

Breastfeeding protection in health care facilities of Québec, Canada

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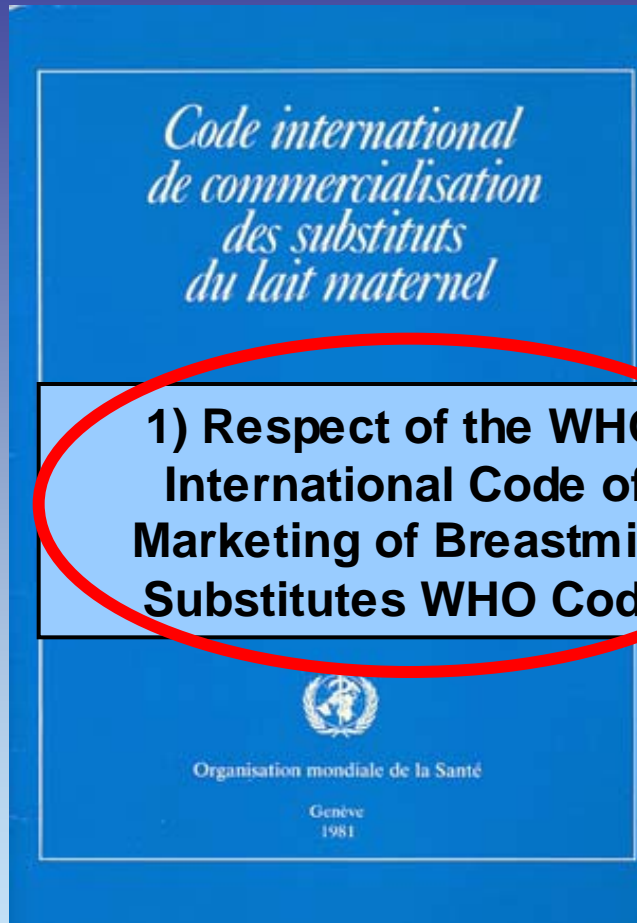


Washington DC
November 5, 2007

Agence de la santé
et des services sociaux
de la Montérégie

Québec 

The BFI in Canada and Quebec...



1) Respect of the WHO International Code of Marketing of Breastmilk Substitutes WHO Code

2) Attaining a required BF rate

3) Compliance with the Ten Steps (Hospital centers)

1. Breastfeeding policy
2. Health care staff training
3. Prenatal information
4. Early contact
5. Breastfeeding management and teaching
6. In-hospital supplementation
7. Rooming-in
8. Demand breastfeeding
9. Artificial teats and pacifiers
10. Postpartum follow-up

3) Compliance with the Seven Point Plan (Community Health Centers)

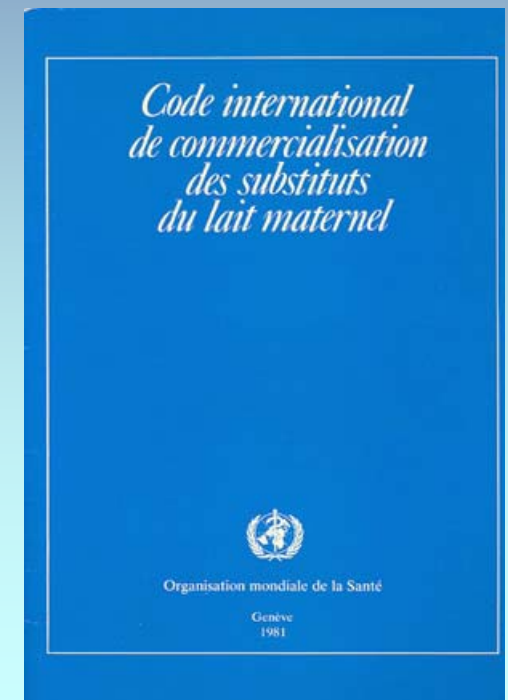
1. Breastfeeding policy
2. Health care staff training
3. Prenatal information
4. Exclusive BF to 6 months
5. Sustained BF after 6 months
6. Welcoming atmosphere
7. Collaboration among organizations and community groups.

What is the Code?

Since 1981, an international PH recommendation to regulate the marketing of BM substitutes (infant formula, complementary foods and artificial nipples).

- **Article 6: Health care system**

"No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope this Code...."



Montréal Code Monitoring - I

Objective

Establish Code compliance in Montréal health care facilities.



Participating health care facilities (HCF)

- 9 hospitals attending 10 000 births
- 19 community health centers serving 13 000 mothers

