



# Baby-Friendly Initiative Process & Costs for Canadian Hospitals, Birthing Centres, and Community Health Services

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*The BCC gratefully acknowledges grant funding provided by the Public Health Agency of Canada (PHAC), which supported the continued evolution of BFI processes. This support has expanded mentorship and resources available to facilities and further strengthened the efficiency, clarity, and effectiveness of BFI implementation and assessment.*

### **Inclusive Language and Person-Centred Communication**

In this document the terms breastfeeding, mother, woman, parent, birthing parent and lactating parent may be used. We encourage all healthcare providers to inquire with families on first consultation what language they use when referring to their pregnancy, parenting and infant feeding as well as their preferred pronouns.

For example, an individual may want to be referred to as a pregnant person rather than a pregnant woman; the person giving birth may want to be referred to as a birthing parent rather than a mother; the individual who is lactating may prefer the term chest feeding parent rather than breastfeeding woman or parent.

Birthing parent is understood as the parent who has given birth to the child, and this could include a cisgender woman, a transgender man and a non-binary person. By using a person-centred approach, we can enable all families to be empowered to reach their personal infant feeding goals. Further guidance on inclusive, respectful care can be found in the *Diversity and Health Equity* section of the [Baby-Friendly Implementation \(BFI\) Guideline](#).

### **The Baby-Friendly Initiative**

The BFI is a globally recognized, evidence-based strategy that improves maternal and infant health outcomes, advances health equity, and strengthens system sustainability. Hospitals and health systems that implement BFI see higher rates of early initiation of breastfeeding, increased exclusive breastfeeding at discharge and at six months, and longer overall breastfeeding duration (1-4). In Canada, breastfeeding disparities persist, particularly among families experiencing socio-economic disadvantage (5). By embedding standardized, supportive care practices into routine maternity and newborn services, BFI can reduce inequities and improve access to high-quality infant feeding support across communities (6, 7).

From a health system perspective, BFI is a high-value preventive strategy. Increased breastfeeding reduces infant morbidity, lowers hospital readmissions, and decreases preventable acute and chronic conditions, generating long-term cost savings and stronger population health outcomes (8, 9). Implementing BFI aligns with strategic priorities for quality, equity, and sustainability in healthcare delivery.

BFI operationalizes national and international guidance to drive system-wide alignment, accountability, and quality improvement. The World Health Organization calls on all countries to scale up BFI using evidence-based quality improvement strategies (10). Nationally, Health Canada and the Canadian Pediatric Society recommend exclusive breastfeeding for the first six months of life, with continued breastfeeding alongside complementary foods (11, 12). BFI translates these recommendations into actionable, routine practices that can be implemented across maternity and newborn services.

National leadership and support for BFI in Canada is provided by the Breastfeeding Committee for Canada (BCC), which strengthens health care system readiness by offering guidance and building capacity in change management, quality improvement, and implementation strategies (13). The BCC BFI Recognition Program enables healthcare organizations to track measurable progress, engage staff, and achieve sustainable improvements. Evidence demonstrates a clear relationship between greater adoption of BFI practices and progressively improved breastfeeding outcomes (14). In addition, several Canadian organizations have received recognition through the [Health Standards Organization \(HSO\) Leading Practices Program](#) for their BFI implementation work, highlighting its impact as an evidence-based, high-quality approach to improving maternal and infant care (15).

For healthcare leaders, BFI represents a practical, equitable, and high-impact strategy to improve outcomes for mothers, infants, and families, reduce health disparities and strengthen the sustainability of maternity and newborn care services.

There are two phases to BFI implementation:

1. Recognition Program
2. External Assessment and Baby-Friendly Initiative Designation

### **Recognition Program: Onboarding**

The Recognition Program is a 3-year, mentored implementation pathway designed to build internal capacity, reduce risk, and prepare facilities for successful External Assessment. Facilities progress through the Recognition Program at different rates depending on baseline practices, staffing stability, leadership engagement, and data infrastructure. The Recognition Program process is as follows:

- 1. Leadership Commitment:** Facility leadership commits to BFI as an organizational priority, allocates adequate resources, and agrees to follow the BCC's [BFI](#)

[Implementation Guideline](#), developed from the WHO Implementation Guideline (16).

- 2. Agreement Process:** The facility CEO or CEO delegate enters a 3-year Memorandum of Understanding (MOU) with the BCC. An invoice is issued and payable within 30 days. Facilities may choose to pursue External Assessment at any point during the 3-year agreement. Regardless of when Recognition Program status is achieved, each facility continues to benefit from full access to BCC resources, mentorship, and the BFI Platform for the entire 3-year term, providing consistent and comprehensive support for successful implementation.
- 3. BFI Team:** The facility establishes an interprofessional BFI team representing perspectives relevant to their setting (hospital/birthing centres or community health services), including leadership, management, care providers, community roles, and [parent partner\(s\)](#). Team members contribute through defined roles to advance BFI goals, work with leadership to ensure adequate resources, address potential barriers, and maintain system-wide communication.
- 4. Guideline Review:** The BFI team reviews BCC's [BFI Implementation Guideline](#) and [BFI Guideline Checklist](#), which outline standards and targets for each of the [BFI 10 Steps](#) and a template for submitting annual aggregate infant feeding statistics.
- 5. BCC BFI Mentor:** BCC assigns a BCC BFI Mentor (the Mentor) with expertise in quality improvement (QI) and BFI implementation to guide the facility. The Mentor is a paid contractor of the BCC and will be available for the full 3-year period specified in the MOU. The Mentor will have no past or current affiliation with the facility.
- 6. BFI Platform Access:** The facility gains secure, cloud-based access to the [BCC BFI Platform](#), featuring data collection tools, staff education, and real-time dashboards and reports. Optimized for desktop, tablet, and mobile, the platform allows facility data manager(s) to input, monitor, and share BFI data to guide continuous QI. Alternative data collection and reporting options are available for facilities with IT or privacy constraints. For further details, see [BCC's Privacy Policy](#).
- 7. QI eLearning for Facility Staff:** BCC offers an e-Learning course focused on QI and BFI, available through the BFI Platform. The course provides practical, hands-on experience with QI methodologies and BCC tools. A corresponding BFI QI Workbook supports the practical application of these skills and promotes ongoing improvement in the facility.

