



SEOCHC Infant Feeding Policy and Formula Feeding Policy

Infant Feeding Policy:

Purpose: South-East Ottawa Community Health Centre (SEOCHC) recognizes the importance of breastfeeding for both mother and baby. We endeavour to protect and support breastfeeding and will ensure that each mother receives clear and evidence-based information to make an informed infant feeding decision and will be supported in that decision.

Scope:

Applies to all staff, health care providers, students, and volunteers of SEOCHC who have contact with mother and their infants.

Background:

Our policy is based on guidelines of the Breastfeeding Committee *for Canada* (BCC): [The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services](#). This policy is designed to ensure good professional practice within the scope of the [Family Centred Maternity and Newborn Care: National Guidelines \(Health Canada, 2000b\)](#) and the [RNAO's Best Practice Guidelines for Breastfeeding, 2018](#). SEOCHC adheres to the [“WHO International Code of Marketing of Breast-Milk Substitutes.”](#)

Terms:

We will use the term “infant formula” which is “artificial human milk substitute”.

Procedure:

1. Have a written breastfeeding policy that is routinely communicated to all staff, health care providers and volunteers.
 - a. This policy will be communicated to all staff, healthcare providers, and volunteers.
 - b. All staff will receive information regarding our policy at orientation (appropriate to their roles and responsibilities within the Centre).
 - c. Information on the policy (a Summary or Pledge) is available in a number of languages and displayed throughout the Centre.
 - d. All staff may access the full Infant Feeding Policy on the Intranet.
 - e. The Family Friendly Policy (or Pledge) is displayed in all waiting areas and all areas where clients are served.



2. Ensure all staff, health care providers and volunteers have the knowledge and skills necessary to implement the infant feeding policy.

- a) All staff and students will receive education and training in breastfeeding management at a level appropriate to their role. New staff will receive training within six months of commencing employment.
- b) All health care providers will support breastfeeding women, providing information to help prevent problems from occurring and helping them to overcome related problems should they exist.
- c) New clinic staff working with breastfeeding women will get the opportunity to do the RNAO breastfeeding modules (covering all topics mentioned in the 20 hour BFI course for health care providers) within six months of commencing employment including a four hour practicum to observe the lactation consultant.
- d) The responsibility for education and training lies with the Human Resources Officer and the staff supervisor.
- e) Documentation will include records (tracking sheet with dates) of orientation of new employees to breastfeeding policy and practices along with records of attendance of ongoing competency.

3. Inform pregnant women and their families about the importance and process of breastfeeding.

- a. Every effort will be made to ensure that all pregnant women are aware of the benefits of exclusive breastfeeding for the first 6 months of life and of the potential health risks of breast milk substitutes.
- b. All pregnant women who have contact with the Community Health Centre will be given an opportunity to discuss infant feeding on a one to one basis with a health care provider.
- c. Prenatal education, when provided by the CHC will include information to help women and their families make an informed decision about infant feeding. The normal course of breastfeeding and the common experiences they may encounter will also be included. The aim is to give women confidence in their ability to breastfeed.
- d. All materials and teaching will reflect the WHO/UNICEF Baby-Friendly Best Practice Standards of "[The BFI Ten Steps to Successful Breastfeeding and The Seven Point Plan for the Protection, Promotion and Support in Community Health Services and its Guiding Principles](#)"
- e. Women who have made an informed decision not to breastfeed will receive resources on formula feeding that is current, appropriate and separate from breastfeeding information. Whoever is issuing the information is also available to elaborate and explain if questions arise.

4. Place babies in uninterrupted safe skin- to- skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes. Encourage mothers to recognize when their babies are ready to feed, offering help as needed.



Prenatal clients and parents who are seen in the Community Health Centre will be informed of:

- a. The importance of safe skin-to-skin contact following birth.
- b. Mothers will be shown how to place baby in safe skin-to-skin contact
- c. Signs that their baby is ready to feed, and encouraged to watch for these signs during safe skin-to-skin in the early postpartum period.
- d. Written information consistent with the issues cited above will be provided and actions will be documented.
- e. Skin-to-Skin information is available on the centre's website and displayed in waiting room areas. <http://www.seochc.on.ca/programs-services/baby-friendly-initiative-bfi/>

5. Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infant.

