

Board of Health Briefing Report for Information

To: Chair and Members of the Board of Health

Date: January 25, 2023

Topic: **Baby Friendly Initiative Designation Update**

Submitted by: Dr. Glenn Corneil, Medical Officer of Health/CEO (a)

Prepared by: Emily Reynolds, Manager Healthy Growth & Development

Contributors and Reviewers: Kerry Schubert-Mackey, Director of Strategic Services and Health Promotion; Rim Mouhaffel, Public Health Dietitian

RECOMMENDATIONS

It is recommended that the Timiskaming Board of Health receive this report '*Baby Friendly Initiative Designation Update*' for information.

Overview

- Breastfeeding is the optimal source of nutrition for infants from birth to six months of age to support healthy growth and cognitive development of infants. Breastfeeding gives a healthy start to life and provides short- and long-term health and neurodevelopmental benefits for the baby. Mothers who breastfeed may also experience health benefits.
- The Baby Friendly Initiative (BFI) is an internationally recognized strategy to promote, protect, and support breastfeeding initiation and duration.
- Organizations that receive BFI designation or accreditation status demonstrate compliance by implementing specific standards. Reassessment for designated status is required every 5 years.
- Achieving BFI designation was once a requirement for Ontario public health units. Currently, breastfeeding is a topic of consideration in the Ontario Public Health Standards, however BFI designation is not required.
- Timiskaming Health Unit achieved BFI designation in 2017 and is due to re-designate in 2023.
- After careful consideration, THU does not plan to seek BFI re-designation.
- THU is committed to maintaining policies and practices that are at the core of the Baby Friendly Initiative and to promote, protect and support breastfeeding.

Ontario Public Health Standards (2018) and Timiskaming Health Unit Strategic Plan 2019-2023 Links

This work relates to meeting requirements and expected outcomes in the Ontario Public Health Standards (2021) and supports THU's 2019-2023 strategic plan (direction 4).

We adapt to address the diverse and changing local needs

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- Our programs and services are evidence-informed, customized and evaluated to ensure they address local needs
- We clarify roles with partners and allied agencies to reduce duplication, fill gaps and maximize our collective impact to create healthy populations
- We engage in meaningful relationships that respect and respond to our cultural and linguistic diversity

Background

'Breastfeeding is the optimal source of nutrition to support healthy growth and cognitive development of infants. Breastfeeding gives a healthy start to life and provides short- and long-term health and neurodevelopmental benefits for the baby'. Breastfeeding also confers preventative health benefits for lactating mothers.^{1,2}

Experts recommend that babies are exclusively fed breast milk for the first 6 months of life with continued breast milk for 2 years or longer, along with other age-appropriate foods beginning at 6 months.³

As breastfeeding yields well-established health, social and economic advantages for mothers, children and society in general, breastfeeding is a significant public health initiative.

The Baby Friendly Initiative

The Baby-Friendly Initiative (BFI), better known internationally as Baby-Friendly Hospital Initiative (BFHI), is a global strategy initiated in 1991 by World Health Organization (WHO) and the United Nation's Children's Fund (UNICEF) to protect, promote and support breastfeeding. Maternity facilities receive Baby-Friendly designation when they adhere to all Ten Steps to Successful Breastfeeding and comply with the WHO [International Code of the Marketing of Breast-Milk Substitutes](#) (the Code Appendix A).^{4,5}

In Canada, the Breastfeeding Committee of Canada (BCC) is the accrediting body responsible for assessing designation status. BCC's 'BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services' describe international standards for the WHO/UNICEF global criteria within the Canadian context (Appendix B).⁵

BCC works closely with BFI Ontario to support BFI designation in Ontario. As the provincial authority for the Baby-Friendly Initiative, Baby-Friendly Initiative Ontario (BFION) supports organizations to achieve BFI designation or implement BFI principles as Best Practice standards.⁶

BFI designation requires organizations to stay accountable by reporting to the Breastfeeding Committee for Canada on a regular basis. BFI designated facilities are required to provide a self-monitoring report annually and a more comprehensive BFI interim report every two years to the BCC. Reassessment for designated status is required every 5 years.⁵

