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The Baby Friendly Hospital Initiative in Canada: A Narrative Review

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Abstract

Breastfeeding offers substantial benefits to infant health, encompassing physical and neurodevelopmental aspects. National and international guidelines, such as those from the Canadian Paediatric Society (CPS) and World Health Organization (WHO), recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with complementary foods until two years of age or beyond. Despite these recommendations, Canada faces challenges in achieving optimal breastfeeding rates, with only 35% of parents exclusively breastfeeding until the recommended six-month mark. This narrative review aims to assess the implementation rate of the Baby-Friendly Hospital Initiative (BFHI) in Canada, an intervention established by the WHO and the United Nations Children's Fund (UNICEF) to promote breastfeeding. Comprehensive searches on Google and official websites of relevant associations and organizations were conducted to gather data on the number of designated Baby-Friendly Hospitals using reports from 2016 to 2022. Our findings reveal that only 3% of the 604 total hospitals in Canada available for receiving Baby-Friendly designation have acquired it. Furthermore, the proportion of designated hospitals is less than one-third in each province. There are varying trends in the number of designated Baby-Friendly Hospitals across Canadian provinces and territories. While some have demonstrated a steady increase over the examined period (e.g. Nova Scotia, Alberta), others exhibited a decline or no change (e.g. Ontario, Prince Edward Island). Several factors may have contributed to the low numbers and trends in BFHI designation, including the COVID-19 pandemic, lack of BFHI implementation in hospital accreditation requirements, and the dispersed efforts towards BFHI-related activities. These results underscore the urgent need for enhanced implementation of the BFHI across Canada.

Keywords: baby-friendly hospital initiative; infant health and nutrition; breastfeeding intervention; narrative review

Introduction

Breastfeeding holds immense benefits for infants, providing them with a wide range of essential bioactive molecules and nutrients for their overall health and development [1,2]. Breastfeeding can strengthen their immune system and establish a favorable colonization of beneficial bacteria, safeguarding them against various diseases and infections during the vulnerable early months of life [1–4]. Breastfeeding also promotes psychomotor development, physical health, and long-term obesity protection [1–3,5,6]. In addition to physical well-being, breastfeeding has cognitive and neurodevelopmental benefits [2,3,7]. Optimal brain function depends on components in human milk for neuronal growth, repair, and myelination [2,3,7,8]. Research also suggests its long-term positive effects on enhancing Intelligence Quotient (IQ), memory, language skills, and mental health [3,7].

To ensure optimal infant outcomes, the Canadian Paediatric Society (CPS) and World Health Organization (WHO) recommend exclusive breastfeeding (consuming nothing but breastmilk) for the first six months of life, followed by continued breastfeeding along with complementary foods until two years of age or beyond [9–12]. Despite its critical importance, breastfeeding rates worldwide remain inadequate. According to global reports from the WHO and the United Nations Children's Fund (UNICEF), only 44% of infants aged zero to six months were exclusively breastfed over the period of 2015-2020, indicating a large gap in optimal feeding practices [12]. Several factors contribute to this disparity, including socioeconomic status, educational level, and geographical discrepancies [4].

To address this challenge, the WHO and UNICEF established the Baby-Friendly Hospital Initiative (BFHI) which provides a comprehensive package of policies, tools, and procedures aimed at protecting, promoting, and encouraging breastfeeding [4,13–15]. This includes the implementation of the Ten Steps to Successful Breastfeeding, designed to support mothers in breastfeeding [12]. The Ten Steps are categorized into critical management practices and key clinical practices,

encompassing aspects such as supporting breastfeeding initiation and maintenance, and providing education and counseling [12]. The BFHI's implementation has been recommended by health policy documents worldwide, including the Global Strategy for Infant and Young Child Feeding and the Innocenti Declaration [13]. Notably, studies have demonstrated the positive impact of BFHI implementation on breastfeeding rates, including in general maternity centers and vulnerable populations [11,14]. For instance, a narrative review across 19 countries revealed that implementing the Ten Steps led to greater likelihood that mothers would breastfeed for a longer period [15].

In Canada, the Breastfeeding Committee for Canada (BCC) is responsible for awarding Baby-Friendly designation to hospitals [16]. The BCC is a non-profit organization in Canada dedicated to promoting breastfeeding [17]. To achieve the status of a designated Baby-Friendly Hospital, healthcare facilities must go through a series of assessments to ensures that they meet the BFHI Global Hospital Assessment Criteria for Baby-Friendly Hospitals, the BCC Baby-Friendly Initiative (BFI) Ten Steps, and WHO Code Outcome [16]. After receiving designation, the facilities must submit regular reports to ensure continual upholding of standards and reassessment is undertaken every five years [16].