Since 2004, regrouped in
11 Health and Social Services centers

Montréal Code Monitoring - II

Design based on 3 perspectives



**Staff &
administrator**
Hospitals = 10
CHCs = 10



**Pregnant women/
Mothers**
Hospitals = 15, 25
CHCs = 10



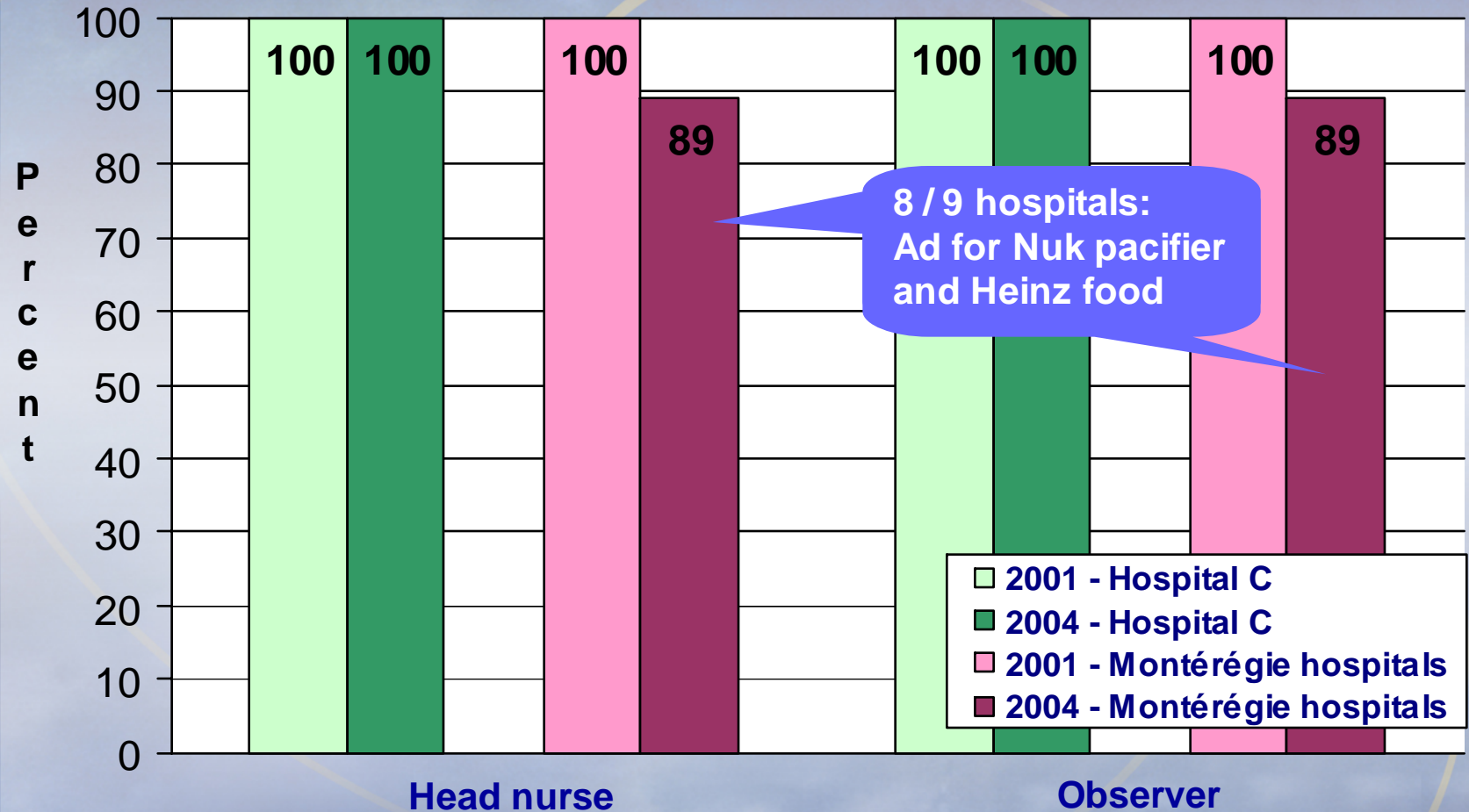
**External
Observer**

***Data collection and analysis
using the BFHI-100 and BFI-111
Assessment Tools to measure
Baby Friendly compliance.***



To measure Code compliance in hospitals and CHCs																						
Formulation of 8-19 indicators considering the 3 perspectives																						
Answers by staff, mothers and observer examined for compliance																						
Calculation of an indicator's extent of implementation (% of "correct" answers)																						
Example of an indicator																						
MOTHER'S PERSPECTIVE																						
	1	2	3	4	5	6	7	8	9	10	%											
Did you receive from the hospital samples or supplies of infant formula or sterile water to use at home other than what could have been included in the promotional gifts (diaper bags or gift packs)?																						
Yes											1											
No											1	1	1	1	1	1	1	1	1			
Does not know																						
Comments:												2 bottles										
											Implementation (%)	Target	Points obtained									
INDICATOR 1 The mother reports she did not receive samples or supplies of infant formula or sterile water to use at home other than what could have been included in the promotional gifts (diaper bags or gift packs).											90	80	1									
The threshold to consider an indicator "completely" implemented: 100 %, 80 %																						
If an indicator is "completely" implemented (i.e., % reaches the target), it contributes 1 point to a summary measure, the Code Global Compliance Score (varies between 0 and 1 after dividing by maximal score).																						