Implementing the Ten Steps to Successful Breastfeeding of the Baby Friendly Hospital Initiative (BFHI), without acquiring accreditation or designation status, are evidence-based interventions that have been shown to improve breastfeeding practices and breastfeeding outcomes, such as exclusivity and duration.⁴

Timiskaming Health Unit and Baby Friendly Initiative Designation

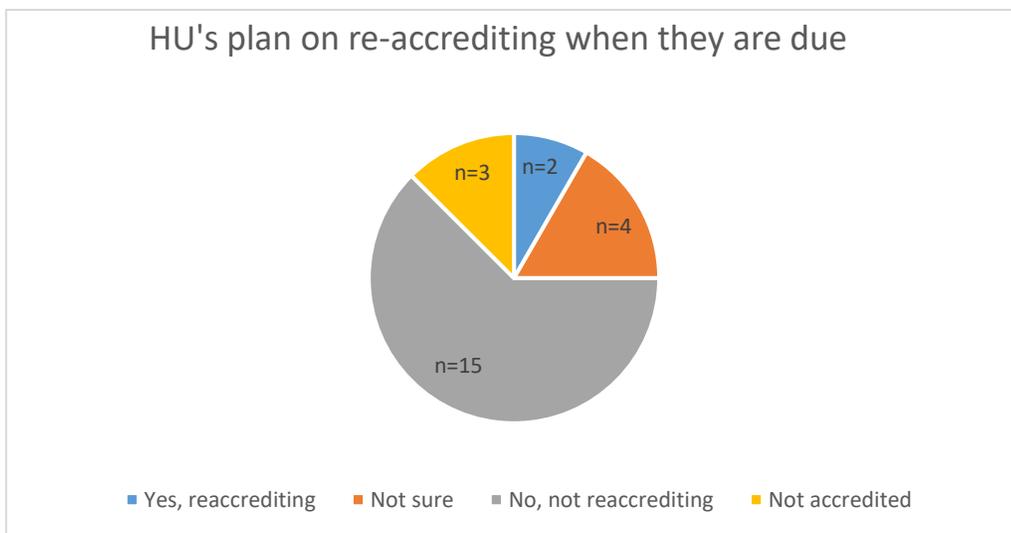
From 2011 to 2016, the Ministry of Health and Long-Term Care required local public health units to report on their BFI designation implementation status as part of Accountability Agreements. The Timiskaming Health Unit (THU) began work toward BFI designation in 2011 and was granted this status by the Breastfeeding Committee for Canada in 2017.

Prior to the pandemic, several local public health agencies in Ontario were conducting evidence reviews regarding concerns with respect to the return on investment and the effectiveness for public health units to go beyond implementing evidence informed practices to protect, promote and support breastfeeding and achieve designation as a BFI agency through BCC. In 2018, the requirement to achieve BFI designation was removed from Accountability Agreements between Public Health Units (PHUs) and the Ministry of Health and Long-Term Care. Current Ontario Public Health Standards (2021) require public health units to implement programming related to breastfeeding based on the assessment of local needs.¹

As local public health agencies in Ontario resume and restore local public health programs after significant reallocation of resources to COVID-19 pandemic response, many are re-evaluating their decision to pursue BFI

designation. In the fall of 2022, Simcoe Muskoka District Health Unit surveyed health units in Ontario regarding their intentions with BFI designation. With 24 of 34 health units responding, the survey revealed that 79% of respondents are either not re-designating or are not designated with 17% indicating undecided (Figure 1). Rationale for opting not to seek re-designation included but is not limited to the process being time and resource-intensive, competing priorities, choosing to focus resources on supporting hospitals in BFI designation, evidence that applying the Ten Steps alone is effective and that BFI is no longer part of the Ministry of Health accountability agreement indicator. Of the 24 respondents, 16 shared that they could achieve the intended outcomes by committing to following BCC’s Ten Steps to Successful Breastfeeding in Canada.⁷

Figure 1: Simcoe Muskoka District Health Unit data collection on re-accreditation



THU is due for BFI re-assessment process in 2023 to confirm adequate implementation of the BFI standards and maintain BFI designation. With significant reallocation of resource for local COVID-19 response, THU had limited capacity for ongoing maintenance to implement and sustain all BFI practices.

