

The implementation of best practices can often be a challenge for smaller organizations with limited resources. This poster describes how a family health team and a small community hospital have partnered with each other and with the BFI Strategy for Ontario to introduce Baby-Friendly best practices in their organizations.

BFI AND PARTNERSHIPS MAKE A DIFFERENCE...

STRENGTHS & PARTNERSHIPS

Hanover FHT

- Gathered ideas from another family health team
- Motivated others to increase BFI uptake
- Championed by a physician from Hanover FHT
- Assisted with identified patient care gaps, providing infant feeding and breastfeeding support
- Collaborated with the community including Early Years Centres
- Provided Prenatal Education
- Engaged a Steering Committee
- Initiated a Multi-disciplinary Committee and Working Group

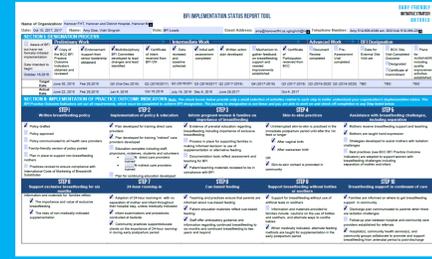
Hanover Hospital

- Shared values re BFI and incorporated all staff
- Extended public health collaboration to include family health team
- Enhanced partnerships with midwives in Grey Bruce region
- Increased referrals to family health team to support continuity
- Worked on policies and protocols for BFI
- Attended BFI Expo to enhance learning

Grey Bruce Health Unit

- Provided data on larger scale for region
- Helped design patient feedback survey
- Provided epidemiology and computer support
- Helped to engage and provide community support
- Launched breastfeeding toolkit for community with Hanover Town Council support
- Provided an online prenatal course

USE OF NEW & EXISTING BFI STRATEGY TOOLS



AWARENESS

- Seek information on Baby-Friendly practices from others
- Share information with likely partners to build interest

ENGAGEMENT

- Attend Implementation Workshop
- Participate in Implementation and Hot Topic Webinars
- Seek additional assistance from coaching team at BFI Strategy frequently
- Attend conferences, such as BFI Expo to gather new ideas
- Review data to identify needed changes

IMPLEMENTATION

- Use Best Start and BFI Strategy Resources
- Standardize all resources among hospital, family health team and public health
- Enhance patient education (prenatal classes, well baby visits, breastfeeding support)
- Attend Train-the-Trainer 20-Hour course provided by the BFI Strategy
- Develop staff education (co-facilitated 20-Hour course with the BFI Strategy)
- Design new patient satisfaction survey for breastfeeding support

TRACKING OUR PROGRESS

Tracking Progress on Ten Steps Milestones		Jul-15	Jul-16	Jul-17	Oct-17
1	Written breastfeeding policy				
2	Implement policy and education				
3	Inform pregnant women & families on importance of breastfeeding				
4	Skin-to-skin practices				
5	Assistance with breastfeeding challenges including separation				
6	Support exclusive breastfeeding for six months				
7	24 hour rooming in				
8	Cue based feeding				
9	Support breastfeeding without bottles or soothers				
10	Breastfeeding support in continuum of care				

Legend	Not started	In progress	Completed
Not started			
In progress			
Completed			

Tracking Progress to Designation		Jul-15	Jul-16	Jul-17	Oct-17
Aware of BFI					
Preliminary Work					
BCC Practice Outcome Indicators Reviewed					
Endorsement from Senior Leaders					
Multidisciplinary Committee Developed					
Certificate of Intent from BFI ON					
Intermediate Work					
Data reviewed and baseline collected					
Initial Self Assessment completed					
Written action plan developed					
Mechanism to gather feedback on breastfeeding support and needed improvements					
Certificate of Participation from BCC					
Advanced Work					
Document review completed					
Pre assessment visit completed					
BFI Designation					
External site visit date					
BCC visit completed					
Plans for sustainability established					

FHT DATA

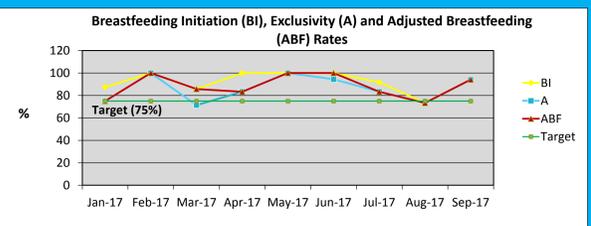
Breastfeeding Rates (% of M)		April 1/16- June 3/17	2015/16	2014/15	2013/14
M=Mothers		M: 97	M: 90	M: 111	M: 96
Entry to Service (1st rostered visit - 1 week to 6 months)	Exclusive Breastfeeding	67%	69%	71%	74%
	Any Breastfeeding	86%	93%	83%	83%
Duration: Any Breastfeed ~ 2 m	Missing Data:	51%	61%	61%	50%
	TBD	20%	12%	10%	27%
~ 4 m	Missing Data:	TBD	44%	48%	44%
	TBD	19%	15%	27%	
~ 6 m	Missing Data:	TBD	39%	50%	39%
	TBD	27%	21%	38%	
~ 12 m	Missing Data:	TBD	6%	15%	3%
	TBD	75%	49%	62%	
~ 18 m	Missing Data:	TBD	8%	1%	
	TBD	TBD	33%	41%	

Prenatal Infant Feeding Class Survey Results 2016-2017



Prenatal Infant Feeding Class Survey	Agreed
BF Class helped make informed decision	87%
BF Class has increased my confidence	93%

HANOVER HOSPITAL BORN BFI Indicators 2017



HOW WE OBTAINED UPTAKE OF BEST PRACTICES & POSITIVE OUTCOMES

Key Success Factors

- Sharing a belief in adopting best practices to focus on excellence and innovation
- Setting up a breastfeeding coalition
- Participating in BFI education together and sharing knowledge
- Taking baby steps. Implementing what can be done now and planning for future work
- Knowing your data. Collecting and reviewing data regularly
- Collaborating locally and beyond for ideas
- Inspiring intention to breastfeed through informed decision making discussions in prenatal programs

Lessons Learned

- Get the right people together with the same vision
- Know you are not alone. Collaboration between hospital, family health team, public health and the BFI Strategy is key to success
- Ask questions! Reach out to BFI Ontario/BCC, and the BFI Strategy
- Involve several patients on your committees to ensure their presence at every meeting
- Share your knowledge with regional partners and create consistent messaging across all platforms of care
- Divide the work between partnering organizations

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