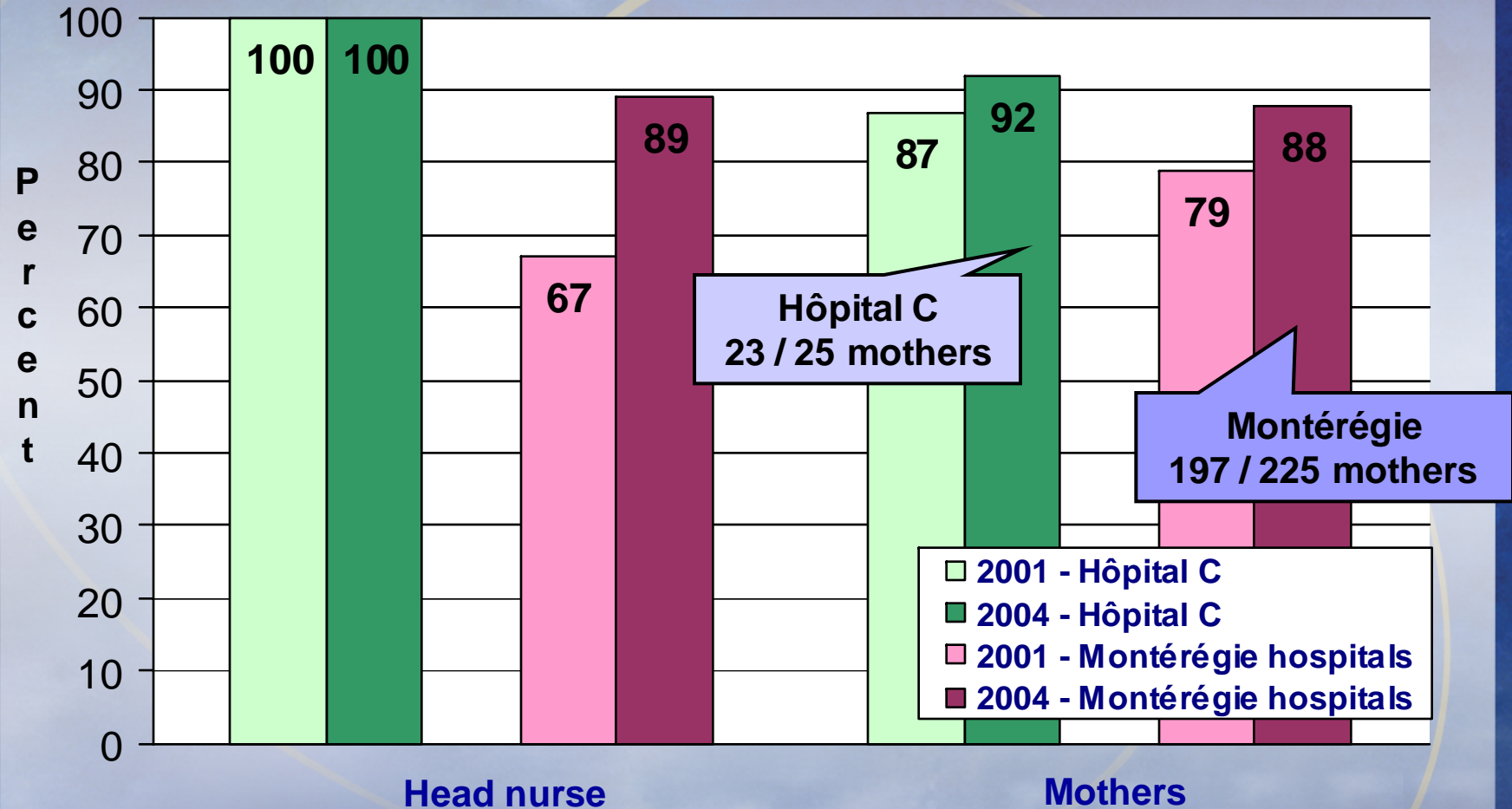
Art. 6.7 & WHA resolutions Montréal Hospitals, 2001-2004



