

Introduction to Breastfeeding Protocols for Health Care Providers (2019)

Revised Breastfeeding Protocols for Health Care Providers (2019) are based on the City of Toronto's Breastfeeding Protocols for Health Care Providers (2013) and are co-owned by the City of Toronto, Toronto Public Health Division (TPH) and the Toronto East Health Network, Baby-Friendly Initiative (BFI) Strategy for Ontario. Revised Protocols are being released as they are completed, and they are available at www.breastfeedingresourcesontario.ca. All revised Protocols, as well as the complete set of 2013 Protocols, are available at <https://www.toronto.ca/wp-content/uploads/2017/11/9102-tph-breastfeeding-protocols-1-to-21-complete-manual-2013.pdf>.

Background: The Protocols were first developed by the Scarborough Breastfeeding Network of which TPH was a part. TPH took the lead and further revised the Protocols in 2007 and again in 2013 with the title *Breastfeeding Protocols for Health Care Providers*. In 2018, in partnership with TPH, the BFI Strategy for Ontario began major revisions to a subset of the Protocols. The revisions and updates are part of the mandate for the BFI Strategy for Ontario which is to support organizations to implement minimum practice-based standards of [BFI](#).

BFI has been designed globally to improve population health by protecting, promoting, and supporting breastfeeding. The Protocols support the BFI requirement to educate, support, and build skills of health care providers in the Canadian context. By providing referenced, consistent, evidence-based messages and key resources, the Protocols help to support new breastfeeding dyads, families, and their support systems, with consistent, evidence-informed information.

Purpose: The purpose of the Protocols is to support health care providers (e.g., NP, MW, MD, RN, RPN, RD, PHN, IBCLC) and others (e.g., doula, northern health workers, etc.) who work with new parents. Although the focus is on healthy term infants, some information relates to preterm, and at-risk infants.

Protocol use: The Protocols may be used as foundational information for providing breastfeeding support. It is expected that the Protocols will guide, enrich, and support consistent, evidence-informed practice. For example, the Protocols may be used when:

- Providing prenatal breastfeeding information and education.
- Supporting parents to make an informed decision at any stage of the perinatal continuum.
- Providing breastfeeding support and assistance in common breastfeeding situations.
- Providing breastfeeding support and assistance during challenges and complex situations.

The Protocols may be copied or printed for the purpose of educating health care practitioners, provided that TPH and the BFI Strategy for Ontario are acknowledged as owners and the protocols are not altered, nor used or reproduced for commercial gains. For any questions, contact bfistrategy@tehn.ca.

Disclaimer: These Protocols are meant to be used as a guideline. Every breastfeeding dyad and their circumstances must be assessed on an individual basis. In doing so, health care providers use their own professional judgement along with the evidence in assessing the care and support that the family needs. At times, consultation with another breastfeeding expert or advice from a medical professional (e.g., MD, MW, or NP) will be required.

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Process, methodology, terms, and partnerships: A rigorous methodology was used, following the National Collaborating Centre for Methods and Tools ([NCCMT](#)). The following provides more information on process, methodology, terminology, and involved stakeholders.

Process, a high level overview:

Step 1: Methodology, process, and supporting documents such as a tip sheet on writing, an editing checklist, and a breastfeeding style guide were developed or adapted to support the revision of the Protocols. Partners within and outside of Ontario were recruited.

Step 2: To support a rigorous methodology, an evidence tool was adapted from [Health Nexus](#). Protocol revision teams performed a reproducible literature review, and appraised the evidence using mainly NCCMT tools. Reviser teams reviewed and synthesized the literature and applied the evidence to the content of the Protocols.

Step 3: External stakeholders who are experts in their field (e.g., MD, NP, MW, RD, RN, RPN, and IBCLC) peer-reviewed each of the Protocols. As well, additional health workers provided reviews.

Methodology: Rigorous methodology was used in the development of the Protocols.

Literature search: At least one literature search was completed for each Protocol; search terms were recorded. In the majority of cases the literature review was completed by an organizational librarian.

Abstract: Abstracts were reviewed and decisions were made regarding the choice of articles in full text format by content experts.

Appraisals: Chosen articles were appraised using tools from the NCCMT. When additional tools were needed, the NCCMT was approached and provided additional tools and/or guidance. Appraisal results were captured.

