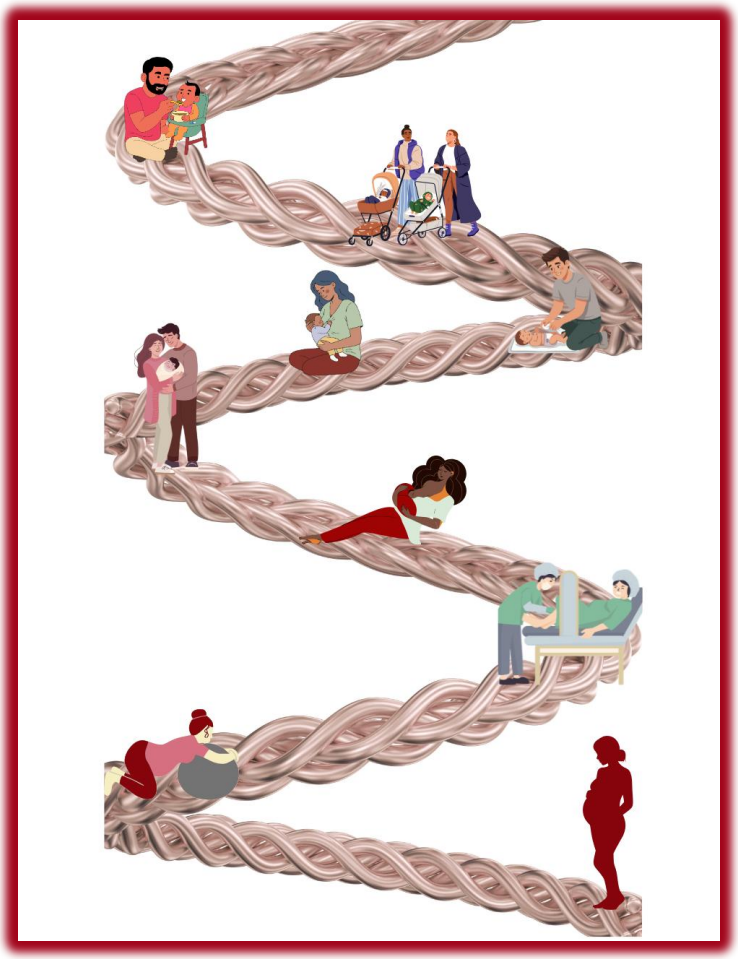
Baby-Friendly Initiative Ontario

NATIONAL BREASTFEEDING WEEK 2026

Breastfeeding for a Sustainable Start in Life: Strengthen What Works



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This National Breastfeeding Week Resource Kit was created to enhance your National Breastfeeding Week 2026 celebrations.

You are free to use any of the materials

as long as BFI Ontario is acknowledged as the source.

Comments and Suggestions

If you have feedback about this resource kit or wish to make suggestions for future BFI Ontario National Breastfeeding Week resource kits, please send an email to mlasalle0868@rogers.com. Thank you.

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National Breastfeeding Week 2026

The World Alliance for Breastfeeding Action (WABA) coordinates the global World Breastfeeding Week (WBW) campaign to protect, promote and support breastfeeding. Since 2016, WABA has aligned each year's theme with the United Nation's Sustainable Development Goals (SDGs). The theme for this year's WBW campaign is ***Breastfeeding for a Sustainable Start in Life: Strengthen What Works.***

In Canada we celebrate National Breastfeeding Week (NBW) from **October 1-7.** The first week of October is the 40th week of the calendar year and 40 weeks represents the typical length of a full-term pregnancy. The birth of a baby is a key moment – usually it marks the beginning of the breastfeeding journey – and this important journey often begins at 40 weeks.

The focus of this year's NBW celebration is to strengthen actions that protect, promote and support breastfeeding and informed decision making around the use of commercial infant formula when it is being considered. The theme invites us to examine what is working, celebrate successes, learn from one another, and take practical action to build even stronger systems of support for perinatal families throughout their infant feeding journey.

This poster is available for downloading on the BFI Ontario website.

Identify What is Working

Strengthening what is working begins by recognizing and building on the supports, relationships, practices, and partnerships that perinatal families already experience as helpful, respectful, and effective.

What Works Well?

Individuals and Families 	• Feeling listened to without judgment • Receiving factual, evidence-based information • Receiving consistent information • Having infant feeding goals respected • Feeling emotionally supported and not pressured • Getting timely help when challenges arise • Having practical, skilled help with infant feeding whenever needed
Healthcare Providers 	• Consistent messaging across team members • Strong communication and referral pathways • Confidence in discussing breastfeeding and infant formula use respectfully • Use of evidence-informed care • Time to provide relational support, not only technical instruction • Awareness of cultural, social, financial, and accessibility factors
Facilities and Organizations 	• Policies that align with evidence-based infant feeding practices (the Baby-Friendly Initiative) • Staff education, skill building and mentorship • Seamless transition of services throughout the perinatal journey: prenatal, birth, postpartum and beyond • Family feedback mechanisms • Environments that feel welcoming and inclusive for all families

How to Identify What is Working

There are many valuable sources of information about what supports are meaningful and effective in supporting families throughout their infant feeding experience.

Ask families that utilize your services questions such as:

- "What helped you most?"
- "When did you feel supported?"
- "Who made a difference?"
- "What information helped you make your infant feeding decision?"
- "What support do you wish every family received?"

Be sure to include individuals and families with varied experiences such as:

- Breastfeeding successes
- Breastfeeding challenges
- Infants that are mixed feeding
- Infants that are formula feeding
- NICU/special care nursery experiences
- Rural/urban experiences
- Diverse backgrounds including cultural, socioeconomic, single parent and multigenerational families, gender diversity, families with differing abilities etc.

"Listen to Families" Action Ideas

Create a **"What Helped Me Most" wall or board** and invite individuals/families that received infant feeding services to respond to a question such as "What helped you most today?" or to complete the statement "I felt supported when…"

Host a virtual or in-person **listening circle or infant feeding café** and facilitate discussion with leading questions such as "What strengthened your confidence with infant feeding?", "What supports did you find most helpful?", "What would you recommend to new families starting out on their infant feeding journey?"

Develop **a QR code survey** where individuals/families can be anonymous in their responses. Useful prompts for feedback could include "I felt most supported when…", "One thing my care providers did well was…" and "A support that should continue is …"

Ask frontline health care providers questions such as:

- "What is one way that our workplace supports staff/volunteers who return to work and want to continue breastfeeding?"
- "What helps staff provide evidence informed infant feeding support to perinatal families?"
- "What practices seem to best help families achieve their infant feeding goals?"
- "What is one thing that this workplace does well to protect, promote and support breastfeeding and informed infant feeding decisions?"

- "Name a sustainable practice that we can strengthen to better support families achieve their infant feeding goals."

"Listen to Staff" Action Ideas

Create a **support map** showing key time points such as pregnancy, birth, first few days postpartum, home with a new baby, first 6 weeks postpartum etc. Invite staff to write on the support map the supports that currently exist, where families report positive experiences, strong partnerships, and trusted resources for families.

Invite staff to participate in a **Keep – Grow -- Change** activity. Place 3 boxes in a place easily accessed by staff (e.g. staff lounge, nurses station) and label one box "Keep", one box "Grow" and one box "Change". Have staff jot down on slips of paper what practices to KEEP (practices working well), practices to GROW (promising supports needing expansion), and ones to CHANGE (barriers or outdated practices).

Ask workers at facilities and organizations in your community questions such as:

- "How do you support staff who return to work and want to continue breastfeeding?"
- " Are staff and volunteers trained to support breastfeeding families that come here?"
- "How do you show the public that you welcome breastfeeding here?"
- "Is there a designated family room or feeding space for families that wish to breastfeed or express milk in private?"

"Listen to Facilities and Organizations" Action Ideas

Develop a simple **checklist** and have staff, students, volunteers, and/or community partners gather information about support for employees, volunteers and families around infant feeding. Places could include municipal buildings, libraries, community centres, arenas and recreational centres, restaurants, shopping centres. public transit hubs, and places of worship.

Create a **social media post** and invite families, facilities and organizations in your community to share places that are supportive of breastfeeding and describe the support received.

Explore your community and ask questions such as:

- "How accessible is infant feeding support for families in our area?
- Where do families report feeling welcomed and supported?
- "What local programs, groups, or champions make a positive difference for breastfeeding families?"
- How are organizations working together to improve access and continuity of care?

- What existing resources could reach more families?

"Listen to Your Community" Action Ideas

Develop a **directory of local services** that help perinatal families with infant feeding and post it on your website; provide links on your social media platforms; and put flyers in places such as local library, places that have prenatal and postpartum fitness classes, community centres, child care centres, places of worship etc.

Develop a **list of places in your community that welcome breastfeeding families** and provide them with a decal of the international breastfeeding symbol or universal breastfeeding symbol. Post a list of these places on your website and recognize them on your social media platforms.

International Breastfeeding Symbol

Universal Breastfeeding Symbol

Strengthen What Works

Once you identify what is working to support breastfeeding, you can strengthen the actions that work. How can the actions that work be maintained, expanded and shared?

