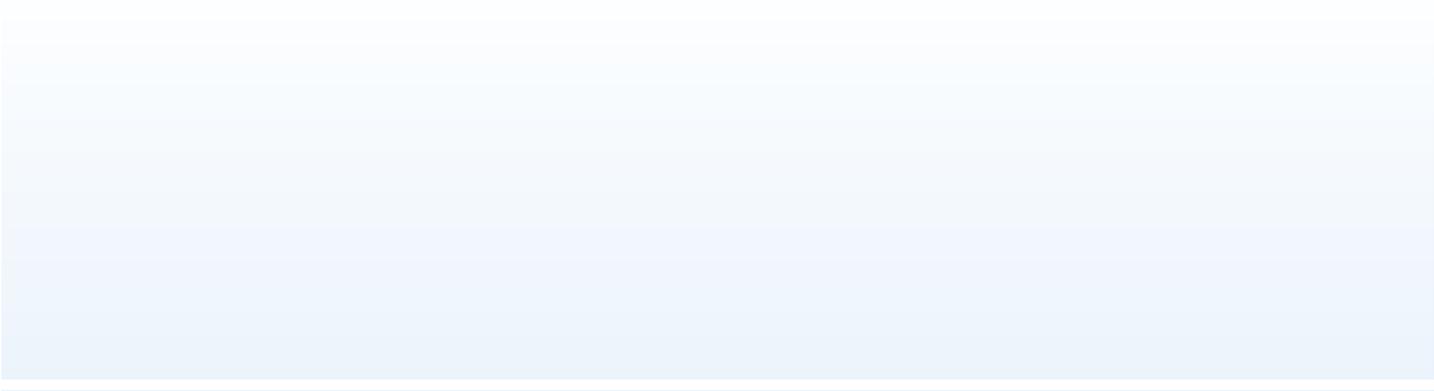


Informed Decision Making: Having Meaningful Conversations Regarding Infant Feeding





Introduction

This document has been designed to support health care providers (HCPs) in helping mothers make an informed decision regarding infant feeding and to assist with the following:

- Determining what infant-feeding information a mother may require prenatally, after her baby's birth, and after discharge from hospital or birthing centre.
- Presenting infant-feeding information in a supportive, non-judgemental, and unbiased manner.
- Supporting mothers who are exclusively breastfeeding, combination feeding, or formula feeding.
- Supporting mothers who are considering changing their feeding plans.
- Reviewing how to reduce risks associated with infant feeding.

NOTES:

1 This toolkit was developed to address the following situations:

- a. When a mother has planned to breastfeed, then requests formula, and decides not to use it.
- b. When a mother has planned to breastfeed, requests formula, and decides to use it.
- c. When a mother needs to supplement with formula for a medical reason.
- d. When a mother has planned to formula feed exclusively for a non-medical reason.

It may not apply fully in cases where exclusive formula feeding is recommended, e.g., where a mother is HIV positive. Informed-decision conversations in cases where breastfeeding is contra-indicated may need to be somewhat different.

- 2 Throughout the document, the term *health care provider (HCP)* is used and intended to include a range of professionals such as: Physicians, Nurse Practitioners, Registered Midwives, Registered Nurses, Registered Practical Nurses, Registered Dietitians, Doulas, and International Board Certified Lactation Consultants.
- 3 It is assumed that HCPs and others working in health care using this resource have basic breastfeeding knowledge.
- 4 Throughout the resource, the words *mother* and *mothers* are used. This does not indicate that making a decision about feeding an infant is the sole responsibility of mothers as it can apply equally to either parent and/or the family unit. We understand that support of extended family, especially support of the partner, can influence a woman's experience and decisions she makes.
- 5 Breastfeeding has traditionally been understood to involve individuals who identify as women and has been approached with the assumption that those who are breastfeeding are cisgender mothers. We acknowledge individuals who may not identify as female that are in a human-milk-feeding relationship with their baby/child. Some parents may prefer to use the term chestfeeding rather than breastfeeding and will describe themselves with words other than woman, mother, mom, etc. The best way to use appropriate terms is to ask people about their preference.
- 6 Throughout the resource, the word formula is used when referring to commercial infant formula also known as breast milk substitute or human milk substitute.
- 7 **This document is written for HCPs, not families, and is not a client information booklet.**

Background: Decision-making models

In past decades, there has been a shift from a paternalistic decision-making model, where the HCP makes decisions for a client, to a model of **informed decision making, where a client makes a decision based on a clear appreciation and understanding of the facts, implications, and consequences of an action.** Recently, these decisions were made solely by the client with little direction or support in the process. Today, much work related to a shared decision-making model is being done, and there is an understanding that clients benefit from a collaborative approach that allows clients and their providers to make health care decisions together. It takes into account the best clinical evidence available as well as the client's preferences and values.

This toolkit was developed with consensus from experts working with prenatal and postpartum mothers in Ontario. Feedback was sought and received from line service providers, educators and managers. The feedback was also validated by recent qualitative research expressing the voices of mothers in Canada.

This resource encourages HCPs to learn more about decision-making models and to explore the approach that is best suited to their clients and the situation. This resource was written from an informed decision-making approach, recognizing that both informed and shared decision-making approaches may be used.



Table of Contents

| | |
|---|-----------|
| Introduction | 1 |
| Background: Decision-making models | 2 |
| Table of Contents | 3 |
| History of this Informed Decision-Making Resource | 4 |
| Making an Informed Decision about Infant Feeding | 4 |
| Keeping Conversations Mother-Centered: Key Tips | 5 |
| Prenatal: Making an Informed Decision about Infant Feeding | 6 |
| A health care provider’s initial approach with expectant mothers | 6 |
| For All Families | 10 |
| Reviewing the infant-feeding plan | 12 |
| Postpartum: Making an Informed Decision about Infant Feeding | 14 |
| Breastfeeding 101 | 14 |
| Assisting a mother with medical supplementation of her breastfed infant | 15 |
| Assisting a breastfeeding mother who is requesting formula | 18 |
| Formula feeding 101 | 20 |
| Reducing the risks associated with infant feeding | 22 |
| Preparing for Discharge | 24 |
| Topics to discuss with all mothers before discharge | 24 |
| Topics to discuss before discharge with a mother who is exclusively breastfeeding | 25 |
| Topics to discuss before discharge with a mother who is breastfeeding and supplementing | 25 |
| Topics to discuss before discharge with a mother who is using formula | 26 |
| Informed Decision-Making Videos | 26 |
| Additional Resources | 27 |
| References | 28 |
| Acknowledgements | 30 |
| Contact information | 30 |

History of this Informed Decision-Making Resource



This resource was created in response to feedback from a number of sources. The BFI Strategy for Ontario team regularly receives feedback when coaching staff from health care organizations as well as when facilitating workshops for staff from hospitals and community health services. In addition, a provincial survey conducted in 2015 asked HCPs about their experience with providing information to mothers to allow them to make an informed decision about infant feeding. Many respondents reported that they struggled with knowing what needed to be discussed, how to approach the topic of formula feeding in a Baby-Friendly environment, and how to best support a mother in whatever decision she felt was best for her and her baby.

The Baby-Friendly Initiative (BFI) is a population health strategy designed for health care organizations to provide

evidence-informed care to all mothers. BFI protects, promotes, and supports breastfeeding while supporting all mothers regardless of how they decide to feed their babies. Mothers who make an informed decision to breastfeed, formula feed, combination feed, or who are required to formula feed for medical reasons need to be informed and supported without stigma or judgement.

All mothers need to be assisted to safely feed and care for their babies. This document has been written with a Baby-Friendly lens to assist HCPs in supporting mothers, particularly those who are considering or are using infant formula.

Making an Informed Decision about Infant Feeding

It may be helpful to assist a mother in making an informed decision by:

- Inviting the mother to participate in the conversation, emphasizing the important role she plays in making decisions that are best for her, her family, and her baby.
- Listening to the mother's thoughts on infant feeding and all the options she is considering.
- Acknowledging and being supportive of what the mother identifies as her goals and the outcomes that are important to her.
- Providing evidence-informed unbiased information on the benefits and risks of the options.