Canada faces challenges regarding breastfeeding rates [11]. While over 90% of parents initiate breastfeeding, only 35% exclusively breastfeed until the recommended six-months of age [9,14]. Factors such as perceived insufficient breast milk and medical conditions of either the mother or the baby contribute to exclusive breastfeeding discontinuation in Canada [9,18]. The pressures of returning to the workforce without adequate time or suitable environments for breastfeeding and milk storage further hinder the continuation of breastfeeding [3,4]. This highlights the importance of the BFHI to help overcome these barriers.

Given the numerous health benefits of breastfeeding, it is crucial to assess the BFHI in Canada and its current rate of implementation alongside regional disparities. This narrative review aims to describe the number of centres in Canada which have implemented the BFHI. By examining the BFHI landscape in Canada, recommendations can be made to improve breastfeeding rates and practices across the country.

Methods

To obtain information regarding the number of Baby-Friendly Hospitals in Canada, a narrative review was conducted [19]. The official websites of relevant associations and organizations involved with the BFHI, such as the BCC and UNICEF, were thoroughly examined. These sources were expected to provide comprehensive details, including evaluation reports and annual reports pertaining to the BFHI in Canada.

Additionally, a Google search was conducted in July 2023 using specific search terms to further explore this topic. The search terms used were “BFHI number of hospitals Canada” and “[Province/territory name] Baby-Friendly Initiative Report.” The intention was to identify any official documents from provincial/territorial authorities or Canadian organizations that contained information on the number of designated Baby-Friendly Hospitals. The information obtained from these sources was subsequently compiled and analyzed to determine the overall number of Baby-Friendly Hospitals in Canada and regional differences. The most recent data sources retrieved from the search were used.

Results

Data regarding the number of designated Baby-Friendly Hospitals in Canada were obtained from annual reports of the Breastfeeding Canada organization (Breastfeeding Committee for Canada) and the Baby-Friendly initiative websites of individual provinces and territories (Baby-Friendly Initiative Ontario and Quebec: Ministère de la Santé et des Services Sociaux) [20–28]. The dataset covered the years from 2016 to the end of 2022. The number of designated Baby-Friendly Hospitals in Canada is presented in Table 1.

In 2016, the total number of designated hospitals in Canada was 14 [22]. Subsequently, there was an increase to 18 designated hospitals in 2017 [26], followed by further growth to 22 hospitals in 2018 [28]. In 2019, the number declined to 21 hospitals [27], but it rebounded to 22 hospitals in 2020 [25]. There were no changes in the number of Baby-Friendly Hospitals between 2020 and 2021 [24,25]. However, in 2022, the number dropped to 20 hospitals [23].

Throughout 2016 to 2022, Ontario, Québec, and Alberta had the highest number of designated hospitals [20–28]. Ontario's count increased from four in 2016 to eight in subsequent years but decreased to seven in 2021 and further to four in 2022. In 2016, Québec had the highest number of Baby-Friendly hospitals with seven, which decreased to five in 2017 and remained stable thereafter. Alberta exhibited a similar pattern, rising from one designated hospital in 2016 to three in 2017, and eventually reaching four hospitals in 2018, maintaining this count in subsequent years. Notably, amongst the most populous provinces, British Columbia (BC) exhibited the lowest prevalence of Baby-Friendly Hospitals, with one hospital attaining such designation since 2016. Since then, it has demonstrated an no change in its designation count throughout the examined period. The Prairie Province of Manitoba follows the same trend as BC, with one designated hospital during the period of 2016 - 2022.

Among the four Atlantic provinces (New Brunswick, Prince Edward Island (PEI), Nova Scotia, and Newfoundland and Labrador), both PEI and New Brunswick did not have any designated Baby-Friendly Hospitals throughout the study period. Nova Scotia and Newfoundland and Labrador gained one designated

hospital each in 2018. Notably, Nova Scotia experienced a continuous increase in the number of Baby-Friendly Hospitals, acquiring another designated hospital in 2020, and reaching a total of three hospitals in 2022.

Among the three territories (Nunavut, Yukon, and Northwest Territories), only the Northwest Territories had a designated hospital, with one gained in 2018. In addition to Nunavut and Yukon, Saskatchewan also did not have any designated Baby-Friendly Hospitals. Overall, the findings illustrate varying trends in the number of designated Baby-Friendly Hospitals across the provinces and territories in Canada during 2016 - 2022. Figure 1 provides a graphical summary of this data.

