan 2018 - BFI Uptake Status by LHIN



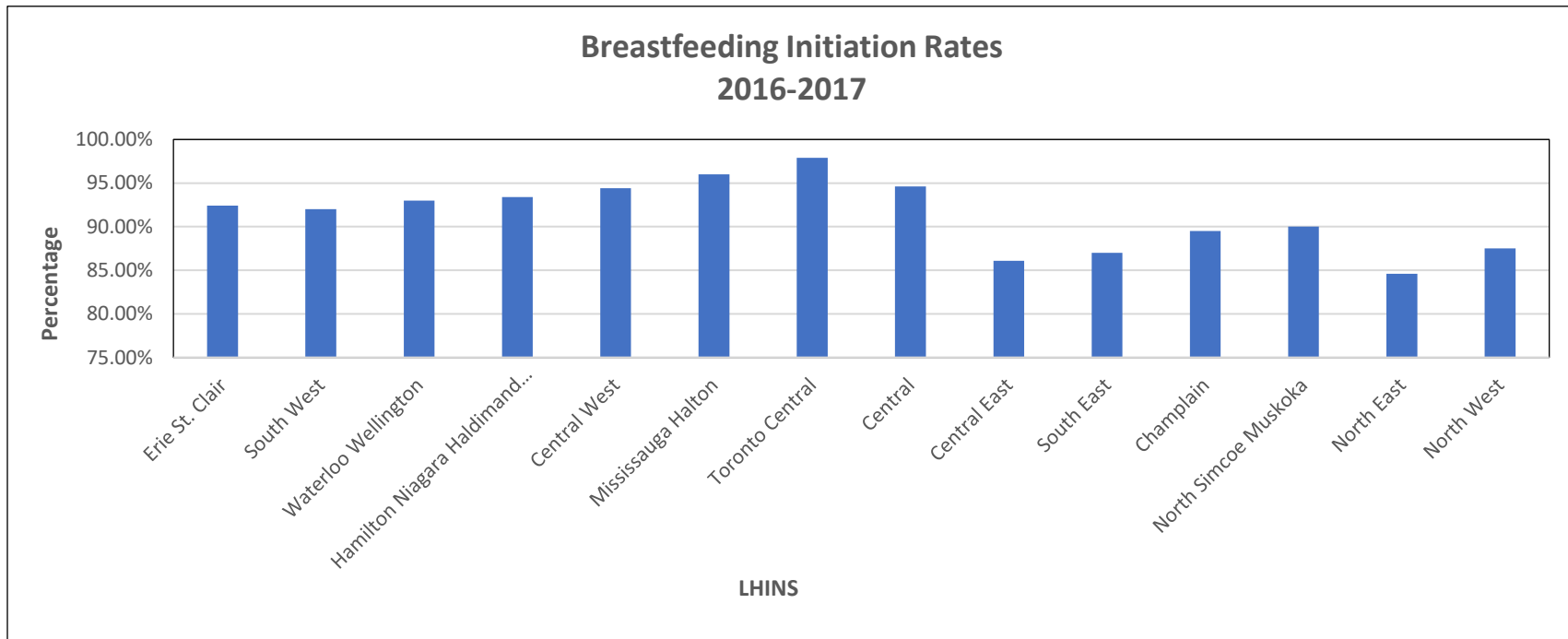
5 LHINs have at least one hospital designated

7 LHINs have a large number of hospitals still in preliminary phase

Northern LHINs and LHIN 11 still quite early in BFI journey

Source: BFI Strategy for Ontario

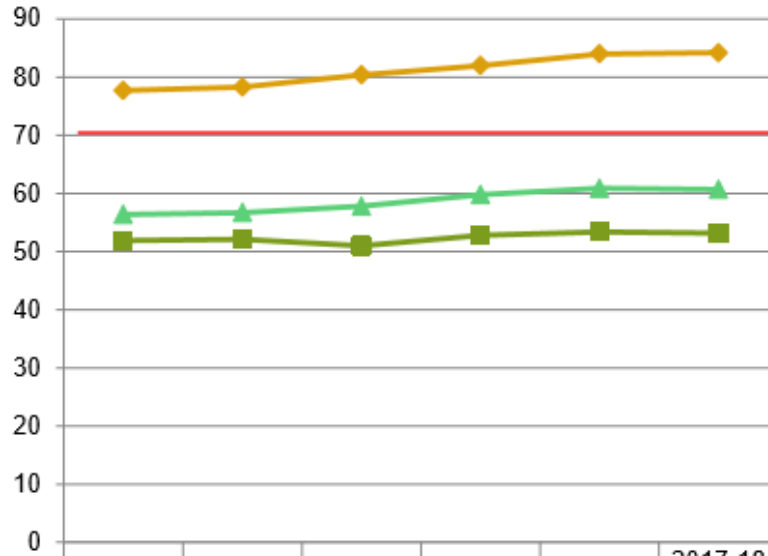
## Breastfeeding Surveillance



Source: Survey of Public Health Units conducted by BFI Ontario, January 2018

- Average initiation rates range from 84.6% - 97.9% across LHINS in Ontario
- Average initiation rates over 95% are found in Toronto Central and Mississauga Halton LHINS
- Average initiation rates below 90% are found in the North East, Central East, South East, North West and Champlain LHINS.

### Provincial BFI Rates



	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18 Q1-2
Initiation	77.7	78.3	80.4	82	84	84.2
Exclusive BF Rate	51.9	52.1	51	52.8	53.4	53.2
Adjusted BF Rate	56.4	56.7	57.8	59.8	60.9	60.7

### Incremental Changes over 5 Years

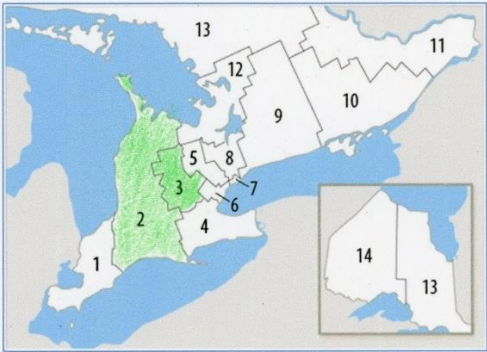
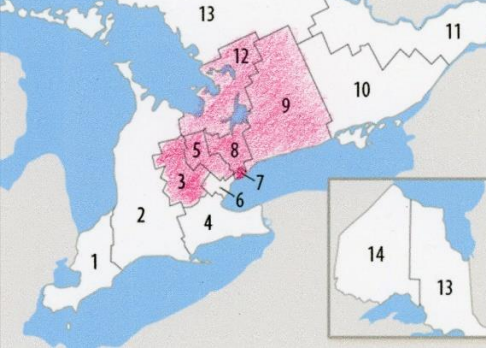
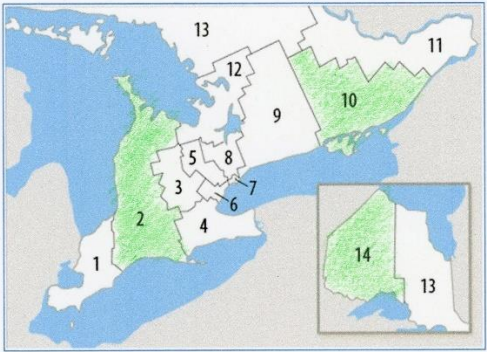
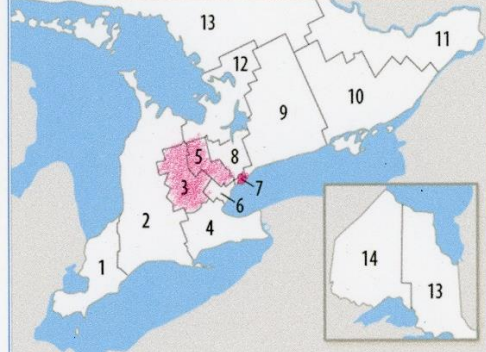
- Initiation increased by 6.5%
- Exclusive BF rate increased by 1.3%
- Adjusted BF rate increased by 4.3%