**No distribution of gift packs containing PCC
(in 2001, only formula)**

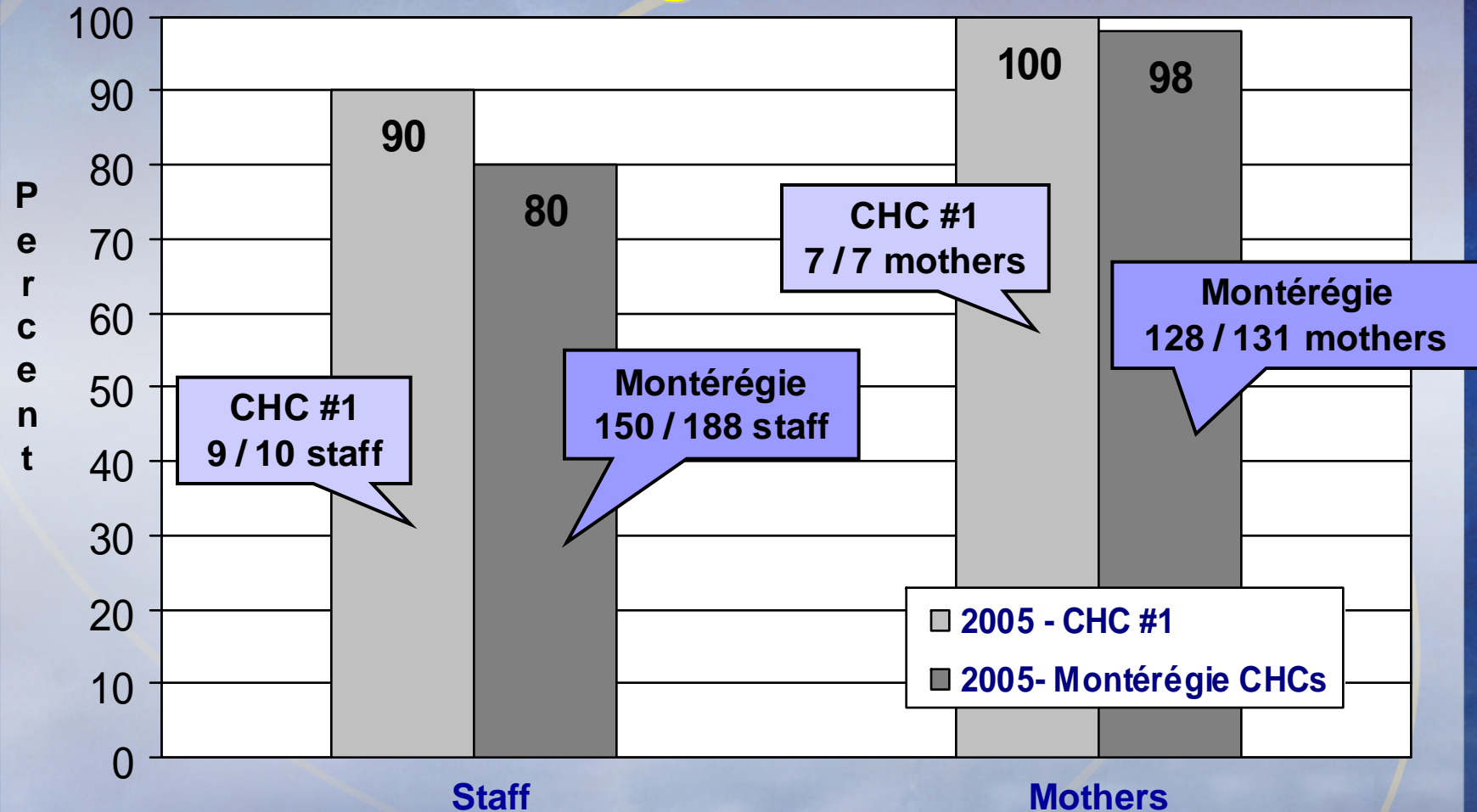
Art. 6.7 & WHA resolutions

Montréal Hospitals, 2001-2004



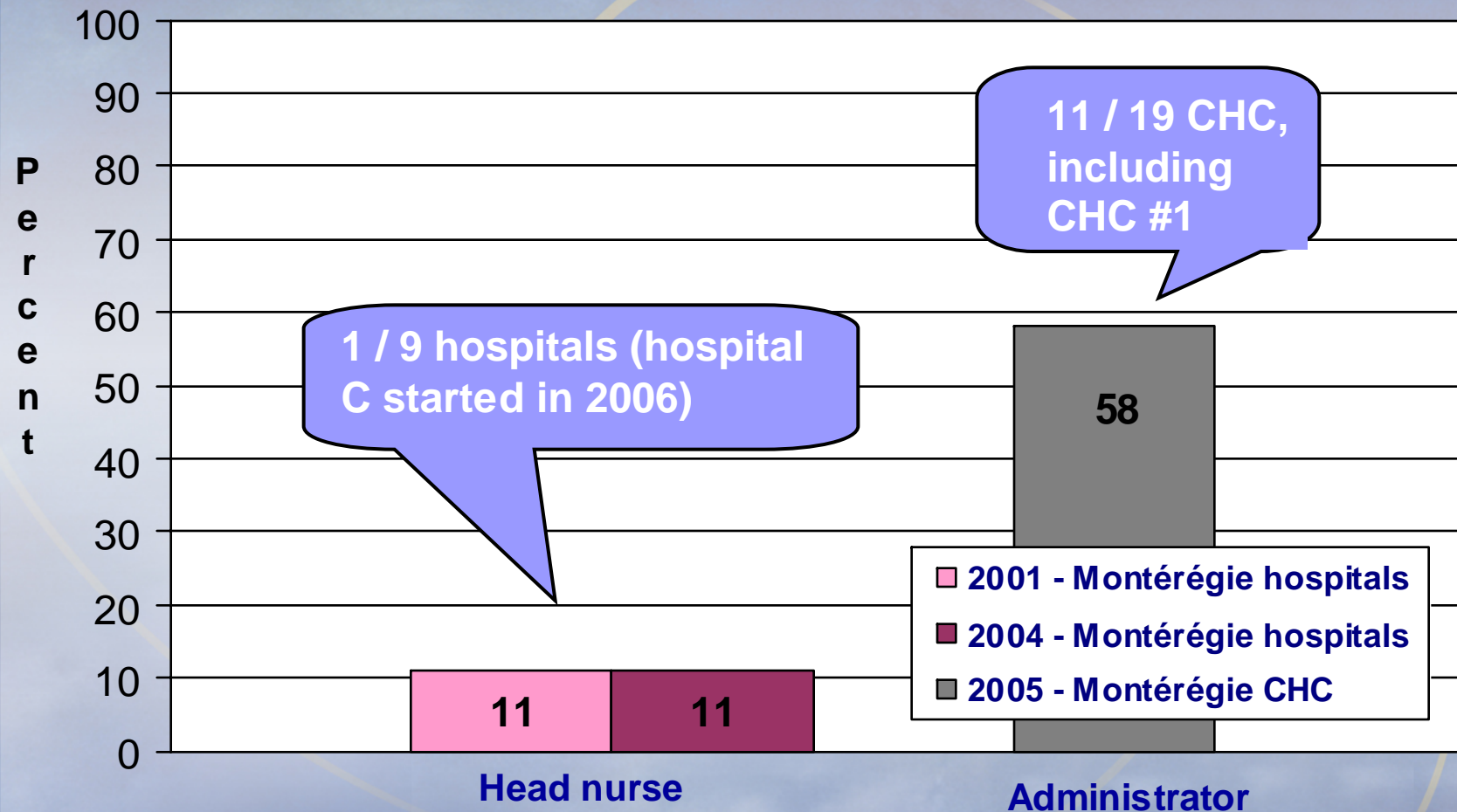
No distribution of free formula or sterile water (samples or supply) for home use, other than those in gift packs