Table 1. Designated Baby-Friendly Hospitals in Each Province and Territory of Canada from 2016 to 2022 [20–28]

Province/Territory	**Number of Designated Hospitals**							**Total Number of Hospitals***
	2016	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2022**
British Columbia	1	1	1	1	1	1	1	86
Alberta	1	3	4	4	4	4	4	102
Saskatchewan	0	0	0	0	0	0	0	61
Manitoba	1	1	1	1	1	1	1	72
Québec	7	5	5	5	5	5	5	33
Ontario	4	8	8	7	7	7	4	140
New Brunswick	0	0	0	0	0	0	0	25
Nova Scotia	0	0	1	1	2	2	3	37
Prince Edward Island	0	0	0	0	0	0	0	7
Newfoundland and Labrador	0	0	1	1	1	1	1	34
Yukon Territory	0	0	0	0	0	0	0	3
Northwest Territories	0	0	1	1	1	1	1	4
Nunavut	0	0	0	0	0	0	0	0
Total	**14**	**18**	**22**	**21**	**22**	**22**	**20**	**604**

Note: *Number of total hospitals for each province/territory does not include federal and privately funded hospitals.

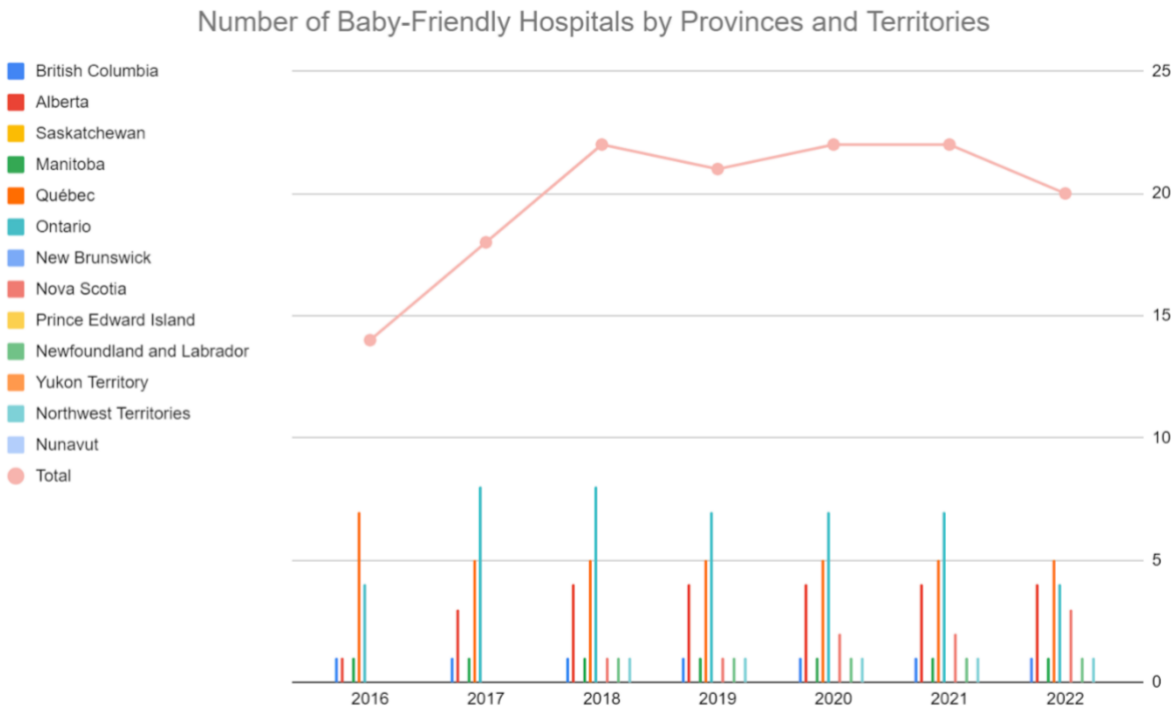

Figure 1. The number of designated Baby-Friendly Hospitals in each province and territory from 2016 to 2022 shown as bars. The total number of designated hospitals in Canada throughout 2016 to 2022 is shown as a line graph. This figure was created using Microsoft Excel software.