Given limited resources and leveraging a rapid assessment of the current situation, THU staff applied the [National Collaborating Centre for Methods and Tools tool ‘ Assessing Applicability and Transferability of Evidence \(B: When considering stopping an existing program.\)](#)⁸ to the possibility of not seeking BFI designation (stopping designation) but continuing with BFI practices.

BFI Designation Decision and Next Steps

THU will not seek BFI re-designation and will inform BCC of this decision.

As part of prioritizing programs and services during THU’s pandemic response and more recently within the recovery phase, there has been a commitment to ensure ongoing support to achieve board of health outcomes related to breastfeeding initiation, duration and exclusivity and to maintaining BFI practices as outlined in BCC’s Ten Steps to Successful Breastfeeding.

The Healthy Growth and Development team has increased staffing FTE from pre-pandemic levels spanning several disciplines (Public Health Promoter and Registered Dietitian, Public Health Nurse, Family Home Visitor). However, resources remain limited with many competing requirements and priorities. The work of the organization and this team related to breastfeeding and BFI practices will include:

- **Governance**

- Develop and maintain related policies and procedures
- **Accountability and transparency**
 - Reporting on deliverables to Board of Health through regular reporting mechanisms
 - Reporting to the Ministry through ASP and Budget
- **Population health assessment and surveillance**
 - Evaluate and maintain an effective and locally relevant infant feeding surveillance plan (informed by a recent related environmental scan of health units conducted by Durham Public Health). THU will not be collecting all data required for BFI designation.
 - Consider follow-up with parents at additional timeframes to ensure the continuous assessment of infant feeding and the provision of referrals to community-led child health programs and services, as needed.
- **Planning, monitoring and evaluation:**
 - Support for rigorous planning, inclusion of health equity lens to ensure equitable reach with programs and services, creation of a breastfeeding and BFI specific program logic model and work plan along with performance indicators
 - Identify opportunities for formative and summative evaluation for continuous improvement and to better understand the drivers of infant feeding decisions, practices and behaviours in the THU area.
- **Workforce development and professional practice training:**
 - Maintain policy of training of all THU staff upon onboarding (BFI policy (#02-c-54) sets out education requirements for all staff) which includes completion of Level 1 or Level 2 BFI competency checklist as appropriate.
 - Support staff to achieve/maintain certification as Lactation Consultants (goal 2 staff with certification to cover the district).
- **Implementing a comprehensive health promotion program** as per the Ottawa Charter, such as building healthy public policy (i.e., baby-friendly environments), advocacy, awareness and education (communication campaign and skill development (providing breastfeeding consultation services), creating supportive environments (breastfeeding in public, accessible breastfeeding and baby room), and strengthening community action. Including continuing to work with municipalities, organizations, businesses, workplaces, and community groups to strengthen policies and programs that support baby friendly practices.¹ Continue to offer support to health system partners including Temiskaming Hospital as our local birthing hospital to support their work related to BFI practices.

Budget Implications

Not seeking designation results is cost-savings for THU. See Appendix C for more details.

¹ Algoma Public Health. Infant Feeding Surveillance System. Sault Ste. Marie, Ontario. 2016-2019.

References

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2. Health Canada. (2022). Breastfeeding your baby. Accessed January 2023 from <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/breastfeeding-infant-nutrition.html>
3. Health Canada. (2022) Nutrition for healthy term infants: Recommendations from birth to six months. Accessed January 2023 from <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months.html>
4. Ontario Agency for Health Protection and Promotion (Public health Ontario), Carsley S. Q&A: Considerations for re-designating as Baby-Friendly. Toronto, ON: Queen's Printer for Ontario; 2020. Accessed January 2023 from https://www.publichealthontario.ca/-/media/Documents/Q/2020/qa-baby-friendly-redesignation.pdf?rev=2313018d3f9848d3b8dab6dddb9b2262&sc_lang=en
5. Breastfeeding Committee for Canada. (n.d.) Baby-Friendly Initiative. Accessed January 2023 from <https://breastfeedingcanada.ca/en/baby-friendly-initiative/>
6. Baby-Friendly Initiative Ontario. (n.d.) Accessed January 2023 from <https://www.bfiontario.ca/about-us>
7. Simcoe Muskoka District Health Unit. (2022). PHU: BFI Reaccreditation Environmental Scan. Unpublished document.
8. Buffet, C., Ciliska, D., & Thomas, H. (2011). It worked there. Will it work here? Tool for Assessing Applicability and Transferability of Evidence (B: When considering stopping an existing program.). Hamilton, ON: National Collaborating Centre for Methods and Tools. Accessed from <https://www.nccmt.ca/uploads/media/media/0001/02/8222e6a5ca74c147e5ac4b129a47e90833c0f77d.pdf>