Individuals and Teams

- Share successful approaches with colleagues
- Mentor new staff, students, and volunteers
- Participate in continuing education opportunities
- Continue building cultural humility and family-centred communication skills
- Regularly gather and review family feedback and identify strengths to build upon
- Reflect on positive feedback from families and identify common themes
- Celebrate and share successes within the team
- Consider what strengths and practices could be replicated across other units or departments.

Organizations

- Learn about the Baby-Friendly Initiative and why it is recommended internationally and by Health Canada

- Review policies regularly to ensure they remain supportive, evidence-informed and compliant with the ***Ten Steps to Successful Breastfeeding in Canada*** including the ***International Code of Marketing of Breastmilk Substitutes (Code)*** and relevant World Health Assembly (WHA)Resolutions (Step 1a)
- Invest in ongoing education and competency development for staff and volunteers
- Consider how breastfeeding-friendly spaces and practices for families and staff are being maintained
- Share success stories across the organization
- Expand successful initiatives to additional programs or sites
- Use quality improvement processes to sustain gains
- Explore and strengthen partnerships that can have a positive impact on the infant feeding experience of families in your service area.

Communities

- Map and promote existing breastfeeding supports
- Strengthen collaboration among healthcare, public health, community agencies, and family support organizations
- Recognize businesses, facilities, and public spaces that support breastfeeding families
- Share successful initiatives with other communities
- Increase awareness of available resources through coordinated promotion.

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National Breastfeeding Week 2026

Social Media

Social media is popular and provides an excellent way to raise awareness about breastfeeding, informed decision-making if non-human milk is being considered, and the importance of supporting all families throughout their infant feeding experience.

Suggested Hashtags for National Breastfeeding Week 2026

#NationalBreastfeedingWeek
#NBW2026
#ProtectBreastfeeding
#StrengthenWhatWorks
#SupportFamilies
#BreastfeedingSupport
#BFIOntario

Social Media Linking

BFI Ontario's social media platforms are Facebook, Instagram, and LinkedIn

Please follow us on our social media sites. Like and share the BFI Ontario posts! This will help others know about our organization.

Quick Engagement Ideas for Staff

BFI Ontario has created some activities for staff to enjoy during National Breastfeeding Week 2026. The activities can be found in the appendices. Invite staff to complete the activity, check the response sheets, and when a person completes the activity with no errors enter their name in a box for a draw for a prize such as a gift certificate for a beverage and snack at a nearby coffee shop, a healthy snack basket, a grocery store gift card or a house plant.

The following activities can be found in the appendices and also on the BFION website as separate documents suitable for downloading.

- Word Scramble
- Crossword Puzzle
- Word Search
- Two Truths and a Lie Quiz
- Colouring Sheets

Reflection and Discussion Tools for Healthcare Providers

The activities in this section are designed to encourage meaningful discussion among healthcare providers and leaders about current practices, opportunities for improvement, and the actions that help create sustainable breastfeeding support. The activities can be used individually or as part of team meetings, education sessions, or National Breastfeeding Week events to spark conversations that inspire positive change. Together, we can strengthen what works and continue building environments where every family receives consistent, evidence-informed infant feeding support.

The activities can be found in the appendices and also on the BFION website as separate documents suitable for downloading.

Supports and Barriers Picture

Identify the supports and barriers in the image and discuss actions to strengthen the supports for breastfeeding.

Case Studies

Read the case study and use the provided questions to reflect, discuss and strengthen support. This activity is best suited for small groups but can be done individually.

- Sarah and Her Son (Mother- Baby Separation at Hospital)
- Emily and Baby Liam (Breastfeeding Challenges Following Hospital Discharge)
- Amina and Her Baby (Breastfeeding Challenge and Language Barrier)
- Jessica, Her Son and Baby Daughter (Breastfeeding in a Public Place)

Family Resources

The following resources have been created by BFI Ontario and are intended to help families during their infant feeding journey. If you wish to adapt any resource, please contact mlasalle0868@rogers.com

- ❖ What Do I Need to Know About Infant Feeding? (New this year)
- ❖ What Do I Need to Know About Formula Feeding? (New this year - Intended for families that have decided to feed infant formula)
- ❖ Protecting & Sustaining Breastfeeding Family Worksheet (2025)
- ❖ Parent Empowerment Cards: available in English and French (2022)

Awareness and Advocacy Resources

Research

Every conversation about breastfeeding provides an opportunity to potentially make a difference. Sharing current research helps build understanding of the health, social, environmental, and economic value of improved breastfeeding rates and reinforces the importance of evidence-based practices such as the Baby-Friendly Initiative**.** Here are a few recent studies that you can share with healthcare providers and leaders. By working together, we can help create environments where every family has the opportunity to meet their infant feeding goals.

Current Canadian Breastfeeding Research

Year	Author (s)	Study	Link
2025	Onah, N.M., Hoy, S. & Slofstra, K.	*The costs of suboptimal breastfeeding in Ontario, Canada, and potential healthcare resource impacts from improving rates*	https://pubmed.ncbi.nlm.nih.gov/39987118/
2025	BORN Ontario	*A Decade and Beyond: Perinatal Health in Ontario (2012–2024)*	https://www.bornontario.ca/media/3tenwgbh/report-a-decade-and-beyond-perinatal-health-in-ontario-report-2012-2024.pdf
2025	Turner SE, Roos L, Nickel NC et al	*Breastfeeding moderates the association between family socioeconomic status and child behavior scores*	https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1653185/full
2025	Fehr K, Mertens A. et al	*Protocol: the International Milk Composition (IMiC) Consortium - a harmonized secondary analysis of human milk from four studies*	https://pmc.ncbi.nlm.nih.gov/articles/PMC12186657/
2024	Public Health Agency of Canada	*Canada's Breastfeeding Dashboard*	Canada's Breastfeeding Dashboard

Current Breastfeeding Research From Other Countries

Year	Country	Author	Study	Link
2025	United States	Patnode, C. et al.	*Breastfeeding and Health Outcomes for Infants and Children: A Systematic Review*	https://pubmed.ncbi.nlm.nih.gov/40240318/
2025	Israel	Goldshtein, I. et al.	*Breastfeeding Duration and Child Development*	https://pubmed.ncbi.nlm.nih.gov/40126480/
2024	Multiple	Horwood, C. et al.	*Women's Exposure to Commercial Milk Formula Marketing: A WHO Multi-country Market Research Study*	https://pubmed.ncbi.nlm.nih.gov/39609680/
2023	Multiple	Rollins, N. et al.	*Marketing of Commercial Milk Formula: a System to Capture Parents, Communities, Science, and Policy*	https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01931-6/fulltext

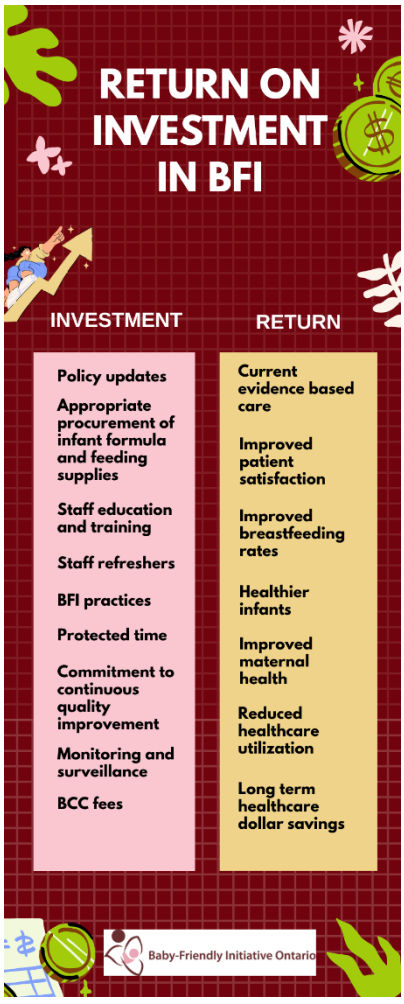
BFI and BFHI Evidence at a Glance

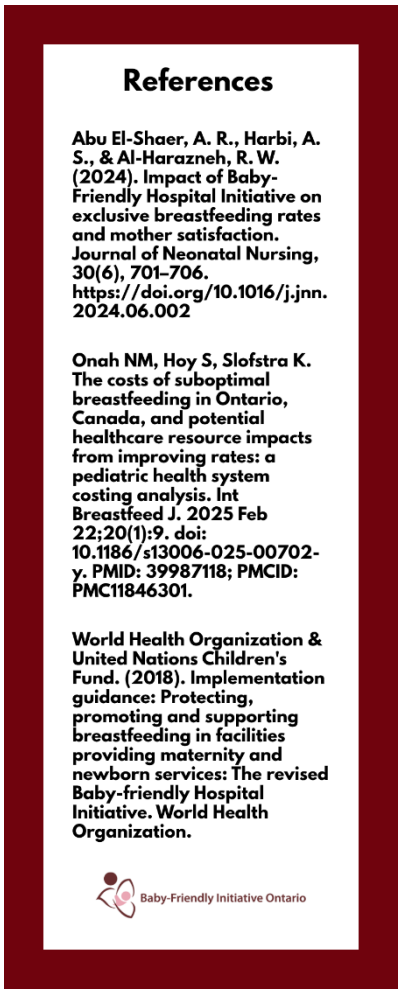
Year	Author	Study	Link
2025	Fan YW, Fan HSL, Shing JSY, Ip HL, Fong DYT, Lok KYW	*Impact of Baby-Friendly Hospital Initiatives on Breastfeeding Outcomes: Systematic Review and Meta-analysis*	https://pubmed.ncbi.nlm.nih.gov/39919651/
2025	Habte MB, Abdulahi M, Plusquin M, Cosemans C.	*Effectiveness of Baby-Friendly Hospital Initiative on Early Initiation and Exclusive Breastfeeding Practice: Systematic Review and Meta-analysis*	https://pubmed.ncbi.nlm.nih.gov/40732908/
2025	Chan YF, Ip HL, Yip KH, Choi MSL, Fan YW, Ip P, Chan KKL, Lok KYW.	*Impact of the Baby-Friendly Community Initiative on Breastfeeding Outcomes: Systematic Review and Meta-analysis*	https://pubmed.ncbi.nlm.nih.gov/40187237/

Infographics

Infographics are a simple and engaging way to share key messages during National Breastfeeding Week and beyond. Both infographics are designed to spark conversations and reinforce the importance of creating environments where breastfeeding can thrive. Display them in staff areas or share them in a newsletter. Distribute the healthcare provider infographic to staff during National Breastfeeding Week. Take the leadership infographic to your leadership team or a meeting with your government official.

