Baby-Friendly Initiative Ontario

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?

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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.

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?

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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.

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?

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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.

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?