Appendix A International Code of Marketing of Breastmilk Substitutes

The WHO International Code of Marketing of Breastmilk Substitutes (1981), was approved to protect breastfeeding by ensuring the ethical marketing of breastmilk substitutes by industry.⁵

The Code includes these ten important provisions:

- No advertising of products under the scope of the Code to the public.
- No free samples to mothers.
- No promotion of products in health care facilities, including the distribution of free or low cost supplies.
- No company representatives to advise mothers.
- No gifts or personal samples to health workers.
- No words or pictures idealizing artificial feeding, including pictures of infants on the labels of products.
- Information to health workers should be scientific and factual.
- All information on use of breastmilk substitutes, including the labels, should explain the benefits of breastfeeding and all costs and hazards associated with artificial feeding.
- Unsuitable products such as sweetened condensed milk should not be promoted for babies.
- Products should be of a high quality and take into account the climatic and storage conditions of the country where they are used.⁵

The code - <https://breastfeedingcanada.ca/wp-content/uploads/2020/03/TheCode-En.pdf>

Appendix B: The Ten Steps to Successful Breastfeeding in Canada

The Ten Steps to Successful Breastfeeding in Canada

Critical Management Procedures
<ul style="list-style-type: none">1.a. Comply with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly Resolutions.1.b. Have a written Infant Feeding Policy that is routinely communicated to all staff, pregnant women/persons and parents.1.c. Establish ongoing BFI monitoring and data-management systems.2. Ensure that staff have the competencies (knowledge, attitudes and skills) necessary to support mothers/birthing parents to meet their infant feeding goals.
Key Clinical Practices
<ul style="list-style-type: none">3. Discuss the importance and process of breastfeeding with pregnant women/persons and their families.4. Facilitate immediate and uninterrupted skin-to-skin contact at birth. Support mothers/birthing parents to respond to the infant's cues to initiate breastfeeding as soon as possible after birth.5. Support mothers/parents to initiate and maintain breastfeeding and manage common difficulties.6. Support mothers/parents to exclusively breastfeed for the first six months, unless supplements are medically indicated.7. Promote and support mother-infant togetherness.8. Encourage responsive, cue-based feeding for infants. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.9. Discuss the use and effects of feeding bottles, artificial nipples and pacifiers with parents.10. Provide a seamless transition between the services provided by the hospital, community health services and peer-support programs.

Appendix C Costs Associated with BFI Re-Designation

The costs allocated to BFI re-designation are similar to those of the initial designation. A breakdown can be found in **Table 1**. For the fee distributions, THU is classified as a centre with *A Hospital or Birthing Centre with over 200 births per year or a Community Health Service with over 200 infants at entry into service*. The pre-assessment includes a document review and a site visit (virtual or in-person) by a BCC Lead Assessor. The External Assessment includes a facility visit from the Lead Assessor and usually 2 or more Assessors who will visit for 2 to 5 days, depending on the size of the facility. Assessment information can be found in Appendix D.

Not included in this analysis is the time required for THU staff to prepare and support these assessments which is time intensive; due to the recovery period public health is facing with COVID-19, there are many competing public health priorities at this time. Time required to support assessment specific activities can be reallocated to implementing interventions that protect, promote and support breastfeeding and BFI practices at THU and in our communities.

Table 1: Baby-Friendly Initiative Assessment Process and Costs for Hospitals, Birthing Centres and Community Health Services

BFI Pre-Assessment fees	
Administration fee	\$525
Document review fee	\$500
Site visit fee	\$500 per day honorarium for the Lead Assessor
External assessment fees	
Administration fee	\$1450
Assessor fees	\$500 per day honorarium for the Lead Assessor and \$350 per day honorarium for each additional Assessor
*A per diem rate consistent with the current rate of the National Joint Council for meals and incidentals for the Lead Assessor and each Assessor	

Appendix D The National Authority for the Baby-Friendly Initiative (BFI) Baby-Friendly Initiative Assessment Process and Costs for Hospitals, Birthing Centres and Community Health Services

<https://breastfeedingcanada.ca/wp-content/uploads/2022/08/BCC-Process-and-Cost-doc-July-2022-clean-copy.pdf>

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The process for a hospital, birthing centre or community health service to achieve Baby-Friendly designation is a journey, the milestones of which are outlined below.