Art. 6.7 & WHA resolutions Montréal CHC, 2005



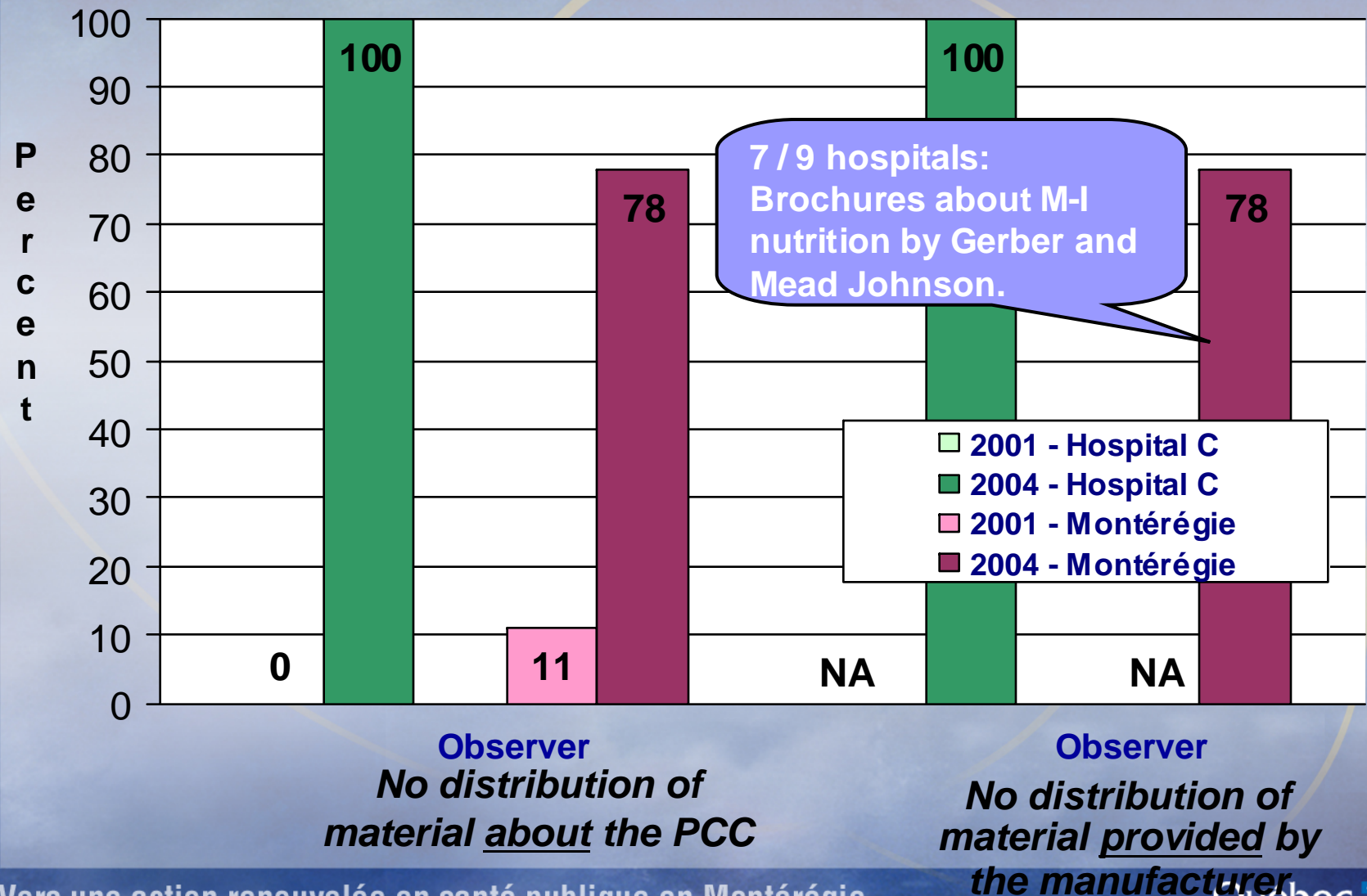
No distribution of free formula (samples or supply) for home use