- Infographic: You Make the Difference (Suitable for healthcare providers)
- Infographic: Return on Investment (Suitable for leaders)





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Appendices

- NBW 2026 Word Scramble
- NBW 2026 Crossword
- NBW 2026 Word Search
- NBW 2026 Two Truths and a Lie
- NBW 2026 Colouring Sheets
- Supports and Barriers Activity
- Case Studies (4)
- What do I need to know about feeding my baby?
- What do I need to know about feeding infant formula?
- Protecting & Sustaining Breastfeeding Worksheet

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National Breastfeeding Week 2026 Word Scramble

Theme:

Breastfeeding for a Sustainable Start in Life:
Strengthen What Works

Unscramble each word and then unscramble the **highlighted** letters to reveal a secret word.

1. **Y U E I T Q**
2. **P P R R A E N H I T S**
3. **C T Y I I L I A B C E S S**
4. **A A L L O O O N C T I B R**
5. **R U S T O P P**
6. **P R E E S C T**
7. **G R A C N I**
8. **P E E T O M Y C C N**
9. **I A S T S Y I I T B U N A L**
10. **T R I M V E E M P T O N**

Secret Word:

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National Breastfeeding Week 2026 Word Scramble Answers

Answers

1. Equity
2. Partnership
3. Accessibility
4. Collaboration
5. Support
6. Respect
7. Caring
8. Competency
9. Sustainability
10. Improvement

Secret word is **“STRENGTHEN”.**

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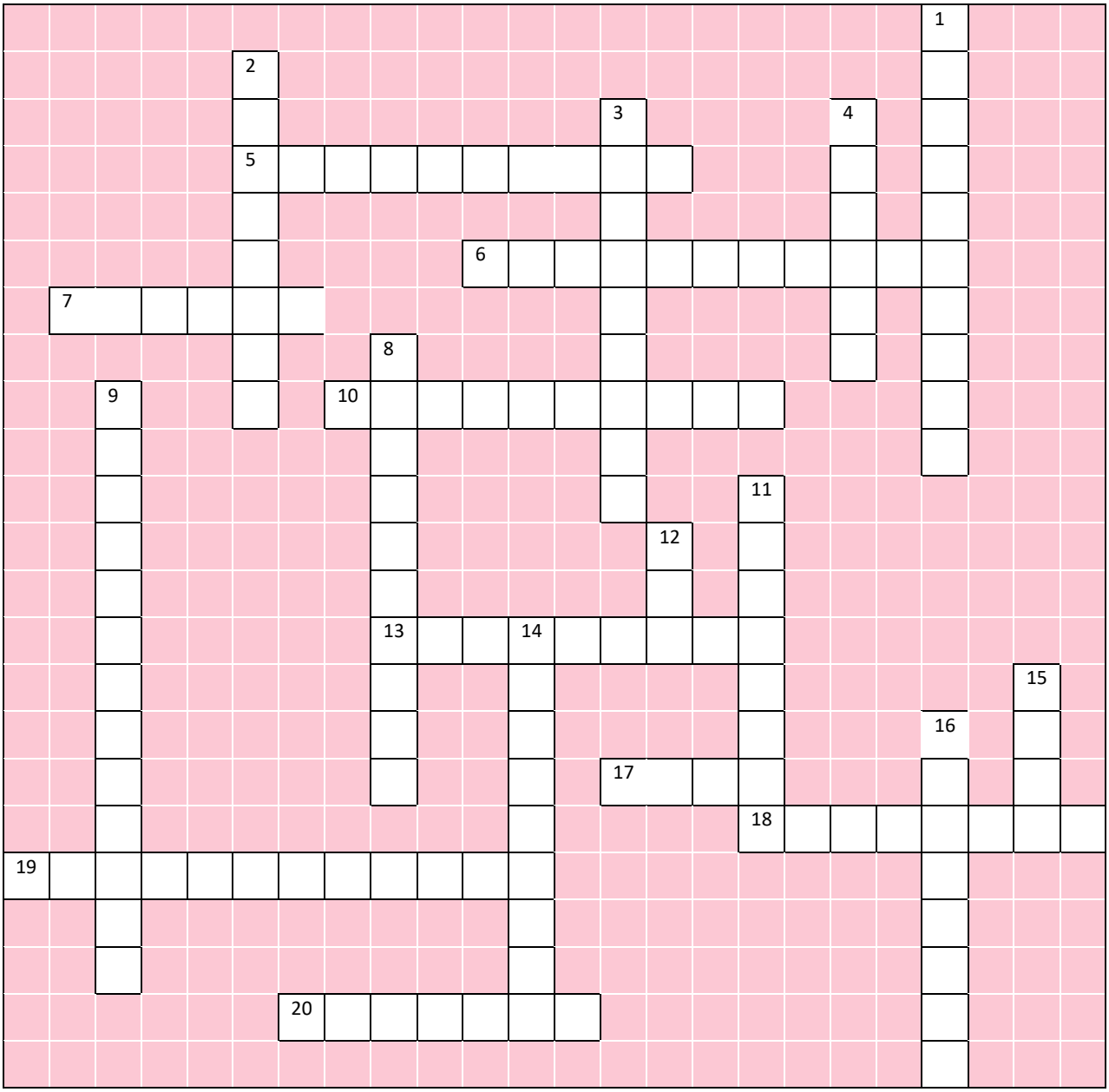
National Breastfeeding Week 2026 Crossword



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Across	Down
5. Milk removal by hand or pump 6. The national program Canadian healthcare facilities can enter to work towards BFI designation 7. Important reason to breastfeed a baby 10. Part of quality improvement 13. Having no other drink or food than breastmilk 17. International guidance on the marketing of breast-milk substitutes 18. Connecting families to additional breastfeeding support 19. Where baby should be for the first hour after birth 20. “It takes a _____to support a breastfeeding family”	1. Feedings based on infant cues rather than a clock 2. Education that prepares families before birth 3. The first milk that a birthing parent produces 4. Being fair and impartial in the provision of services and care 8. Knowledge, attitude and skills of healthcare providers 9. Healthcare providers working together to support families 11. Where birthing parents and babies should be 12. An initiative that improves breastfeeding rates 14. An essential communication skill for healthcare providers 15. International organization that provides the World Breastfeeding Week theme 16. Factors that can interfere with breastfeeding