- 8. BFI Tracking Tool:** The facility team completes the BFI Tracking Tool, an interactive tool capturing baseline performance of BFI standards. Facilities should complete this self-assessment within the first three months of signing the MOU. The completed tool is submitted to the BCC, and the Mentor reviews it with the facility to guide QI planning.

### Recognition Program: Process Steps for Continuous QI

- 1. BFI Workplan:** Using the results of the completed BFI Tracking Tool to guide their work, facility team creates a BFI Workplan, incorporating Aim statement(s) and Plan-Do-Study-Act (PDSA) change ideas. The BFI Workplan details key activities to be accomplished, lead person(s) responsible, and timeline.
- 2. BCC BFI Mentor Support:** Mentors provide six 1-hour sessions annually with their assigned facility team. These sessions focus on supporting facility goals by discussing achievements, learnings, and barriers to BFI implementation. Mentors provide capacity-building support in using QI strategies and data collection to implement the BFI Workplan.
- 3. Team Meetings:** Facility team meets regularly to review BFI Workplan, implement PDSA cycles, and review data.
- 4. Roundtable Gatherings:** All facilities that are actively working with the BCC on implementing BFI Standards are invited to virtual Roundtable gatherings. These sessions allow for national collaboration and foster an “all teach, all learn” environment to address challenges and showcase progress.
- 5. Data Collection:** Facility teams begin to collect data to inform and demonstrate ongoing QI activities. Facilities are encouraged to use BCC tools (e.g., chart audits and surveys) and the BFI Platform to support standardized data collection.

To effectively demonstrate continuous quality improvement, facilities should avoid submitting data aggregated across the full 3-year MOU period, as this may dilute evidence of progress. Instead, facilities are encouraged to establish a **baseline (e.g., Year 1)** and collect follow-up data (**e.g., Year 3**) to demonstrate improvement over time.

Survey data submitted for Recognition Program evaluation should reflect the **most recent data (e.g., Year 3)** and be used to assess performance against [BFI Standards](#).

The following data are required for submission:

<b>Hospital/Birthing Centre Setting</b>	<b>Community Health Service (CHS) Setting</b>
Annual aggregate <b>infant feeding statistics</b> (refer to the template in the <a href="#">BFI Checklist</a> pages 4-5 for data collection requirements)	Annual aggregate <b>infant feeding statistics</b> (refer to the template in the <a href="#">BFI Checklist</a> pages 5-6 for data collection requirements)
Aggregate <b>prenatal</b> survey data ( <i>ideally 30 responses; minimum 15</i> )*	Aggregate <b>prenatal</b> survey data ( <i>ideally 30 responses; minimum 15</i> )*
Aggregate <b>postnatal</b> survey data ( <i>ideally 30 responses; minimum 20</i> )*, including representation from NICU parents ( <i>target: 10% of responses, where feasible</i> )	Aggregate <b>postnatal</b> survey data ( <i>ideally 30 responses; minimum 20</i> )*
Aggregate <b>staff</b> survey data* from: <ul style="list-style-type: none"> <li>- <b>Direct Care Providers</b> (30 responses or 80% of staff complement if less than 30 staff)</li> <li>- <b>Indirect Care Providers</b> (<i>ideally 30 responses; minimum 6</i>) from a variety of disciplines</li> <li>- <b>Indirect General Service Providers</b> (<i>ideally 30 responses; minimum 6</i>)</li> </ul>	Aggregate <b>staff</b> survey data* from: <ul style="list-style-type: none"> <li>- <b>Direct Care Providers</b> (30 responses or 80% of staff complement if less than 30 staff)</li> <li>- <b>Indirect Care Providers</b> (<i>ideally 30 responses; minimum 6</i>) from a variety of disciplines</li> <li>- <b>Indirect General Service Providers</b> (<i>ideally 30 responses; minimum 6</i>)</li> </ul>

\* Survey sample sizes and time frame for collection may be adjusted in consultation with the assigned Mentor based on facility size.

- 6. Recognition Program Status Submission and Evaluation:** Following collection of required data, the facility will notify the BFI Assessment Committee and their Mentor of its intention to pursue Recognition Program status. Infant feeding statistics and survey data must be submitted using the BFI Tracking Tool, available through the BFI Platform.