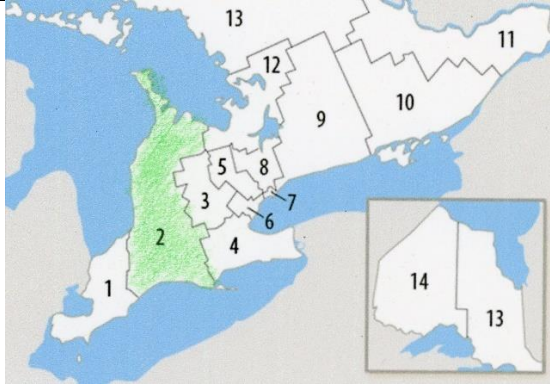

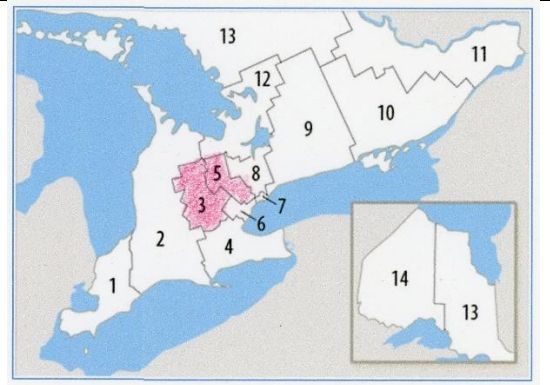

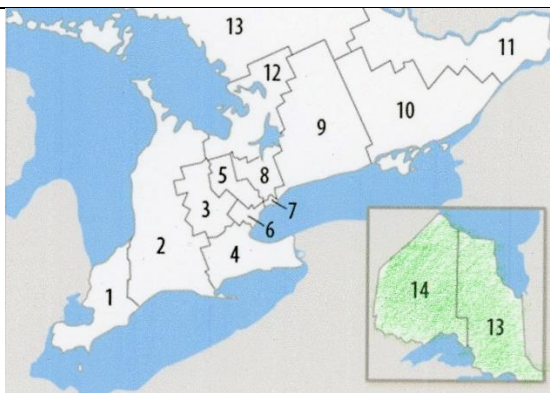

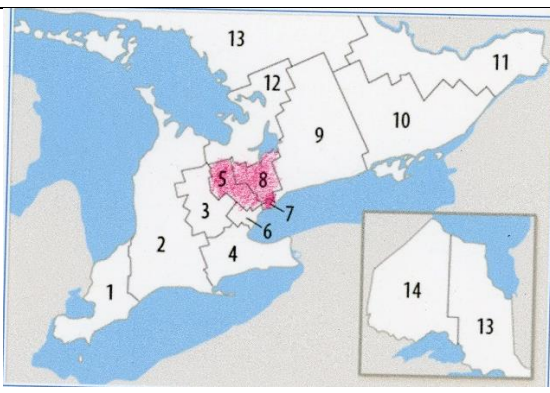

Data based on all BORN data submitted - 6 hospitals with significant amount of data missing and may skew results especially at LHIN level

Source: BFI Strategy for Ontario



**Breastfeeding Duration Rates** (Source: Survey of Public Health Units conducted by BFI Ontario, January 2018)

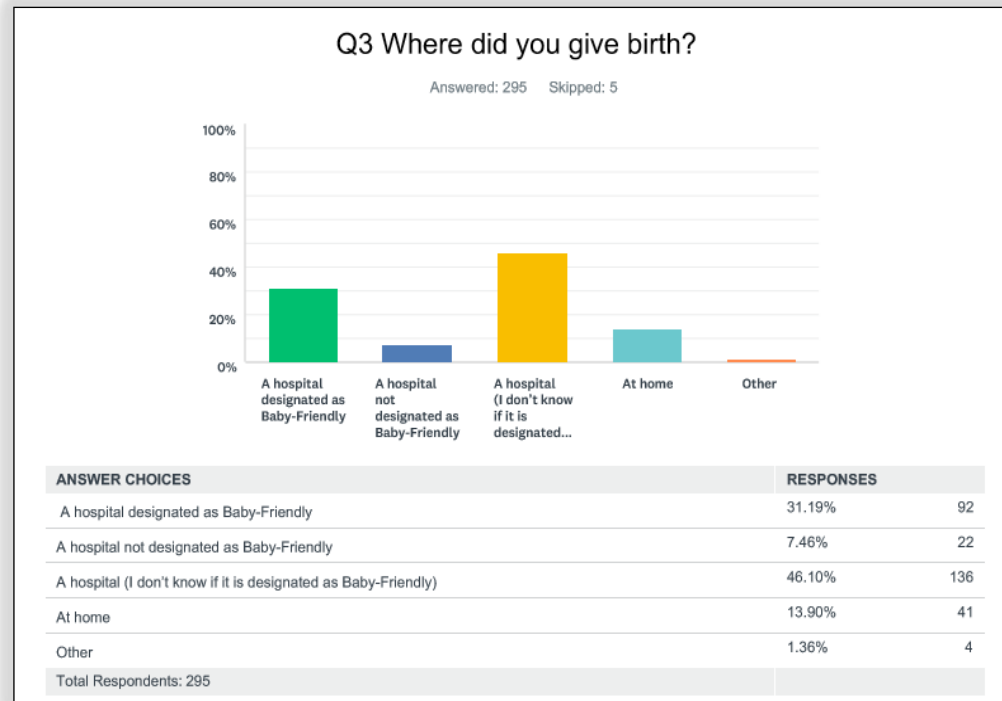
Time Point	Exclusive Breastfeeding (2016-2017)	Any Breastfeeding (2016-2017)
<p><b>Entry to Service (48 Hours After Hospital Discharge)</b></p>	 <p>LHINS with average <i>exclusive</i> breastfeeding rates above 70% Average <i>exclusive</i> breastfeeding rates range from 55.6% - 75.8% across the LHINS</p>	 <p>LHINS with average <i>any</i> breastfeeding rates above 90% Average <i>any</i> breastfeeding rates range from 72.7% - 95.1% across the LHINS</p>
<p><b>2 Months</b></p>	 <p>LHINS with average <i>exclusive</i> breastfeeding rates above 50% Average <i>exclusive</i> breastfeeding rates range from 31.7% - 54.5% across the LHINS</p>	 <p>LHINS with average <i>any</i> breastfeeding rates above 85% Average <i>any</i> breastfeeding rates range from 66% - 89% across the LHINS</p>

Time Point	Exclusive Breastfeeding (2016-2017)	Any Breastfeeding (2016-2017)
<p><b>4 Months</b></p>	 <p>  LHINS with average <i>exclusive</i> breastfeeding rates above 50%                      Average <i>exclusive</i> breastfeeding rates range from 26.9% - 50.2% across the LHINS                 </p>	 <p>  LHINS with average <i>any</i> breastfeeding rates above 85%                      Average <i>any</i> breastfeeding rates range from 57.6% - 86.8% across the LHINS                 </p>
<p><b>6 Months</b></p>	 <p>  LHINS with average <i>exclusive</i> breastfeeding rates above 33%                      Average <i>exclusive</i> breastfeeding rates range from 6% - 48.9% across the LHINS                 </p>	 <p>  LHINS with average <i>any</i> breastfeeding rates above 70%                      Average <i>any</i> breastfeeding rates range from 50.5% - 77.4% across the LHINS                 </p>

## What Ontario Families Are Saying

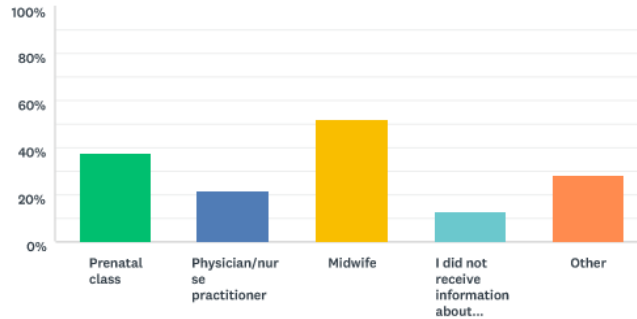
BFION conducted a survey during March-April 2019 to learn what Ontario families who had given birth within the past few years (2016-2019) had to say about their experiences. Participation was voluntary and 300 responses were received.

*Many mothers who responded were under the impression that their birthing hospital was designated Baby-Friendly when actually the facility had not achieved BFI designation.*



Q4 Where did you receive information about breastfeeding during your pregnancy? Check all that apply.