- Facilitating the process of making an informed decision by inviting the mother to ask for additional information or to consult other professionals and family members before making a decision.
- Supporting the mother in identifying an infant-feeding plan that is acceptable, feasible, affordable, sustainable, and safe as explained on page 12.
- Assessing the mother’s need for assistance to implement or overcome barriers to her plan and arrange ongoing follow-up and support.

Keeping Conversations Mother-Centered: Key Tips

- **Agree on an agenda**

The conversation should be a two-way partnership to ensure it remains mother-centered. Find out what she wants to talk about and address her needs first. She will then be more open to hearing what you have to say.

- **Ask open-ended questions**

This will help you to explore her feelings and knowledge, and will provide a better understanding of her past experiences and present concerns. Use phrases like “*tell me about*” and “*how do you feel about*” to help encourage her to talk.

- **Listen actively**

Making eye contact, smiling, and nodding all help to show you are listening and will encourage more discussion.

- **Reflect back**

This shows you have heard what was said and helps clarify any misunderstandings. You can say things like “*you feel that breastfeeding is not for you because...*” or “*you are anxious that...*”

- **Find out and build on information she knows**

Do not overload her with facts and figures. Try to tailor the information to individual needs and expand on what she already knows. It is neither useful nor effective to list all the reasons breastfeeding is important if she has had a negative experience previously.

- **Show empathy**

Remember the importance of walking in the other person’s shoes. If she reports a previous negative experience, expresses concern, and/or is worried about breastfeeding, acknowledge these feelings as they matter to her.



- **Remain unbiased**

Avoid being judgemental even if you do not agree with what is being said.

- **Present the evidence for all options**

Sometimes in an effort to be kind, it may be tempting to say things like “*it does not matter how you feed your baby – your baby will do just as well.*” Kindness is important, but HCPs have a duty of care to provide unbiased, evidence-informed information about all feeding options.

Adapted with permission from UNICEF UK (2014)

Having meaningful conversations with mothers: A guide to using the Baby-Friendly signature sheets

Prenatal: Making an Informed Decision about Infant Feeding

A health care provider’s initial approach with expectant mothers

Infant-feeding education ideally begins before conception and continues during pregnancy when an expectant mother is gathering information, has time for questions, and is open to new learning.

It is helpful to remember:

- The conversation regarding infant feeding often starts with the primary HCP.
- In the prenatal period, it is beneficial for expectant mothers to receive the information found in the [For All Families](#) section on page 10 and the [Breastfeeding 101](#) section on page 14.
- Refer an expectant mother to local services and quality prenatal education.
- Discuss individual feeding plans in a one-on-one setting.



Conversation starters

During the first prenatal visit, HCPs can start the conversation about infant feeding with a simple conversation opener such as:

- “*Tell me about your plans for feeding your baby?*”

Here is some dialogue to consider:

- “*As one of your health care providers, I will support you as you make a decision about feeding your baby. It is important that you make a decision that works for you, your baby, and your situation. I want to be sure you have enough information to make an informed decision.*”

- *“Breastfeeding is a healthy, convenient, and cost-effective way for you to feed your baby, and I want to make sure you have important breastfeeding information to consider.”*
- *“I recognize feeding plans and the information you need may change as the hours, days, and weeks unfold. As your baby grows, there are individuals and resources to support you. Our team wants to ensure that you and your baby are as healthy as possible.”*

Conversation tips

Once a mother has shared her plans regarding infant feeding, consider how you might:

- Assess her need for information by exploring what she already knows and her perceived barriers. Consider using motivational interviewing techniques and keeping the conversation mother-centered (see page 5).
- Consider how you can support her plan by:
 - Voicing your understanding of her feeding plan.
 - Letting her know that you are there to support her whatever her decision is.
 - Sharing with her that exclusive and prolonged breastfeeding is important. Build her confidence in her ability to breastfeed.
 - Exploring her thoughts regarding infant feeding. If she is planning on formula feeding, ensure she is making an informed decision based on accurate information and her individual situation.
 - Referring her to infant-feeding supports in your area such as prenatal classes, breastfeeding classes, breastfeeding clinics, International Board Certified Lactation Consultants, telephone helplines, public health resources, and mother-to-mother support groups.
- Provide infant-feeding information that she requires in an open and respectful way.

During all interactions

Explore if the mother has had previous conversations about her feeding plan with another HCP and what the mother already knows. Be accepting and offer her relevant information.

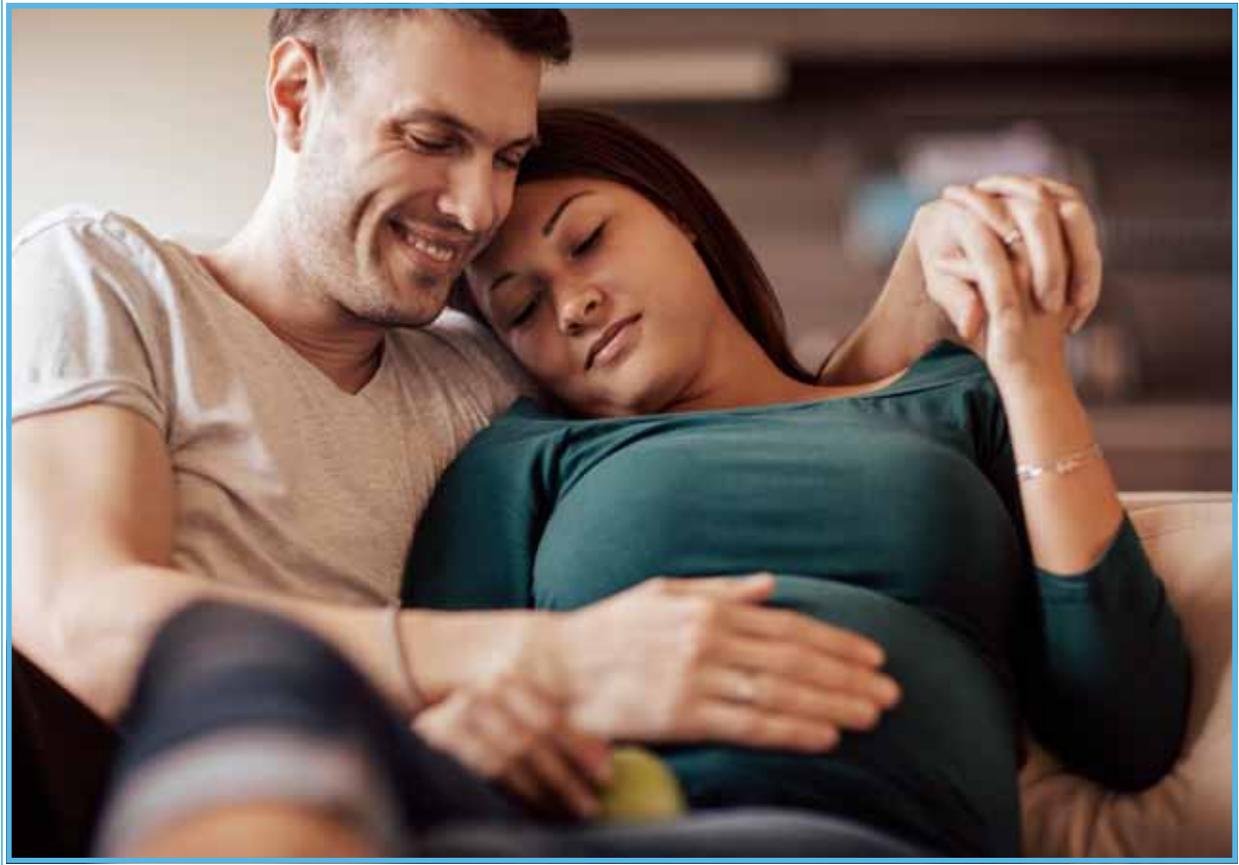
Ask the mother *“Have you had the chance to discuss your feeding plans with your HCP?”*

A mother needs to know that:

She needs to make a decision that is best in her situation.

As a HCP you can provide evidence-informed information to help guide her. You want her to look back and feel that she was well informed about her options and the potential impact of each option. She needs to know that you will support the decision she makes.