In addition to the data outlined in #5 above, the facility will submit the following:

- a. The facility's infant feeding policy demonstrating compliance with Step 1a.3. and Step 1.b.1.
- b. Electronic versions of family resource materials
- c. A brief description of the facility's demographics and the population served

Each 3-year Recognition Program MOU allows facilities to submit data for evaluation either multiple times throughout the term or once at the end of the 3-year period, at their discretion, to achieve or upgrade their Recognition Program status.

Data submitted for evaluation will typically be reviewed and assessed by the assigned Mentor who has been supporting the facility throughout the Recognition Program. Where requested by the facility or Mentor, or where required for human resources or organizational considerations, a second Mentor may be assigned to participate in the evaluation.

All submitted data will be evaluated against the BFI Standard targets outlined in the [BFI Implementation Guideline](#). If additional information or supporting data is required, the Mentor will schedule a virtual meeting with the facility to obtain further details.

- 7. Recognition Report:** Following review of information submitted, the Mentor will prepare a Recognition Report, focusing on areas of achievement and recommendations, and determine Recognition Program status ([Appendix 1](#)).
- 8. Recognition Program Celebration:** The BFI Assessment Committee awards the facility with a final Recognition Program Report, Letter of Congratulations, and electronic Recognition Program Certificate ([Appendix 5](#)). The BFI Assessment Committee solicits feedback from the participating facility to inform ongoing refinement of BCC's Recognition Program process. The facility is encouraged to host a BFI Recognition Celebration, using social media and area media to notify the public. Facilities are also invited to tag the BCC in social media posts so the BCC can help amplify and celebrate their success. The facility will inform the BCC once their public announcement is made and provide permission for the BCC to share the facility's Recognition Program status on the BCC's website and social media.
- 9. Maintaining Recognition Program Status:** Following the end of the 3-year MOU period, the Recognition Program status achieved will be valid for 2 years. Full access to the BFI Platform will continue during the 2 years for which Recognition Program status is valid, at no extra cost to the facility.

At 1-year post-Recognition Program status achievement, the facility will complete a *BFI Annual Report* ([Appendix 2](#)), which will be reviewed by the BFI Assessment Committee.

At 2-years post-Recognition Program status achievement, the facility will connect with the BFI Assessment Committee to determine next steps ([Appendix 3](#)).

If a facility does not achieve Recognition Program Bronze status by the end of the 3-year MOU period, they are encouraged to connect with the BFI Assessment Committee to review progress and determine appropriate next steps, which may include continued quality improvement efforts, additional support, or a revised timeline for submission.

### Readiness for BFI External Assessment

Once Recognition Program Platinum status has been achieved, the facility will liaise with the BFI Assessment Committee to arrange the External Assessment. Facilities wishing to pursue External Assessment earlier may consult with the BFI Assessment Committee to determine readiness.

Facilities may also elect to pursue External Assessment without participating in the Recognition Program. In all cases, the facility should liaise with the BFI Assessment Committee to determine readiness and eligibility before initiating the External Assessment process.

### External Assessment and Designation

The External Assessment is a structured process that evaluates how well a facility is implementing the Baby-Friendly Initiative (BFI) standards in practice. It builds on the data and progress previously submitted through the Recognition Program and represents the period during which the facility demonstrates, to the best of its ability, that all BFI steps are consistently met.

External Assessment includes interviews with key groups across the facility, such as leadership, clinical staff, and patients/clients, to understand how policies and practices are experienced and applied in real settings. These interviews are conducted using standardized BCC interview guides to ensure a consistent and objective approach.

The goal of the External Assessment is to validate that BFI policies, procedures, and practices are effectively implemented, supported, and sustained across the organization.

The following steps outline the External Assessment process:

- 1. Agreement Process:** The facility CEO or CEO delegate signs a 6-week Memorandum of Understanding (MOU) with the BCC, which includes an invoice payable within 30 days.

2. **Interview Team Preparation:** The facility identifies and assembles a team of interviewers to support the External Assessment process. The number of interviewers will vary depending on facility size and scope, with smaller facilities requiring fewer team members. Interviewers should be selected based on their knowledge and experience in breastfeeding and infant feeding, as well as familiarity with BFI practices and standards.
3. **Orientation Session:** The BFI Assessment Committee assigns a Mentor to guide the facility through the External Assessment process. The Mentor provides an orientation session to the facility BFI leads outlining assessment preparation requirements and explaining how to use the BCC interview guides. The assigned Mentor has no past or current affiliation with the facility, including participation in the Recognition Program.
4. **Interview Guides:** Electronic interview guides are available to the facility team for six weeks following the orientation session and are accessed and submitted through the BFI Platform. External Assessment interviews should be completed within this six-week period. Interview guides do not collect personally identifiable information. Alternative data collection and reporting options are available for facilities with IT or privacy constraints. For further details, see [BCC's Privacy Policy](#).