Art. 6.6 & WHA resolutions (1986,1994) Provision of free or low-price supplies

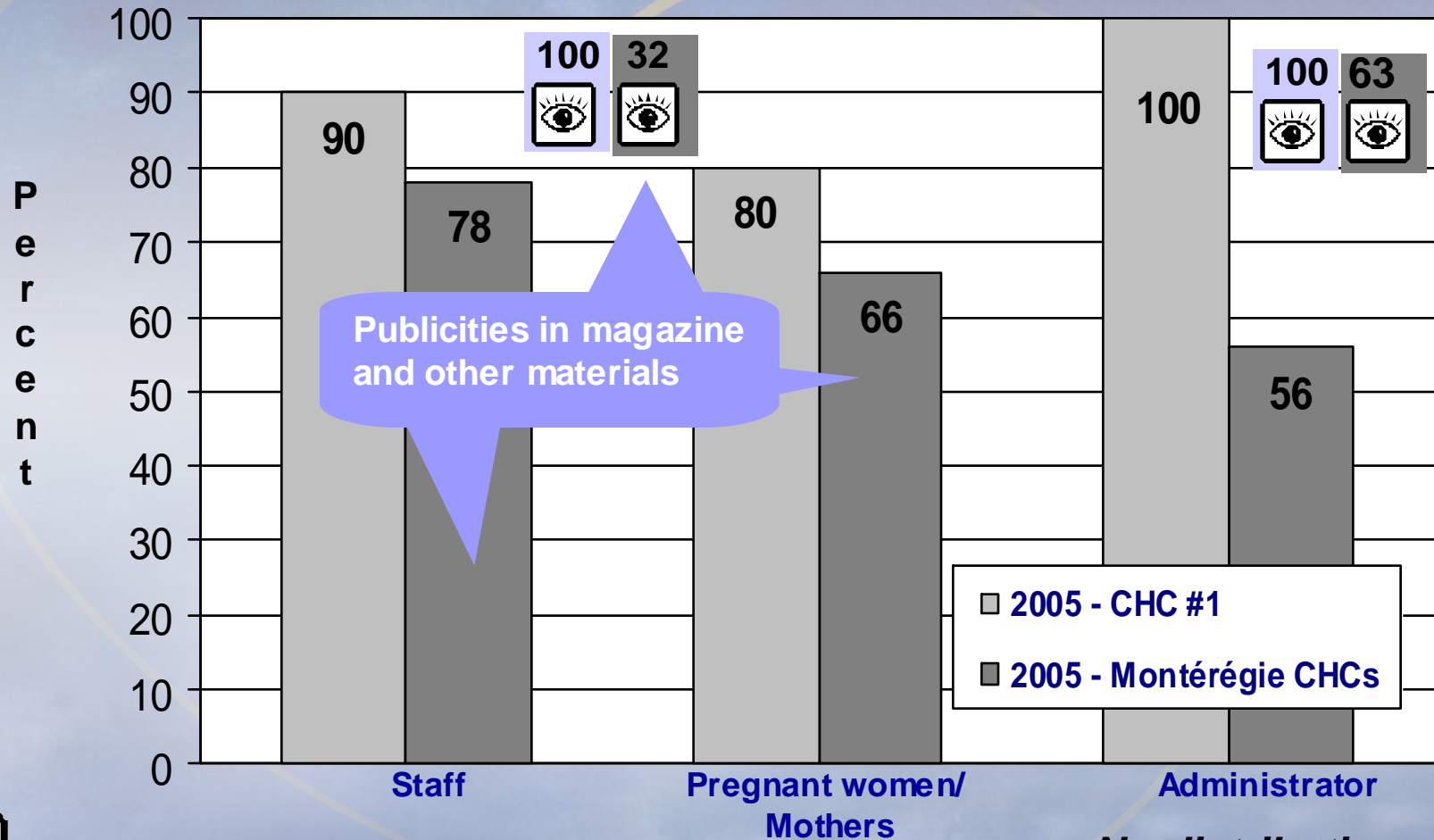


No provision of free or low-price supplies to HCF

Article 6.2 & 6.3 - Promotion in HCF Montréal Hospitals, 2001-2004



Article 6.2 & 6.3 - Promotion in HCF Montérégie CHC, 2005