The mother may give one of the following responses:

- *“No, I haven’t had the chance to discuss my feeding plans with anyone.”*
If the mother gives this response, see [A health care provider’s initial approach with expectant mothers](#) on page 6.
- *“Yes, I talked to my physician/midwife/nurse/lactation consultant about my plan to breastfeed, formula feed, or combination feed.”*
If the mother gives this response, it is important to get an idea of what has been discussed and to continue the conversation.

Conversation tips

When talking with an expectant mother, ask open-ended questions and explore her thoughts regarding the topics you review.

Consider the following questions:

- *“What have you heard about breastfeeding?”*
- *“What have you heard from friends or family members about feeding their babies?”*
- *“Tell me about any concerns you may have about feeding your baby?”*

When a woman who already has a child (or children) is pregnant, it is important to avoid making assumptions about her infant-feeding knowledge. These expectant mothers may need additional and up-to-date information. In this situation, consider the following question:

- *“Do you have any previous experience with breastfeeding? What was that like for you?”*

Check-in with the mother during your conversation. Ask:

- “What are your thoughts about our discussion?”
- “What else would you like to review?”

It is important to be supportive of all families and to be aware of how our language can impact the decisions mothers make regarding infant feeding. HCPs need to use language that normalizes breastfeeding and to provide information that is current and evidence based.

Tips to normalize breastfeeding

- Talk about breastfeeding as a normal process.
- Talk about the reality of breastfeeding. Explain that breastfeeding is learned and like all things that we learn, it can require practice. Sometimes challenges happen and there are HCPs who can help.
- Explain how breasts and the process of breastfeeding work.
- Show how breastfeeding fits into family life.
- Talk about the global recommendation to exclusively breastfeed to six months and continue breastfeeding, with the introduction of complementary foods, for up to two years and beyond.
- Present the risks of not breastfeeding. Families have a right to know. If a family decides to formula feed, help them reduce modifiable risks.



- Use the word ‘breastfeeding’ rather than ‘feeding’ because breastfeeding is more than just a way to feed a baby.
- Stay away from terms that imply that breasts are like bottles. For example: “Has the baby emptied your breast?” Breasts are never empty.
- Avoid comparing the advantages and disadvantages of breastfeeding. This implies that breastfeeding is a product rather than a normal process and a relationship.
- Provide information that helps a mother to understand why it is important to consider breastfeeding.

Adapted with permission from Best Start Resource Centre
Healthy Mothers Healthy Babies Breastfeeding Web Course, Lesson 5: Making an Informed Decision

For All Families

Having begun a conversation with an expectant mother, the HCP can now assess the mother's history and engage in further discussion about infant feeding.

When supporting families with their feeding plan, it is beneficial to know that providing appropriate and positive support to a mother may also significantly reduce her risk of postpartum depression.

Research suggests that mothers experienced positive support when HCPs demonstrated the following:

| | |
|---|--|
| Knowledge and feeding expertise | "...she had so much experience and knew what [my baby] was doing right away." |
| Sensitivity and caring | "...didn't put pressure on me." |
| Effectiveness | "My HCP suggested a different position and it helped right away." |
| Accessibility and did not give unsolicited (or unwanted) advice | "My HCP was there when I needed her and didn't try to give me advice on things I didn't need help with." |

Chaput et al, 2016; used with permission

The process of making an informed decision about infant feeding includes the understanding that **breastfeeding – exclusively for the first six months**, and sustained for up to two years or longer with appropriate complementary feeding - is important for the nutrition, immunologic protection, growth, and development of infants and toddlers, as recommended by Health Canada, the Canadian Paediatric Society, the Dietitians of Canada, and the Breastfeeding Committee for Canada.

Also teach:

Breastfeeding is important

- Breastfeeding supports a baby's growth and development.
- Breast milk is the only food babies need for the first six months of life.
- Breast milk changes according to a baby's nutritional needs.
- Not breastfeeding is associated with an increased risk of diarrhea, ear infections, chest infections, obesity, diabetes, and SIDS for babies.
- For mothers, not breastfeeding is associated with an increased risk of health concerns such as postpartum bleeding, type 2 diabetes, breast cancer, and ovarian cancer.
- Breastfeeding decreases a baby's response to pain (e.g., during immunizations).
- Breastfeeding provides an additional way to connect emotionally.
- Breastfeeding up to two years and beyond provides the older baby with important nutrients and some immune protection.

Breast milk is different than infant formula

- There are risks to using formula and to bottle feeding. Inform a mother of modifiable risks to keep her baby as healthy as possible. See [Reducing the risks associated with infant feeding](#) (page 22).
- Infant formula is a commercial product, usually cow-milk based.



Keeping mothers and babies together at all times is important unless the baby needs special care for a medical reason

Zero separation of mothers and babies can:

- Help protect a newborn from infections at a hospital or birthing centre.
- Help a mother and her baby learn how to breastfeed.
- Help a mother gain confidence in getting to know and care for her baby.

Immediate, continuous, and prolonged skin-to-skin contact is important for all babies and is beneficial for parents as well

Skin-to-skin contact is encouraged immediately following birth as it:

- Helps babies transition to the outside world.
- Keeps babies warm and calm.
- Stabilizes vital signs.
- Promotes bonding.
- Stabilizes blood sugar.
- Helps get breastfeeding started.

Uninterrupted skin-to-skin contact immediately after birth is important even if medical interventions are used, as long as mother and baby are medically stable. Interventions can interrupt the normal hormonal physiology that prepares both mother and baby for breastfeeding. Breastfeeding and skin-to-skin contact as soon as possible can help to regulate the hormones and optimize breastfeeding outcomes.

Skin-to-skin contact continues to be beneficial in a baby's early months and can be done by the mother and other key family members.

When considering formula

If at any point a mother is considering formula, she should ensure her plan is:

- **Acceptable:** The mother perceives no problem in formula feeding. Potential problems may be cultural, social, or fear of stigma and discrimination.
- **Feasible:** The mother (or family) has adequate time, knowledge, skills, resources, and support to correctly mix formula and feed the infant responsively based on the infant's feeding cues.
- **Affordable:** The mother and family, with community or health system support if necessary, can pay the cost of formula feeding without jeopardizing the health or nutrition status of the rest of family.
- **Sustainable:** A continuous supply of safe formula will be available for up to one year of age or longer.
- **Safe:** Formula can be correctly and hygienically prepared, stored and fed in a safe and responsive manner.

Providing breast milk to a preterm or medically compromised baby

Mothers who decide to express breast milk for their preterm or medically compromised infant need additional support and information. They need to know that providing breast milk:

- Is important, even if the mother was not planning on breastfeeding.
- Provides protection against necrotizing enterocolitis, which can be life threatening to preterm infants.

For more information, see [Additional Resources](#) (page 27) for *Breastfeeding Your Early Preterm Baby* and *Breastfeeding Your Late Preterm Baby*.

Reviewing the infant-feeding plan

Reinforcing and revisiting infant-feeding information more than once is important. HCPs may not have the opportunity during one visit to review all the information needed for a mother to be fully informed and ask questions. Likewise, a mother may not be focused on infant-feeding information when she is most concerned about delivery. Therefore, discussing feeding information more than once is helpful. Frequent, short, mother-centered conversations can optimize learning and decision making. Additionally, a mother's concerns and the information she needs may change in which case new information and support will be needed. Remember, mothers may not know what they need to ask. It is important that they are supported and given information that is pertinent to their specific situation.