The following interviews are required in the hospital/birthing centre setting:

<b>Hospital/Birthing Centre Setting</b>		
<b>Interview Guide</b>	<b>Number of Interviews to be Completed</b>	<b>Interviewer</b>
Hospital Staff*	<p><a href="#">Direct Care Providers</a> from a variety of disciplines (30 responses or 80% of staff complement if less than 30 staff)</p> <p><a href="#">Indirect Care Providers</a> (ideally 30 responses; minimum 6) from a variety of disciplines</p> <p><a href="#">Indirect General Service Providers</a> (ideally 30 responses; minimum 6)</p> <p><a href="#">Key Personnel</a></p> <p><a href="#">Director/Managers</a></p>	<p>Staff (from internal or external department)</p> <p>Director/Manager &amp; Key Personnel interviewed virtually by Mentor</p>
Intrapartum Care Providers	Representative sample (family physician or midwife, obstetrician, pediatrician, anesthetist, students/residents)	

Pregnant woman/person	15 (random selection)	Parent Partners or Staff (from internal or external department)
Postpartum woman/person	30 (random selection of infant feeding type: exclusive breastfeeding, mixed feeding, and formula feeding)	
Mother/birthing parent with baby in NICU or Special Care Nursery	15% of stable admitted babies (minimum 6)	

\* Interview numbers will be determined in consultation with the Mentor during the Orientation Session and will reflect facility size.

The following interviews are required in the community health services setting:

<b>Community Health Services (CHS) Setting</b>		
Interview Guide	Number of Interviews to be Completed	Interviewer
CHS Staff*	<p><b>Direct Care Providers</b> from a variety of disciplines (30 responses or 80% of staff complement if less than 30 staff)</p> <p><b>Indirect Care Providers</b> (ideally 30 responses; minimum 6) from a variety of disciplines</p> <p><b>Indirect General Service Providers</b> (ideally 30 responses; minimum 6)</p> <p><b>Key Personnel</b></p> <p><b>Director/Managers</b></p>	<p>Staff (from internal or external department)</p> <p>Director/Manager &amp; Key Personnel interviewed virtually by Mentor</p>
Pregnant woman/person	15 (random selection)	Parent Partner or Staff (from internal or external department)
Postpartum woman/person	30 (random selection of infant feeding type: exclusive breastfeeding, mixed feeding, and formula feeding)	

\* Interview numbers will be determined in consultation with the Mentor during the Orientation Session and will reflect facility size.

5. **Data Review:** Along with interview data outlined in #4 above, the facility will submit:
  - a. Annual aggregate infant feeding (refer to the template in the [BFI Checklist](#) for data collection requirements)

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- b. The facility's infant feeding policy demonstrating compliance with Step 1a.3. and Step 1.b.1.
- c. Electronic versions of family resource material that are new or updated since the Recognition Program submission
- d. A brief description of demographics of the facility and population served

The Mentor who completed the facility's orientation reviews the submitted data and interview results and evaluates them against the BFI Standard targets outlined in the [BFI Implementation Guideline](#). Facilities may have the option to meet with the Mentor approximately halfway through the data collection phase to ask questions, clarify responses, and discuss any unexpected findings. This interim check-in can support data accuracy and provide additional guidance prior to final submission.

6. **Site Visit:** A second Mentor completes a 1-day on-site visit to observe public and clinical spaces. This includes assessing compliance with the WHO Code, reviewing signage (e.g., photos, posters, and the display of infant feeding policy), and evaluating the overall environment for how well it supports and welcomes breastfeeding. The Mentor should have no past or current affiliation with the facility, including throughout the Recognition Program, and is assigned with the aim of minimizing travel costs for the facility. The site visit may be done virtually in remote situations.
7. **External Assessment Report:** Both the Mentor who completed the orientation and the Mentor who completed the site visit will meet with the BFI team/lead to collaboratively review results and determine if more supporting data is needed. Once agreement on the results is reached, the first Mentor will present the findings and recommendation regarding designation to the BFI Assessment Committee for ratification. The decision is then formally endorsed by the BCC Board of Directors at its next Board meeting. The Mentor prepares the External Assessment report and submits it to the BFI Assessment Committee within 6 weeks of approval.
8. **Designation:** When the facility meets all the standards in the BCC's [BFI Implementation Guideline](#), Baby-Friendly Initiative Designation is awarded by the BCC. Designation is valid for 5 years from the time of External Assessment. The BFI Assessment Committee shares the External Assessment report with the facility. The BFI Assessment Committee provides the facility with a Letter of Congratulations and a PDF file of the BFI plaque ([Appendix 6](#)), along with instructions for facility-led framing.
9. **Conditional Designation:** When standards are not fully met and additional work is required, the facility will receive a Conditional Designation and be asked to develop

an action plan to address the conditions outlined in the External Assessment report. This action plan is submitted to the Mentor within 90 days of receipt of the report. Strengths-based guidance from the Mentor is available to support the development of the action plan, if desired by the facility. Once the action plan is implemented and changes are documented, designation is awarded.

**10. Baby-Friendly Initiative Designation Celebration:** The BFI Assessment Committee solicits feedback from the participating facility to inform ongoing refinement of BCC’s BFI processes. The facility provides staff with feedback from the External Assessment report. The facility is encouraged to host a BFI Designation Celebration, using social media and area media to notify the public. Facilities are also invited to tag the BCC in social media posts so the BCC can help amplify and celebrate their success. The facility will inform the BCC once their public announcement is made, after which the BCC will share the facility’s BFI Designation achievement on the BCC’s website and social media.

**11. Roundtable Gatherings:** All BFI designated facilities are invited to virtual Roundtable gatherings. These sessions allow for national collaboration and foster an “all teach, all learn” environment to address challenges and showcase progress.