Discussion

This narrative review explored the trends in the number of designated Baby-Friendly Hospitals in Canada from 2016 to 2022. The total number of designated hospitals by 2022 was 20. From 2016 to 2019, there was a steady increase in the number of designated hospitals. From 2020 to 2022, the numbers exhibited fluctuations, characterized by both increases and decreases in numbers. Notably, the provinces with the highest population [29], namely Ontario, Alberta, and Québec, demonstrated the highest number of hospital designation. An exception to this was BC, which had one designated hospital throughout 2016 to 2022. Aside from Nova Scotia, the remaining provinces and territories had few or no hospitals designated as Baby-Friendly.

Putting Numbers into Perspective

In 2022, Canada had a total of 604 hospitals eligible for BFHI designation [30]. Thus, the total number of designated hospitals is only 3% of the hospitals eligible for designation. Furthermore, the number of designations was below one-third of the total number of hospitals in each respective province [30]. Largely, this indicates that there is a pressing need for greater implementation of the BFHI across Canada.

More specifically, while the provinces with the largest populations in Canada exhibit a higher number of Baby-Friendly Hospitals, the ratio of designated hospitals to the number needed to adequately serve their large populations is low. For instance, Québec had the highest number of designated baby-friendly Hospitals in 2022, but this represents only 15% of its 33 eligible hospitals [30]. Ontario and Alberta, which each had over 100 hospitals in 2022 [30], also only had 2% and 3%, respectively, of their eligible hospitals designated. The other Prairie Provinces and the Atlantic Provinces had less than 10% of the total eligible hospitals for each province being designated [30]. The territories, which have smaller populations [29], also had fewer hospitals [30]. In the only territory that had received designation, Northwest Territories, 25% of its total hospitals were designated, albeit it has only four eligible hospitals because of its small population [30]. Overall, the rate of implementation of the BFHI in each province and territory is notably low, highlighting the necessity for a uniformly enhanced implementation effort across all provinces and territories.

Factors that Contributed to the Low Number of BFHI Designations

The annual reports on the BFHI in Canada reveal several potential factors that may explain the low numbers of BFHI designation. This includes the impact of the COVID-19 pandemic on health care, lack of governmental support or funding, absence of BFHI in accreditation requirements, and dispersed efforts towards BFHI-related activities.

The COVID-19 pandemic emerged as a major impediment to the BFHI progress in Canada. The pandemic shifted the focus of Public Health to address the immediate

crisis, diverting resources and efforts away from BFHI-related activities and designation. Most BFHI projects and activities were halted due to the pandemic, and public health faced challenges such as staff shortages, redeployment, lockdowns, and restrictions, hindering the continuation of BFHI progress [24,25]. Some provinces' healthcare systems were heavily impacted, preventing them from submitting their annual BFHI reports and forcing them to cancel meetings for planning BFHI projects [24,25,27]. The activities that did occur were pandemic related, mainly to develop resources to support workers and families with breastfeeding during the pandemic [24,25,27].

Furthermore, the implementation of certain BFHI steps, particularly steps five ("Support mothers to initiate and maintain breastfeeding and manage common difficulties") and seven ("Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day")[12], may have been challenging during the pandemic due to the shift towards online support and education for families, rather than in-person assistance [24,25]. This change in approach hindered the support provided to mothers to initiate and maintain breastfeeding and to practice rooming-in with their infants. Additionally, the cancellation of in-person visits for facilities in the process of assessments slowed down progress for designation [24,25].

Governmental support and funding emerged as another crucial factor influencing BFHI designation. It is a factor that interacted with the pandemic to aggravate its effects. Provinces, particularly Ontario, lacking adequate government support during the pandemic [23,24], experienced a negative trend in hospital designation. This can be seen in how many of Ontario's previously designated hospitals chose not to redesignate themselves after the pandemic [24,28]. Even outside of the pandemic, provinces such as BC and Saskatchewan faced slower progress and limited BFHI activities in the absence of government support [23–28]. For instance, BC had many facilities with certificates of Intent or Participation, but not many fully designated facilities [26–28]. A 2016 survey revealed that lack of government support and funding was cited as a significant impediment to BFHI progression by most provinces and territories at that time [22]. Contrarily, provinces such as Nova Scotia, which received government support, demonstrated better performance during the pandemic and even achieved additional designations [23–25,27,28]. Furthermore, initiatives like the Quality Improvement Collaborative Project [23–25,27] and BFI Coaching and mentorship [23] by BCC positively influenced provinces and territories towards BFHI designations over time by incorporating parts of the Ten Steps and the policies into their services.

