

Screening Resources to Strengthen the Protection, Promotion and Support of Breastfeeding

The Breastfeeding Committee for Canada (BCC) is the national authority for the Baby-Friendly Initiative (BFI) ¹. The mission of the BCC is to protect, promote and support breastfeeding in Canada. When the use of a human milk substitute (infant formula) is being considered, it is important to weigh the importance of breastfeeding against the risks posed by the use of the human milk substitutes. The BFI requires that when a human milk substitute is to be fed to a baby, for medical reasons or by informed parental decision, that it be prepared, stored and used in a safe manner.

The guidance document used in Canada for the implementation of BFI provides some general suggestions when creating education materials for families about infant feeding.

Materials should:

- be written at a grade 6-8 level
- have adequate white space
- use type size 12 or greater
- present basic information
- reflect the cultural diversity of the community
- describe user-friendly dietary information that reflects the cultural diversity of the community
- employ a style of writing that is empowering to families

In addition to the general guidelines listed above, the following screening tool provides an overview of factors to be considered when developing materials for prenatal and postpartum families, families with children under the age of 3 years, women, and the general population. Suggestions to guide any needed revisions are provided with helpful background information and sources of further information included.

If the reviewer is uncertain if the material is consistent with BFI messaging, the BCC is available to provide assistance. Please contact assessmentcommittee@breastfeedingcanada.ca.

¹ Breastfeeding Committee for Canada (www.breastfeedingcanada.ca)

Screening Written and Audio Materials	Yes	No	N/A	Suggested Action if Response is “No”	Rationale
Is the information from a source that is free of influence from a manufacturer or distributor of infant formula, baby foods or beverages directed towards infants under 6 months of age, bottles, nipples, or soothers?				Find current information from a credible source that is not associated with the manufacture or distribution of products covered by the International Code of Marketing of Breast-milk Substitutes (WHO Code).	Information from manufacturers and distributors of products covered by the WHO Code is not impartial and is intended to increase financial profit from sale of the product. Resource: How the Marketing of Formula Milk Influences Our Decisions on Infant Feeding , WHO and UNICEF, 2022
Does the information portray breastfeeding as the usual method of feeding an infant and young child?				Alter wording so that breastfeeding is the biologic norm and other feeding methods pose risks. Example: Instead of saying the benefits of breastfeeding talk about the importance of breastfeeding and the risks of not breastfeeding.	Mammals breastfeed their young. The healthiest milk for a baby is its own mother’s milk.
Does the information avoid presenting breastfeeding as difficult, rule laden, medicalized or negative with many challenges?				Present breastfeeding as a learned activity. Each breastfeeding dyad will discover what works best for them. Just as a coach can be helpful when learning something new, professional and peer support can help a breastfeeding parent and baby overcome challenges.	There is a period of learning and adjustment as the breastfeeding parent and baby gain knowledge and experience with breastfeeding. Sometimes there can be difficulties and challenges. Most can be resolved with the help of professional and/or peer support. More information can be found in the BCC’s BFI Implementation Guideline: Step 5 .
Does the information avoid making breastfeeding and formula feeding/bottle feeding sound like equivalent options or choices?				Instead of saying “breastfeeding or formula feeding/bottle feeding” talk about breastfeeding and then say that there are a few medical indications when breastfeeding/breast milk are contraindicated and commercial infant formula is required. When a parent does not want to breastfeed or is considering partial breastfeeding they need factual information to make an informed	Breastfeeding and formula feeding are not equivalent options. Breastmilk is a living fluid that is custom made for each individual baby. it has over 200 known ingredients and its composition is ever changing. Formula is genetically different from the baby and its composition is static. The process of breastfeeding differs from bottle feeding. Breastfeeding, for example, uses