**12. Ongoing BCC BFI Mentor Support:** Mentors provide three 1-hour sessions annually with their assigned facility team. These sessions focus on supporting facilities in ongoing quality improvement work, maintaining BFI Designation, and preparing for Re-Designation.

### Maintaining BFI Designation

Once BFI designation is achieved, facilities must submit a *BFI Annual Report* each year to the BFI Assessment Committee on the anniversary of their designation ([Appendix 2](#)). While facilities are expected to generally maintain alignment with the indicator targets outlined in the [BFI Implementation Guideline](#), some fluctuation in data over time may occur. Periods where indicators fall below target do not necessarily impact designation, provided the facility is actively engaging in ongoing quality improvement activities in response to observed trends. Annual reporting supports the timely identification of these trends and guides continuous quality improvement, with support from the facility’s Mentor.

### BFI Re-Designation

BFI Re-Designation occurs 5 years after initial BFI designation ([Appendix 4](#)). Facilities seeking Re-Designation are not required to repeat the Recognition Program. To initiate Re-Designation, the facility must sign a new MOU and pay a re-assessment fee to the BCC.

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Following initial designation, facilities receive ongoing support from a Mentor, with 3 sessions per year throughout the 5-year designation period. This Mentor can support readiness for Re-Designation.

For the Re-Designation process, BCC will assign a Mentor to provide an orientation session outlining the process and explaining how to use the BCC interview guides. Whenever possible, a second Mentor (who has no past or current affiliation with the facility, including involvement in the Recognition program, External Assessment, or prior Re-Designations), will be assigned to lead the Re-Designation process.

Re-Designation interviews are expected to be completed within 6 weeks.

The Re-Designation process requires the facility to submit the following:

- a. Annual aggregate infant feeding statistics (refer to the template in the [BFI Checklist](#) for data collection requirements)
- b. The facility's infant feeding policy demonstrating compliance with Step 1a.3. and Step 1.b.1.
- c. Electronic versions of family resource materials that are new or updated since the previous External Assessment or Re-Designation
- d. A brief description of the facility's demographics and the population served, including any changes to services provided to perinatal families since the last BFI External Assessment or Re-Designation
- e. Interview data as outlined on pages 9 and 10 of this document

A second Mentor completes a 1-day on-site visit to observe public and clinical spaces. The Mentor should have no past or current affiliation with the facility, including throughout the Recognition Program, previous External Assessments, or Re-Designations and is assigned with the aim of minimizing travel costs for the facility. The site visit may be done virtually in remote situations.

The Mentor who completed the facility's orientation reviews the submitted data and interview results and evaluates them against the BFI Standard targets outlined in the [BFI Implementation Guideline](#). Successful BFI Re-Designation proceeds according to Steps 6-9 on page 11 of this document.

## BFI Pricing: Recognition Program

The BFI Recognition Program is a strategic 3-year investment in sustained quality improvement that accelerates progress toward BFI designation. Serving as a structured, step-by-step roadmap to BFI implementation, the program enables participating organizations to achieve BFI designation more efficiently than independent implementation.

The Recognition Program fee provides organizations with ongoing access to expert mentorship, national implementation guidance, quality improvement tools, and virtual Roundtable Gatherings throughout the 3-year MOU term.

It also includes access to BCC's secure data platform for the duration of the 3-year MOU, with continued full access for an additional 2 years following achievement of Recognition Program status (for a total of up to 5 years).

All other Recognition Program supports remain fully available to facilities for the entire 3-year MOU term, regardless of when Recognition Program status is achieved. This integrated approach builds internal capacity, reduces implementation burden, and supports lasting, equitable improvements in maternity and newborn care.

To support hospital/birthing centre and community budgets, the 3-year Recognition Program fee may be paid either annually or upfront as a single 3-year payment.

<b>Small Facility</b> (hospital/birthing centre with 199 or fewer births per year or CHS with 199 or fewer infants at entry to service per year)	<b>Large Facility</b> (hospital/birthing centre with 200 or more births per year or CHS with 200 or more infants at entry to service per year)
<b>Recognition Program Year 1:</b> \$2759.82	<b>Recognition Program Year 1:</b> \$3068.67
<b>Recognition Program Year 2:</b> \$2759.82	<b>Recognition Program Year 2:</b> \$3068.67
<b>Recognition Program Year 3:</b> \$2759.82	<b>Recognition Program Year 3:</b> \$3068.67
<b>Recognition Program Total Cost:</b> \$8279.46	<b>Recognition Program Total Cost:</b> \$9206.02

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## BFI Pricing: External Assessment & Re-Designation

Achieving BFI designation is an investment in quality, equity, and sustainable care that delivers measurable ongoing benefits for both families and the facility itself. BFI is an evidence-based, globally recognized strategy that improves clinical outcomes, strengthens care consistency, and helps organizations give every child the healthiest possible start in life, while also delivering long-term health benefits for mothers and lactating parents.

For facilities, increased breastfeeding rates are associated with reduced infant morbidity, fewer hospital readmissions, and lower rates of preventable acute and chronic conditions. These improvements translate into operational efficiencies, reduced downstream costs, and stronger quality and population health performance over time (8, 9).

The External Assessment fee supports facilities in achieving these outcomes by providing ongoing access to expert mentorship, virtual interview guides, virtual Roundtable Gatherings, and 5-year access to the BCC's secure data platform. These resources are designed to streamline assessment, support continuous improvement, and protect the facility's investment in BFI designation.