1. Facility establishes a Multidisciplinary Breastfeeding/BFI Committee
2. Facility conducts a BFI Self-Appraisal using the BCC's BFI Guideline Checklist and BFI Implementation Guideline
3. BFI Pre-Assessment: Document Review and Site Visit
4. BFI External Assessment
5. BFI Designation
6. Maintaining BFI Designation: self-monitoring and interim reports
7. BFI Re-Assessment every 5 years
8. BFI Re-Designation

Typically, most hospitals, birthing centres and community health services (referred to below as the Facility) can expect to spend several years on this journey.

Milestones for the BFI Journey

1. Certificate of Intent

Some provinces/territories (i.e. Ontario, British Columbia and Manitoba) provide this to recognize facilities starting the BFI journey. Certificate of Intent is issued to the facility when the following requirements are met:

- The facility has made a decision to use the BFI Implementation Guideline and companion documents to guide and inform practice.
- The facility submits the name and contact information for a BFI lead to the P/T BFI contact person.
- The facility establishes a BFI workgroup within the facility.

2. Certificate of Participation

A facility can contact their P/T BFI member for a Certificate of Participation when the requirements listed below are met. When there is no P/T BFI committee, the facility can contact the BCC BFI Assessment Committee at assessmentcommittee@breastfeedingcanada.ca. A Certificate of Participation is issued to the facility when the following requirements are met:

- Establish a Multidisciplinary BFI/Breastfeeding Committee including administrators, direct care staff from the facility, and members from the community.
- Perform a self-assessment using the BCC's BFI Guideline Checklist.
- Develop a work plan using the BCC's BFI Implementation Guideline.
- Review breastfeeding initiation and duration rates.
- Assign a contact person who will lead communication with the P/T BFI Committee or the BCC's Assessment Committee.

3. Capacity Building Visit

- A facility can request a capacity building visit by contacting their P/T BFI Committee or the BCC's Assessment Committee.
- The P/T BFI contact or Assessment Committee assigns an Assessor or Lead Assessor to visit the facility to provide guidance.
 - The Memorandum of Understanding for Capacity Building visits is completed by the Assessor and facility and submitted to the BCC's Assessment Committee.
 - The capacity building visit can be done virtually or in-person.
 - The cost of the visit includes an honorarium for the Assessor and travel, accommodation (if needed), and a per diem rate for in-

person visits. The facility will be invoiced by the BCC's Assessment Committee once the capacity building visit has been completed.

- A capacity building visit is optional.

4. BFI Pre-Assessment

4.1 Readiness for BFI Pre-Assessment

The following criteria must be met prior to the facility entering into Pre- Assessment:

- The facility's self-appraisal has been updated using the BCC's BFI Implementation Guideline and the BFI Guideline Checklist. https://breastfeedingcanada.ca/wp-content/uploads/2021/04/BFI-Guideline-Checklist_April-26.pdf
 - The criteria for each Step are complete or very close to completion.
 - All documents that are submitted for review must be complete (documents under revision or in a draft state will not be reviewed).
 - Breastfeeding surveillance is provided in accordance with the requirements described in Step 1c of the BFI Guideline Checklist.
- 4.2 Pre-Assessment Process
 - Pre-Assessment is a two-part process: a review of the facility's documents followed by a facility site visit.
 - The BFI Pre-Assessment is conducted by a BCC certified BFI Lead Assessor, assigned by the BCC BFI Assessment Committee, in collaboration with the P/T BFI contact.
 - For educational purposes, additional BCC BFI Assessors and Assessor Candidates may participate in the BFI Pre-Assessment without additional cost to the facility.
- The BFI Pre-Assessment contract and guidelines are outlined in point 6 of this document.

Part 1: Pre-Assessment Document Review

The facility compiles documents to be reviewed and submits copies to assessors listed on the contract either online, by memory stick or paper. Electronic submissions should be sent as Word documents if possible. The facility should retain one copy as a master.