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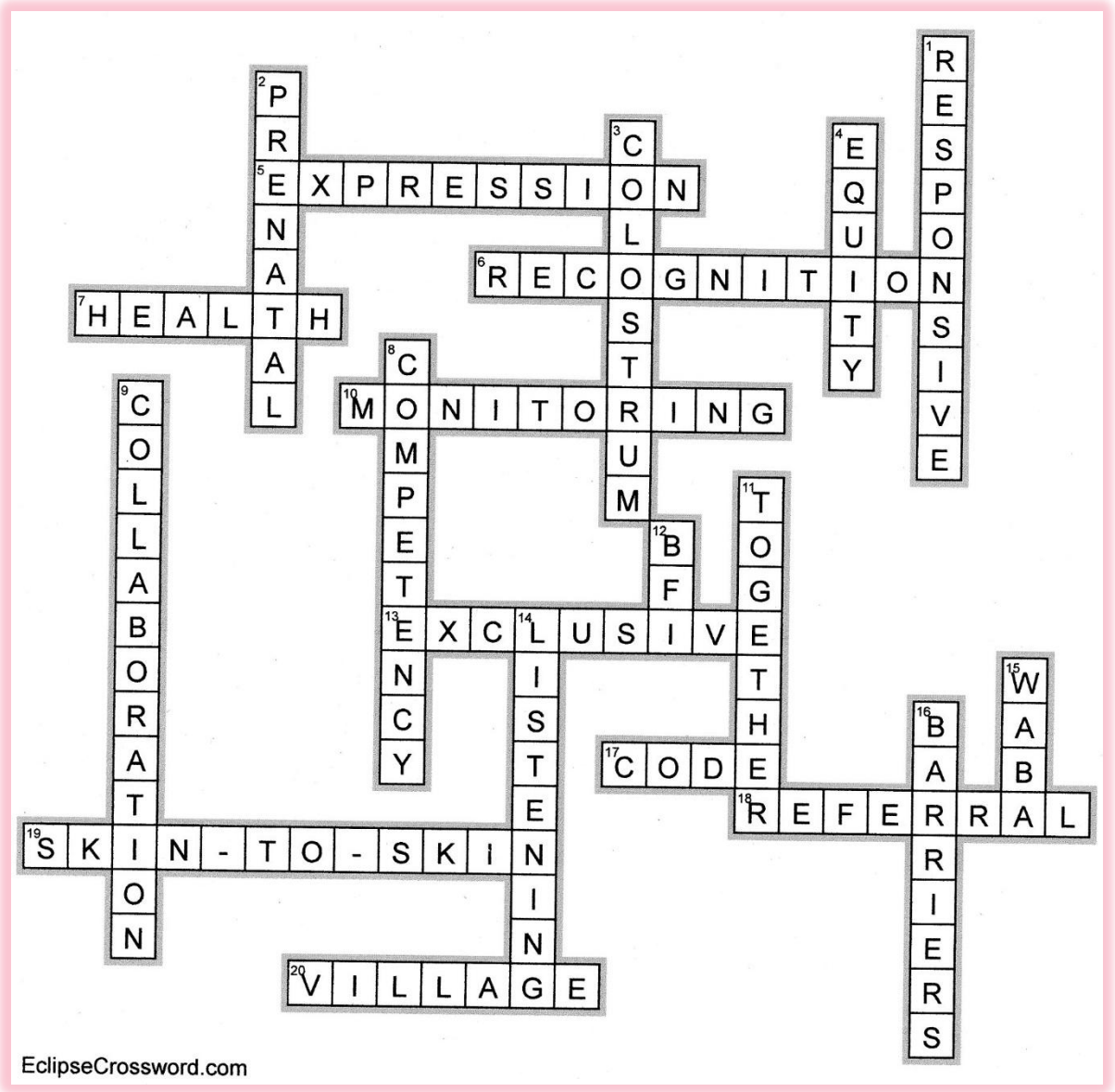
National Breastfeeding Week 2026 Crossword Answers



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National Breastfeeding Week 2026 Word Search

A C C E S S I B I L I T Y P W B L I T B
B D O Z R U J N B R J B I X O V X A V R
X U N B Q S O L F T K C R D R A V Y O E
Y Y F I A T R I D O N T X O P L T X T A
B F I C O A N G O P R I Z S U C C E S S
O Z D Y X I B W Y E N M P Q V E E N T T
G U E T A N P R A W Y E E Y X L P X B F
B N N D T I B V P L N L M D V R S P N E
E K C O M M U N I T Y Y T P O E E I P E
N S E G L I P Z Y H T A P M E I R V L D
L E E L E R O Y B N X B K U B L D L A I
P V D C O L L A B O R A T I O N U D D N
T H U M R U P O E G Y P Z P U L N M V G
I N L P O U D X E P P I B J T K R T W Y
A O D A D V O C A C Y N C A R I N G E I
N Y N O M I S S Z B I O G R E P I O V N
K C O D E V R T E Z C A X T A K I A I G
Y B I J R U H T Z R X R Y U C B P L R Z
R H T X F I N N S H T T c K H K I S Y A
I K I B R E Z E S K M R B R A E H V P Y
T U S B Y C X P J Q C O M T E Z S B O T
D K N O W L E D G E C P N D R T R E K I
E L A P S T H Z D L D P Z I H B E U B U
T E R I S I F O A Z C U V O T X N T B Q
A D T C B M Y T I A B S X P G O T Z I E
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B V U Q R P L J O Q Z O P P E V A I Z L
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E R H B W I F P P D O K L P S T A S P L
C N Y A E R L M Y O R L I B V R V A L R

Equity
Breastfeeding
Community
Confidence
Celebrate
Respect
Informed
Advocacy
Support
Outreach
Resources
Steps
Partnership
Accessibility
Caring
Transition
Knowledge
Strength
Collaboration
Empathy
Sustain
Hospital
Success
Timely
Skilled
Monitoring
Code
Goals
BFI
Family

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National Breastfeeding Week 2026 Word Search Answers

A	C	C	E	S	S	I	B	I	L	I	T	Y							B
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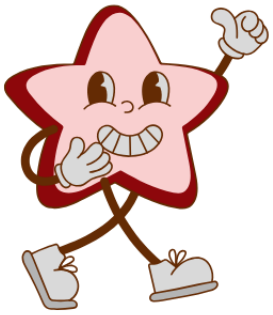

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National Breastfeeding Week 2026 Two Truths and a Lie Quiz

Each question has two true statements and one false statement. Which statement isn't true?

Question		Incorrect Statement
1	a. Seeing people breastfeed in public can encourage and support other families to do the same. b. The Ontario Human Rights Code protects a person's right to breastfeed in public places. c. Businesses must have a dedicated breastfeeding room before they can be considered breastfeeding friendly.	
2	a. Grandparents, friends, and coworkers can help create a breastfeeding-friendly community. b. Governments should not play a role in the support of breastfeeding. c. Public policies can make it easier for parents to continue breastfeeding.	
3	a. Ontario' s breastfeeding Initiation rate is higher than the rest of Canada. b. Ontario's exclusive breastfeeding rate for babies who are 6 months old is about 35 % c. Ontario's exclusive breastfeeding rate at 6 months is lower than the 6 month exclusive breastfeeding rate of any other part of Canada.	
4	a. Ontario has 1 hospital and 2 community health services that are currently BFI designated. b. All staff/volunteers at a BFI designated facility must have the same BFI training. c. A BFI designated facility must welcome breastfeeding in public areas of the facility and also have a private space for breastfeeding or expressing milk if the parent prefers.	
5	a. Research indicates that higher exclusive breastfeeding rates at 6 months save significant healthcare dollars. b. The sharpest drop in exclusive breastfeeding occurs during the first month. c. Medical conditions are the main reason breastfeeding parents stop breastfeeding before baby reaches one month of age.	
6	a. Parents who previously breastfed require minimum help from healthcare staff or breastfeeding peer support people. b. Health-care providers can help families by offering evidence-based breastfeeding information. c. It is important for parents to learn about breastfeeding during pregnancy.	

7	a. Flexible breaks and private spaces for expressing milk can help employees continue breastfeeding after returning to work. b. When healthcare providers offer completely different advice about infant feeding to a family, it help the family by giving them options. c. Even a short, positive conversation with a trusted health-care provider can make a difference to a family.	
8	a. Parents sometimes need different kinds of feeding support depending on their circumstances. b. All families who want to breastfeed should be seen by a lactation consultant. c. Easy access to timely help is important in sustaining breastfeeding.	
9	a. Once breastfeeding has started, families rarely need additional support. b. Families deserve individualized feeding support that respects their goals and circumstances. c. Coordinated care between hospitals, primary care, and public health helps families receive more consistent support.	
10	a. Hospitals and community health services can use data to improve breastfeeding support. b. Staff and patient/client surveys can help identify opportunities for quality improvement around infant feeding. c. Health-care facilities should try to save money by using promotional materials that market infant formula and related products.	

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National Breastfeeding Week 2026 Two Truths and a Lie Quiz Answers

Question	Answer
1	c
2	b
3	a
4	b
5	c
6	a
7	b
8	b
9	a
10	c

References

Breastfeeding Committee for Canada. BFI Implementation Guideline. 2021. https://breastfeedingcanada.ca/wp-content/uploads/2026/06/BFI-Implementation-Guideline-August-5-002.pdf

Canada's Breastfeeding Dashboard (2024 edition). https://health-infobase.canada.ca/breastfeeding/