Answered: 295 Skipped: 5



ANSWER CHOICES	RESPONSES	
Prenatal class	37.63%	111
Physician/nurse practitioner	21.36%	63
Midwife	52.20%	154
I did not receive information about breastfeeding	12.88%	38
Other	28.47%	84
Total Respondents: 295		

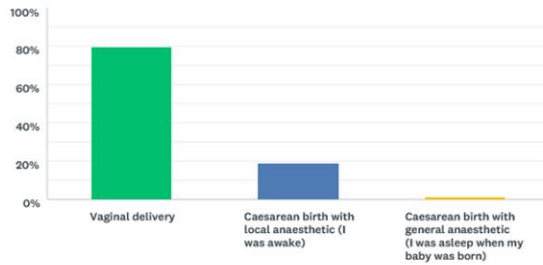
*Mothers need more guidance from OB and other health care providers during pregnancy on breastfeeding and how to prepare.*

*More stress should be put on breastfeeding education before giving birth.*

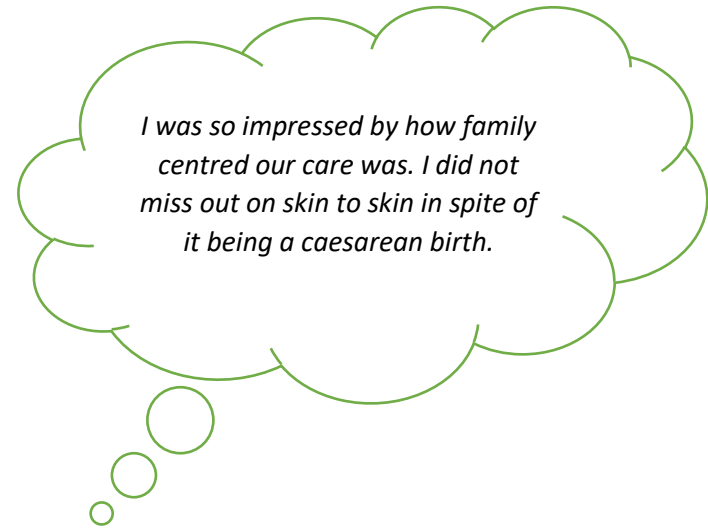
*Education on breastfeeding before baby is born should be offered as part of regular care.....*

Q5 What type of birth did you have with your youngest child?

Answered: 295 Skipped: 5

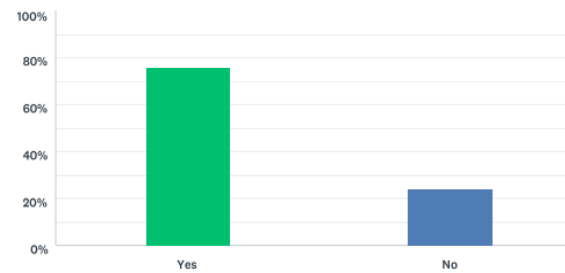


ANSWER CHOICES	RESPONSES
Vaginal delivery	79.66% 235
Caesarean birth with local anaesthetic (I was awake)	18.98% 56
Caesarean birth with general anaesthetic (I was asleep when my baby was born)	1.36% 4
Total Respondents: 295	



Q6 Was your baby placed skin-to-skin with you immediately after birth?

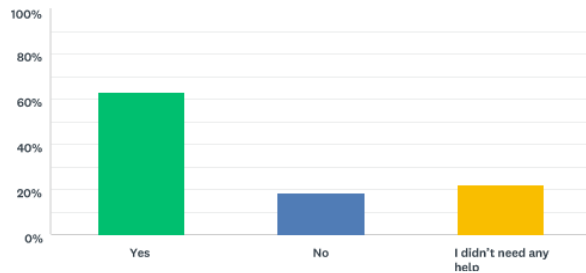
Answered: 295 Skipped: 5



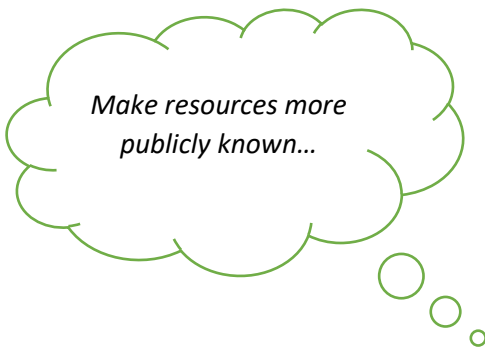
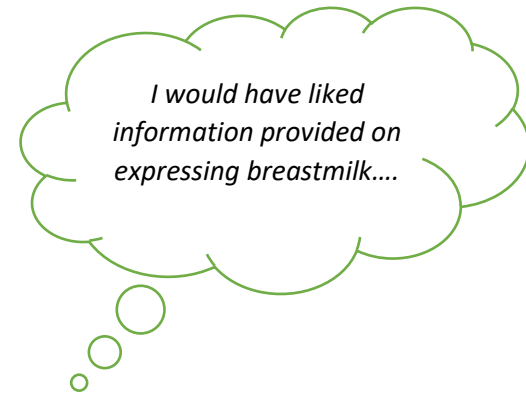
ANSWER CHOICES	RESPONSES
Yes	75.93% 224
No	24.07% 71
Total Respondents: 295	

Q7 Did a healthcare provider help you with hand expression or infant feeding within 6 hours of your baby being born?

Answered: 295 Skipped: 5

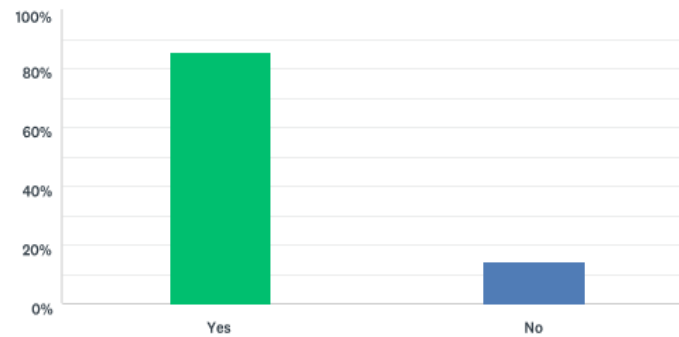


ANSWER CHOICES	RESPONSES	
Yes	63.39%	187
No	18.64%	55
I didn't need any help	21.69%	64
Total Respondents: 295		



Q8 Were you given information about how to get help if you had an infant feeding concern once at home?

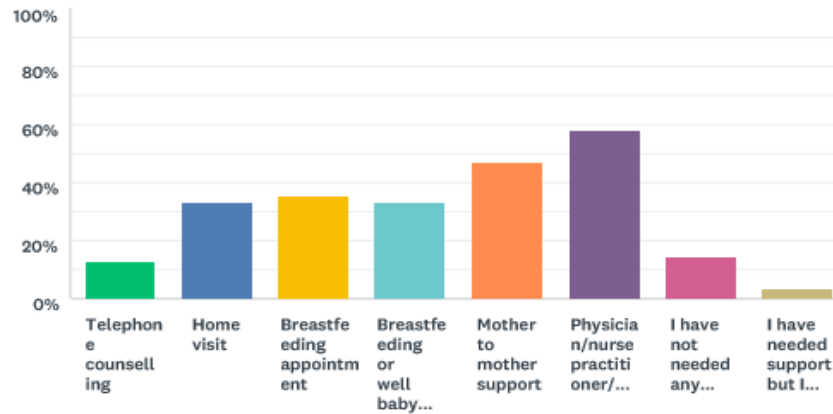
Answered: 294 Skipped: 6



ANSWER CHOICES	RESPONSES	
Yes	85.71%	252
No	14.63%	43
Total Respondents: 294		

**Q9 What infant feeding supports have you used with your youngest child? Please check all services that you have used.**

Answered: 295 Skipped: 5



ANSWER CHOICES	RESPONSES
Telephone counselling	12.88% 38
Home visit	33.56% 99
Breastfeeding appointment	35.25% 104
Breastfeeding or well baby drop-in	33.56% 99
Mother to mother support	47.12% 139
Physician/nurse practitioner/midwife	57.97% 171
I have not needed any support	14.58% 43
I have needed support but I have not found a suitable support	3.73% 11
Total Respondents: 295	

*All breastfeeding help postnatal (when home) was based on my motivation to reach out for help.*

*In home follow up care and breastfeeding support would be really helpful.*

*I would have appreciated knowing of the local peer support group.*



**Do you have any suggestions to improve the care that you received during your pregnancy, after giving birth, or once at home with your new baby?**

Key Themes from Responses

- Need for improved knowledge and skill by health care providers to enable them to better support the establishment and maintenance of breastfeeding.
- Need for improved consistency of information among health care providers in regards to the establishment and maintenance of breastfeeding.
- Need for health care providers to demonstrate acceptance and support of mother's informed infant feeding decision.
- Need for improved awareness of local resources including mother-to-mother support groups.
- Need for improved accessibility to help if breastfeeding challenges arise, regardless of child's age.