			decision and deserve to be supported in the decision that is made.	different muscles than bottle feeding and promotes proper jaw development. Baby is always held in close proximity while breastfeeding. This helps to develop a closer bonding relationship with the breastfeeding parent. Bottle feeding can be done in many different ways – with baby held close or with baby sitting and the bottle propped.
Does the information talk about cue-based, responsive feeding rather than feeding specific amounts at specific intervals or scheduled feedings?			Revise the text so that parents and caregivers are instructed to look for infant signs of hunger such as baby becoming restless, licking lips, making smacking sounds, putting hands to mouth, becoming fussy etc. Advise parents to respond to these hunger cues in a timely way by feeding baby. Also advise parents and caregivers to watch baby during the feeding for signs that a break is needed and for signs that baby is full. The feeding should be paused or stopped accordingly. Cue-based, responsive feeding is recommended for both breastfed and non-breastfed babies.	Feeding when baby shows signs of hunger, pausing the feed if the baby is showing distress during the feeding, and stopping the feed when the baby shows signs of satiety are all part of cue based, responsive feeding. Feeding responsively helps to establish and maintain the breastfeeding parent’s milk supply, supports appropriate intake and weight gain by the baby, and is part of a nurturing relationship between mother/parent and child. More information can be found in the BCC’s BFI Implementation Guideline: Step 5 and Step 8 .
Is the information consistent with the global infant feeding recommendation of exclusive breastfeeding for 6 months and continued breastfeeding, with the introduction of appropriate complementary foods, up to age 2 years and beyond?			Revise the message to encourage breastfeeding with no other liquids or foods except for medications, vitamins or minerals for 6 months. Complementary foods (solids and other liquids) can be introduced at 6 months and breastfeeding should continue until age 2 years and beyond.	The global infant feeding recommendation from the World Health Organization is supported by Health Canada. More information can be found In the resources Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months and Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months .
Does the information encourage the birthing parent and baby to stay together?			Alter the text so that it reflects that the birthing parent and baby are a unit and are kept together whenever possible. Once at home the birthing parent and baby should also be together as much as possible so	If there is a medical need for separation, the birthing parent and baby should be given as much contact as possible and then stay together as soon as the medical concern is resolved.

			that parent can respond to her baby’s cues in a timely manner.	<p>When the parent and baby are together the parent can watch the baby and learn baby’s cues and how to best respond.</p> <p>If the parent wants a break, they should be encouraged to have a trusted caregiver stay with baby and have the break soon after feeding the baby and prior to the next anticipated feeding.</p> <p>More information can be found in the BCC’s BFI Implementation Guideline: Step 7.</p>
Does the information promote skin-to-skin contact or show parents holding their baby in close contact?			Breastfeeding, holding the baby skin-to-skin, and other soothing strategies such as singing to baby, rhythmic motion, making a “shushing” sound or using other white noise etc. promote responsive parenting and do not normalize the use of a soother/pacifier to calm baby when fussy.	Responsive parenting helps the baby develop a secure attachment which is important for infant health, wellbeing and development.
Is the resource free of any coupons or promotions of infant formula, bottles, nipples or soothers?			All resources need to be free of advertisements and incentives from any manufacturer or distributor of products covered by the WHO Code – formula, baby food for infants under 6 months of age, bottles, artificial nipples and soothers.	More information can be found in the BCC’s BFI Implementation Guideline: Step 1a.
<p>In addition to the above points, if the resource has information about formula feeding or bottle feeding:</p> <p>Is the resource for individual use and not for group education or population health messaging?</p>			Parents and caregivers of infants who are fed formula require current and factual information about the safe preparation, storage and use of formula. This information needs to be discussed with the parent on an individual basis and can be reinforced with a resource that does not promote a particular brand of formula.	More information can be found in the BCC’s BFI Implementation Guideline: Step 5.