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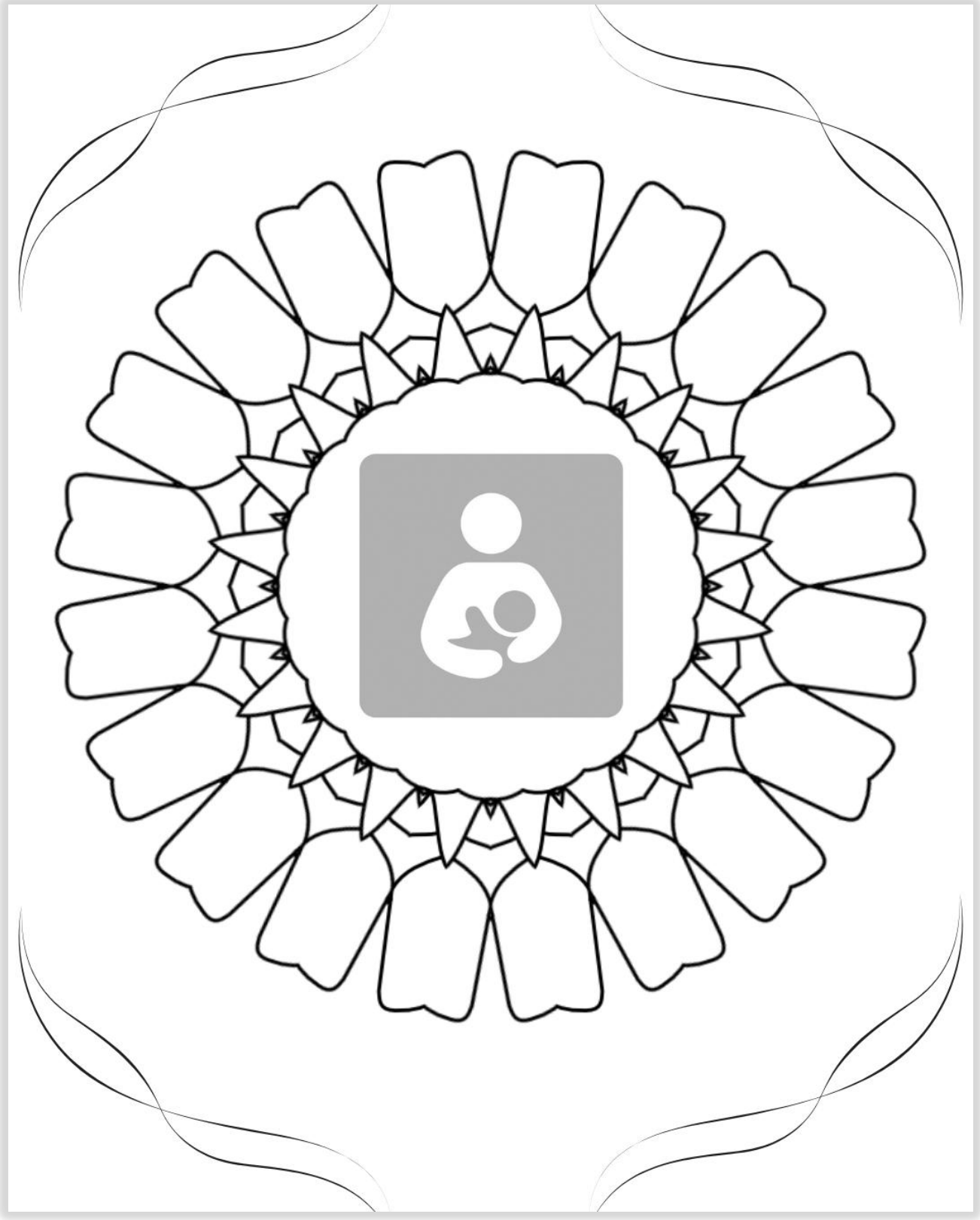
Ontario Human Rights Commission. Pregnancy and Breastfeeding Brochure. 2024 https://www.ohrc.on.ca/en/pregnancy-and-breastfeeding-brochure



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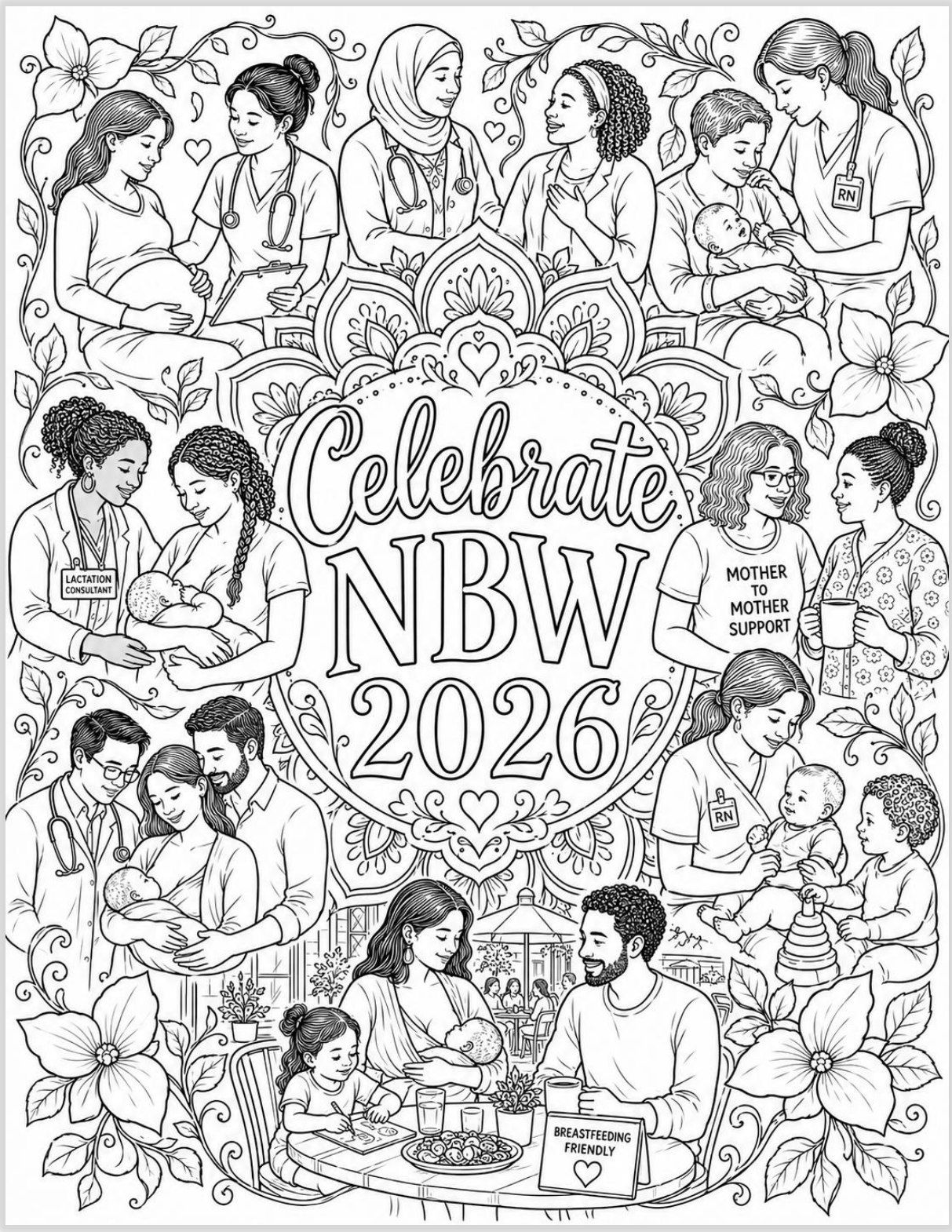

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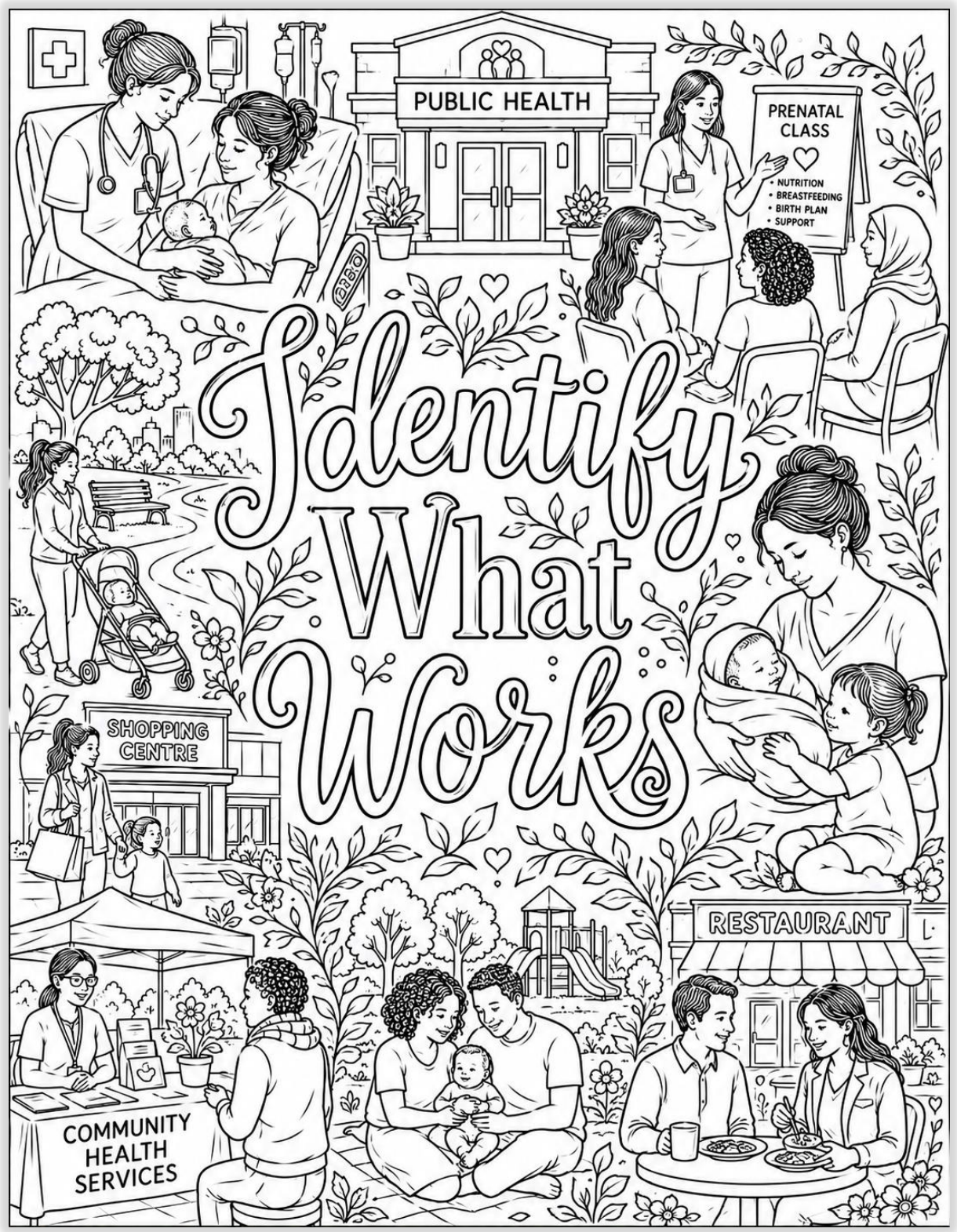

