

Q&A

Considerations for Re-designating as Baby-Friendly

Context

Currently in Ontario, many public health units (PHUs) are considering whether to maintain/obtain Baby Friendly Initiative (BFI) designation and/or reallocate resources to other breastfeeding-related activities. This Q&A document is based on a systematic review from the United States Preventive Services Task Force. It intends to provide information for public health units to consider as they determine whether to maintain or obtain BFI designation.

Key Messages

- Breastfeeding is the optimal source of nutrition for infants from birth to six months of age. Breastfeeding is a topic of consideration for public health units in the Ontario Public Health Standards.
- The evidence on system-/policy-level interventions to improve breastfeeding initiation, duration, and exclusivity of breastfeeding impacts, was reviewed in a good quality evidence synthesis by the US Preventive Services Task Force (USPSTF).
- Breastfeeding initiation, exclusivity, and duration were not independently affected by having the Baby-Friendly Initiative accreditation or designation status.
- 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.

What is the Baby-Friendly Initiative (BFI)?

- The BFHI was started in 1991 by the World Health Organization (WHO) and the United Nations Children Fund (UNICEF) as an international effort to promote and increase breastfeeding.¹ In 1999, the BFHI expanded into Community Health Services and was renamed the Baby Friendly Initiative (BFI). However, as most evidence supporting BFI is from research in hospital facilities, BFHI is used for this document.
- BFHI designation or accreditation status is approved following the successful implementation of the *Ten Steps to Successful Breastfeeding (Ten Steps)*² and *The International Code of Marketing of Breast-Milk Substitutes*.³

- In 2018, the BFHI was updated to incorporate evidence on potential and unexpected harms of BFHI designation implementation.^{4,5}
- In Canada, the Breastfeeding Committee of Canada (BCC) is the accrediting body responsible for assessing birthing centres and community health centres for BFHI designation status.
- BFHI designation requirements are described in a technical document by BCC.⁶ Reassessment for designated status is required every 5 years.

What is the evidence to support designation?

- In 2016, the United States Preventive Services Task Force (USPSTF) examined interventions associated with breastfeeding initiation, any breastfeeding and exclusive breastfeeding rates, as well as a variety of maternal and child health outcomes. The systematic review included 52 single studies.⁷
- Only two studies compared breastfeeding initiation, exclusivity, and duration in BFHI-accredited facilities to matched samples of non-BFHI facilities in the United States and found no difference in any breastfeeding initiation, duration, or exclusivity between accredited and non-accredited groups overall or by subgroup (mothers with high or low education).^{8,9}
- The authors speculated the lack of effect by accreditation status may be due to the few BFHI steps that were actually implemented rather than the accreditation itself.⁹ Meaning, although facilities acquired designation, compliance with the *Ten Steps* was low.¹⁰
- Another systematic review (Comparative Effectiveness Review, CER) was conducted in 2018 by a different group of researchers. The key finding of the CER review was that the BFHI implementation was associated with improved rates of breastfeeding initiation and duration.¹¹ However, the authors did not assess the independent association of BFHI accreditation status on breastfeeding outcomes, but rather included all studies assessing BFHI and the individual *Ten Steps* as the interventions.
- There is evidence to support the individual *Ten Steps to Successful Breastfeeding*.¹¹ A good quality study found that each additional step that was practiced was associated with an increase in breastfeeding initiation by 14.6 percentage points.⁹

What is the difference between the USPSTF and CER reviews?

- The main difference between the two reviews (USPSTF and CER) was the stringency of the inclusion criteria based on study design.
- In the 2016 USPSTF review, the authors included only randomized controlled trials (RCTs) – the strongest study design for being able to attribute an effect to the intervention – for assessing individual-level interventions and only included controlled before-after studies and prospective cohorts to assess system-level policies. Only 3 good quality studies were included assessing system-level policies.

- The CER included a mix of study designs and also a combination of studies that assessed the effect of accreditation status, as well as studies that assessed the effect of individual *Ten Steps*. In total, 12 studies were included in their assessment of BFHI and the *Ten Steps*.
- Of the 12 studies included in the CER, 5 studies were assessed by the USPSTF; three were excluded and two were included. The three studies excluded by the USPSTF were due to study design and context.¹²⁻¹⁴ For example, a high quality RCT conducted in Belarus was not considered comparable to the US due to its development status as a nation.¹²
- Following the publication of these two reviews, there continues to be debate on the effectiveness of BFHI designation status.¹⁵⁻¹⁷

Which organizations have more information on BFI Designation?

[World Health Organization – Baby-Friendly Hospital Initiative](#)

[Breastfeeding Committee of Canada – Baby-Friendly Initiative](#)

[Baby-Friendly Initiative Ontario](#)

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