The following content should be included for the document review:

- Cover letter including demographics of the facility, prenatal and postpartum services provided, and demographics of the population served by the facility.
- Self- assessment using the BCC's BFI Guideline Checklist.
- Completed table 1 of BFI Implementation Guideline
- Written BFI/Infant Feeding Policy and any related policies such as International Code of Marketing of Breast-milk Substitutes (WHO Code) and relevant World Health Assembly (WHA) resolutions.
- Clinical protocols and standards related to infant feeding and BFI.
- Public BFI policy including translation into languages most commonly understood.
- Orientation to the BFI, the WHO Code and subsequent WHA resolutions, and the Infant Feeding Policy:
 - o information provided to staff (including management, direct care providers, indirect care providers, physicians, midwives, students, and volunteers)
 - o description of how the facility ensures that all staff receive orientation to BFI within 6 months of their start date.
- Protocol for ongoing monitoring and data-management systems for the eight key clinical practices.
- Meetings of the facility's quality improvement/BFI team showing that they take place regularly.
- Competency validation: procedure for staff (direct and indirect care providers) to review and ensure BFI standards are met within their role.
- Prenatal education materials:
 - o A written curriculum for prenatal classes (in person and/or on-line).
 - o A copy of all the educational materials provided to pregnant women/persons and their families prenatally.
- Postpartum education materials:
 - o A written curriculum for any parenting classes where infant feeding is discussed.
 - o A copy of all the educational materials provided to mothers/parents and their families regarding infant feeding and related issues (e.g., soothing babies, infant pain management, contraception).

BFI Pre-Assessment Document Review Report from the BCC

- The report will include feedback and recommendations to the facility. The report will not include detailed editing and revisions of documents.
- The written report is submitted by the Lead Assessor to the BCC's BFI Assessment Committee Co-Chairs within six weeks of receipt of the documents.
- The facility and the relevant P/T BFI Committee receive a copy of the report from the BCC's Assessment Committee.

- The facility is expected to carefully review the report and utilize the feedback to further facilitate the implementation of the BCC's BFI Implementation Guideline.
- Readiness for the Pre-Assessment site visit is mutually determined by the Lead Assessor and the facility. The Lead Assessor will liaise with the BCC's BFI Assessment Committee and the facility to arrange a BFI Pre-Assessment Site Visit date.

Part 2: Pre-Assessment Site Visit

The site visit is an abbreviated evaluation of the facility and an opportunity for the facility and Lead Assessor to determine readiness for an External Assessment.

- The site visit usually requires one day but may be longer depending on the size of the facility.
- The site visit includes discussions with staff and clients and observation of practices within the facility.
- The site visit can be virtual or in-person.

BFI Pre-Assessment Site Visit Report from the BCC

- A written report with feedback and recommendations is submitted by the Lead Assessor to the BCC BFI Assessment Committee within six weeks of the site visit. The facility and the relevant P/T BFI Committee also receive a copy of the report.
- The facility is expected to carefully review the report and utilize the feedback to enhance the implementation of the BCC's BFI Implementation Guideline.
- If the facility is not ready to move to External Assessment an action plan is requested from the facility. The action plan, including timelines, should be submitted to the Lead Assessor within 90 days of receipt of the report.
- The P/T BFI Committee will provide information and assistance in formulating a plan and making changes to meet the outstanding criteria whenever possible. In some situations, the Lead Assessor will provide guidance to the facility.
- Following the Pre-Assessment site visit, the Lead Assessor will liaise with the BCC BFI Assessment Committee and the facility to arrange the External Assessment once readiness has been determined.

5. External Assessment

5.1 Readiness for BFI External Assessment

The following criteria must be met prior to a facility entering into an External Assessment:

- Facility self-appraisal has been updated using the BCC's BFI Implementation Guideline and the BFI Guideline Checklist.
- All the Pre-Assessment criteria have been met.
- The facility has informed the Lead Assessor who completed the Pre-Assessment site visit of any changes in service provision.
- The Lead Assessor makes a recommendation for application for External Assessment to the BCC BFI Assessment Committee and the relevant P/T BFI Committee.