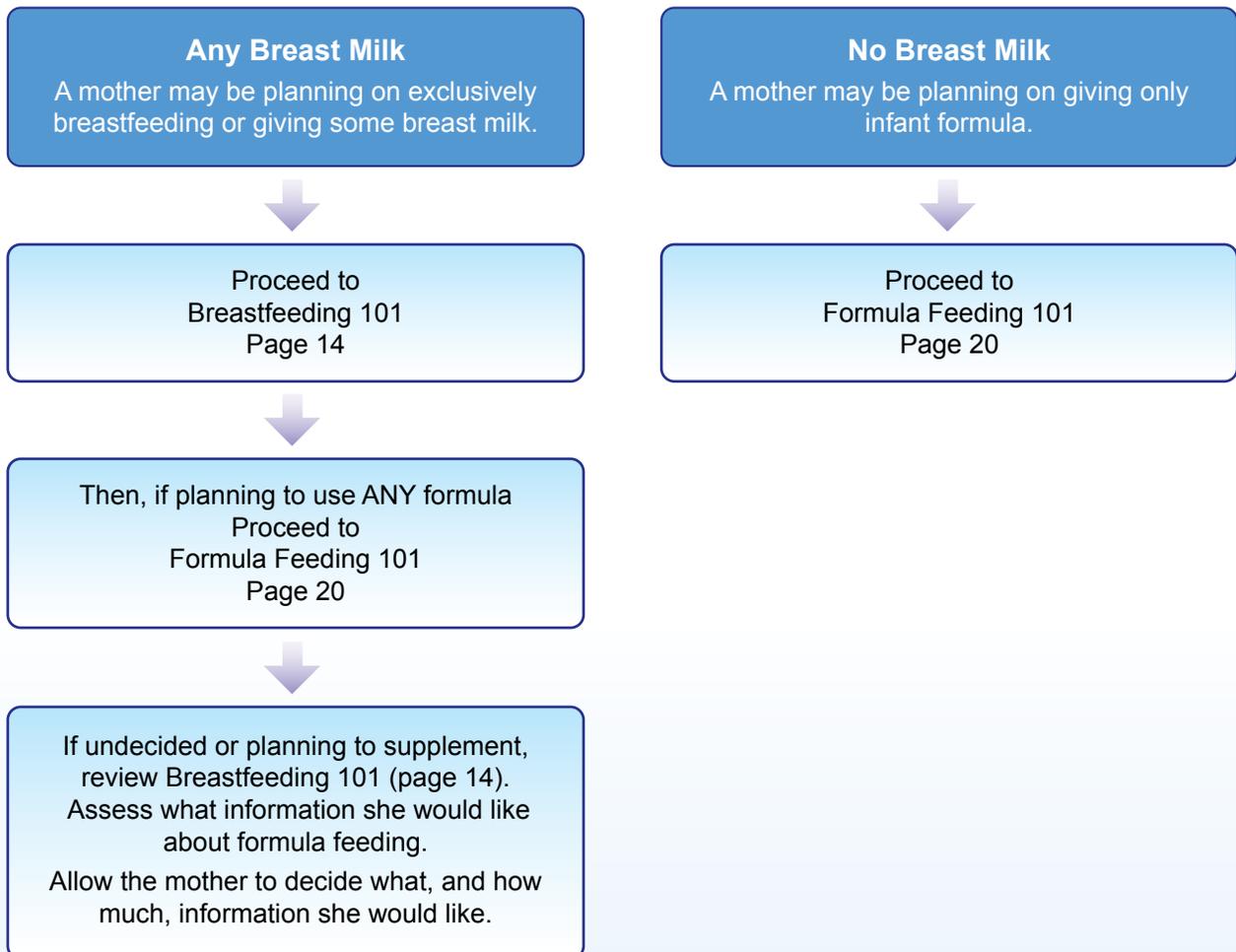
When reviewing an expectant mother's infant-feeding plan, consider the following:

- Infant formula should only be recommended when there is a medical indication. See [Additional Resources](#) (page 27) for the WHO resource *Acceptable medical reasons for use of breast-milk substitutes*.
- There may be a time when the benefits of using infant formula can outweigh the risks of using it.
- Encourage all mothers to learn about hand expression in the prenatal period in order to increase comfort with this skill.

- Pasteurized human milk from a human donor milk bank is an option for some babies if they meet the eligibility criteria to receive it.
- Some mothers consider using other women’s breast milk not obtained through a human milk bank. Health Canada advises families to be aware of the potential health risks associated with consuming human breast milk obtained through the internet or directly from individuals. Milk that is informally shared may cause illness and unexpected health problems. If a mother is considering (or is engaged in) informal milk sharing, provide her with factual information. See [Additional Resources](#) (page 27) for *Informal (Peer-to-Peer) Milk Sharing: The Use of Unpasteurized Donor Human Milk; Practice Resource for Health Care Providers*. Also be familiar with regulated donor human milk banks’ criteria for receiving or donating milk.
- If a mother decides not to breastfeed, there are many reasons and experiences that led her to formula feed her baby. Listen to her, support her, and ensure she has all the information she requires to keep herself and her baby as healthy as possible.
- If a feeding plan changes, a mother may associate the change with a perceived stigma. Refer mothers to appropriate peer support in her area. Also, provide information about professional services that provide ongoing support as she transitions into her maternal role and develops a satisfactory comfort level with her feeding method.

Once you know the feeding plan

Families can decide how they will feed their baby during preconception, pregnancy, or postpartum.



Postpartum: Making an Informed Decision about Infant Feeding

After a woman gives birth, HCPs can identify gaps in a mother's knowledge about infant feeding. HCPs are responsible for ensuring a mother has all the information she needs to make a decision so that she can follow her infant-feeding plan.

Breastfeeding 101

Consider the following conversation starter: *"You have indicated you wish to breastfeed. What have you learned about breastfeeding? What do you expect breastfeeding to be like?"*

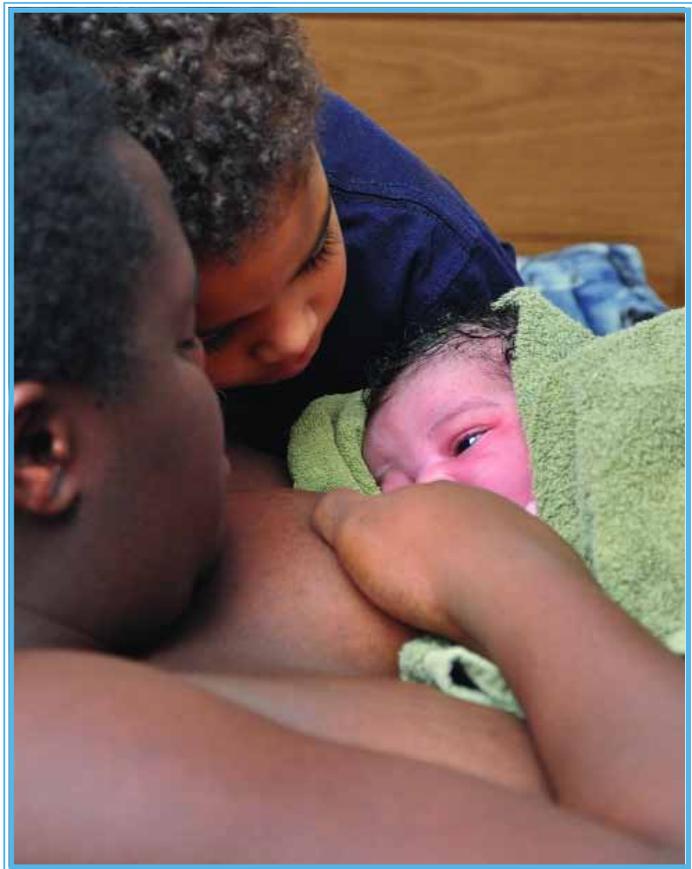
Here are topics to consider reviewing with a mother during her hospital stay or in the community:

Basic breastfeeding management

- Skin-to-skin.
- Baby-led latching.
- Ways to know her infant has a deep latch.
- Normal feeding patterns.
- Feeding cues.
- Evidence of milk transfer.
- How to tell her infant is getting enough breast milk.

Hand expressing breast milk

- Hand expression early and often after birth may significantly increase milk supply in the first weeks after birth.
- Hand expression allows the mother to offer extra breast milk when needed after feeds until breastfeeding is well-established.
- Hand expression is a skill that all mothers should be comfortable with prior to discharge from the hospital or birthing centre or in the first 24 hours following a home birth.
- Hand expression can help relieve breast fullness, helping mothers who formula feed and mothers who breastfeed feel more comfortable.



Breastfeeding services in the community

- On discharge from the hospital, birthing centre, or midwifery care, mothers need to know where they can get breastfeeding support. Both peer (mother-to-mother) and professional supports are helpful to mothers.