To support hospital/birthing centre and community budgets, the External Assessment fee may be paid either annually or upfront as a single 5-year payment.

<b>Small Facility</b> (hospital/birthing centre with 199 or fewer births per year or CHS with 199 or fewer infants at entry to service per year)	<b>Large Facility</b> (hospital/birthing centre with 200 or more births per year or CHS with 200 or more infants at entry to service per year)
<b>Year 1:</b> \$1486.82	<b>Year 1:</b> \$1762.43
<b>Year 2:</b> \$1486.82	<b>Year 2:</b> \$1762.43
<b>Year 3:</b> \$1486.82	<b>Year 3:</b> \$1762.43
<b>Year 4:</b> \$1486.82	<b>Year 4:</b> \$1762.43
<b>Year 5:</b> \$1486.82	<b>Year 5:</b> \$1762.43
<b>External Assessment Total Cost:</b> \$7434.08	<b>External Assessment Total Cost:</b> \$8812.16

The BCC will invoice the facility for travel, accommodation, and per diem costs related to the Mentor site visit following the completion of the visit.

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**Please note:** BFI pricing is reviewed every 3 years to ensure transparency and sustainability. For information on implementation-related costs, please see our '[Costs and Fees](#)' page.

### Key Resources Provided by the BCC

1. [BFI Implementation Guideline](#)
2. [BFI Guideline Checklist](#)
3. BCC BFI Mentor Support
4. BCC BFI Mentor Orientation on preparing for External Assessment
5. National Roundtable Gatherings
6. Access to the [BFI Platform](#), including access to:
  - a. QI eLearning course
  - b. QI Workbook
    - i. BFI Aim Statement Template
    - ii. BFI Workplan Template
    - iii. BFI PDSA Cycle Template
  - a. BFI Tracking Tool
  - b. BFI Hospital & Community Health Services Chart Audits & User Manual
  - c. BFI Hospital Patient Surveys (Prenatal & Postnatal) & User Manual
  - d. BFI Community Health Services Surveys (Prenatal & Postnatal) & User Manual
  - e. BFI Hospital & Community Health Services Staff Surveys (Direct Care Providers, Indirect Care Providers, Indirect General Service Providers) & User Manual
  - f. BFI Interview Guides
  - g. Automated BFI Dashboard and Reports

## Appendix 1: Recognition Program Status

Recognition Program status and a Recognition Program Certificate are awarded based on the achievement of the BFI 10 Steps as outlined below:



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## Appendix 2: BFI Annual Report

The *BFI Annual Report* is included within the BFI Tracking Tool. The BFI Tracking Tool should be downloaded from the BFI Platform and submitted according to the following schedule:

- Recognition Program facilities: submit 1 year after achieving Recognition Program status
- BFI designated facilities: submit annually for years 1-4 following BFI Designation

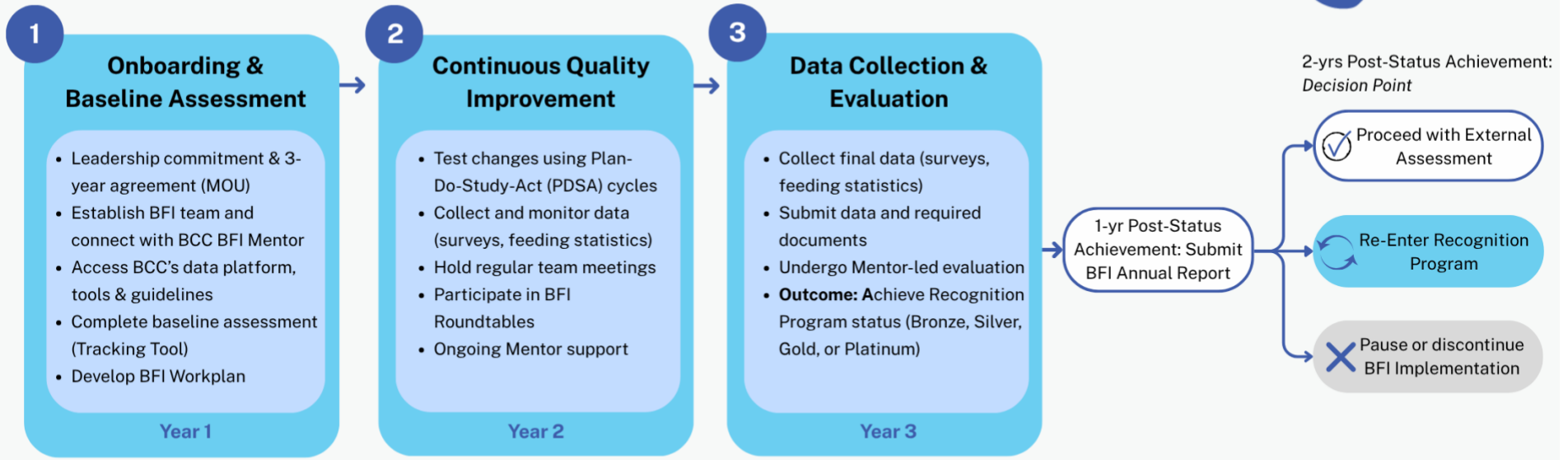
1. Submit completed BFI Tracking Tool*
2. Has your infant feeding policy been reviewed in the past year? <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul>
3. Report current infant feeding data using the BFI Tracking Tool
4. Have any policies or client-facing documents in support of BFI implementation been developed or revised in the past year? <ul style="list-style-type: none"> <li>- Yes – please submit</li> <li>- No</li> </ul>
5. Has your facility done any staff education in the past year? <ul style="list-style-type: none"> <li>- Yes – please describe what staff education was done, which staff members were educated, whether any staff surveys were done</li> <li>- No</li> </ul>
6. Have there been any changes to services or resources discontinued/no longer used? <ul style="list-style-type: none"> <li>- Yes – please describe</li> <li>- No</li> </ul>

\* To effectively complete the BFI Tracking tool, facilities are strongly encouraged to engage in ongoing QI activities, including BCC chart audits and survey collection.