5.2 External Assessment Process

External Assessment confirms that policies and practices ensure that the standards defined in the BCC's BFI Implementation Guideline are being met. The BFI External Assessment Contract and Guidelines are outlined in point 6 of this document. External Assessment involves:

- Interviews with staff (management, direct care providers, physicians, midwives, indirect care providers, nonclinical staff, students, volunteers etc.)
- Interviews with pregnant women/persons and mothers/birthing parents
- Observations of the facility and staff at work (e.g., births, clinic visits)
- Reviewing monitoring data
- May include reviewing patient/client records.

The External Assessment is conducted by an External Assessment Team assigned by the BCC BFI Assessment Committee in collaboration with the P/T BFI Committee. The team consists of:

- A BCC certified BFI Lead Assessor
- BCC certified Assessors
- BCC Assessor Candidates (optional)
- Where possible, the team will be led by the Lead Assessor who completed the Pre-Assessment site visit
- The total number of Assessors will depend on the size of the facility. The External Assessment requires two to five days depending on the size of the facility. If conditions prevent an in-person External Assessment, some components of the External Assessment can take place virtually and are followed by an in-person visit once conditions allow. The process is determined by the BCC Assessment Committee, the Lead Assessor, and the facility.

The facility BFI lead/delegate assists with the External Assessment by completing the following:

- Informs the administrators and staff in advance of the visit that staff and patients/clients will be selected by Assessors for interviews.

- Secures a private, locked meeting room for the External Assessment Team's exclusive use during the assessment visit and secures additional private spaces for interviews as requested.
- Remains available throughout the assessment process.
- Arranges internet access for the BFI Assessment Team to report to and confer with the BCC Board and BFI Assessment Committee on the final day of the BFI External Assessment.

BFI External Assessment Report by the BCC

- On the last day of the External Assessment, a verbal overview is given to the facility. The final decision of designation is not disclosed during the External Assessment Site Visit.
- A written report with feedback for the facility is submitted by the Lead Assessor to the BCC's BFI Assessment Committee within 6 weeks of the External Assessment. The facility and the relevant P/T BFI Committee will receive a copy of this report.

Outcome of the External Assessment

- When the facility meets all of the standards in the BCC's BFI Implementation Guideline, Baby-Friendly Designation is awarded by the BCC. Designation is valid for 5 years from the time of the External Assessment.
- When some standards have not been fully met and require additional work, one of two possible outcomes will occur at the discretion of the Lead Assessor and the BCC's BFI Assessment Committee.

o The facility will receive a Conditional Designation and must create an action plan outlining how they will fulfill the conditions outlined in the External Assessment report. This action plan is submitted to the BCC and the P/T BFI Committee within 90 days of receipt of the External Assessment Report. The Lead Assessor can provide guidance as requested when the facility is creating the action plan. When the action plan is implemented and required changes are documented, designation is awarded.

o The facility will receive a BCC Baby-Friendly Initiative Certificate of Commitment when the External Assessment shows there is evidence to support some, but not all of the BFI standards. The Baby-Friendly Certificate of Commitment is a formal recognition of progress made towards BFI designation and is awarded by the BCC, in conjunction with the relevant P/T BFI Committee. This certificate is valid for 1 year from the time of External Assessment and extensions may be granted by the BCC after discussion with the BCC's BFI Assessment Committee. When a Certificate of Commitment is awarded the facility must:

- Create an action plan with time lines addressing the standards not met by the facility.
- Submit the action plan to the BCC and the relevant P/T BFI Committee within 90 days of receipt of the External Assessment Report.

The P/T BFI Committee will provide information and assistance in formulating the action plan and making changes to meet the outstanding standards whenever possible. In some situations, the Lead Assessor will provide guidance to the facility.

o If a return site visit is needed, it is arranged when the necessary changes have been implemented. Additional fees may apply. The criteria that were not met during the External Assessment are reassessed by a lead assessor and additional assessors as required. This is determined by the BCC's BFI Assessment Committee.

Baby-Friendly Designation Celebration

- The facility provides staff with feedback from the External Assessment Report.
- The facility liaises with the media to notify the public.
- The facility arranges a date for the presentation of the framed BFI Designation award.
- The BCC and P/T BFI Committee will not share information about the facility until the facility makes the information known to the public.
- The BCC posts on its website and updates UNICEF Canada of BFI designated facilities in Canada after the information is made public.