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## Why Achieving and Maintaining BFI Designation Is Important

### **Provides guidelines for current, evidence based, minimum standard of care**

The *BCC's BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services* is a living document which is revised in response to updates made to the global criteria by the World Health Organization and United Nations Children's Fund. The global BFHI Indicators are based on current, evidence-based practice and describe a minimum standard of care for all newborn infants. In Canada our guidelines describe the global criteria within a Canadian context and reflect the continuum of care from pregnancy to birth and for the first two years thereafter.

### **Fosters informed decision making about infant feeding**

The BFI Indicators protect, promote and support breastfeeding but also require health care providers working with expectant and postpartum families to provide factual information to enable parents to make informed decisions when infant formula is medically needed or parents are considering partial breastfeeding or non-breastfeeding options. The Indicators also expect health care providers to teach the safe preparation, storage and feeding of infant formula on a 1:1 basis to reduce the safety and health risks associated with not breastfeeding.

### **Protects, promotes and supports breastfeeding**

Research shows that breastfeeding provides optimal infant health, growth and development. BFI requires health care providers working directly with mothers around infant feeding to have the necessary knowledge and skill to assess, assist and support breastfeeding. Additionally, health care providers are required to comply with the *WHO International Code of Marketing of Breast-milk Substitutes* and this reduces the influence of marketing pressure on the families receiving care.

### **Improves client satisfaction**

Mothers and families expect to receive the most effective care based on the best available evidence. The BFI replaces policies and procedures based on other sources of evidence such as tradition with current evidence-based practice, requires appropriate knowledge and skill of health care providers working with families around infant feeding, and calls for collaborative working relationships between health care providers in hospitals/birthing centres and community health services. The BFI fosters individualized family centered care aimed to improve both mother and baby health outcomes.

### **Provides quality assurance**

BFI designation is a national and global recognition of a facility's commitment to the current, evidence informed practice standard for breastfeeding and non-breastfeeding families. Although self-assessment by a facility is helpful in the implementation of the BFI Indicators, appraisal by an External Assessment Team ensures that the standards of each BFI Indicator are satisfactorily met by the facility. Research has shown that self-appraisal is more positive than appraisal of the implementation of BFI Indicators by an External Assessment Team<sup>0</sup> above.<sup>iv</sup> External Assessment also provides an opportunity for the External Assessment Team to give insightful feedback to reinforce or strengthen the implementation of each of the BFI Indicators.

BFI designation also serves as a beacon for parents wanting supportive, evidence based, family centered care. BFI designation has value in terms of marketing the services provided by the facility.

#### **BFION Priorities for 2019 - 2020**

- BFI Expo 2020 - 20th Anniversary of the organization
- Assessor Training 2019
- BCC BFI Collaborative Project
- Increase Consumer Involvement



# Addenda

**Designated Facilities in Ontario** (Compiled March 1, 2019)

Hospital/Birthing Centre	Designation	Contact	ReAssessment
St. Joseph's Healthcare Hamilton, Ontario	March 2003 June 2010 September 2016	<a href="http://www.stjoes.ca">www.stjoes.ca</a>	2021
Michael Garron Hospital (formerly Toronto East General Hospital) Toronto, Ontario	September 2007 November 2012 November 2018	<a href="http://www.tegh.on.ca">www.tegh.on.ca</a>	2023
Grand River Hospital Kitchener, Ontario	November 2008 December 2013	<a href="http://www.grhosp.on.ca">www.grhosp.on.ca</a>	Pending
Grey Bruce Health Services Owen Sound, Ontario	September 2015	<a href="http://www.gbhs.on.ca">www.gbhs.on.ca</a>	2020
North Wellington Health Care - Palmerston and District Hospital Palmerston, Ontario	August 2017	<a href="http://www.nwhealthcare.ca/">http://www.nwhealthcare.ca/</a>	2022
North Wellington Health Care - Louise Marshall Hospital Mount Forest, Ontario	August 2017	<a href="http://www.nwhealthcare.ca/">http://www.nwhealthcare.ca/</a>	2022
Trillium Health Partners – Credit Valley Hospital Mississauga, Ontario	November 2017	<a href="https://www.trilliumhealthpartners.ca/Pages/default.aspx">https://www.trilliumhealthpartners.ca/Pages/default.aspx</a>	2022
Trillium Health Partners – Mississauga Hospital Mississauga, Ontario	November 2017	<a href="https://www.trilliumhealthpartners.ca/Pages/default.aspx">https://www.trilliumhealthpartners.ca/Pages/default.aspx</a>	2022

Community Health Service	Designation	Contact	ReAssessment
Region of Peel Public Health Brampton, Ontario	June 2009 November 2014	<a href="http://www.peelregion.ca/health/">www.peelregion.ca/health/</a>	2019
Halton Region Health Department Oakville, Ontario	December 2009 April 2016	<a href="http://www.halton.ca/living_in_halton/public_health">www.halton.ca/living in halton/public health</a>	2021
Algoma Public Health Sault Ste. Marie, Ontario	January 2010 February 2016	<a href="http://www.algomapublichealth.com">www.algomapublichealth.com</a>	2021
Chatham-Kent Public Health Service Chatham, Ontario	February 2010 June 2016	<a href="http://ckphu.com/">http://ckphu.com/</a>	2021
North Bay Parry Sound District Health Unit North Bay, Ontario	August 2011 September 2016	<a href="http://www.myhealthunit.ca">www.myhealthunit.ca</a>	2021
Centretown Community Health Centre Ottawa, Ontario	January 2012 March 2018	<a href="http://www.centretownchc.org">www.centretownchc.org</a>	2023
Toronto Public Health Toronto, Ontario	January 2013 June 2018	<a href="http://www.toronto.ca/health">www.toronto.ca/health</a>	2023
Kingston, Frontenac, Lennox & Addington (KFL&A) Public Health Kingston, Ontario	April 2013 Sept. 2018	<a href="http://www.kflapublichealth.ca">www.kflapublichealth.ca</a>	2023
Hastings Prince Edward Public Health Belleville, Ontario	April 2014	<a href="http://hpepublichealth.ca/">http://hpepublichealth.ca/</a>	2019
Southwestern Public Health (formerly Oxford County Public Health) Woodstock, Ontario	April 2014	<a href="https://www.swpublichealth.ca/">https://www.swpublichealth.ca/</a>	2019
Perth District Health Unit Stratford, Ontario	February 2015	<a href="http://www.pdhu.on.ca">www.pdhu.on.ca</a>	2020
Durham Region Health Department Whitby, Ontario	June 2015	<a href="http://www.durham.ca/health.asp?nr=/departments/health/healthinside.htm">www.durham.ca/health.asp?nr=/departments/health/healthinside.htm</a>	2020

Middlesex-London Health Unit London, Ontario	October 2015	<a href="http://www.healthunit.com">www.healthunit.com</a>	2020
Region of Waterloo Public Health and Emergency Services Waterloo, Ontario	December 2015	<a href="http://chd.region.waterloo.on.ca/en/index.asp">http://chd.region.waterloo.on.ca/en/index.asp</a>	2020
York Region Community and Health Services Newmarket, Ontario	April 2016	<a href="http://www.york.ca">www.york.ca</a>	2021
City of Hamilton Public Health Services Hamilton, Ontario	June 2016	<a href="http://www.hamilton.ca/public-health">www.hamilton.ca/public-health</a>	2021
Huron County Health Unit Clinton, Ontario	September 2016	<a href="http://www.huronhealthunit.ca">www.huronhealthunit.ca</a>	2021
Renfrew County and District Health Unit Pembroke, Ontario	October 2016	<a href="http://www.rcdhu.com">www.rcdhu.com</a>	2021
Eastern Ontario Health Unit Rockland, Ontario	October 2016	<a href="http://www.EOHU.ca">www.EOHU.ca</a>	2021
Sudbury and District Health Unit Sudbury, Ontario	October 2016	<a href="http://www.sdhu.com">www.sdhu.com</a>	2021
Timiskaming Health Unit New Liskeard, Ontario	March 2017	<a href="http://www.timiskaminghu.com">www.timiskaminghu.com</a>	2022
Woolwich Community Health Centre St. Jacobs, Ontario	April 2017	<a href="http://www.wchc.on.ca">www.wchc.on.ca</a>	2022
Simcoe Muskoka District Health Unit Barrie, Ontario	November 2017	<a href="http://www.simcoemuskokahahealth.org/">http://www.simcoemuskokahahealth.org/</a>	2022
Windsor-Essex County Health Unit Windsor, Ontario	November 2017	<a href="https://www.wechu.org/">https://www.wechu.org/</a>	2022
Carlington Community Health Centre Ottawa, Ontario	December 2017	<a href="http://www.carlington.ochc.org/">http://www.carlington.ochc.org/</a>	2022
Two Rivers Family Health Team Cambridge, Ontario	January 2018	<a href="http://www.tworiversfht.ca/index.php">http://www.tworiversfht.ca/index.php</a>	2023

## Suggestions from Survey Respondents to Improve Care During Pregnancy, After Giving Birth, and Once at Home

Baby bassinets that are right beside the bed for easier access.