Information about using pacifiers and/or artificial nipples

- If a mother is considering pacifier use, it is important that she makes an informed decision and understands potential benefits and risks.
- Encourage a mother to avoid using pacifiers and/or artificial nipples. Pacifiers can have a negative impact on breastfeeding.
- Pacifiers have been associated with an increased risk of otitis media.
- If a mother has given birth to a preterm infant, review whether a pacifier could be beneficial in her situation.
- Recent evidence suggests that providing sucrose along with pacifiers can be an option to assist with pain control when neither skin-to-skin contact nor breastfeeding are an option.
- Pacifiers may provide some protection against SIDS for formula-feeding infants.
- If considering pacifier use, refer mothers of term infants to a resource on safe pacifier use. See [Additional Resources](#) (page 27) *A Parent's Guide to Soothers: What you need to know about pacifiers and soothers*.



The difficulty of reversing the decision if breastfeeding is stopped

- Ensure a mother understands that it is easier to switch from breastfeeding to formula feeding than the other way around. Though not impossible, it is often difficult to return to breastfeeding after formula feeding, especially if breast milk supply has decreased, or it was never well established.

The impact of supplementing with formula

- Even a small amount of formula given on a regular basis can reduce a mother's milk supply.
- If supplementation with formula is medically needed, mothers need to be supported to resume full breastfeeding as soon as possible, if this is her wish.
- If a mother has decided to combination feed, she needs to be informed that giving formula can impact her milk supply.
- If a mother is giving even a small amount of formula, the lactation amenorrhea method (LAM) will no longer be effective as a method of contraception.

Assisting a mother with medical supplementation of her breastfed infant

Medical reasons for supplementation are listed in the *BFI 10 Steps and Who Code Outcome Indicators for Hospitals and Community Health Services* (BCC, 2017). They may be addressed in your organization's policies.

The following breast milk substitutes (listed in order of priority for use) are recommended:

1. The mother's own fresh breast milk that was hand expressed and/or pumped.
2. The mother's own breast milk that was frozen and has been thawed just before using.
3. Pasteurized human milk (breast milk) from a donor human milk bank. Pasteurized human milk availability may be limited. Some milk banks may only have enough milk for babies with special needs such as preterm babies.
4. Commercial infant formula that is cow-milk based.

Explore a mother's feelings

Be accepting and offer information that is relevant to her. It is not uncommon for mothers to feel disappointed or to lose confidence in their ability to breastfeed. If it is her plan to return to full breastfeeding, reassure her that the need to supplement is usually a temporary measure and that you will support her breastfeeding plan.

Mothers struggling with breastfeeding may report feeling they are not good mothers. It is, therefore, important for HCPs to learn how mothers are feeling, and to proactively highlight some of her strengths. Validating a mother by commenting on how she wants to keep her baby healthy, regardless of the feeding method, may be a way to start the conversation.

Some mothers experience feelings of guilt when they have to give formula for a medical reason. It is important to explore a mother's feelings and ask her to see her HCP if feelings of guilt are not resolved.

Use active listening

- Respond to a mother by saying “*go on*”, “*hmmm*” or nodding. This shows her that you are listening actively.
- Reflect back what you heard to ensure you have understood what she is trying to convey.
- Explore her feelings.
- Explore her thoughts and beliefs about using expressed breast milk or formula and returning to full breastfeeding.

Provide information

- Let her know that, in many situations, a mother's expressed breast milk can be used as a supplement in place of formula.
- When a mother chooses not to give expressed breast milk or expressed breast milk is not available and the infant needs to be supplemented, formula will be needed.
- Using formula when not indicated can have a negative impact on a mother's milk supply. If it is needed for a medical reason put a plan in place to support breastfeeding as soon as possible.
- Explain how a mother can protect and increase her milk supply.
- Let the mother know that, if she supplements with formula, the lactation amenorrhea method (LAM) will no longer be effective as a method of contraception.

Offer to assess a breastfeed

- Observe a breastfeeding and assess if there is a deep latch and adequate milk transfer.
- Teach breast compression and switch nursing to increase milk transfer and therefore reduce the amount of supplement needed.
- Teach the mother how to hand express and/or pump to maintain or increase her milk supply.

Assist the mother to supplement by reviewing the following:

- Elements of responsive feeding.
- Options for supplementing including spoon, cup, supplementers used at the breast (commercial or hospital-made), and bottle.
- Review the approximate amounts needed in the next few days and explain that this will change quickly over the first week or two.
- Explain that the supplement can be breast milk (if the mother is expressing or pumping) and formula if breast milk volume is not sufficient.

- Explain the benefits of providing only the amount of supplement needed rather than offering larger amounts.
- Explain how to safely prepare, feed, and store formula (see page 20).
- When and where follow-up will occur.

If a mother is considering giving breast milk in a bottle, it may be helpful for her to know that there is evidence that offering expressed breast milk by bottle is healthier for her baby than feeding formula. However, returning to direct breastfeeding from the breast may be more time efficient and may provide:

- Better appetite regulation.
- Better antibody production in the mother.
- More opportunities for bonding.
- Better support of normal development of facial muscles, teeth, and jaw.

In the early days, re-evaluate the feeding plan frequently

- If a mother has given formula once, she is more likely to give it again in the future. Explore her plan for feeding and provide resources as necessary.
- If she is going to use formula on an ongoing basis, or after discharge from hospital or birthing centre, consider the health teaching outlined in the section [Formula feeding 101](#) (see page 20).

Ask: *“What questions do you have before we proceed?”*



Support the mother

Let the mother know that you will support whatever decision she makes and that she can change her mind at any time. Ensure that follow-up is arranged to support the mother regardless of her feeding plan.

It is common for the mother to feel disappointed if formula is required to meet her infant's needs. Take time to support her, answer her questions, and provide information that can help to build her confidence. Support her to make decisions that are best for her and her infant and to feel comfortable with the decisions she has made.

If the mother wishes to return to breastfeeding, support her wishes and assist her to develop a plan to protect her milk supply and return to fully breastfeeding her baby

as soon as possible. If the mother wishes to formula feed, let her know that you support her decision. Offer to go over information with her so that she can feed her baby with the confidence of knowing that she is feeding her baby safely and in a way that fosters a healthy emotional relationship.



Assisting a breastfeeding mother who is requesting formula

Mothers may want to give formula when it is not medically needed. There are many reasons the mother may feel extra formula is needed. It is important to identify the reasons behind the request and then respond accordingly.

Here are some points to consider:

- Use active listening and reflect back what you are hearing; explore why she she wants to give formula. *“I understand that you are feeling overwhelmed because you have been feeding for a long time and your baby is not settling. Tell me what you have tried to settle your baby so far?”*
- Reassure her if there are no underlying medical reasons to give formula. *“It is common for mothers to feel unsure and concerned in the early days when many babies breastfeed so frequently. Frequent feeding is normal, helps babies learn to feed well, and increases your milk volume.”*
- Review the mother's options by letting her know that you would like to ensure she has all the information needed to make the decision that is best for her and her infant, before formula is provided. *“I understand you would like to give some formula. Before that happens, I would like to ensure you have information to make the best decision for you and your baby at this time. Would that be ok?”*

Explore a mother's feelings and work together to determine a plan

Consider asking one of the following questions:

- *“Would you like help with breastfeeding? I might be able to suggest some strategies to ensure that your baby is feeding as well as possible.”*
- *“I know you are intending to exclusively breastfeed. Here are some points I'd like you to be aware of:*
 - *Often babies feed frequently in the early days; this helps to build and establish your milk supply, and then feedings become less frequent.*
 - *In the early days babies need very little breast milk. The small amount of colostrum they receive when they are latched well is usually all that is needed.*
 - *Supplementation with formula can impact milk supply.*
 - *Giving expressed breast milk is an option.*
 - *Should you decide to give some formula and would like to return to full breastfeeding, you will need a plan to protect your milk supply.*
 - *Sometimes babies are fussy for reasons other than hunger. You can try other ways to settle your baby such as holding skin-to-skin, rocking, slow and repetitive movements, or walking with your baby.”*

If, after exploring ways to continue breastfeeding, a mother decides to partially or entirely feed formula. Review the following:

- Elements of responsive feeding.
- Options for supplementing including spoon, cup, supplementers used at the breast (commercial or hospital-made), and bottle.
- The amount of supplement needed. This may decrease as baby takes more milk at the breast. If the baby takes less milk from the breast, the amount of supplement may increase. In both cases the baby will get the right amount as long as the mother is feeding her baby according to baby's cues.
- The importance of following baby's cues when deciding how much formula to offer. When baby shows signs of fullness the feeding should end even if some formula remains in the bottle.
- How to safely prepare, feed, and store the formula.
- Let her know that the feeding method may change and the volume will increase quickly over the first week or two.
- Connect her with knowledgeable support for follow-up.