6. Maintaining Baby-Friendly Status

- Following Baby-Friendly designation, monitoring is completed by the facility to confirm that the BFI standards continue to be met (see the BCC's BFI Implementation Guideline, Step 1c).
- Self-monitoring reports are submitted annually to the P/ T Committee and include the following information:
 - o Any change in the provision of service
 - o Breastfeeding surveillance information (see BFI Guideline Checklist, Step 1c).
- A BFI interim report is submitted every 2 years to the BCC and the P/T BFI Committee and includes the following information:
 - o Any change in the provision of service
 - o An update for each of the Ten Steps
 - o Breastfeeding surveillance information (see BFI Guideline Checklist, Step 1c)
 - o Evidence of collaboration with key partners to identify and address issues or barriers revealed in breastfeeding surveillance information.
- Facilities must be reassessed every five years in order to maintain their BFI designation status. Re-Assessment involves a subsequent contract and additional costs to the facility. A Pre-Assessment document review is required for Re-Assessment. A Pre-Assessment site visit is encouraged but optional.

7. Contract Details and Financial Guidelines

7.1 Pre-Assessment

- A BFI Pre-Assessment Contract is signed between the facility and the BCC.
- Pre-Assessment involves a document review and a site visit (virtual or in-person) by a BCC Lead Assessor.
- A Hospital or Birthing Centre with over 200 births per year or a Community Health Service with over 200 infants at entry into service pays the following fees to the BCC prior to the Pre-Assessment:

- o Administration fee: \$525

- o Document Review fee: \$500

- o Site Visit fee: \$500 per day honorarium for the Lead Assessor

- o In-person site visit: A per diem rate consistent with the current rate of the National Joint Council for meals and incidentals for the Lead Assessor; travel and accommodation for the Lead Assessor are arranged and paid by the facility directly with travel companies and hotels prior to or at the time of the assessment or will be billed by the BCC.

- A Hospital or Birthing Centre with 200 or fewer births per year or a Community Health Service with 200 or fewer infants at entry into service pays the following fees to the BCC prior to the Pre-Assessment:

- o Administration fee: \$350

- o Document Review fee: \$500

- o Site Visit fee: \$500 per day honorarium for the Lead Assessor

- o In-person site visit: A per diem rate consistent with the current rate of the National Joint Council for meals and incidentals for the Lead Assessor; travel and accommodation for the Lead Assessor are arranged and paid by the facility directly with travel companies and hotels prior to or at the time of the assessment or will be billed by the BCC.

7.2 External Assessment

- A BFI External Assessment Contract is signed between the facility and the BCC.

- The External Assessment Team will consist of a Lead Assessor and usually 2 or more Assessors who will visit for 2 to 5 days, depending on the size of the facility.

- A Hospital or Birthing Centre with over 200 births per year or a Community Health Service with over 200 infants at entry into service pays the following fees to the BCC prior to the External Assessment:

- o Administration fee: \$1450

- o Assessor fees: \$500 per day honorarium for the Lead Assessor and \$350 per day honorarium for each additional Assessor

- o A per diem rate consistent with the current rate of the National Joint Council for meals and incidentals for the Lead Assessor and each Assessor.

- A Hospital or Birthing Centre with 200 or fewer births per year or a Community Health Service with 200 or fewer infants at entry into service pays the following fees to the BCC prior to the External Assessment:

- o Administration fee: \$975

- o Assessor fees: \$500 per day honorarium for the Lead Assessor and \$350 per day honorarium for each additional Assessor

- o A per diem rate consistent with the current rate of the National Joint Council for meals and incidentals for the Lead Assessor and each Assessor.

- Travel and accommodation for the Assessment Team are arranged and paid by the facility directly with travel companies and hotels prior to or at the time of the assessment or will be billed by the BCC.

- The facility is responsible for the additional costs (honoraria, travel, and accommodation) for one Lead Assessor and any additional Assessors should a return External Assessment visit be required.

7.3 Re-Assessment

- A Re-Assessment Contract is signed between the facility and the BCC.

- Costs are to be determined and are consistent with the Pre-Assessment and an External Assessment outlined above.

Please note: The BCC reserves the right to revise the assessment costs as necessary to cover expenses. Revisions will be posted on the BCC website