No one watched me nurse after I delivered either of my children. This time I asked to see the lactation consultant but she only spent a minute with me and didn't even notice my son's tongue tie.

I had not planned on having a caesarean birth and was very disappointed when I wasn't offered to do skin to skin right away.

No, I had a wonderful experience. I did not receive feeding info because I didn't want to waste paper. This was baby number 4. I am well practiced. :)

During pregnancy i/we needed more information and clearer picture of what would happen in an event of a c-section and how it'd go and to have it play out like that. My ob was fab but I believe she was ruffled when we needed to pull out baby due to an unstable lie and I came in presenting with pre-eclampsia starting - sooner to breast feeding. More support and encouragement clearly saying how long, how often and how that'd help get the milk in. I was SO overwhelmed with baby needing nicu time and not handling the drug dump from the c-section and some post op comps and mental health issues and dysphoria touching the scar tissue area and it's swelling (it freaked me out that it didn't feel like my body anymore for about a month-month and a half while the swelling went down) - much more counselling appointments and time to meet with someone to just talk about what was going on in my head while in nicu and then coming to our home or calling. Not requiring me to leave home when I couldn't physically handle that (bus riding with abdominal surgery re-cooperation, ouch!) - free and positive help to breast feed AND express pump breast milk and bottle feed. I still don't know a lot. I figured out the basics to keep baby healthy and not having to be re-admitted. - realistic and practical suggestions on motherhood and what to do to adjust, handle the first few months as you figure things out and find your swing. Handling emotions, keeping up with self care and some suggestions, even things that can be combined with baby - proper feeding requirements, when to worry etc. instead of wishy washy amounts and leaving us frantic and concerned

I wanted more preparation information about my planned c section. I've given this feedback to my doctor and it was well received.

Providing help and support that is accessible to all mothers, not just rich ones without many issues.

I was told the lactation consultants was too busy before I was discharged from hospital, seeing her would have been much appreciated as we had nursing issues.

A home visit from a nurse that is also a lactation consultant would be beneficial for all within the first few days.

Breastfeeding support needs to be hands on in the home by a well trained professional. They can help identify tongue ties, etc, early on and help catch mastitis before it gets too bad as it moves so quickly. It needs to be trained professionals doing this- lactation consultants or specialized paediatricians like Dr Jack Newman.

I still got contradictory advice from different midwives and the lactation consultant.

Midwife support system is amazing. All medical support post-birth should be as regular (every couple of days check in within first 2 weeks of birth).

I was diagnosed with gestational diabetes and anemia but did not receive any instructions for follow up (e.g. blood work) postpartum.

More support of my emotional well being.

After giving birth, while in the hospital on our first night, I was offered formula for my baby. Breast-feeding was going fine. But it was suggested that I top him up with formula. I did not find this helpful or supportive. My suggestion is that the hospital only offer formula to those who need it, those who would like it, or if there is some concern around breast-feeding not being efficient and enough for the infant.

My team of midwives were INCREDIBLE!! They made the entire experience so positive for me and for my family.

Midwives are amazing. They get to know you and your baby and their home visits after birth, combined with a 24 hour paving system is second to none.

It would have been helpful if the nurses in the hospital were better equipped to help me breastfeed in the few hours after birth. The nurse who was with me was absolutely amazing but she didn't seem to have an understanding of how to help me. I asked her to help me latch because I felt baby was rooting but she seemed a bit unsure. The nurses in the recovery area were also busy and didn't seem to have time to help me. I did see the hospital based LC though for a few minutes, but she told me my latch looked perfect and I ended up having months of latch issues.

Not personally, but for some the resources are not discussed especially those with an OB Gyn.

I was originally going to go with midwives but had a bleeding scare a few days before my appointment, I called them and they said they wouldn't help and to go to my family Dr. who was closed. Will never go to them for help again.

Everyone should have access to home visits! Amazing to help with success.

I am not sure if it is because this was my second child but I would have liked some breastfeeding information prenatally.



I asked multiple times for help with both children in the hospital and both times over the 2-3 days I was there I never received any help. I was left to find help on my own. Luckily my drs office had a lactation consultant on staff which I used her resources both times to great length.

I could have tried for a breech delivery, but the ultrasounds were inaccurate which prompted a section. I asked for no morphine as I reacted before, but was given it. I had to advocate for skin to skin! Births in a hospital are awful! Treated like an illness. I rang for a nurse to get me water and she said I had to get it myself. I could barely walk to the washroom!

In home follow up care and breastfeeding support would be really helpful.

Having access to information about how much baby should be eating, what to look for with baby's latch (sore nipples, cracked, sounds baby might make etc) when to seek help. If the information was in a pamphlet or website that would be helpful. Different nursing positions.

The delivering doctor for my youngest had zero bedside manner. In fact, did not even introduce himself at all. So that would be a start. Following up once Mom and babe were home would be helpful, regardless of how many other children she already has. Giving Mom a contact for breastfeeding support that she can access outside of the hospital...local Le Leche League groups or leaders, as well as doulas or lactation specialists, would be helpful. Many moms don't know how to access what is available in the community. More support and check in on mother's mental health. Just because a mom does not feel like she will hurt the baby, DOES NOT mean that she is okay. That needs to be taken more seriously.

More teaching about breastfeeding before going home.

Midwives with lactation education and understanding of options for supporting early breastfeeding when baby isn't latching or nursing adequately.

The staff told me everything was going well when we were discharged but I wasn't comfortable with the breastfeeding and requested an appointment. Good thing I did, because my boy was mildly dehydrated and down 11.5% by day 4. I felt like a terrible failure having to give formula. I'd suggest mandatory follow up in 4-5 days for all babies over 8 or 9lbs. It's almost impossible to keep up with a larger baby when exclusively breast feeding. I'd also suggest your materials reflect that as well so other moms don't have to feel as awful and useless as I was made to feel.

More focus on mom's mental and emotional well-being after birth.

Would have helped to be given more info on La Leche League or directed to licensed lactation consultants in my area. I was supposed to have an appointment with a public health nurse but when she called, she just left a voicemail directing me to call a 1-800 number if I had questions. My midwife ended up helping me the most with breastfeeding but I needed help past the 6 weeks that I was under her care.

Help with breastfeeding and hands on help when practicing.

More support on breastfeeding techniques from midwives. There seemed to be a bit of hesitation on how to help. The drop in class was much more comfortable showing and helping than midwives.

I have breastfed two other kids, and am a peer-to-peer breastfeeding counsellor, so I was confident and had a lot of information. I had a complicated pregnancy that resulted in a planned c-section. Some OBs on staff didn't know proper breastfeeding info, and advised me with incorrect info (luckily, I knew it was wrong). Doctors should not speak to breastfeeding if they aren't properly trained and should instead refer to IBCLCs. My medical team didn't even understand the difference between an LC and an IBCLC. That difference should be understood. This was my first via c-section and I needed help to position the baby. Unfortunately, my first night, the nurse didn't have much breastfeeding training, so didn't know how to properly position my baby. As a result, I ended up with nipple damage and then needed support to resolve it. All L&D and postpartum nurses should have significant bf training to properly support new parents, ESPECIALLY overnight when other supports are likely unavailable.

I highly recommend midwifery. They provided me with all the support I needed throughout my pregnancy and postpartum. The home visits were very helpful!

Lactation consultant after birth. In room. Personal. Then follow up with the same LC once at home.

The amount of food provided in hospital after birth is not adequate for a nursing mother. My husband had to bring me additional food each day.

I think all new mothers should be offered one-on-one appointment time with a lactation consultant while they are in the hospital.

I was interested in pumping in addition to breast feeding so my partner could participate in feeding and bonding. The nurse from the public health unit told me that pumping was not breastfeeding and as a baby friendly organization they did not support that and therefore wouldn't discuss that option. I felt very unsupported and discouraged after that appointment so I hope there is further education of the practitioners in the organizations that are baby friendly to support and empower moms. The care and education I received from my midwife at home was the most valuable.