Appendix 3 – Recognition Program Pathway

# Baby-Friendly Initiative Recognition Program Pathway

BCC's Quality Improvement process to support health care facilities in achieving BFI designation



3-Year Mentored Quality Improvement Journey, includes ongoing supports:



Dedicated BCC BFI Mentor



BCC's data platform, tools & eLearning

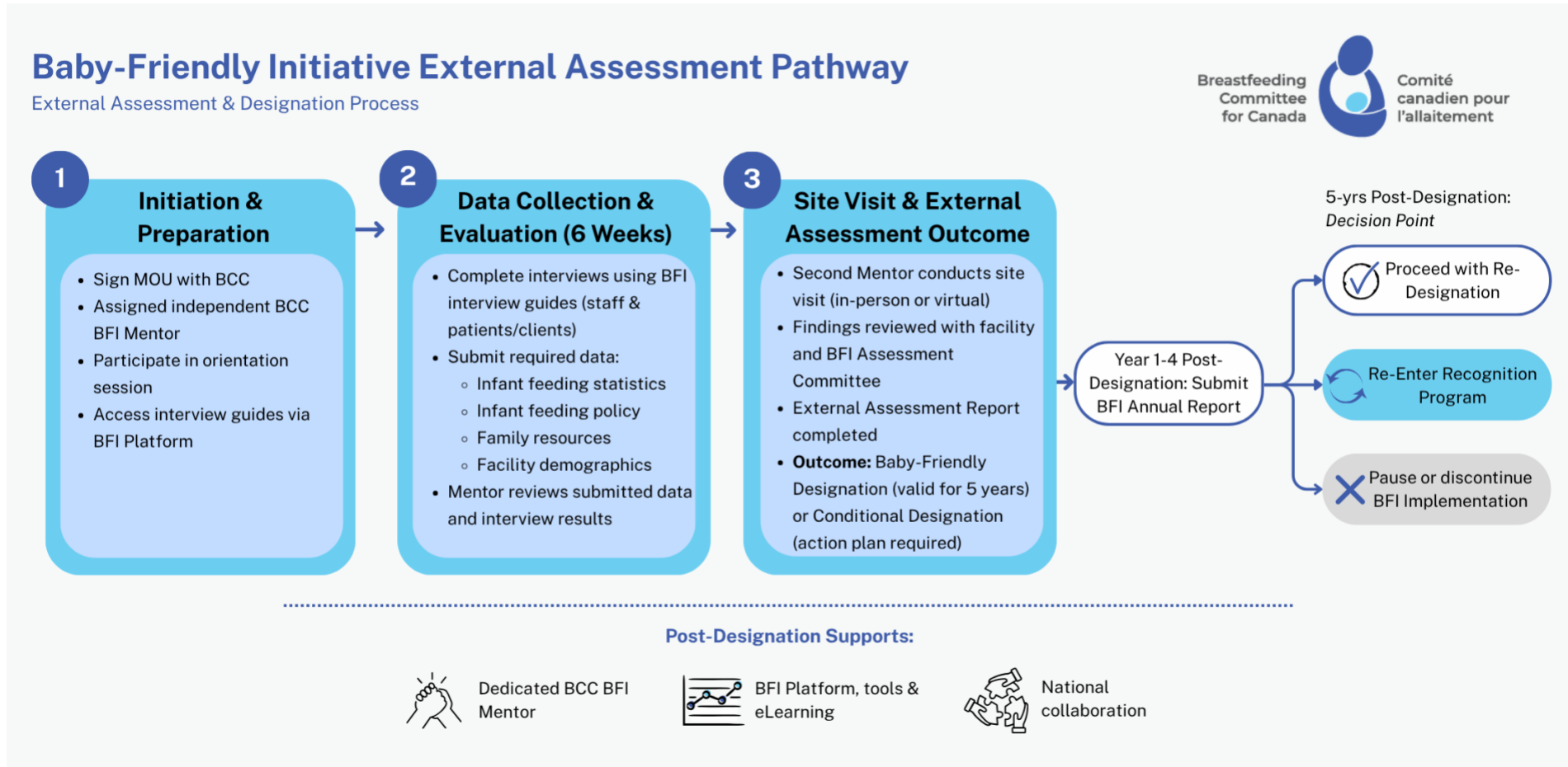


National peer collaboration

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Appendix 4 – External Assessment Pathway