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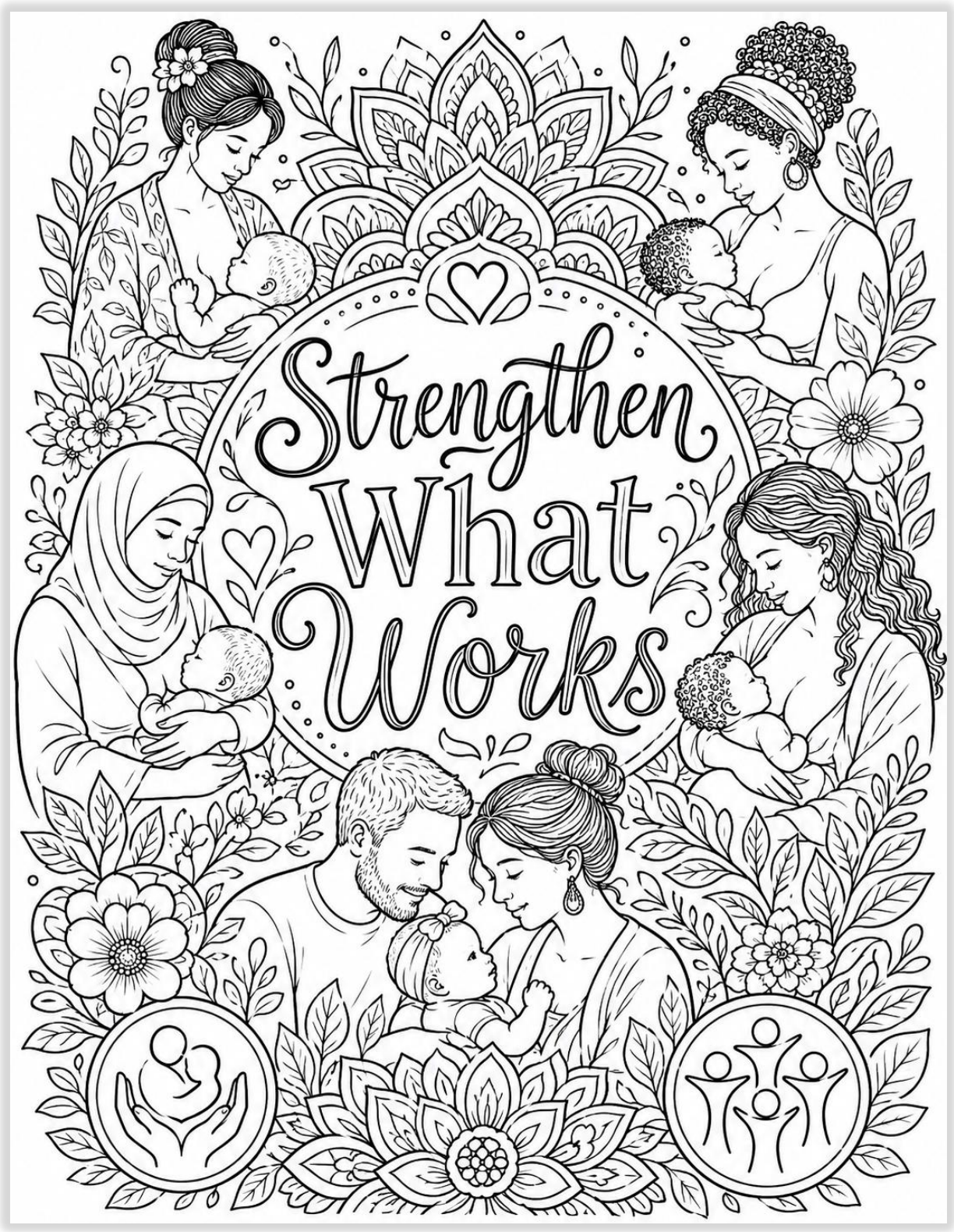

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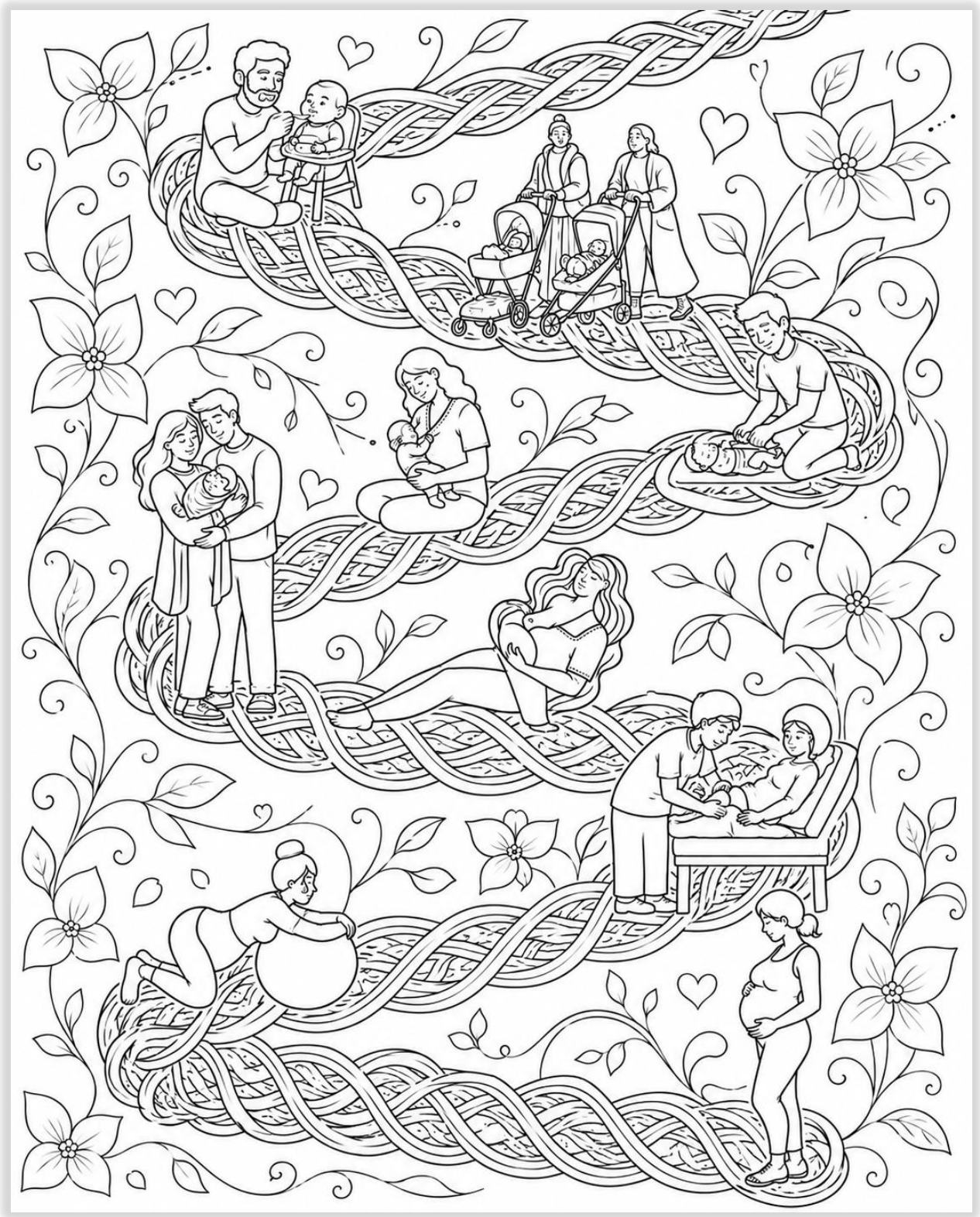

Review the picture and identify as many breastfeeding supports and barriers as you can. How many can you find?

Source: A I Generated

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Breastfeeding Supports and Barriers

Reflect

- What aspects of the environment support breastfeeding?
- What barriers to breastfeeding did you see in the picture?
- Which barriers were the easiest to spot? Which were more subtle?
- Were there any barriers that surprised you?

Discuss

- How might this environment affect a family's breastfeeding experience?
- Which barrier do you think would have the greatest impact on a family's confidence or infant feeding goals? Why?
- Which barriers are related to the physical environment?
- Which barriers are related to policies, procedures, or staff practices?
- How might the barriers affect different families, including those experiencing language, cultural, financial, or accessibility challenges?
- What role do healthcare providers, leaders, and organizations each play in addressing the barriers?