My baby was readmitted to hospital within 24 hours after discharge with dehydration and query for seizures and jaundice. We were admitted to the pediatrics unit. While there I was not offered any food however, I was not allowed to take the baby out of the room to get food in the cafeteria. I was not comfortable leaving a 1 day old baby alone in a room and I was told the nurses would not watch her for me while I got food. I

was not even given a cup of water until I asked. I am lucky that my parents were able to come (from a distance) to help me as we were also told that my husband shouldn't come with my younger children as there was an influenza outbreak. If I didn't have someone that could come, how was I supposed to get food? In addition, I was told by the breastfeeding consultant at the outpatient clinic where u went for a blood test prior to admission to hand express and give the baby whatever I could get by syringe. I was even given the syringes. When I did this in my room after admission, the nurses told me not to syringe feed and I had to use a bottle with formula. I understand that my baby needed formula until my milk came in but I was not offered a breastfeeding consultant appointment, a pump or assistance. When I tried to cup feed, I was told I was not allowed. I could only tube feed (which I found extremely difficult to do on my own) or bottle. It was ridiculous. When we were admitted to ICU for jaundice, I had a completely different experience. I was offered a lot of breastfeeding support and I was able to pump routinely. The nurses in the hospital need to be consistent with their training re breastfeeding and how to support new mothers whether they are in postpartum, ICU or pediatrics.

Better access to midwifery services for more people. They provide excellent pre & postnatal care.

My baby was not placed skin to skin immediately after birth as she needed to go to the NICU. Suggestion: felt LC at hospital and BF clinic pushed clipping of tongue tie too hard when baby was a newborn; she didn't end up needing it clipped. Info from midwives was much more balanced and useful.

I think more support postpartum would be really helpful, especially when you have a toddler to care for as well.

It would be great to see more professionally trained to help moms with breastfeeding as a bed side assistant as I found most of them lack the necessary skills.

When it came time to remove the IV in my hand for antibiotics and insulin, the nurse insisted that she do it before she leave for home. The problem was that I asked several times to wait or allow the next nurse to do it, as my daughter had just FINALLY latched and was starting to breastfeed. The nurse ignored my request, removed her from my breast and handed her to my husband and removed the two IVs. I was NOT impressed!!

I am a lactation consultant myself and so I knew where to look for support and whom to ask for support. I also had a good knowledge base myself and as a result found it much easier to seek support and navigate challenges myself. I find that there is a lot of support and information about starting out right and the first few weeks/months, but then support and information is lacking for challenges that arise several months/years post-partum (i.e. feeding a toddler, extended breastfeeding, how to BF and return to work, night weaning).

I can't think of anything.

Would have appreciated knowing of the local peer support group for my first children. The midwives/ practitioners could share with clients because these groups are excellent (WE Breastfeed) if they need moral support, find out what other parents are experiencing and trained in guiding them where to find more reliable info or guiding them to the right health care provider to go to.

Would have liked information provided on expressing breastmilk and at breast supplementation. I had to ask for supplies to do this at XXX

More information about the demands of breastfeeding and the emotional impact. With my second nurses tried to supplement him with formula because his blood glucose was border line just hours after birth. There are still common misconceptions that are present in the health care community.

More support ongoing is needed in hospital, beyond the first feed. I felt lots of judgement with feeding decisions and minimal support.

I received “help” in the first few hours but was unsuccessful in the first 24 hours to breastfeed because I did not receive good help. The suggestions and information I received from nurses were not well-informed or good intentioned, and I was encouraged multiple times to feed my baby a bottle. They refused to refer to a lactation consultation until after 24 hours in the hospital. When we were referred finally, we were able to establish a decent latch for the first time and actually start breastfeeding. The hospital environment was unsupportive of breastfeeding. I succeeded in breastfeeding despite the lack of help I received there, and only after I left was I really able to seek out resources and informed professionals who truly supported my decision to breastfeed.

The only suggestion I have is to explore ways you can bring more moms into your services. I strongly encouraged three new moms to see an LC at the breastfeeding clinic and they chose to stop breastfeeding instead. Every mom has the right to choose but this made me wonder whether there was something that could be done to bring women in. Why aren't they using a service they know is there and they know they need? Just a thought! I am SO grateful for the help and support I received from the two consultants in XXX. I successfully breastfed until my son self-weaned at 22 months. If it were not for the LCs, I would not have made it past day one!

Midwife+doula=incredible support.

At the very least for 1st time mothers whose goal is to breastfeed, I wish you could stay in hospital until your milk has come in and breastfeeding has been established. My daughter was born on a long weekend. There was no help. Waited and waited for the nurse to come in to help me with latching. I ended up developing a very bad wound on my nipple that started in the hospital. The nurse that came to my house missed it the first time. By our second visit it was terrible. She did send me to a lactation consultant who was helpful but she couldn't figure out how to get the wound to close. All these creams and shields where not helping. Luckily a work colleague of mine is also an LC and it was her advice to use “medihoney” that finally healed the wound. Not everyone has a colleague that is also an LC on the side. I feel like any other women in my situation would have stopped breastfeeding because of this. So LONGER stay in hospital to establish breastfeeding and hospital needs more staff on long weekends.

Give expecting families the option to be set up with a peer support match during pregnancy or shortly after birth so they have someone to reach out to when they need to.

No. I was impressed by the volume and variety of resources available to me as a new mother.

Make resources more publicly known, better breastfeeding education for health care providers, more supports for older babies.

Better lip and tongue tie awareness. Tips on how to know if your baby is getting enough to eat.

We really had to seek help consistently ourselves and weren't checked in on.

I advocated for immediate skin to skin but medically my last two births had meconium present so babe was with NICU RNs and then placed on my chest. One of the nurses did wrap the babe after I said not to as we would be doing skin to skin and rolled her eyes at the other nurse in the room. We did have immediate placement with my first child in 2014. I was adamant about breastfeeding but needed to advocate for support with our first in the hospital from the nursing staff. I didn't find that the postpartum nurses had the time to spend with their patients. In my most recent (2018) delivery - I had to ask numerous times to get pain management (and I am just talking tylenol and advil here!) - I can't imagine I would have gotten any nursing support for breastfeeding if they couldn't manage bringing me a pill. As far as breastfeeding - I read a lot of Jack Newman information and did other online research on my own. Thankfully I am literate to be able to gather this information on my own and understand the research on breastfeeding.

The help I got in hospital regarding breastfeeding was only given when I asked specific questions and still was not very helpful. The designated breastfeeding consultant was very busy and took hours of waiting to get time with, so we opted not to see her. All breastfeeding help postnatal (when home) was based on my motivation to reach out for help.

No - support has been kind, compassionate and readily available.

With my second child I was comfortable with the services available. It was with my first child (post 6 weeks with midwives) that I struggled and learned a lot going into my second pregnancy.

More professionals who can offer home visits!

Someone to come to the mother. After a c section I was not able to go and see a lactation consultant so I worked through things myself.

Baby friendly certification for XXX. Nurses, lactation consultant and midwife each gave conflicting advice and feeding strategies during our hospital stay. Midwife worked hard to resolve this and provided great breastfeeding support, but better breastfeeding education for hospital staff (nurses) could have prevented this. Also, breastfeeding education for family doctors and pharmacists is needed. Was told by a pharmacist that I

would need to "switch for formula for a few weeks" while using a topical estrogen cream - this advice could have led to unnecessary weaning if it was given to someone not educated in breastfeeding.

I would suggest that there is more emphasis on the possibility of difficulty in breastfeeding and information with resources given.

I received excellent support and guidance from my midwives and local breastfeeding peer to peer group.

No, we had a doula and a midwifery team and were extremely well cared for.

I had a c section and I was the only person to deliver that night. On my second night my baby was crying and I was alone so I buzzed for a nurse to come in and help to pass him to me as i was very sore. I could hear them talking and nobody ever came to my room until 20 minutes later when i had got up and i was bleeding from my c section and crying in pain. I suggest if you are alone and need assistance with breastfeeding they come in and help on schedule if they can. I was very lost on how to or how often my baby needed to eat as it is my first and I didn't have a prenatal class.

My care was provided by midwifery practice in XXX and it was INCREDIBLE. Wouldn't change a thing.

I had my baby at XXX and they were terrible. They forced me to lay on my back. It was only on my back that it hurt. I was fine standing. Therefore, I relented and had to have an epidural which I may not have needed otherwise. They forced formula on my baby and erythromycin which I did not want. They were awful. I wish I had my baby at XXX in XXX like was supposed to but things happened out of my control.