- a. Mothers are informed that they have the opportunity for early assessment of breastfeeding by a designated health care provider at SEOCHC, through other community clinics, and at breastfeeding and mother/baby clinics held throughout the region. See [Ottawa Breastfeeds website](#).
- b. The Centre will provide mothers with information regarding CHC on-call service and how to access community-based breastfeeding and parenting/peer support on a 24-hour basis.
- c. Breastfeeding progress will be assessed at each SEOCHC follow-up visit to provide reassurance and enable early identification of problems and address potential concerns, referring to the International Board Certified Lactation Consultant (IBCLC).
- d. Health care providers caring for both mother and baby will provide information and support for the mother to express her milk and encouragement to maintain lactation during periods of separation from her baby.
- e. Mothers will be given information on how to access a breast pump when medically required.
- f. Centre owned breast pumps may be loaned to clients for short term use at the discretion of a lactation consultant, registered nurse, physician, nurse practitioner.
- g. Instructions regarding use and care of the breast pump are provided by an LC and follow-up is ensured.
- h. Women who have made an informed decision not to breastfeed will receive support and written materials on formula feeding that is current, appropriate, and separate from breastfeeding information. All clinic staff and Intake staff have been trained on Informed Decision Making (IDM) and will ensure the appropriate process will be followed.
- i. Staff in the Primary Care clinic work towards effective liaison and communication between hospitals and CHCs. Moms are encouraged to bring in their card from hospital that indicates number of feeding, diapers, discharge weight. Admin staff reminds parents to bring hospital records when we book a new baby in for their first visit post hospital discharge.



6. Support mothers to establish and maintain exclusive breastfeeding to six months, unless supplements are medically indicated.

- a. The Centre will provide evidence-based practices, which are known to facilitate the initiation and establishment of exclusive breastfeeding for six months, such as safe skin-to-skin contact, responsive cue-based feeding and avoiding non-medically indicated supplements and soothers.
- b. The Centre provides twice weekly Breastfeeding Drop-Ins with an International Board Certified Lactation Consultant (IBCLC) with knowledge to assist with breastfeeding from birth up to two years and beyond.
- c. Health care providers will encourage exclusive breastfeeding to six months and continued breastfeeding for two years or beyond with appropriate complementary foods.

7. Facilitate 24-hour rooming-in for all mother-infant dyads (mother-baby nursing relationship including skin-to-skin): mothers and infants remain together.

- a. Prenatal clients will be informed of the importance of having their infants remain in the room with them from the time of birth and that a support person is welcomed to stay with them day and night.
- b. Mothers will be informed that if examinations or painful procedures are necessary, the evidence clearly shows that the baby has less pain when the mother is present. It is best if the mother starts breastfeeding 5 minutes before a painful procedure commences, and second choice is that she holds the baby skin-to-skin. The mother and baby need not be separated unless medically necessary.
- c. Mothers are given accurate information about safe co-sleeping and bed sharing.
- d. Documentation reflects the concepts cited.

8. Encourage responsive, cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

Mothers will be given information on:

- a. Age-appropriate responsive cue-based, effective feeding of their infants.
- b. Feeding cues, unrestricted frequency and length of breastfeeds, signs of effective breastfeeding, and signs of readiness for solids.
- c. SEOCHC offers parents services that support sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

The health care providers of the Breastfeeding Drop-In Clinics, Prenatal Breastfeeding sessions, Dietitian support, Canadian Prenatal Nutrition Program (CPNP), and programs offered making Baby Food will ensure the following will be considered:

- a) Reflect the aim of exclusive breastfeeding to six months and continued breastfeeding for two years or beyond with appropriate introduction of complementary foods.
- b) Discuss breastfeeding progress with mothers and document in medical file.
- c) Provide written information to parents consistent with these issues.



9. Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

- a. The centre will provide information and support for mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers.
- b. Health care providers will offer alternatives recommended for feeding breastfed infants, and soothing techniques for all infants.
- c. Written information will be provided that outlines the risks associated with artificial teats and describes alternative to assist in informed decision-making.
- d. Documentation reflects the concepts stated above.

10. Provide a seamless transition between the services provided by the hospital, community health services, and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

- a. Families are encouraged to contact the CHC as soon as baby is born to set up an appointment with a CHC Health Care Provider within 48 hours of discharge.
- b. CHC staff will ensure at the first postnatal visit that the mother's breastfeeding progress from hospital to community will be documented.
- c. This CHC encourages collaboration with other health care providers and community- based breastfeeding support programs through the Champlain Maternal Newborn Regional Program Breastfeeding Committee which includes members from all community resources.
- d. Clients are given written information listing community, health, and private Lactation Consultant services.