Support a mother

Let the mother know that you support whatever decision she makes, and she can change her mind at any time. Ensure that follow-up is arranged to support the mother with feeding.



Formula feeding 101

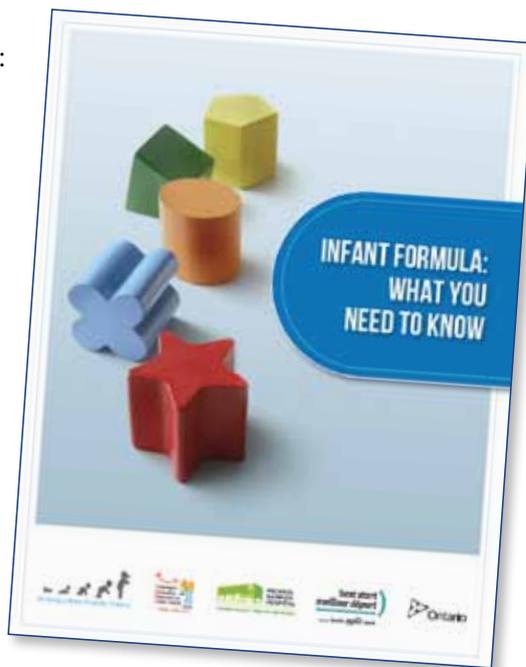
Mothers who use formula need to have the following information to safely prepare, feed and store infant formula. The learning needs are extensive. Therefore, ensure each mother is supported to learn while in hospital and during follow-up in the community.

In order to determine what topics to review with a mother, consider the following questions and build on her responses:

- “What is your experience preparing formula?”
- “What is your experience feeding a baby formula?”
- “What concerns do you have about formula feeding?”
- “What equipment do you already have ready for safely preparing and feeding formula.”

Consider reviewing the topics below with every mother who will be using formula after discharge either occasionally or on a regular basis.

More details regarding the safe preparation, feeding, and storage of infant formula, can be found in the resource *Infant Formula: What You Need to Know* (see [Additional Resources](#) page 27). Use this booklet as a teaching guide when working with mothers who are feeding formula to their infants.



The types of formulas and how they differ

- Formula is available either in ready-to-feed, concentrate, or powdered form.
- Discuss with the mother the advantages/disadvantages of each type of formula.
- Ensure she knows that powdered formula is not sterile and carries additional risks.

How to safely prepare formula-feeding equipment

After washing, sterilize bottles and feeding equipment using the following steps:

- Fill a large pot with water.
- Add bottles, nipples, rings, caps, discs, measuring cup, knife or scissors, can opener (if needed), mixing utensils, and tongs with the handle sticking out of the pot.
- Make sure all equipment is covered with water, and there are no air bubbles.
- Bring the water in the pot to a boil. Let the water boil for two minutes without the lid on.
- Use the sterilized tongs to remove the bottles and feeding equipment from the water. Shake excess water off. Set the equipment to air dry on a clean towel. The equipment is then ready to use.

How to safely prepare formula

- Bring water to boil and let it boil for two minutes without a lid. It is safe to use water that has been boiled and cooled and mix it with the right amount of liquid concentrate formula.
- There is no research that says when to safely stop sterilizing. That means it is safest to sterilize water and feeding supplies as long as the infant is formula feeding.



- Powdered formula is not manufactured to be sterile like liquid formulas. There are specific mixing needs when using powdered formula. Powdered formula is not recommended for premature babies, low-birth-weight babies who are under two months of age, or babies with a weakened immune system. Powdered formula is safest when mixed with water that is at least 70°C.
- Soy-based formulas are not recommended unless other options have been eliminated or there is a dietary or cultural need to use soy-based formula.

How to safely formula feed

- Hold the infant for feeds and do not prop the bottle.
- Follow the infant's feeding cues for hunger and satiety. Pause the feeding if the baby shows signs of stress during the feeding. Explore possible reasons for the infant's stress cues.

The financial cost associated with formula feeding

- Consider the cost of formula, the equipment, preparation time and resources, transportation, and environmental impact.
- Formula often costs more in remote areas.

Reducing risks

- Teach the mother how to reduce the modifiable risks that are associated with formula feeding. See [Reducing the risks associated with infant feeding](#) (page 22).

Feeding plans can change

- If the mother did not breastfeed in the first few days and would like to initiate breastfeeding, an International Board Certified Lactation Consultant (IBCLC) or other knowledgeable HCP can help the mother get started with breastfeeding.

Community services are needed for follow-up

- Provide information about parenting programs in the community and ensure a mother knows where to go if she has questions or concerns (see [Additional Resources](#) page 27).

Remember

The mother who is formula feeding can benefit from verbal and written information about the safe preparation, storage and use of formula.

Remind mothers that even a small amount of breast milk is beneficial to her baby.

Reducing the risks associated with infant feeding

In order for HCPs to provide mothers with the information necessary to make an informed decision about infant feeding, the HCP must be aware of and understand how and when to present benefits, risks, and options related to a mother's individual situation.

The table below outlines some of the known risks.

| POTENTIAL RISK ASSOCIATED WITH INFANT FEEDING | REDUCE THE POTENTIAL RISK BY ENCOURAGING A MOTHER TO USE THE FOLLOWING PRACTICES: |
|--|--|
| Increased risk of illness with formula feeding. | <ul style="list-style-type: none"> • Offer her infant as much breast milk as possible and return to full breastfeeding as soon as possible. • Hold her infant skin-to-skin to optimize exposure to her microbes to colonize the baby's gut and produce a healthy microbiome and to promote physiological benefits to her infant. • Prepare and store formula safely to reduce the risk of food and water-borne illnesses. <p>See Formula feeding 101.</p> |
| Increased risk of less responsive feeding with bottle feeding. | <ul style="list-style-type: none"> • Be familiar with cue-based feeding which helps in responding to signs of hunger, stress and satiation. • Offer a bottle in response to feeding cues by gently inviting her infant to take the bottle nipple. • Be responsive to her infant and avoid forcing her infant to finish a bottle as formula/bottle-fed babies are at risk of over feeding. • Use eye-to-eye contact with her infant to build early communication and responsiveness to one another. Include smiles and vocalization. • Hold her infant close and alternate which arm is used to hold her infant while feeding. |
| Increased risk of formula contamination due to manufacturing errors and/or impure water. | <ul style="list-style-type: none"> • Be knowledgeable about where to access information about formula recalls. <ul style="list-style-type: none"> – The Government of Canada website, Healthy Canadians, lists safety concerns and recall alerts. The mother may sign up for alerts and compare the lot numbers of her infant's formula cans to the lot numbers on the website. • Be knowledgeable about safe water selection when preparing formula. • Avoid using baby formula makers as their safety has not been confirmed. |
| Reduced breast milk supply with formula and/or bottle feeding. | <p>If formula or a bottle is going to be used and a mother would like to return to full breastfeeding at the breast, consider the following:</p> <ul style="list-style-type: none"> • Assist the mother in planning to establish and maintain her milk supply. This may include hand expressing, pumping, or both. • Consider cup or spoon feeding or the use of a lactation aid to avoid bottles. • Refer the mother to a knowledgeable professional who can assist the mother to return to her original feeding plan. |

POTENTIAL RISK ASSOCIATED WITH INFANT FEEDING

REDUCE THE POTENTIAL RISK BY ENCOURAGING A MOTHER TO USE THE FOLLOWING PRACTICES:

Increased risk of dehydration/inadequate calories if the baby is not breastfeeding effectively.

- Assist the mother to identify sufficient milk transfer at each feeding.
- Educate the mother regarding signs that her infant is getting an adequate amount of breast milk when at the breast. Also educate her about signs when she needs to talk to a HCP.
- Teach the mother to hand express early and encourage her to give expressed breast milk by spoon or cup after feedings especially if she does not feel confident that her infant has fed well.
- Have an experienced HCP teach the mother to assess adequate milk transfer in the first few days. This will build her confidence.
- Ensure that the mother has support and follow-up from an experienced HCP until she feels confident with feedings and her baby is showing an adequate weight gain pattern.