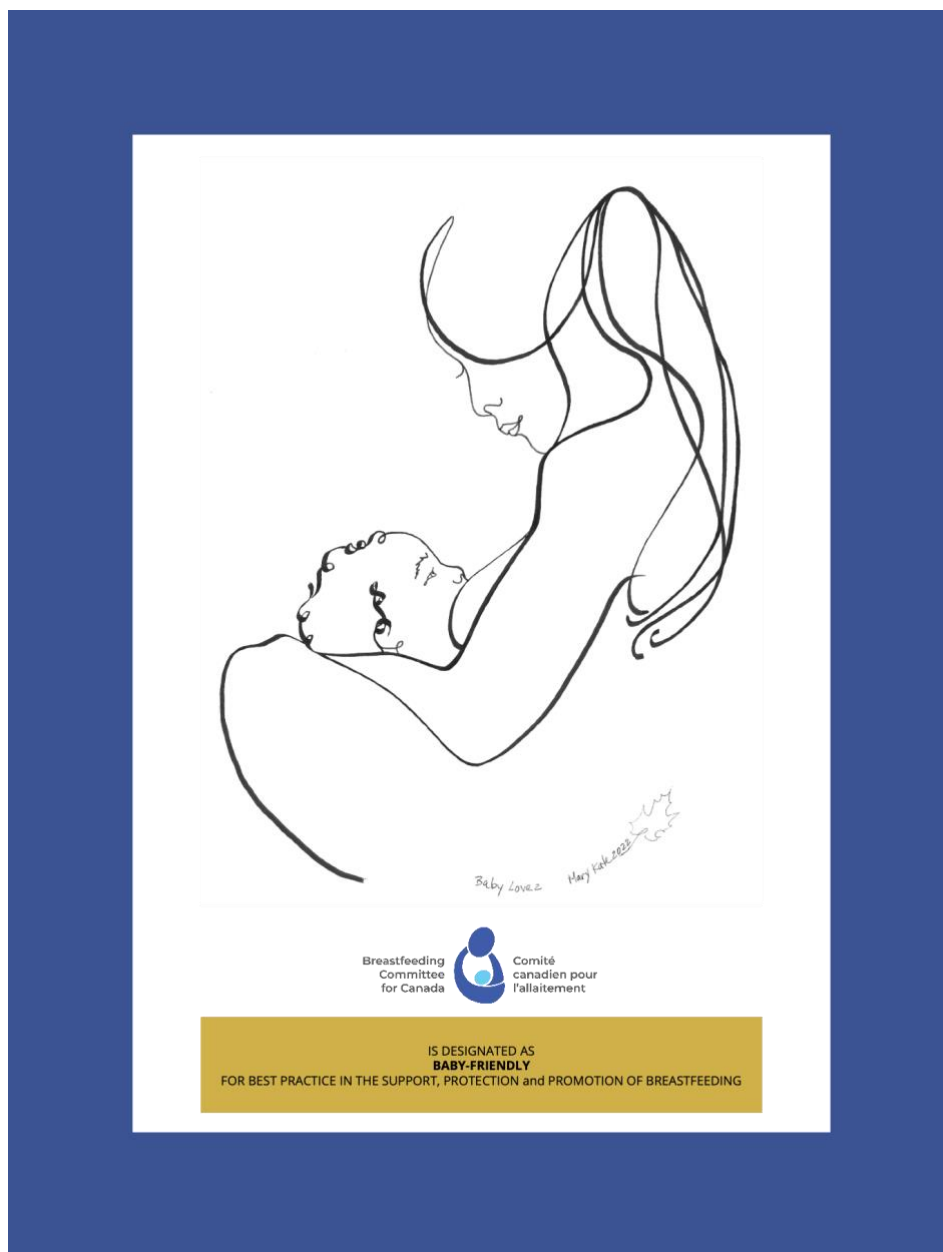
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Appendix 5 – Sample Recognition Program Certificate



## Appendix 6 – Sample BFI Designation Plaque



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## Appendix 7 - Role Definitions

**BCC BFI Mentor (the Mentor):** A qualified contractor of the Breastfeeding Committee for Canada (BCC) assigned by the BFI Assessment Committee to support a facility throughout the Baby-Friendly Initiative (BFI) process. The Mentor has BCC training in quality improvement (QI), expertise in BFI implementation and provides ongoing guidance, coaching, and capacity-building support to help facilities plan, implement, and evaluate BFI practices. The Mentor facilitates structured sessions, reviews data, and supports readiness for Recognition Program status and External Assessment.

**Director/Manager:** Person(s) who provides leadership and oversight of programs accessed by perinatal families receiving services at the facility.

**Direct Care Providers:** Those who provide education, assessment, support, intervention, assistance and/or follow-up for infant feeding in [hospital](#) or [community settings](#). Note: A decision may be made to include health care providers not currently caring for mothers and babies if they are likely to rotate into positions where they will do so.

**Indirect Care Providers:** Those who provide services to perinatal clients and could influence information communicated to them on topics addressed in the BFI standards. Indirect care providers (clinical and non-clinical) can be persons who are paid or non-paid, employed, contractual or holding professional privileges.

**Indirect General Service Providers:** Persons who are paid or non-paid, employed, contractual or providing a service with minimal or no contact with prenatal or postpartum families.

**Key Personnel:** CEO, MOH, CNO, Board or Foundation member, finance and procurement.

**Parent Partners:** Individuals who received perinatal care at the facility within the past two years and are formally engaged by the facility to represent the patient/client perspective.

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