I was happy with the information I got on breast feeding but wish there was more information on mom care. I found no one told you what to expect on the mom side or when milk would come in how it would feel, when you wouldn't feel so sore, when your supply may drop, best times to feed/pump etc.

My midwives were amazing. After a difficult birth, I had significant difficulties breastfeeding and they provided both technical and emotional support. My baby did not latch for the first 10 days, but with their support and their direction to other support, I have been successfully breastfeeding for the past 11 months and plan to continue. I have spoken with many other new moms who had initial difficulties similar to mine and without the support of a midwife, they were unable to make breastfeeding work. My care was wonderful and I wish every woman could receive that level of care.

More education regarding normal infant behavior and what to expect in first few weeks as well as more info on how birth impacts breastfeeding.

It was very difficult to get in-person help when it was the best time for my baby and I - we visited the hospital breastfeeding clinic but did not find it very helpful, and the telephone line was useless too. I needed hands on support for a difficult and painful latch and ended up paying a private LC to help (who was amazing) but this was the third person I saw.

Education on breastfeeding before baby is born should be offered as a part of regular care, in addition to signs that baby is eating well and what to expect after baby is born.

Having a midwife was an amazing experience!!!

Give doctors more information on where / who to refer to when a mother needs help with nursing. A lot of us are one of the first in our family's who are nursing and the approach to take on nursing is very different than bottle feeding (which is what most people supporting us have done). It was very hard at the beginning of nursing (and still is 8 months later) being told what your doing is wrong or just being questioned about anything to do with nursing. Also, a small book or pamphlet we could give to family or just to leave around our house just to say "this is what my dr said" would be nice.

I requested a lip and tongue tie check numerous times since birth and was repeatedly told my baby was fine when I knew my baby wasn't. In the end at 6 months old I was finally able to get proper treatment for a severe lip and tongue tie but as a result my child weighs less than my other children at this age although my baby weighed the most at birth from my other children. I was also told repeatedly by OB's and nurses to just suck it up and live with it. In the end Breastfeeding Buddies of XXX and the XXX Breastfeeding Clinic provided assistance and the needed help.

I would recommend more promotion of resources and encouragement to connect with other mothers, discuss how isolating and exhausting having a baby can be, and promoting more empathy for whatever choice of feeding a mom chooses. It seemed like I was "good" for breastfeeding which makes me worry for the moms who choose not to breastfeed.

Educate public Lactations Consultants better They were of absolutely no help. It was through private paid support that I was able to gain the skills and knowledge on how to breastfeed my oldest which helped me to be successful with bf my youngest.

More less invasive, less stressful physician appointments. Less pressure for unnecessary medical intervention both during pregnancy and during delivery. If a patient doesn't want your suggestion don't force them to try or use it. More at home visits/ midwife support once baby is born. More sleep support.

In hospital I had several nurses but all were saying different things for breastfeeding.

More discussion regarding challenges that one may experience during breastfeeding. I received lots of info on how to do it - but little info on why it may not be going well and what to do.

Continue informed decision making and support necessary for birth and infant care. Midwives provided this for us as part of a wonderful experience.

More support from nursing staff while moms are in hospital.

Providing information to parents about breastfeeding as well as formula feeding. Breastfeeding, for multiple reasons, is not possible for all and those who can't or do not want to do it can feel like failures. The mental health of new parents is greatly impacted by the "breast is best" narrative when "fed is best" should be the narrative.

Happy with the support I received at the hospital regarding breastfeeding.

Breastfeeding support by lactation consultants would be extremely beneficial to have access to during the first couple months.

To have a midwife longer than 6 weeks!

My care for all births from midwives was above average. I felt confident and incredibly comfortable with their knowledge and support during this time.

I felt like when feeding wasn't going well there was a rush to put me on medication and get my baby's weight up. In the process I feel like they missed that my baby was still severely tongue tied. Providing options about where to get a tongue tie released would've been helpful in the beginning.

More stress should be put on breastfeeding education before giving birth. I felt well prepared, but only because I had a good prenatal education and did a lot of reading on my own. Having a support system in place for breastfeeding before birth is also key because many new mothers face breastfeeding challenges within the first 2 weeks after birth and this is a very challenging time to seek help.

Education about thrush is needed.

Home visits from midwife were key to establishing breastfeeding. Ontario Early Years programs are vital to family's well being.

Mental health checkups past 6 weeks and have Lactation Consultant in hospital.

The pediatrician in the hospital was a bully. She behaved in a truly inappropriate way.

My midwives were wonderful, I wish I had used midwives with my firstborn as well, then breastfeeding my eldest child would have gone as smoothly as breastfeeding my youngest child.

I didn't need any further help because my midwives were amazing! Everyone should have a midwife!

My midwife was all I needed.

More information and help after giving birth while still in the hospital - ways to feed, how to get a better latch, when and how often to feed, where to go for help if issues arise.



I had no desire to breastfeed directly from the breast with both my first and second children; however, I wanted to pump so that I could breastfeed through a bottle. I found there to be an extreme lack of resources and everyone I spoke to while pregnant was discouraging and said I couldn't do it. There is an extreme lack of local resources and I found the best support online through a mom exclusive pumper Facebook group based in the US. Well I did it for 9 months with my first (dried up when pregnant with my second) and now six months with my second with no end in sight. I couldn't have done it without my non local, non-Canadian support group. Fed is best and there needs to be more support and resources for families that do not want to breastfeed directly from the breast.

I had great care because I had a midwife. But I know a lot of other mom's who didn't have the same follow up at home after birth and really struggled.

More access to breastfeeding support in hospital after discharge would have benefited my breastfeeding journey.

My experience with my second child was much better than my first. I was expecting breast feeding to be a struggle again but this time I had a plan and called the shots most of the time. The nurses at the hospital were not on top of my medication after my caesarean. They were so much more focused on the baby than me.

No, I was incredibly impressed with my team of midwives.

This was not my first child. I had many difficulties with breastfeeding both my older children. If I had had similar problems this time around, my youngest would have been on formula.

Nope. The midwife home visits were exactly what I needed!

Yes! I am an IBCLC and think that all mothers should have access to the care midwives provide postpartum. I truly believe this will enhance and improve breastfeeding rates in all populations :)

I felt like just because I already had two older sons the nurses/doctor didn't go over things with me as much as they did when I had my first or second sons. I think they should go over breastfeeding just as much as they did if it was my first baby.

More breastfeeding support in the community. I had amazing support from my midwives but so many who had OBs had zero breastfeeding support.

Increased peer breastfeeding support.

My midwives provided excellent care and several resources.

I felt the hospital should have been more midwife friendly/midwife supportive even with transfer of care due to preeclampsia.

I don't think so, but I have had so many babies and been breastfeeding for such a long time, that I don't know how good the support or information is because I haven't needed any in more than a decade. I think things are coming along very well since we had our first baby in 1994.

After care from midwife should be longer than 6 weeks.

Breastfeeding help was lacking. The hospital had a 10 minute class full of other people. Nobody showed me what to do. I was bleeding from my nipples and I'm so much pain. Took 3 days to see a lactation consultant. I ended up exclusively pumping.

No, midwife support was amazing! I love the continuity of care.

I wish midwives could provide care for newborns longer than 6 weeks after birth. I loved my relationship with my midwifery team.

Let's reduce the stigma around not being able to breastfeed. I had postpartum complications and have not been able to lactate sufficiently. After trying as hard as I could for 5 weeks, I had to let go of my expectations and prioritize my physical and mental health. Since I stopped trying baby and I have been much happier. As a healthcare professional I want to encourage women to do the best they can while showing compassion. I have felt judged and offended by some of the supports I have reached out to for help. I was pumping q2h during day time and q4 at night- the LC said to me "sleep is important and all but if I'm serious about feeding my baby, I'll get up every two hours" Create a holistic, supportive environment where caring for Mom and baby are most important.

All of the nurses in the hospital had completely different advice when it came to breastfeeding. With a breastfeeding clinic right outside of the maternity ward I would have assumed all nurses would have been on the same page. I didn't see a lactation consultant until an hour before I was discharged. It was very disappointing to have numerous nurses tell me I was "doing it wrong" after doing exactly what the previous taught me. There needed to be some consistency across all of the staff and I have chosen to exclusively pump after having such a terrible experience in the hospital.

Everything was good.

Midwives should be able to repair 3rd degree tears at home. After an easy home birth, I had to transfer to hospital for stitches.