Compliance with the WHO International Code of Marketing of Breast-Milk Substitutes and relevant World Health Assembly Resolutions

- a) SEOCHC adheres to the *WHO International Code of Marketing of Breast-Milk Substitutes* and relevant World Health Assembly Resolutions. The Code seeks to protect and promote breastfeeding by ensuring the ethical marketing of breastmilk substitutes by the formula industry.
- b) There will be no advertising to the public of artificial feeding products, bottles, nipples, pacifiers or other related items.
- c) There will be no free samples of these artificial feeding products provided to families.
- d) There will be no promotion of artificial feeding products including distribution of free or low-cost supplies.
- e) Artificial feeding products are not kept on CHC premises.
- f) The CHC will provide health workers with scientific and factual information; product information from companies that produce artificial feeding products will not be used or displayed.
- g) No company representatives will be allowed to advise CHC Clients.



- h) Gifts and samples from artificial feeding product companies will not be accepted by CHC staff.
- i) SEOCHC will not display words or pictures that idealise artificial feeding, including pictures of infants on labels of products.
- j) All information on artificial feeding, including the labels, should explain the importance of breastfeeding, and the costs and hazards of artificial feeding.
- k) Unsuitable products such as sweetened condensed milk will not be promoted for babies.

Formula Feeding Policy

Terms: Formula= commercial infant formula, artificial baby milk, breast milk substitute or human milk substitute.

1. SEOCHC staff, health care providers, students, and volunteers welcome and support families who have made an informed decision to formula supplement for medical reasons (see Appendix A), to formula feed or to combination feed their baby.

When a mother is planning on returning or continuing to breastfeed, a plan of care will be developed for her that includes maintaining and increasing breastmilk supply while infant formula is being used. Alternative methods of delivering the supplemental milk will be explored with the mother (for example, cup or syringe feeding). The mother who has been struggling will be encouraged that she can give some breastmilk or do some breastfeeding even if she eventually decides to formula feed.

Primary care staff will play an active role in providing information to a mother who makes an informed decision to formula feed her baby.

All teaching for infant formula preparation and feeding of infant formula will be provided on an individual basis for those families who request and/or require the information.

Families who are giving infant formula require assistance to ensure that the human milk substitute chosen for their infant is accessible, feasible, affordable, safe, and sustainable. For a family that is not planning on breastfeeding, all elements of making an informed decision related to infant feeding will be discussed so that they do not come back later with the complaint "... but I didn't know".

2. Health Care Practitioners (HCP's) will receive information on safe preparation and storage of formula.

Parent resources are available on the clinic shared drive.



3. Safe Skin-to-skin:

Prenatal clients and parents who are seen in the Community Health Centre will be informed of:

- a. Importance of safe skin-to-skin contact following birth.
- b. Mothers will be shown how to place baby in safe skin-to-skin contact
- c. Signs that their baby is ready to feed, and encouraged to watch for these signs during safe skin-to-skin in the early postpartum period.
- d. Written information consistent with the issues cited above will be provided and actions documented.

Encourage mothers to ask to have baby placed in uninterrupted safe skin- to- skin contact with their mothers immediately following birth for at least an hour, or until completion of the first feeding, or if the mother wishes.

Encourage mothers to recognize cues of when their babies are ready to feed.

Families will be encouraged to use responsive, cue-based feeding. They will be encouraged not to urge baby to 'finish' the feed after baby indicates that baby is done.

4. Prenatally, medical staff will have a discussion with the family on the importance of breastfeeding and relative risks of formula feeding so that parents can make an informed decision.

If a mother is in the process of making the decision to formula feed medical staff will:

- Give the woman the opportunity to discuss her concerns.
- Ensure the family has received information regarding breastfeeding and the importance of breastfeeding for baby, mother, family, and community.
- Discuss health consequences for baby and mother of not breastfeeding.
- Discuss risks and costs of formula feeding.
- Discuss the difficulty of reversing the decision once breastfeeding has stopped.
- Inform the mother that breastmilk is especially beneficial if her baby is premature or medically fragile in any way. Pasteurized donor milk may be available for this population if mother's milk is not, as it may be life-saving.
- Give information on important infant care practices such as safe skin-to-skin, hunger cues, signs of swallowing, and signs of satiation etc.
- Document findings, discussion of the informed decision conversation related to infant feeding and the client's intention to use infant formula.