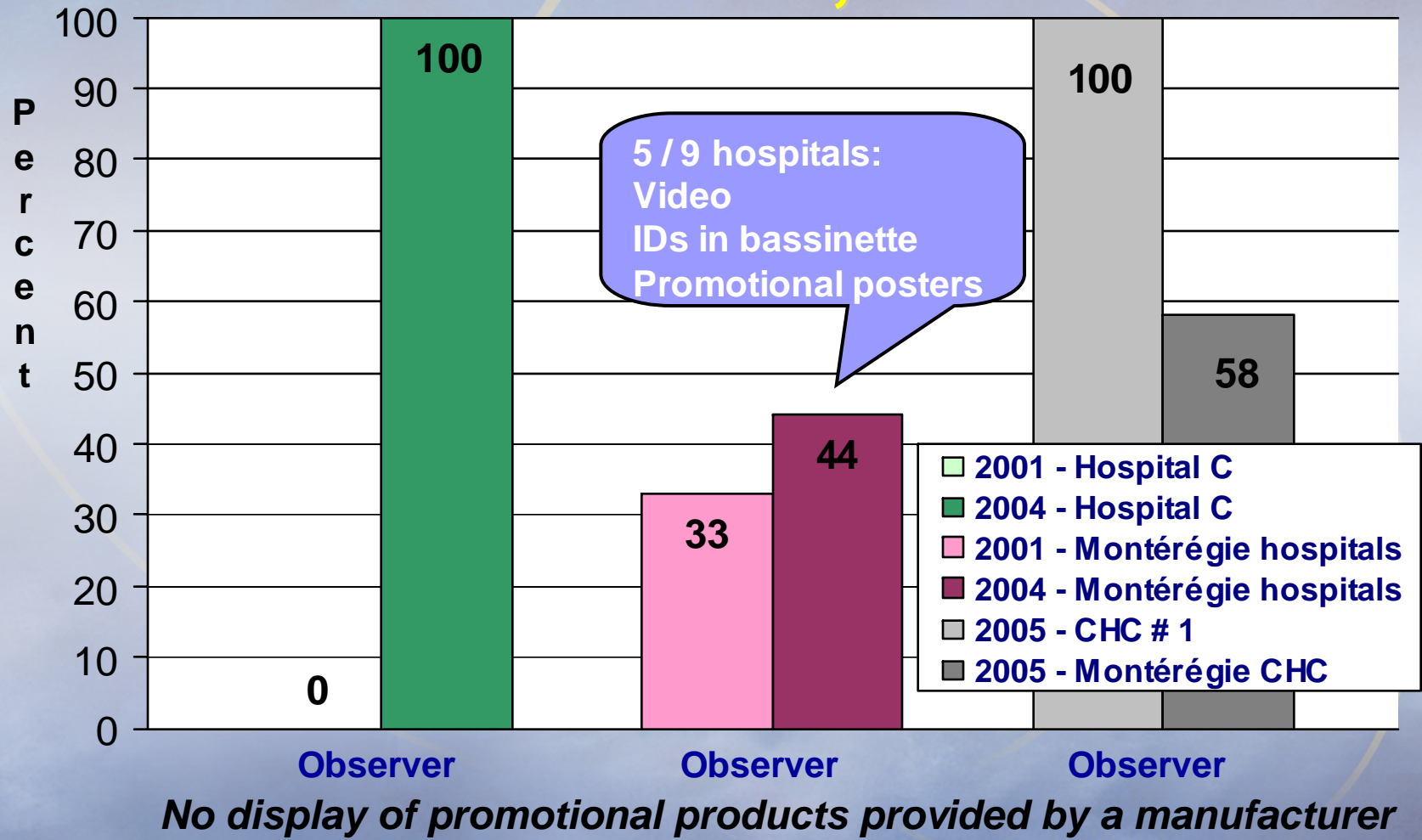


No distribution of material about the PCC

No distribution of material provided by the manufacturer

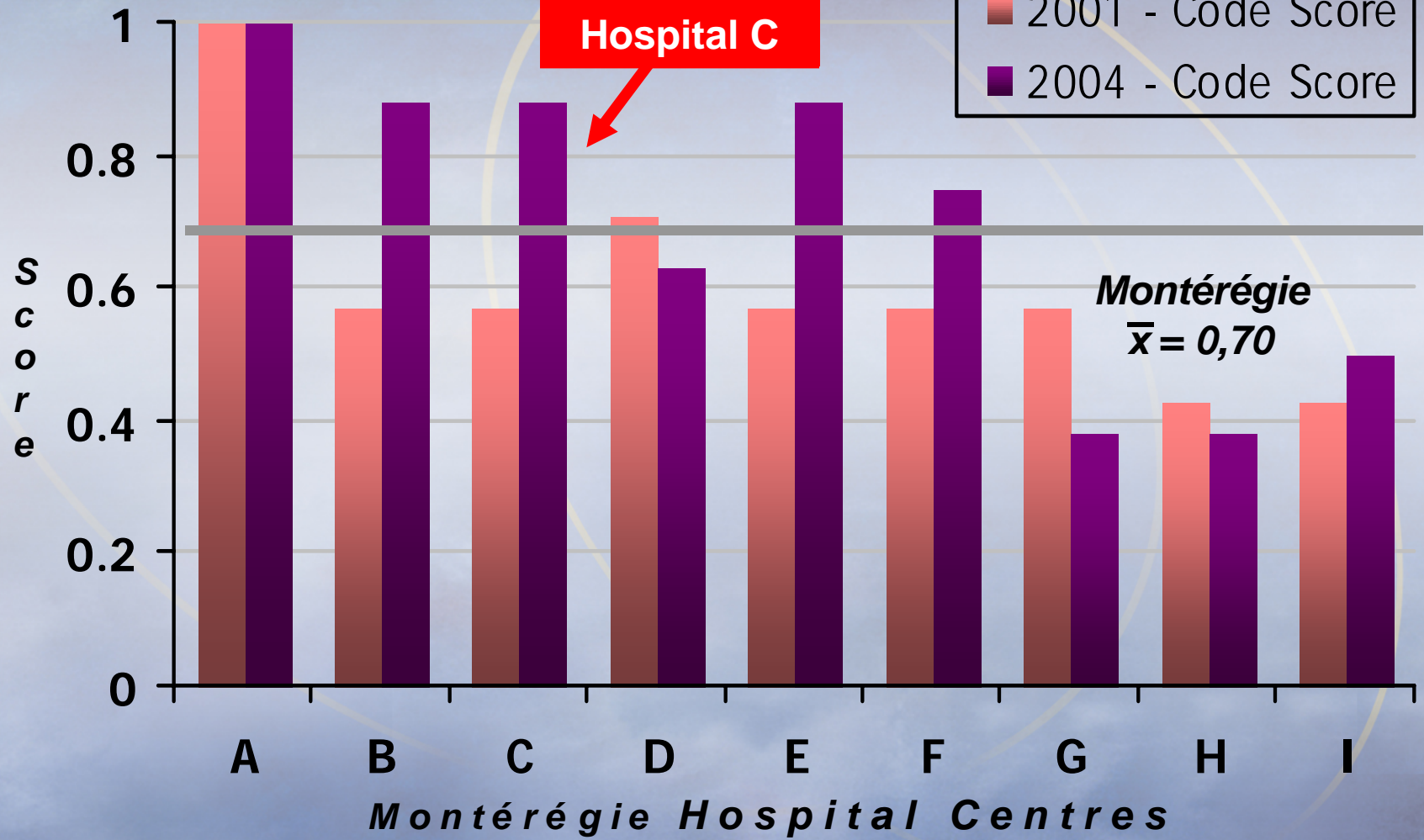


Article 6.2 & 6.3 - Promotion in HCF Montérégie Hospitals, 2001-2004 and CHCs, 2005