Increased risk of illness from direct breastfeeding when the following are considerations.

- Maternal HIV.
- Herpes simplex virus type 1 (HSV-1). Direct contact between lesions on the mother's breasts and the infant's mouth.
- Using medication that is contraindicated while breastfeeding.
- Infants with galactosemia.
- Infants with maple syrup urine disease (MSUD).
- Infants with phenylketonuria.

- Use a replacement that is acceptable, feasible, affordable, sustainable, and safe.
- Refer to up-to-date recommendations for breastfeeding with any of these conditions.

Increased risk that a baby may require a supplement in the following situations:

- Infants born weighing less than 1500g (very low birth weight).
- Infants born at less than 32 weeks of gestational age (early pre-term).
- Infants with hypoglycaemia if blood sugar fails to respond to effective breastfeeding or breast milk feeding.

- Consider providing the baby with additional calories from a source that is acceptable, feasible, affordable, sustainable, and safe.



Preparing for Discharge

Before discharge from the hospital or birthing centre, it is important to ensure that a mother is feeling comfortable with feeding her infant at home. Ask open-ended questions to assess the mother's level of knowledge and confidence.

Consider questions such as:

- *“Did you have an opportunity to talk to your nurse about what feeding will be like when you go home? What did you discuss? I have a few items to review before you leave. Would that be ok?”*
- *“How confident are you feeling about feeding and caring for your baby at home?”*

Topics to discuss with all mothers before discharge

It is important to ensure all mothers are aware that anxiety and depression symptoms can be exacerbated by sleep deprivation. It is important that she knows who to contact if she not sleeping well, cannot sleep when her baby is sleeping, or feels as though she is struggling emotionally.

All mothers should also know the following:

- How to tell feeding is going well.
 - Baby is swallowing visibly or audibly.
 - Baby has output appropriate for the age.
 - Baby is happy/content after most feedings.
 - Weight-loss and weight-gain patterns are within expected parameters.
- How to continue to provide safe skin-to-skin contact. This can be done by a partner or significant person as well.
- How to follow the infant's feeding cues for hunger, stress and satiation.

- When to follow up with a health care provider and other community resources.
 - The baby’s needs, the mother’s milk supply, and the feeding plan may change rapidly during the first few days after discharge.
 - When there are any concerns and/or questions regarding feeding.

Topics to discuss before discharge with a mother who is exclusively breastfeeding

- How to identify sufficient milk transfer when breastfeeding.
- How to latch comfortably. See [Additional Resources](#) (page 27) for Breastfeeding Matters.
- How to hand express. See [Additional Resources](#) (page 27) for Breastfeeding Matters.
- The benefits of peer support
 - Encourage the mother to attend local peer-led groups or peer-led telephone support.
 - Mothers experience more breastfeeding success and satisfaction when they have mother-to-mother support.
- Information about donating to a donor human milk bank after the mother’s milk supply is well established and if she has more milk than her baby needs. See [Additional Resources](#) (page 27) for the Rogers Hixon Human Milk Bank.
- Contraception that is compatible with breastfeeding. Include a discussion regarding the lactation amenorrhea method (LAM). See [Additional Resources](#) (page 27) for Breastfeeding Matters.
- Potential effects of formula use. See [Formula feeding 101](#) (page 20)

Topics to discuss before discharge with a mother who is breastfeeding and supplementing

- Ensure the mother has established a feeding plan that is manageable for the mother and takes her long-term feeding plan into consideration.
- Ensure the mother knows who to call to receive early support and ongoing support in the community.
- Ensure the mother has access to quality breastfeeding information.
- Ensure a mother knows when and how much to supplement and who to contact if she thinks that a change in the feeding plan is needed.
- Ensure the mother knows how to establish a plentiful milk supply when her infant is latching and requires giving the supplement such as:
 - Explore options for how to give the supplement such as spoon, cup, supplementers used at the breast (commercial or hospital-made), and bottle. Let her know that the feeding method can change and connect her with knowledgeable support.



- Encourage the use of her expressed milk.
- Review hand expression and pumping as needed. Encourage the mother to remove milk after every feed when supplementing, this is usually at least eight times in 24 hours. An IBCLC can help her to develop a plan that works best for her.
- Discuss ways to increase milk supply including discussing galactagogues with her HCP to reduce the need for supplementation.



- Review that breastfeeding, expressing, and supplementing can become time-consuming. Therefore, create a plan where the mother can manage to complete a feeding in approximately one hour.
- It is important to ensure that the mother is aware that anxiety and depression symptoms can be exacerbated by sleep deprivation. It is important that she knows who to contact if she not sleeping well, cannot sleep when her baby is sleeping, or feels as though she is struggling emotionally.
- Review the importance of receiving follow-up to safely manage supplementation.

Topics to discuss before discharge with a mother who is using formula

If the mother is using formula, ensure that she has made an informed decision to formula feed.

- Review how to safely prepare and store the type of formula the mother will be using.
- Review how to safely formula feed her infant. Include the importance of holding her infant for feeds and being responsive to her infant's cues.
- Explore financial considerations. Ensure she can access and has the resources to safely prepare, store and use formula for as long as it may be needed (one year).
- Be sure to consider the costs associated with obtaining suitable feeding equipment and replacing feeding equipment as needed.
- See [Formula feeding 101](#) (page 20).

Informed Decision-Making Videos

There are four videos that were developed to complement this resource. These videos can be accessed on YouTube at www.youtube.com/playlist?list=PLuXeYGn_UTUmRZ3pxnqcdXzDYdpxi1oK. They demonstrate HCPs assisting clients with making an informed decision. The following video scenarios are available:

- [Supporting the Breastfeeding Mother Who Is Requesting Formula.](#)
- [Deciding to Supplement with Formula.](#)
- [Medical Need to Supplement with Formula.](#)
- [Supporting the Formula Feeding Mother.](#)

Additional Resources

Academy of Breastfeeding Medicine

- [Breastfeeding Protocols](#)

American Academy of Pediatrics

- [Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns](#)

American Academy of Pediatrics Institute for Healthy Childhood Weight and Kognito

Change Talk: Childhood Obesity

- [Change Talk: A simulation to learn and practice motivational interview techniques](#)

Best Start Resource Centre

- [Breastfeeding Matters: An important guide to breastfeeding for women and their families](#)
- [Breastfeeding Your Early Preterm Baby](#)
- [Breastfeeding Your Late Preterm Baby](#)
- [Infant Formula: What You Need to Know](#)

Bilingual Online Ontario Breastfeeding Services Directory

An online searchable directory of breastfeeding services in Ontario.

- www.ontariobreastfeeds.ca

Breastfeeding Committee for Canada

- [BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services](#)

Breastfeeding Resources Ontario

A centralized source of quality, evidence-informed resources that support the Baby-Friendly Initiative.

- [Breastfeeding Resources Ontario](#)

Canadian Paediatric Society

- [The Baby-Friendly Initiative: Protecting, promoting and supporting breastfeeding](#)

Children's Hospital of Eastern Ontario Family Decision Services

Ottawa Family Decision Guide

- [CHEO: Ottawa Family Decision Guide](#)

Government of Canada

Food Safety: Milk and infant formula: Preparing and handling powdered infant formula

- [Government of Canada: Preparing and handling powdered infant formula](#)

Healthy Canadians: Recalls and safety alerts

- [Healthy Canadians: Recalls and safety alerts](#)

Health Canada

- [Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months](#)
- [Safety of Donor Human Milk in Canada](#)

Middlesex-London Health Unit

Information related to decision-making tools.

- [Making Informed Decisions about Your Care](#)

Perinatal Services BC

The purpose of this document is to provide HCPs with the essential knowledge and tools to facilitate an informed discussion and decision-making process related to informal (peer-to-peer) milk sharing.

