The Baby-Friendly Initiative
A Quality Improvement Primer
**The Baby-Friendly Initiative as Quality Improvement**

- The ten dimensions of quality identified within the Nova Scotia Department of Health and Wellness Quality Framework are embedded within the BFI.

  **Safety** is the backbone of the BFI ensuring policies and practices are grounded in evidence to individual steps including the safe transition of the newborn from intrauterine to extrauterine life. Other requirements include collaboration and communication between acute care, primary health, public health and families receiving care.

  Implementation of the BFI optimizes provision of services and care from a **woman-centred, family-centred** approach. Informed decision making and respect for women's goals are embedded throughout the BFI.

  Requirements of the BFI include applying a **diversity and health equity** lens when providing care and planning programming. It also requires a population health approach as well as ensuring the needs of priority populations are met.

  To become designated Baby-Friendly, organizations must ensure women have a **seamless** transition between acute care and community settings. **Effective and appropriate** assistance with breastfeeding, based on evidence and with a focus on outcomes, must be **accessible** within hospitals and within communities.

  BFI implementation is an **efficient** use of resources, ensuring the focus is on care that produces the desired outcomes. It does not cost more money to deliver services in BFI designated organizations. Patient experience and satisfaction rates are higher in organizations that are Baby-Friendly.

  As a **population focused** initiative, the BFI requires the health system to partner with and be accountable to the families and communities who receive care within the health system.

  The BFI ensures supportive environments for women and infants. It also requires that organizations be **supportive of healthy workplace culture**.

  From developing employee breastfeeding polices to ensuring all staff have the knowledge and skills to fulfill their roles well, everyone has a part to play in implementing the BFI. Interdisciplinary teams and committees with community stakeholders provide leadership for the BFI and each individual employee is responsible for his or her optimal engagement with patients and clients.

  The BFI is understood through over 180 evidence-based, minimum best practice standards. This ensures that care is **driven by information**. Focused on outcomes, PDSA cycles, chart audits, interviews, data surveillance and many other quality improvement strategies are required to monitor, evaluate and optimize knowledge translation and implementation.

  The BFI is an integrated approach to continuously improve patient safety & experience, effectiveness & efficiency, engagement of patients and families, accessibility & continuity of service as well as improve employee satisfaction. It is an integrated approach to improving health outcomes and health care by engaging acute care, public health, primary care, community partners and families.

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**Understanding the Baby-Friendly Initiative**

- The importance of breastfeeding is long established for the health and wellbeing of women, infants, families and communities. Researchers have linked not being breastfed to increased risk of acute illnesses (respiratory, gastrointestinal, otitis media, etc.) and chronic illnesses (diabetes, obesity, cardiovascular disease, etc.). Similarly, women who do not breastfeed have increased risk of postpartum hemorrhage, depression, diabetes, some cancers, osteoporosis, and many other health issues.

- The Baby-Friendly Initiative (BFI) is an international program established by the World Health Organization and UNICEF to protect, promote and support breastfeeding worldwide in hospitals and in the community. Built upon the Ten Steps to Successful Breastfeeding, it outlines the evidence-informed minimum best practice standards for the care of pregnant women, mothers and infants, regardless of feeding method. An organization is designated Baby-Friendly once these standards are achieved and validated through assessment and evaluation of outcomes.

- The Nova Scotia Department of Health and Wellness’ **Thrive** strategy and the Nova Scotia Breastfeeding Policy identify the need to implement the BFI practice standards and achieve BFI designation within the acute care and community health organizations of the NSHA and the NW. Enhanced support for the implementation of the BFI was identified within the 16 recommendations resulting from an evaluation of the Nova Scotia provincial breastfeeding policy (2011). Elements of the BFI are included within the standards and guidelines required by Accreditation Canada.

- While at first glance, the BFI is about protecting, promoting and supporting breastfeeding, embedded within implementing its minimum best practice standards are opportunities for quality improvement around safety; infection prevention and control; continuity of care across the health system; informed decision making; self-efficacy; family-centred care; staff competency; documentation; food security; and patient experience and satisfaction.

- Achieving BFI designation is a journey of quality improvement. It begins with a self-assessment using over 180 evidence-based practice outcome indicators. A work plan is developed to monitor and enhance health outcomes and the quality of care women, infants and families receive. It is an integrated approach to continuously improving health outcomes and health care by engaging acute care, public health, primary health care, community partners and families. BFI designation is outcomes-focused and involves external assessment of policies, health care practices and client experience.

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