Strengthen

- What breastfeeding-friendly practices are already in place that should be maintained and strengthened?
- If you could change just one thing in this environment, what would it be?
- Which improvements could be implemented quickly with little or no cost?
- Which improvements would require leadership support or organizational chang

Case Study

Sarah and Her Son

Sarah, a healthy 27-year-old first-time mother, gave birth to her son at a small community hospital after an uncomplicated pregnancy. Shortly after birth, her baby developed respiratory distress and required transfer to a regional neonatal intensive care unit (NICU) nearly two hours away.

Sarah was devastated that she could not accompany her baby immediately. Before the transport team left, she told her nurse, "I really wanted to breastfeed. Can you show me how to hand express my milk?"

The nurse, who was caring for several patients and responding to multiple urgent situations, replied, "*I'm sorry—we're just too busy right now."*

Sarah was given no further information about expressing milk, no breast pump was offered, and no referral or follow-up plan was made before she was discharged later that day.

When Sarah arrived at the NICU the following morning, more than 18 hours had passed since her baby's birth. She had not expressed any milk and her breasts were becoming engorged. The NICU nurse immediately helped her begin expressing milk and explained the importance of frequent milk removal in establishing her milk supply. Sarah later shared that she felt she had "already failed" her baby before she even had the chance to breastfeed.

Although Sarah was eventually able to establish a partial milk supply, she continued to wonder whether things would have been different if someone had helped her during those first few hours after birth.

Reflect

- How might Sarah have felt when she asked for help and was told, "We're just too busy right now"?
- What emotions or challenges might healthcare providers experience when they are unable to provide the care they know is important?
- Why are the first hours after birth especially important when a mother and baby are unexpectedly separated?
- How might this experience affect Sarah's confidence, mental well-being, and future breastfeeding journey?

Discuss

- What opportunities to support breastfeeding were missed in this situation?
- What immediate interventions could have been provided, even during a busy shift?
- What barriers may have influenced the nurse's response?
- How can organizations ensure that mothers whose babies are transferred receive timely support to initiate and maintain lactation?
- What impact can the delayed initiation of milk expression have on maternal confidence, milk production, and infant outcomes?

Strengthen

- What systems or processes could be implemented so that essential breastfeeding support is provided even during periods of high workload?
- How could access to hand-expression teaching, breast pumps, or lactation support during evenings, weekends, or busy periods be improved?
- What education or competencies do staff need to feel confident supporting lactation initiation even when infants require transfer?
- How can an organization ensure that essential breastfeeding support is viewed as part of urgent newborn care rather than an optional task?

Case Study

Emily and Baby Liam

Emily had an uncomplicated pregnancy and her son, Liam, was born vaginally at 38 weeks. Emily had successfully breastfed her two older children for more than a year each and was looking forward to breastfeeding again.

During the first two weeks, however, Liam struggled to latch effectively and often seemed frustrated at the breast. Feedings were long, and Emily noticed that he was not swallowing as much as her previous babies had. She became increasingly concerned when he wasn't needing many diaper changes.

Emily reached out for help after being at home with Liam for one week and received general reassurance. Emily felt her concerns were minimized because she had breastfed before.

She later reflected, *"I had previously breastfed two babies, so I was basically dismissed even though my third baby had difficulties latching and feeding and wasn't gaining weight. I don't feel I was provided adequate support. If I had been a first-time mom, I likely would have given up breastfeeding early on."*

At the well baby check up, Liam's physician expressed concern about his weight gain and recommended supplementing with infant formula. Emily understood the importance of ensuring her baby was well nourished, but felt discouraged. She wanted help understanding *why* breastfeeding was not working and what could be done to improve it before relying on formula. She later said, *"I wanted to breastfeed."*

Eventually, Emily was referred to a clinician with advanced breastfeeding expertise. A feeding was observed and the feeding assessment identified several issues affecting Liam's latch. A plan was put in place that included improving positioning and attachment, protecting Emily's milk supply, monitoring Liam's weight, and supplementing with expressed breastmilk (or infant formula if human milk was unavailable) only as needed. With ongoing support, Liam's breastfeeding improved, his weight gain normalized, and supplementation was gradually discontinued.

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Reflect:

- What assumptions may have influenced the care Emily received?
- How can healthcare providers ensure that every breastfeeding journey is assessed based on the needs of the parent and current baby, rather than previous experience?
- How might Emily have felt when her concerns were not fully explored?

Discuss

- What additional assessment would have helped identify the cause of Liam's feeding difficulties?
- What strategies can be used to protect milk supply when supplementation is medically indicated?
- What referral pathways or community resources are available in your region for families experiencing complex breastfeeding challenges?
- How can communication between hospitals, primary care providers, public health and lactation specialists be strengthened to provide seamless breastfeeding support?

Strengthen

- How can healthcare providers ensure that every family receives individualized breastfeeding support, regardless of parity or previous breastfeeding experience?
- Are there opportunities to improve assessment practices, documentation, or follow-up for families reporting breastfeeding concerns?
- What processes could be implemented to ensure concerns about infant weight gain trigger a comprehensive breastfeeding assessment before concluding that breastfeeding is the problem?
- What is one action you or your team could take this month to ensure families feel heard, supported, and empowered in achieving their infant feeding goals?

Case Study

Amina and Her Baby

Amina recently arrived in Canada with her husband and daughter. Although Amina spoke some English, she was much more comfortable communicating in Arabic. Amina wanted to exclusively breastfeed and had successfully breastfed her first child before immigrating.

Amina gave birth to her second child in Ontario and during her hospital stay, staff explained feeding expectations, newborn care, and discharge instructions in English. Amina smiled politely and nodded during conversations, but she did not fully understand many of the discussions. A professional interpreter was not offered because staff believed she "seemed to understand enough."

When the baby became sleepy at the breast and lost more weight than expected, the hospital staff recommended supplementing with infant formula. Amina agreed because she thought she had no other choice, but she did not understand why supplementation was recommended or how to protect her milk supply while using it.

At home, Amina's confidence declined. She was unsure how much to feed, whether her baby was getting enough milk, or where to seek help. During a follow-up visit with a public health nurse using a professional interpreter, Amina shared:

"I wanted to ask questions in the hospital, but I couldn't find the words. I kept smiling because I didn't want anyone to think I was difficult. I wanted to breastfeed, but I didn't understand what was happening or what my options were."

The public health nurse completed a full breastfeeding assessment, provided education through an interpreter, discussed Amina's feeding goals, and connected her with culturally appropriate breastfeeding support in her community. With ongoing support, Amina's confidence grew, her milk supply increased, and her baby began gaining weight appropriately.

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Reflect

- How might language barriers have affected Amina's ability to make informed decisions?
- What assumptions may have been made because Amina smiled, nodded, or appeared to understand?
- Have you ever wondered whether a family truly understood the information you provided?

Discuss

- What strategies can healthcare providers use to ensure informed decision-making when language barriers exist?
- How can providers create opportunities for families to ask questions without feeling embarrassed or rushed?
- In what ways can cultural humility improve breastfeeding support?
- What community partnerships or culturally appropriate resources are available to support families with infant feeding in your region?

Strengthen

- Does your healthcare facility have a consistent process for accessing professional interpreters?
- What training or resources would help staff provide more culturally safe, equitable breastfeeding care?
- What is one action you or your team could take to reduce barriers to breastfeeding support for families from diverse cultural and linguistic backgrounds?

Case Study

Jessica, Her Son and Baby Daughter

Jessica is attending her four-year-old son's weekly swimming lesson at the local recreation centre. Her three-month-old daughter begins showing early hunger cues while they are waiting for the lesson to finish.

Jessica sits on a bench in the viewing area and discreetly begins breastfeeding. She has a light blanket with her but chooses not to cover her baby because it makes feeding more difficult.

A recreation centre employee approaches Jessica and quietly says, "Would you mind feeding your baby in the family room? Another parent said they were uncomfortable."

Jessica feels embarrassed. She looks around and notices people watching her. Not wanting to create a scene, she gathers her belongings, interrupts her baby's feeding, and leaves the viewing area. By the time she reaches the family room, her older son's swimming lesson is nearly over, and she has missed watching part of it.

Later, Jessica wonders whether she should stop attending swimming lessons until her baby is older. She also questions whether breastfeeding in public is truly accepted, despite hearing that she has the right to breastfeed in public places.

The recreation centre manager later learns about the incident and begins reviewing staff education and organizational policies related to supporting breastfeeding families.

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Reflect

- How might this experience affect Jessica's confidence and willingness to breastfeed in public?
- Have you ever witnessed a breastfeeding family being made to feel unwelcome in a community setting? How did you respond?

Discuss

- What legal and human rights protections support breastfeeding in public?
- How could the staff member have responded differently while addressing the concerns of the other patron?
- What message does this interaction send to Jessica, her children, and others who witnessed it?
- What role do recreation centres, libraries, restaurants, shopping centres, and other public spaces play in creating breastfeeding-friendly communities?

Strengthen

- Does your organization have a policy that supports breastfeeding in public spaces?
- Are other public places in your community aware of the Ontario Human Rights Code and the protection of breastfeeding?
- How can staff be educated to respond appropriately if another patron complains about someone breastfeeding?
- What environmental changes could help normalize breastfeeding while ensuring families can feed comfortably in public places?
- What is one action your organization could take this year to make breastfeeding families feel more welcome and included?