<p>Does the information promote informed decision making about the use of infant formula?</p> <p>Does the information cover options such as cup feeding and not assume the use of bottles when supplements are needed by the breastfed infant?</p>				<p>Revise text so that the information covers the importance of breastfeeding and risks of formula feeding/bottle feeding.</p> <p>Revise text to say that here are various methods of feeding supplements and the mother needs information about her options. Assuming that the supplement will be fed by bottle normalizes the use of bottles.</p>	<p>Current evidence-based information is needed by the family so that all relevant factors can be considered and the best decision made. Decisions made by families need to be respected and supported so that the baby can be safely and successfully fed.</p> <p>More information can be found in the BCC's BFI Implementation Guideline Step 5 and Step 9.</p>
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Screening Materials with Visual Images (sketches, pictures, photos, graphics including symbols etc.)	Yes	No	N/A	Suggested Action if Response is “No”	Rationale
Are the visual images free of infant formula, bottles, nipples and soothers?				Replace images of formula, bottles, nipples and soothers with other images associated with infants such as blocks, diapers, bonnet, crib or cradle etc. If the text is intended to provide instruction about formula feeding, bottle feeding or using a soother, it is acceptable to include an image (no branding) and use the resource on a 1:1 basis to reinforce teaching.	<p>Images of bottles, artificial nipples and soothers normalize their use.</p> <p>More information can be found in the BCC's BFI Implementation Guideline: Step 9.</p>
Are the visual images free of any logos from companies that are covered under the scope of the Code – eg formula				Replace visual images that are associated with specific brands/products with generic images. The only exception is if the resource is about a specific brand or product and provides information for health care professionals that	Branding is used in product promotion. Health care providers with branded products implies endorsement by the health care provider(s).

companies, companies that manufacture bottles?			is purely factual and scientific. Also, please see above information regarding images of infant formula, bottles, nipples and soothers.	Resource: How the Marketing of Formula Milk Influences Our Decisions on Infant Feeding , WHO and UNICEF, 2022
Do the visual images reflect diversity and show newborns and older babies/toddlers breastfeeding?			Include a variety of babies and young children breastfeeding.	Breastfeeding images of infants and children of various ages, ethnicity, SES, and lifestyle help to normalize breastfeeding in Canada.
Do the visual images of people breastfeeding send positive messages –parent looking at baby and smiling, breastfeeding parent in a comfortable position, breastfeeding parent as well dressed and groomed as other people in the picture etc.			Check that the breastfeeding parent’s position does not look awkward or uncomfortable. the parent should have a pleasant facial expression and show an emotional connection with the baby. The parents who are breastfeeding should appear in similar clothing and be groomed similarly to other people in the picture.	Negative images of breastfeeding parents make breastfeeding appear to be a negative experience.
Do the visual images include infants being offered solid food? If so, do the infants appear to be age 6 months or older?			Be sure that visual images of children eating depict babies who are 6 months of age or older.	Visual images of children under 6 months of age eating food send the message that early introduction of complementary foods is acceptable. A child who is ready for complementary foods should be able to hold head up and keep it steady, sit without support, pick up food using thumb and forefinger, open mouth and be ready and willing to chew, and show an interest in mealtime and eating food. The child should also be able to turn head away, lean back, or use hands to show food is no longer wanted. More information can be found in the BCC’s BFI Implementation Guideline: Step 8 .
Do the visual images show breastfeeding parents and babies together?			Images should depict breastfeeding parents and babies together, engaging in various activities both in and outside of the home. Some of the images should show baby	When breastfeeding parents and babies are together, the breastfeeding parent can learn and be responsive to baby’s cues. This helps

			breastfeeding. There should be no pictures of bottle feeding.	<p>to build attachment and enhances the parent's confidence.</p> <p>Images of bottles and artificial nipples (including soothers) normalize their use and are not in compliance with the Who Code.</p> <p>More information can be found in the BCC's BFI Implementation Guideline: Step 7.</p>
Do the visual images show babies being held skin-to-skin with the breastfeeding parent or their partner?			Visual images of baby being held skin-to-skin should show baby placed prone (lying on front) on the breastfeeding parent's naked abdomen or chest with as much skin as possible touching the parent. Baby's arms should be resting against the parent's body and not tucked beneath baby's chest. The parent should be semi-upright and not lying flat. A sheet or light blanket can cover the parent and baby.	<p>Skin-to-skin contact is especially important at birth, when baby is learning to breastfeed, as a soothing strategy when baby is upset and during painful procedures.</p> <p>More information can be found in the BCC's BFI Implementation Guideline: Step 4 and Step 7.</p>
Do the visual images show baby with hands free and baby not tightly swaddled?			Images should show baby free to move both upper and lower limbs.	<p>If image depicts a swaddled baby be sure that swaddle is loose and hands are exposed and able to reach baby's mouth. There are serious health risks associated with tight swaddling.</p> <p>More information can be found in the BCC's BFI Implementation Guideline: Step 7.</p>