The home visits midwives provide are completely essential to breastfeeding support. Couldn't ask for a greater help with breastfeeding, that I received from my amazing midwives. Each home visit they assessed feeds and handled problems we were having.

I was not given much help at the hospital, I was struggling to breastfeed and my milk hadn't come in. I had to supplement with formula as my doctor told me the baby was losing too much weight, and the nurses at the hospital made me feel horrible for supplementing. They didn't offer much advise for breastfeeding and my son would not latch properly. I unfortunately had to only pump and then bottle feed and switch to formula after two months. I wish there had been a lactation consultant at the hospital so I could have had some more help and breastfed.

The care we received through midwifery practice was amazing.

In hospital teaching needs to be changed - very lacking when nursing is short staffed new moms don't get the help needed before going home.

When i went to my doctor for my pregnancy test she expressed surprise that I could get pregnant while breastfeeding my toddler (who was nearly 2). Then she handed me a printout from a for-profit website about breastfeeding. So, for my n=1 experience I would say physicians need more training in this area.

More accessible mom support groups by knowledgeable organizations, both in person and online. Local mom to mom groups often cause new parents to feel confused and feel like a failure in all aspects. More breastfeeding supports in smaller, rural communities.

More understanding that most women struggle with breastfeeding and feel like failures if it doesn't come naturally right away.

Twin specific support with lactation consultations and feeding schedules.

The hospital staff were helpful but later I found out that a lot of stuff they said wasn't right.

Rather than pushing nipple shields and pumps, actually help mothers to breastfeed their baby.

Opportunities for increased consistency of information from health care workers (some nurses told me it didn't make a difference if I hand expressed, for example).

I think it would be beneficial to receive more information about breastfeeding during pregnancy. I was lucky enough to have a family member provide excellent information during pregnancy but none from any of my healthcare providers other than asking if I planned to breastfeed.

It was very good. They where very supportive at the hospital.

It was incredibly supportive for me to attend a hospital after my child was born that was BFI certified. I felt comfortable breastfeeding my baby without judgment, and in fact openly expressed support. It concerns me greatly that this hospital is not renewing their BFI due to budget cuts.

Yes, family doctors need to let mothers know about support they can get if they didn't give birth at a breastfeeding friendly hospital. I have seen no posters about breastfeeding at my doctor's office, but they have baby formula display.

I'm sad to hear the hospital I gave birth at is no longer baby-friendly. I had to be readmitted to the hospital for a uterine infection and was helped by several lactation consultants when there plus my midwife and have used more support after that - Including a visit to a pediatric clinic to release a tongue and lip tie. I gave birth over the holidays (Dec 30) and was not able to get the tongue and lip tie released till weeks later. I would recommend providing the support year round and having it a standard practice to check these issues right at birth and be able to fix them in the hospital before discharge. I wasn't able to rent a breast pump in the hospital and therefore had to give my newborn baby formula as I had to have

a CT scan done. I wish this was available, as this affected our breastfeeding experience and was a very large disappointment to have this happen. There were mixed messages from the doctor and hospital if this was safe to do while breastfeeding. This journey is not easy and I was extremely upset at having to give our newborn formula. There is also a group of people who provide donor milk. I feel like that should have been advised as an option in the hospital. The hospital was also not set up to properly sterilize the pumping equipment at the hospital. This is needed for safety. I would like to thank the peer support I received which has also been crucial to our success so far. La Leche League and Breastfeeding Buddies has helped so much.

I found my OB appointments to be very rushed, nothing was really explained and I found her very hard to get a hold of. Too many patients.

My issues were more to do with the hospital, I think. Ultimately, more access to midwives would be an improvement.

Not to remove the bfi designation from hospitals.

Hospitals need to be using evidence based, best practice care. XXX hospital is not.

Longer after care with the midwife. Midwives should be doing well baby visits.

Well-mother checkups during well-baby doctor appointments.

More home visits required. Asking new moms to get out is horrid.

No one during my hospital stay checked to ensure my baby was nursing effectively. I thought she was because she was always on the breast and seemed content but she hadn't been swallowing.

I had my first child (at home) under the care of a midwife and the support offered was excellent, especially the home visits in the first week after birth. We need more midwives in Ontario. As a note for this survey: My youngest child was a micro-preemie so she was tube fed for 10-11 weeks before she could breastfeed; once she started we were in hospital with support from lactation consultants.

Please provide a breastfeeding consultant or counselor at hospital after birth of baby to ensure that breast milk is actually flowing out of breast.

More emphasis on a mother's mental health would be fantastic.

More guidance from OB and other health care providers during pregnancy on breast feeding and how to prepare.

Having more OBs on call than just one. Had to wait over 5 hours to finally get my baby out even though I was ready 5 hours. Had lot of issues after due to this. Weren't supportive getting epidural or help with relaxing. Not a lot of information giving when leaving hospital was very scary.

I think doctors need to be more supportive of breastfeeding and provide more information on the benefits, while realizing it is not possible for all mothers. I have rheumatoid arthritis which complicated my pregnancy and breastfeeding and there was no support from my specialists for

breastfeeding. There was not enough information. I strongly regret not being able to breastfeed for longer and I feel I could have with better support and more information.

More follow-up once at home with baby is needed.

Thankfully I had a midwife. First baby was all natural vag birth, second was c-section. XXX is not continuing their Breast Feeding Designation coming this year.

No, midwives were excellent!

I was so impressed by how family centred our care was. I did not miss out on skin to skin in spite of it being a caesarean birth. I have also received incredible care in the ER on a separate visit due to the BFI practices. Tragically our hospital has not renewed their designation and has since reduced lactation support by both reducing lactation staff hours and cutting the post birth breastfeeding clinic available in hospital for 7 days following birth. After I gave birth, I watched people be turned away from the post birth breastfeeding class because there wasn't adequate room to support the needs of so many people. We delayed discharge until we saw lactation staff and they had only minutes to spare before they had to rush off to see the next family. We fought hard to reach our breastfeeding goals and were supported in doing so through the BFI policies. I'm sad to say we desperately need more support in our area, though our hospital purports the cuts they made won't affect care due to "overlap" in services we are already seeing the effects. Our local public health breastfeeding clinic (and the other breastfeeding clinics that accept OHIP) are not funded/staffed to make up the shortfall. Our hospital will not release a statement about the "cost savings" they allegedly will see because they have not renewed. I guess I wish there was more publicly digestible information about how little the actual cost of BFI is and how it supports ALL families to safely feed and care for their babies without judgement or stigma and how that relates to upstream healthcare savings. I also think its vital to better promote the ways in which it fosters safe infant feeding for all babies, protecting all infants, not just the ones who are breastfed. I think some families are also reluctant to support BFI due to past experiences where they felt guilty or shamed by their health care provider, so highlighting the recent updates in the informed decision making process is key. Thank you for this amazing initiative. I just wish there were more BFI accredited places.

I wish it had been possible to have the baby's tongue tie released in the hospital before discharge, since it was identified by the first lactation consultant in the hospital.

My son had a lip and tongue tie that went unnoticed and resulted in him weaning himself from breastfeeding at 6 months old. I wish we had found that earlier and we could have extended the breastfeeding journey.

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<sup>i</sup> Why invest, and what it will take to improve breastfeeding practices? Nigel C Rollins, MD, Nita Bhandari, PhD, Nemat Hajeebhoy, MHS, Susan Horton, PhD, Chessa K Lutter, PhD, Jose C Martines, PhD, Ellen G Piwoz, ScD, Linda M Richter, PhD, Cesar G Victora, MD on behalf of The Lancet Breastfeeding Series Group† DOI:[https://doi.org/10.1016/S0140-6736\(15\)01044-2](https://doi.org/10.1016/S0140-6736(15)01044-2)

<sup>ii</sup> Greenhalgh, T., Lewis, S. et al. (2012) Large-System Transformation in Health Care: A Realist Review. *Milbank Q*; 90 (23): 421–456.]

<sup>iii</sup> Ogrinc G., al. External evaluation and self-monitoring of the Baby-friendly Hospital Initiative’s maternity hospitals in Brazil. *International Breastfeeding Journal* (2019) 14:1 <https://doi.org/10.1186/s13006-018-0195-4>

<sup>iv</sup> Araújo et al. External evaluation and self-monitoring of the Baby-friendly Hospital Initiative’s maternity hospitals in Brazil. *International Breastfeeding Journal* (2019) 14:1 [https://doi.org/10.1186/s13006-018-0195-](https://doi.org/10.1186/s13006-018-0195-4)