BFI supports the feeding of infant formula when medically indicated or when parents have made an informed decision to formula feed. Since formula feeding is associated with more risk than breastfeeding, individual instruction is required. By ensuring that mothers have the opportunity to discuss feeding, individually, with a health care provider, including instruction on how to prepare formula safely and how it can be fed to the baby, make up bottles, babies will have a reduced risk of receiving improperly prepared infant formula.



Compliance with the Who International Code of Marketing of Breast-Milk Substitutes and relevant World Health Assembly Resolutions

- a) SEOCHC adheres to the *WHO International Code of Marketing of Breast-Milk Substitutes* and relevant World Health Assembly Resolutions. The Code seeks to protect and promote breastfeeding by ensuring the ethical marketing of breastmilk substitutes by the formula industry.
- b) There will be no advertising to the public of artificial feeding products, bottles, nipples, pacifiers or other related items.
- c) There will be no free samples of these artificial feeding products provided to families.
- d) There will be no promotion of artificial feeding products including distribution of free or low-cost supplies.
- e) Artificial feeding products are not kept on CHC premises.
- f) The CHC will provide staff with scientific and factual information. Product information from companies that produce artificial feeding products will not be used or displayed.
- g) No company representatives will be allowed to advise CHC clients.
- h) Gifts and samples from formula feeding product companies will not be accepted by CHC staff.
- i) SEOCHC will not display words or pictures that idealise formula feeding, including pictures of infants on labels of products.
- j) All information on artificial feeding, including the labels, should explain the importance of breastfeeding, and the costs and hazards of artificial feeding.
- k) Unsuitable products such as sweetened condensed milk will not be promoted for babies.

Appendix A : Medical Indications for Use of Breast Milk Substitutes

ⁱⁱ Adapted from BCC BFI Ten Steps and WHO Code Outcome Indicators 2017

There are a small number of health conditions of the infant or the mother which may justify recommending that a mother does not breastfeed temporarily or permanently. These conditions, which concern very few mothers and their infants, are listed below together with some health conditions of the mother that, although serious, are not medical reasons for using breast milk substitutes. Whenever cessation of breastfeeding is considered, the benefits of breastfeeding should be weighed against the risks posed by the presence of the specific conditions listed. Donor human milk from Roger Hixon Ontario Human Milk Bank should be considered prior to breast milk substitutes for infants that meet the eligibility criteria. Promotion of skin-to-skin contact to support attachment is important for all infants and mothers independent of how and what they are feeding.



INFANT CONDITIONS

Infants who should not receive human milk or any other milk except specialized formula:

- Those with classic galactosemia - special galactose-free formula is needed.
- Those with maple syrup urine disease - a special formula, free of leucine, isoleucine and valine is needed.
- Those with phenylketonuria - a special phenylalanine-free formula is needed (some breastfeeding may be possible, under careful monitoring).
- Those whose mother is HIV positive.
- Infants for whom human milk remains the best feeding option but who may need other food, in addition to human milk for a limited period, include those infants:
 - Born weighing less than 1500 g (very low birth weight).
 - Born at less than 32 weeks of gestation (very preterm).
 - Who are at risk of hypoglycemia by virtue of impaired metabolic adaptation or increased glucose demand (e.g., preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischemic stress, infants who are ill and those whose mothers are diabetic and the infant's blood sugar fails to respond to optimal breastfeeding or human milk feeding).
- Those with a significant weight loss in the presence of clinical indications (e.g., mother's milk production not established).

MATERNAL CONDITIONS

Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines. Mothers should be assisted to regularly express their milk to support and maintain their milk supply when medical supplementation is indicated due to a need for temporary avoidance of breastfeeding. Maternal conditions that may justify temporary or permanent avoidance of breastfeeding:

Severe illness that prevents a mother from caring for her infant (e.g., sepsis or untreated tuberculosis).

Maternal medication:

- Sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available.
- Radioactive iodine-131 should be avoided given that safer alternatives are available - a mother can resume breastfeeding later and should consult her HCP.
- Excessive use of topical iodine or iodophors (e.g. povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided.



- Cytotoxic chemotherapy requires that a mother stop breastfeeding during therapy.
- Maternal conditions during which breastfeeding may continue, although health problems may be of concern:
- Breast abscess - breastfeeding should continue on the unaffected breast. Feeding on the affected breast can resume once treatment has started.
- Hepatitis B – routine breastfeeding ensuring infant given hepatitis B vaccines within 12 hours of birth (Ontario Agency for Health Protection and Promotion, 2015).
- Hepatitis C (health concerns may exist if the mother's nipples are bleeding).

