

Secondary Drivers

BCC Baby-Friendly Project Driver Diagram

Project Aim/Outcome
To support 25 Canadian hospital teams to move toward Baby-Friendly designation by December of 2023

Primary Drivers

1. Promote, protect and support breastfeeding in 25 participating hospitals with maternal newborn settings.

2. Administrative and Clinical practices in place aligned with the 10 Steps and the Code.

3. Multi-level leadership understands and drives change.

4. Culturally safe and Person Centred Care.

5. Engaged partners across multiple disciplines and health care sectors ensures supportive transitions of care.

6. Public engagement and holding hospitals accountable to meet targets.

System Drivers

- BCC standards/indicators are in place and updated based on the WHO (2018) Implementation Guidance
- HSO/Accreditation Canada standards integrate BFHI and Code requirements
- Public recognition and accountability toward BFI targets
- Integrate BFI into maternal newborn Quality Improvement and Quality Assurance accountabilities of the hospital Critical Management Procedures
- Comply fully with the International Code of Marketing Breastmilk Substitutes and relevant WHA resolutions
- Have a written infant feeding policy that is routinely communicated to staff and parents
- Establish ongoing monitoring and data-management systems
- Ensure staff have sufficient knowledge, skills and competence and are accountable for providing evidence based maternity practices
- Adequately track and monitor to ensure staff competencies are met and maintained
- Evaluate consistency of information for parents
- Ensure Baby-Friendly documentation tools are available and completed for each patient encounter
- Ensure space to support safe rooming –in 24 hours a day. In the NICU create an environment with adequate space to rest by their infants bedside on a bed/mattress (optimal); on a chair with armrest or a on a reclining chair, or a chair without armrest (suboptimal)

Staff and Provider Drivers

- Staff and providers with adequate training to safely implement the clinical practices outlined in Steps 3-10
- Staff and providers comply with documentation requirements of BFI
- Staff and providers participate in data collection, trend analysis and communication of targets and results
- Staff and providers provide culturally safe and people centred care

Leadership Drivers

- Senior leadership understanding, commitment and accountability to the aims of the Baby Friendly QI Collaborative.
- Senior leadership commitment to ensure adequate resources are in place (e.g staffing and finances)
- Leadership engagement in data analysis and driving for results
- Facilitate the procurement process for an infant formula contract aligned with the Code
- Champion BFI culture utilizing change management theories
- Leadership rounding for success by practicing regular walkabouts to seek feedback from staff and families
- Communicate targets, incentivize improvements and celebrate success
- Hospital leaders participate in a national Leadership Track and share their successes and learn from others
- Hospital leaders promote and share their experiences and successes with the community they serve and other hospitals in their region, province and nationally

Partnership Drivers

- Parent Partners on hospital BFI QI Collaborative team are engaged and fully participate as a team member
- Hospital Parent Partners are supported by a national Parent Partner Network, sharing experiences and learning from others.
- Hospital partners with community to ensure prenatal education and supports are in place for transition from hospital to home
- Level of understanding and championing of BFI with key national partners (government, accrediting bodies and associations)
- Key leader participation with expertise in BFI, Population Health, health disparities, Indigenous health and quality improvement