Notably, the absence of BFHI designation in hospital accreditation requirements was another major challenge provinces and territories have named in the 2016 survey [22]. Furthermore, this appears to continually hamper designation as the reports between 2016 and 2022 lacked mention of BFHI being integrated into the hospitals' quality of care and services [22–28]. This is a significant factor as the lack of BFHI implementation in hospital accreditation requirements makes it less compelling for hospitals to pursue the designation. Designation involves a long process requiring strong commitment and funding, which may deter hospitals from seeking it, especially when not mandated [22].

Furthermore, efforts related to BFHI were often distributed across various activities, with less emphasis on hospital designation [23–28]. The annual reports showed substantial efforts in building breastfeeding-friendly places, breastfeeding clinics, and educational resources, but few updates were available regarding hospital designations [23–28]. This lack of focus on designation could be attributed to the aforementioned challenges with government support and lack of accreditation requirements.

This discussion highlights the multifaceted factors contributing to the low numbers of BFHI designations in Canada. The COVID-19 pandemic substantially disrupted progress, leading to a decline in additional designations and even causing a decrease in the number of designated hospitals. Moreover, the lack of BFHI in accreditation requirements, the absence of governmental support, and the dispersed efforts towards BFHI-related activities further compounded the challenges. Moving forward, addressing these factors and reinforcing government support may help increase BFHI designation rates in Canada.

While this narrative review provides valuable insights into the trends and challenges of the BFHI designation in Canada from 2016 to 2022, it is not without limitations. One notable limitation is the lack of in-depth exploration of the BFHI status in the Yukon Territory due to limited available data from the reports. Future research endeavors should prioritize gathering more comprehensive data to better understand why there were no movements in Yukon during the examined years. Such investigations can shed light on potential barriers and opportunities for BFHI implementation in the region.

Another area that requires further examination is the inconsistencies observed in some provinces and territories. Despite having government support, provinces such as Manitoba and New Brunswick have shown limited progress, each with only one designation throughout the period. In contrast, provinces such as Nova Scotia have demonstrated a greater focus on designations with government support. Future studies should delve into the underlying factors that contribute to such disparities. For instance, research could investigate the influence of policy differences between provincial and public health authorities and how it impacts the prioritization of BFHI efforts.

Moreover, future studies should explore the interactions between the proposed reasons for the spread-out efforts and lack of focus on designation. If policies integrate more Baby-friendly elements into healthcare

requirements, researchers can examine how these effects the distribution of efforts between various BFHI-related activities, and whether it leads to increased hospital designations. Understanding these dynamics can inform more targeted and effective strategies for promoting BFHI initiatives. Thus, as a recommendation, future policies should consider mandating BFHI designation in hospitals. By including BFHI as a requirement in healthcare accreditation, governments can encourage and incentivize hospitals to pursue designation. Subsequent research can then monitor the impact of such policies and determine if mandatory inclusion contributes to a higher number of designated hospitals across Canada. In conclusion, while this narrative review presents valuable insights into the BFHI designation trends in Canada, there remain important areas for future exploration. By addressing the limitations and pursuing the recommended avenues of research and policy development, there can be further advancement of the Baby-Friendly Hospital Initiative and promotion of optimal breastfeeding practices for mothers and infants nationwide.

Conclusions

This narrative review analyzed the trends in Baby-Friendly Hospital designations in Canada from 2016 to 2022. Initially, there was a steady increase in designations, but subsequent years showed fluctuations. Provinces with larger populations demonstrated higher numbers of designated hospitals, but overall, the percentage of designated hospitals in Canada remained low, signaling a need for greater implementation of the BFHI nationwide. Barriers such as the COVID-19 pandemic and lack of government support will need to be overcome to improve upon this. Ultimately, implementation of the BFHI nation-wide has the potential to optimize early life nutrition and health outcomes for mother and child.

List of Abbreviations Used

BC: British Columbia
BCC: breastfeeding committee for Canada
BFHI: baby-friendly hospital initiative
BFI: baby-friendly initiative
CPS: Canadian paediatric society
IQ: intelligence quotient
PEI: Prince Edward Island
UNICEF: United Nations children's fund
WHO: World Health Organization

Conflicts of Interest

The author declare that they have no conflict of interests.

Ethics Approval and/or Participant Consent

Given the literature review nature of this publication, ethics approval did not need to be obtained.

Authors' Contributions

FA: made substantial contributions to the design of the study, the collection of data as well as interpretation and analysis of the data, revised the manuscript critically, and gave final approval of the version to be published.

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