- [Informal \(Peer-to-Peer\) Milk Sharing: The Use of Unpasteurized Donor Human Milk](#)

Information for Families: Informal (Peer-to-Peer) Human Milk Sharing

- [Informal Milk Sharing Family Information Sheet](#)

Region of Waterloo

- [Skin-to-Skin Key Messages for Service Providers](#)

Rogers Hixon Ontario Human Milk Bank

- [Rogers Hixon Ontario Human Milk Bank](#)

Sudbury & District Health Unit

- [A Parent's Guide to Soothers: What you need to know about pacifiers and soothers.](#)

Telehealth Ontario Breastfeeding Support Line (available 24 hours per day, 7 days per week)

- 1-866-797-000 or TTY 1-866-797-0007

World Health Organization

- [Acceptable medical reasons for use of breast-milk substitutes](#)

References

- Agency for Healthcare Research and Quality. (2014). *Essential steps of shared decision making: Expanded reference guide with sample conversation starters*. Retrieved from www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-2/index.html
- Baby-Friendly Initiative Strategy for Ontario. (2015). *Tip sheet: Infant feeding informed decision making*. Retrieved from www.beststart.org/bflinks/Tip%20Sheet%20-%20Infant%20Feeding%20Informed%20Decision%20Making.pdf
- Bahatia, K. (2010). *Textbook on legal language and legal writing*. New Delhi, India: Universal Law Publishing Company.
- Bergman, N. (2014). The neuroscience of birth – and the case for zero separation. *Curationis*, 37(2).
- Breastfeeding Committee for Canada. (2017). *BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Centres*. Retrieved from www.breastfeedingcanada.ca/BFI.aspx
- Caring for Kids. (2012). *Pacifiers (soothers): A user's guide for parents*. Retrieved from www.caringforkids.cps.ca/handouts/pacifiers
- Charles, C., Gafni, A. & Whelan, T. (1999). Decision-making in the physician-patient encounter: Revisiting the shared treatment decision-making model. *Social Science & Medicine*, 49(5),651-661.
- Chowdhury, R., Sinha, B., Sankar, M., Taneja, S., Bhandari, N., Rollins, N., Bahl, R. & Martines, J. (2015). Breastfeeding and maternal health outcomes: A systematic review and meta-analysis. *Acta Paediatrica*, 104, 96-113.
- Chaput, K., Nettel-Aguirre, A., Musto, R., Adair, C.E., Tough, S. (2016). Breastfeeding difficulties and supports and risk of postpartum depression in a cohort of women who have given birth in Calgary: A prospective cohort study. *CMAJ-Open*;4 (1):103-109.
- Chaput, K., Adair, C., Nettel-Aguirre, & Tough, S. (2015) A qualitative inquiry of the experience of nursing women with breastfeeding support in the context of a mixed-methods study on breastfeeding difficulties and postpartum depression. *CMAJ Open*:3(3), 305-309.
- College of Nurses of Ontario. (2009). *Practice standards: Ethics*. Retrieved from www.cno.org/globalassets/docs/prac/41034_ethics.pdf

- Dabrowski, G. (2007). Skin-to-skin contact: Giving birth back to mothers and babies. *Nursing Womens Health, 11*(1): 64–7.
- DiSantis, K., Collins, B., Fisher, J., & Davey, A. (2011). Do infants fed directly from the breast have improved appetite regulation and slower growth during early childhood compared with infants fed from a bottle? *International Journal of Behavioral Nutrition and Physical Activity, 8*(89), 1-11.
- Dumas, L., Lepage, M., Bystrova, K., Matthiesen, A.-S., Wells-Nyström, B., & Widström, A.-M. (2013). Influence of skin-to-skin contact and rooming-in on early mother–infant interaction: A randomized controlled trial. *Clinical Nursing Research, 22*, 310–336.
- Grummer-Strawn, L., & Mei, Z. (2004). Does breastfeeding protect against pediatric overweight? Analysis of longitudinal data from the Centers for Disease Control and Prevention Pediatric Nutrition Surveillance System. *Pediatrics, 113*, e81-e86.
- Grummer-Strawn, L. & Rollins, N. (2015). Summarizing the health effects of breastfeeding. *Acta Paediatrica, 104*, 1–2.
- Hauck, F., Thompson, J., Tanabe, K., Moon, R., & Vennemann, M. (2011). Breastfeeding and reduced risk of sudden infant death syndrome: A meta-analysis. *Pediatrics, 128*, 103–110.
- Informed Medical Decisions Foundation. (2017). *Why shared decision making?* Retrieved from <https://innovations.ahrq.gov/qualitytools/informed-medical-decisions-foundation-tools-providers>
- Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, T., & Lau, J. (2007). Breastfeeding and infant health outcomes in developed countries. In *Evidence Report/Technology Assessment* (Number 153). Rockville, MD: Agency for Healthcare Research and Quality.
- Jackson, C., Cheater, M., & Reid, I. (2008). A systematic review of decision support needs of parents making child health decisions. *Health Expectations, 11*, 232–251.
- Jacobson, C., Zlatnik, M., Kennedy, H., & Lyndon, A. (2013). Nurses’ perspectives on the intersection of safety and informed decision making in maternity care. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 42*(5), 577–587.
- Karabulut, E., Yalçın, S., Özdemir-Geyik, P., & Karaagaoglu, E. (2009). Effect of pacifier use on exclusive and any breastfeeding: A meta-analysis. *The Turkish journal of pediatrics, 51*(1), 35.
- Ludlow, V., Newhook, L., Temple Newhook, J., Bonia, K., Murphy-Goodridge, J., & Twells, L. (2012). How formula feeding mothers balance risks and define themselves as ‘good mothers’. *Health Risk Society, 14*(3), 291–306.
- Moore, E., Anderson, G., Bergman, N., & Dowswell, T. (2012). Early skin-to-skin contact for mothers and their healthy newborn infants (Review). *The Cochrane Collaboration*. May 16;(5).
- Morton, J., Hall, J., & Pessl, M. (2013). Five steps to improve bedside breastfeeding care. *Nursing for Women’s Health, 17*, 478–488.
- Murphy, S., Kochanek, K., Xu, J., & Heron, M. (2015). Deaths: Final data for 2012. *National Vital Statistics Report, 63*, 1-117.
- Owen, C., Martin, R., Whincup, P., Smith, D., & Cook, D. (2006). Does breastfeeding influence risk of type 2 diabetes in later life? A quantitative analysis of published evidence. *American Journal of Clinical Nutrition, 84*(5), 1043-1054.
- Oxford, M., & Findlay, D. (2015). *NCAST caregiver/parent-child interaction feeding manual* (2nd ed.). Seattle; NCAST programs, University of Washington, School of Nursing.

Parry, J., Ip, D., Chau, P., Wu, K., & Tarrant, M. (2013). Predictors and consequences of in-hospital formula supplementation for healthy breastfeeding newborns. *Journal of Human Lactation*, 29(4), 527-536.

Rovers, M., Numans, M., Langenbach, E., Grobbee, D., Verheij, T., & Schilder, A. (2008). Is pacifier use a risk factor for acute otitis media? A dynamic cohort study. *Family practice*, 25(4), 233-236.

Sisk, P., Lovelady, C., Dillard, R., Gruber, K., & O'Shea, T. (2010). Early human milk feeding is associated with a lower risk of necrotizing enterocolitis in very low birth weight infants. *Journal of Perinatology*, 27, 428-433.

Stuebe, A. (2009). The risks of not breastfeeding for mothers and infants. *Reviews in Obstetrics and Gynecology*, 2(4), 222-231.

UNICEF UK. (2014). *Having meaningful conversations with mothers: A guide to using the Baby Friendly signature sheets*. Retrieved from www.kentbabymatters.org/wp-content/uploads/2015/03/UNICEF-Meaningful-Conversations.pdf

UN Refugee Agency. (2003). *Guidance on infant feeding and HIV in the context of refugees and displaced populations*. Retrieved from www.unhcr.org/protection/health/4acb0c111b/guidance-infant-feeding-hiv-context-refugees-displaced-populations-june.html

WHO. (2007). IMCI Complementary Course on HIV/AIDS; Module 3; Counselling the HIV Positive Mother. Retrieved from www.afro.who.int/sites/default/files/2017-06/module_3.pdf

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Contact information

For questions or more information, contact the BFI Strategy for Ontario at bfistrategy@tehn.ca
www.tegh.on.ca/bfistrategy