Baby-Friendly Initiative Ontario

What Do I Need to Know About Infant Feeding?

Prenatal	I Know This	Learn More	Not Discussed Yet
The WHO and UNICEF encourage prenatal families to learn about: ○ Importance of exclusive breastfeeding for the first 6 months ○ Value of continued breastfeeding up to age 2 years and beyond ○ The effects of feeding infant formula and how to make an Informed decision ○ The importance of immediate and uninterrupted skin-to-skin contact at birth ○ The importance of early initiation of breastfeeding ○ The importance of mother-baby togetherness in hospital and at home ○ The basics of good positioning and attachment (latching) ○ How to recognize infant feeding cues.			
Human rights related to breastfeeding.			
Colostrum (early milk) production.			
Breast self- exam – are there any firm or tender areas?			
Hand expression of breastmilk. **Note:** Expressing colostrum (early milk) and safely storing it for your baby's use soon after birth is sometimes recommended. Talk to your healthcare provider.			
Talk to your health care provider if you have a medical condition or have had breast or chest wall surgery to see if you have any special needs related to breastfeeding.			
During Labour	**I Know This**	**Learn More**	**Not Discussed Yet**
Interventions during labour are sometimes needed. Talk to your physician or midwife about the possible impact any intervention may have on your baby and breastfeeding.			
At Birth	**I Know This**	**Learn More**	**Not Discussed Yet**
Shift in hormones after delivery of the placenta (afterbirth) and 30 – 72 hours later copious milk production begins.			
Importance of keeping baby skin-to-skin with you for at least one hour, until completion of the first feed, or as long as you wish unless there is a medical reason not to do so.			
How to be skin-to-skin with baby safely.			
First 24 -48 Hours of Life	**I Know This**	**Learn More**	**Not Discussed Yet**
Importance of exclusive breastfeeding for the first 6 months.			
Making an informed decision if supplementation is being considered.			

Recognition of infant's hunger cues: early, intermediate, late.			
Importance of feeding baby at least 8 times in 24 hours.			
Importance of feeding baby both day and night.			
Baby's stomach size is very small at first and baby doesn't need much milk.			
How to position and latch your baby so that both of you are comfortable.			
Infant stress cues during a feeding and how to respond.			
How to tell if baby is getting enough.			
Infant urine and bowel movements: What to expect and changes over time.			
Various ways to soothe baby that don't interfere with breastfeeding.			
Importance of safe skin-to-skin contact with baby.			
Appearance of human milk and how it changes.			
Breast changes to expect over time.			
Hand expression of breastmilk and when to express.			
Warning signs that you or your baby need prompt medical assessment.			
Where to access help with infant feeding in your community.			
Postpartum: The First Few Months	**I Know This**	**Learn More**	**Not Discussed Yet**
Responsive, cue-based feeding and why it matters.			
Reasons to continue feeding baby at least 8 times in 24 hours.			
Fine tuning positioning and latching so that both you and baby are comfortable.			
How to tell if baby is getting enough.			
Baby's growth and what to expect.			
Importance of spending time skin-to-skin with baby every day.			
Night time feedings.			
Safe sleep for baby.			
Breastfeeding when not at home.			
When to seek help: Infant feeding, baby's health status, parent's health status			
Importance of self care: rest, eating regularly, drinking whenever thirsty, asking for help.			
Hand expression/pumping and storing human milk.			
Travelling with stored human milk.			
Methods of feeding stored human milk.			
Contraception: Some methods have an impact on breastfeeding. Get the information that you need to make an informed decision.			
Breastfeeding and skin-to-skin contact to soothe baby during painful procedures e.g. immunization.			
Why exclusive breastfeeding is recommended for 6 months.			
Dealing with people who are not supportive of your infant feeding decision.			
How to best deal with unsolicited formula samples and coupons.			
Postpartum: Six Months and Beyond	**I Know This**	**Learn More**	**Not Discussed Yet**
How infant behaviour while feeding can change as baby develops.			
Baby's signs of readiness to begin complementary foods (solids).			
Breastfeeding and feeding complementary foods (solids).			
Breastfeeding a baby who has one or more teeth.			

Why it is recommended to continue breastfeeding until age 2 years and beyond.			
Breastfeeding and returning to work.			
Weaning: abrupt, gradual, or partial and parent-led or baby-led.			

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What Do I Need to Know About Feeding Infant Formula?

(Distribute only to families who have decided to feed infant formula)

Decision to Feed Infant Formula	I Know This	Learn More	Not Discussed Yet
I understand that exclusive breastfeeding or the feeding of human milk for the first 6 months of life is recommended by health authorities such as Health Canada.			
I understand that continued breastfeeding or the feeding of human milk is recommended by health authorities such as Health Canada up to age 2 years and beyond.			
I understand that infant formula does not have the same health advantages as breastfeeding.			
I understand that it is often difficult to reverse the decision once breastfeeding is stopped.			
I have had the opportunity to discuss my concerns about breastfeeding with a knowledgeable health care provider.			
I have considered the following: **Acceptable** – I have no cultural or social barriers to feeding infant formula. **Feasible –** I have the time, knowledge, skills, and resources to correctly prepare, store and feed infant formula. **Affordable –** I have adequate finances to pay for and prepare infant formula without compromising my family's health and well-being. **Sustainable** – I can provide infant formula for as long as my baby needs it (typically 9 months - one year of age). **Safe -** I have access to clean water and hygienic conditions to properly prepare, store, and feed infant formula.			
I am comfortable with the decision to feed infant formula.			
Infant Formula			
Infant formula is available as ready -to -feed, concentrate and powder.			
Infant formula must always be prepared according to the package instructions.			
Infant formula has an expiry date and baby should never drink infant formula that has expired.			
I know where I can find out about infant formula that has been recalled by Health Canada.			
I have a safe water source for the preparation of concentrate and powdered infant formula.			
I know how to safely prepare the infant formula that I have decided to feed my baby.			
I know how to safely clean the equipment that I use in preparing and feeding infant formula.			
I know how to store infant formula that has been prepared for my baby.			
I know how to safely travel with prepared infant formula.			

Feeding Baby	I Know This	Learn More	Not Discussed Yet
Responsive, cue-based feeding and why it matters.			
Methods of feeding: dropper or spoon (small amounts), cup, finger feeding, tube system at breast, bottle.			
Hold baby during feedings. Do not prop bottle.			
Watch baby's cues during the feeding and be responsive to stress cues.			
If mixed feeding (breastfeeding and also feeding infant formula): building and maintaining breastfeeding parent's milk supply.			

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Protecting & Sustaining Breastfeeding Worksheet

My Breastfeeding Goal

How long do I want to breastfeed or feed human milk?

☐ 2 weeks ☐ 6 weeks ☐ 3 months ☐ 6 months ☐ 9 months ☐ 1 year ☐ 18 months ☐ 2 years

My personal goal: _____

My Support Team

Who can support me with feeding, rest, meals, and encouragement?

☐ Partner: _____
☐ Family: _____
☐ Friends: _____
☐ Healthcare Provider: _____
☐ Breastfeeding Peer Support Group: _____
☐ Breastfeeding/Well Baby Clinic: _____
☐ Online Group: _____

My Feeding Plan for Challenges

What will I do if breastfeeding gets difficult?

☐ Call my healthcare provider
☐ Call my public health unit
☐ Call a lactation consultant or breastfeeding counsellor
☐ Use skin-to-skin to reconnect with my baby
☐ Take a break and try again
☐ Ask someone I trust for help

Other: _____

Protecting and sustaining breastfeeding is a team effort. Don't hesitate to reach out to others. Working together can help you achieve your infant feeding goals!

Know Your Rights and Resources

Did you know?

- The Ontario Human Rights Code gives women the right to accommodation for pregnancy-related needs, prohibits discrimination against women who are pregnant and breast-feeding in services, goods and facilities, and gives women the right to breastfeed undisturbed.
- You can ask for breastfeeding-friendly spaces in workplaces or public settings.
- The Baby-Friendly Initiative (BFI) helps hospitals and community health services such as public health units give evidence-based breastfeeding support. You can ask for breastfeeding-friendly spaces in workplaces and public settings.

Helpful Resources:

Public Health Unit _____
Breastfeeding Peer Support Group _____
Lactation Consultant/Breastfeeding Counsellor_____
Health 811
Breastfeeding/Well Baby Clinic: _____
Online Support Group: _____
Reliable Info Website: _____

Protecting Breastfeeding at Home

Put a ✔ next to the things you'll do or try:

- ☐ Keep baby close (hold baby skin-to-skin, room-sharing)
- ☐ Learn baby's early hunger cues (crying is a late cue)
- ☐ Feed often — 8+ times in 24 hours
- ☐ Monitor baby's wet and soiled diapers during the first few weeks
- ☐ Avoid formula supplements unless medically needed
- ☐ Avoid pacifiers and bottles
- ☐ Ask others to help with chores so I can rest
- ☐ Share information with my support team

Questions to Ask My Healthcare Provider

Write down any questions or concerns:

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We hope this year's

National Breastfeeding Week Resource Kit

helps support your celebration of

National Breastfeeding Week!