Writing: Literature was synthesized and applied to the Protocols. The Protocols were revised by collaborating partners using survey feedback, the highest available evidence, and by developing key messages as an outline. Writing tools were used to provide consistency between the various organizations.

Vetting/Editing: Protocols were edited by the project coordinator, and later peer reviewed by multidisciplinary content experts from across Ontario and other parts of Canada. After additional edits, Protocols were reviewed by additional stakeholders before and after layout and final editing.

Strengths:

- Preferred literature was used from the previous five years, and sometimes less than 10 years, and rarely older.
- Comprehensive literature searches were completed by experienced librarians from a variety of stakeholder organizations.
- NCCMT was consulted as needed.
- NCCMT appraisal tools were used. Appraisals for individual Protocols are available upon request.
- Literature review matrixes for each Protocol were completed and are available upon request.
- Writing between the various organizations was kept fairly consistent using the writing tools; biweekly meetings ensured prompt support and further consistency. Some variation may exist.
- Overall literacy level is grade 10, making it more accessible to a variety of professionals and health workers.
- Multiple breastfeeding experts provided input and generally agreed on content.

Limitations:

- Available resources allowed only one person to appraise each article.
- At times, best available evidence was not strong; this was indicated in the body of the Protocol.
- Expert opinion was relied upon when evidence was lacking, such as the topic of traditional breastfeeding positions.
- Reviser teams determined what research was included and excluded; this could contribute to writer/reviser bias.
- Writer/reviser bias is possible as revisers all have breastfeeding expertise.

Terminology: In order to streamline the document, the following terms are used.

Term used	Optional terms or explanation
Mother (in the sense of caregiver)	Though the term mother is mostly used, it is meant to be inclusive of parents, caregivers, and significant others.
Mother (in the sense of gender)	Breastfeeding has traditionally been understood to involve individuals who identify as women and this document is written as if those who are breastfeeding are cisgender mothers. That is, their gender identity is the same as the sex or gender they were identified with at birth. The authors acknowledge individuals who do not identify as female that are in a human-milk-feeding relationship with their infant. Note: the best way to use appropriate terms is to ask people about their preference.

Term used	Optional terms or explanation
Feeding terminology	This document uses the term breastfeeding. Some parents may prefer the term chestfeeding rather than breastfeeding, and may describe themselves with words other than woman, mother, mom, etc. Note: the best way to use appropriate terms is to ask people about their preference.
Breastfeeding dyad	Refers to the parent and infant connected through a breastfeeding or chestfeeding relationship.
BFI	Baby-Friendly Initiative
HCP(s)	Health care provider(s) or health care professional(s).
Human milk and breast milk	Human milk distinguishes it from milk of other mammals. Dependant on the context, the term breast milk is also used.
Expressed milk	This document generally uses the terms: <ul style="list-style-type: none"> • Expressed milk rather than pumped milk. • Expressing milk rather than pumping milk. • Milk expression instead of pumping. In each case it is inclusive of any type of expression. Pumps or pumping is also used as appropriate.
Formula	In this document the term formula is inclusive of: <ul style="list-style-type: none"> • Infant formula. • Commercial infant formula. • Artificial baby milk. • Breast milk substitute. • Human milk substitute. • Manufactured infant milk. • Non-human milk etc.
Client	The word patient could equally have been chosen.
Infant	Unless otherwise stated, the term infant includes babies up to two years of age. The term baby may be seen in the context of mother-centred instructional words.
Inclusivity of formula feeding families	The Protocols include information beneficial to families partially or exclusively formula feeding, e.g. Informed Decision-Making Protocol.
WHO Code	The International Code of Marketing of Breast-Milk Substitutes.
ILCA Breastfeeding Style Guide	The BFI Strategy for Ontario has adapted and used this style guide.

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Project Lead: Sonya Boersma, MScN, RN, IBCLC, BFI Strategy for Ontario.

Revising Authors: Appreciation and thanks go to each organization and individual who contributed countless hours over many months to participate in the full methodology and process. The collaboration with each organization and the revisers that undertook revisions was outstanding. Details on revising authors and organizations may be found at the beginning of each protocol.

External Reviewers: Feedback was solicited from a range of professional and end-users within and outside of Ontario. These external reviewers have a wide variety of roles and are from varied practice settings. We wish to thank each external reviewer who highly vetted one or more revised Protocol. Details about external reviewers can be found at the beginning of each Protocol.

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