Maternal HIV infection: Breastfeeding is not recommended in resource-rich settings such as Canada, where a safe and culturally accepted replacement is available (CPS 2016).

[The Teresa Group](#) (2017) offers free infant formula for a year through the Baby Formula Program to new mothers who are HIV positive and who live anywhere in Ontario. The program is funded through the Ministry of Health and Long Term Care.

Herpes simplex virus type 1 (HSV-1) – direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved.

Mastitis - if breastfeeding is very painful, remove milk by expression to prevent progression of the condition and to protect the milk supply.

For additional information on infection transmission see the [Ontario Agency for Health Protection and Promotion \(Public Health Ontario\), Provincial Infectious Diseases Advisory Committee. Best practices for infection prevention and control in perinatology, in all health care settings that provide obstetrical and newborn care](#)

Substance use including:

- Maternal use of nicotine: The benefits of breastfeeding outweigh the risks of nicotine use. Mothers should be encouraged to continue breastfeeding, assisted to quit or limit their use, and delay smoking until shortly after a breastfeeding session. Smoking may interfere with milk production and lead to early weaning (Best Start Resource Centre, 2015).
- Maternal use of alcohol: Alcohol in breast milk closely parallels that in maternal serum. Alcohol consumption may be harmful to the infant. Frequent or heavy drinking can impair the mother's judgment and functioning. If drinking alcohol, a mother should wait until the alcohol serum level has cleared before breastfeeding, review - Drinking Alcohol while Breastfeeding, Desk Reference for HCPs for timing based on number of drinks and maternal weight. (Best Start Resource Centre, Motherisk, 2016).



- Maternal use of ecstasy, amphetamines, cocaine and related stimulants has been demonstrated to have harmful effects on breastfed babies.
- Maternal use of opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby.
- Mothers should be encouraged not to use these substances and given opportunities and support to abstain and apply harm reduction principles.
- Breastfeeding is compatible and encouraged for mothers who are stabilized with medication-assisted therapy for opioid addiction (Substance Abuse and Mental Health Services Administration, 2016).
- For HCP information about alcohol and substance use refer to [Motherisk](#) or the [Best Start Resource Centre](#) for additional information.

References:

Best Start Resource Centre. (2015). Addressing Smoking with Women and Their Families, Strategies for In-home Support Services. Retrieved from [Best Start](#)

Best Start Resource Centre, Motherisk. (2016). [Drinking Alcohol while Breastfeeding, Desk Reference for Health Care Providers.](#)

Breastfeeding Committee for Canada. (2017). [The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services.](#)

Canadian Paediatric Society (CPS). (2016). [Maternal infectious diseases, antimicrobial therapy or immunizations: Very few contraindications to breastfeeding.](#)

Health Canada. (2012). [Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months.](#)

Kean, Y.J., & Allain, A. (2009). Code Essential 3: Responsibilities of Health Workers under the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. Penang, Malaysia: IBFAN-ICDC

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. (2015). [Best Practices for Infection Prevention and Control in Perinatology, in All Health Care Settings that Provide Obstetrical and Newborn Care.](#)

Public Health Agency of Canada. (2017). [Family-Centred Maternity and Newborn Care: National Guidelines.](#)

Registered Nurses' Association of Ontario. (2018). [Supporting the Initiation, Exclusivity, and Sustainment of Breastfeeding for Infants and Young Children Best Practice Guideline \(Third ed.\). Toronto, ON: Registered Nurses' Association of Ontario.](#)



Substance Abuse and Mental Health Services Administration. (2016). A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders. HHS Publication No. (SMA) 16-4978. Rockville, MD: [Substance Abuse and Mental Health Services Administration](#).

The Teresa Group. (2017). [Family Support Program](#).

[World Health Organization. \(2009\). Acceptable medical reasons for use of breast-milk substitutes.](#)

World Health Organization. (2017). ["WHO International Code of Marketing of Breast-Milk Substitutes."](#)

World Health Organization/UNICEF. (2003). [Global Criteria for Infant and Young Child Feeding](#).

Date of Creation:	October 2014
Approved By:	Kelli Tonner, Executive Director, SEOCHC See October 2014 Breastfeeding Policy
Date of last Revision:	October 29, 2018
Approved By:	Kelli Tonner, Executive Director, SEOCHC
Signature:	
Date:	<i>November 5, 2018</i>