Code Global Compliance Score Montréal Hospitals, 2001-2004

8 indicators

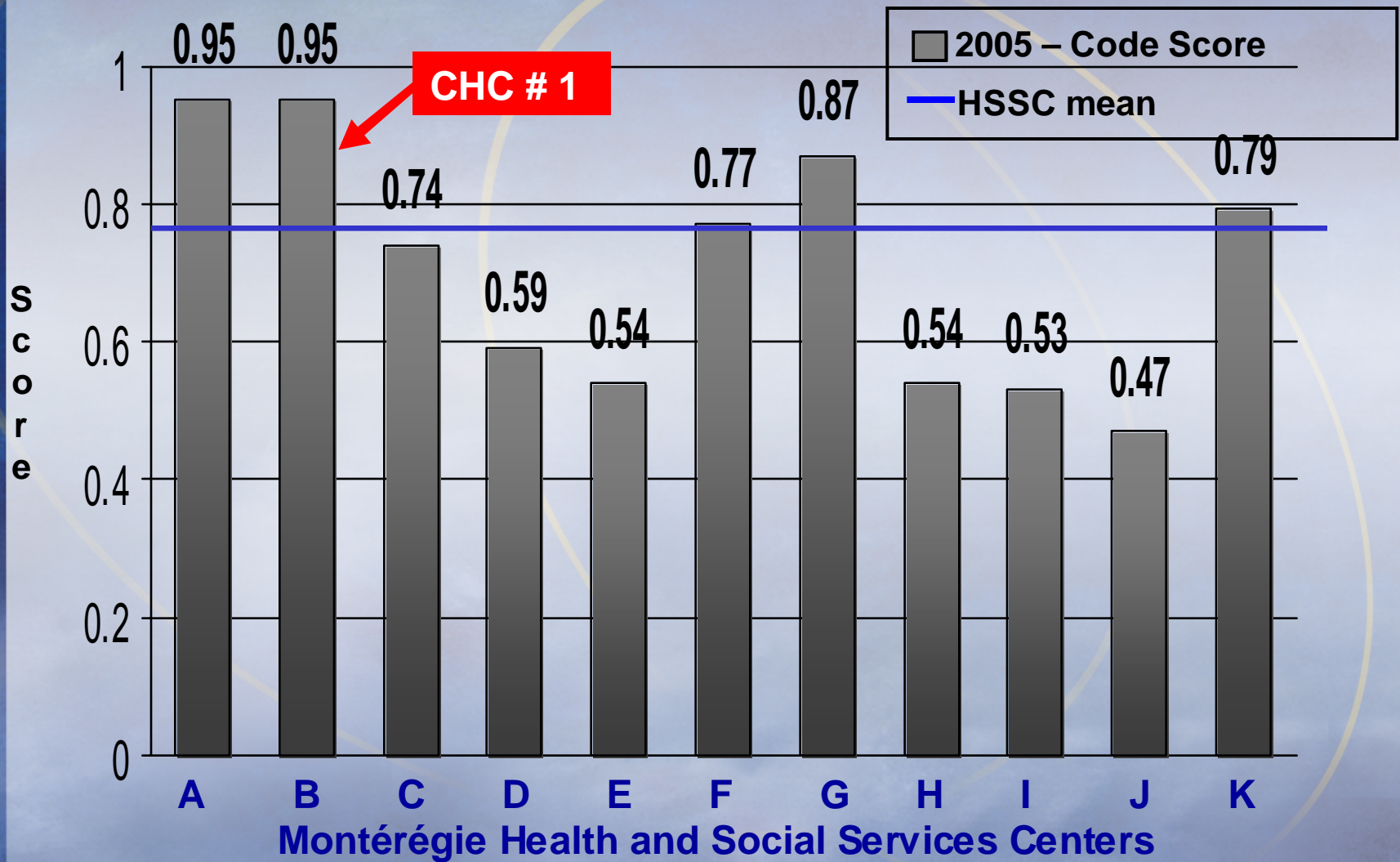


Vers une action renouvelée en santé publique en Montérégie

Québec

Code Global Compliance Score Montréal CHC, 2005

19 indicators



Vers une action renouvelée en santé publique en Montréal

Québec

Conclusion

After using different dissemination strategies, the 4-year experience monitoring the Code suggests that:

- ❑ Detailed feedback has clarified (and demystified) what the Code stipulates for health care facilities.
- ❑ Montérégie health care facilities have since implemented different procedures to identify and deal with Code violations in order to create an environment that protects mothers and babies while in contact with the health care system.

Contact information

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