

## ***Infant Feeding Policy***

<b>Reviewed Date</b>		<b>Number</b>	<i>PP0107</i>
<b>Revised Date</b>	December 11, 2025	<b>Approved Date</b>	December 8, 2010

### ***Introduction***

Infant feeding is a critical component of early childhood health and development. The way infants are fed in their first year of life has lasting impacts on their growth, immune function, and overall wellbeing. Breastfeeding is widely recommended by global and national health authorities as the optimal source of nutrition for infants. Infant formula is a safe and nutritious alternative to breastmilk that supports healthy outcomes for babies when breastfeeding is not possible, sufficient, or the family's preferred choice. Supporting informed, respectful infant feeding decisions is essential to promoting the health of all infants and their families.

The Baby-Friendly Initiative (BFI), grounded in the globally recognized Ten Steps to Successful Breastfeeding (Ten Steps), is an evidence-based best practice designed to support healthcare facilities and communities in protecting, promoting, and supporting breastfeeding. Both global and national health authorities recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with appropriate complementary feeding for up to two years or longer.

The Simcoe Muskoka District Health Unit (SMDHU) achieved BFI designation in 2017 and was due for re-designation in 2022. Following updates to BFI guidelines in 2021, SMDHU conducted a situational assessment to determine whether to continue with the designation.

The assessment findings, including a health equity impact analysis, confirmed that implementing the Ten Steps is associated with improved breastfeeding rates and benefits infant and parental health. However, the review also identified unintended negative impacts experienced by some families at BFI-designated healthcare facilities, including those who use formula. Infant feeding decisions and practices are deeply personal and influenced by many factors. To address these challenges and complexities, and to balance best practices with family centred care, mitigation strategies were developed and recommended for consideration.

In response, SMDHU remains committed to supporting all families with infant feeding choices and methods, through a refreshed application of the Ten Steps framework, emphasizing equitable, trauma and violence informed, family centred care.

### ***Purpose***

The purpose of this policy is to guide the Simcoe Muskoka District Health Unit in supporting all families in making informed infant feeding decisions and to support staff who are providing breastmilk to their infant/child. It aims to promote and protect breastfeeding through the Ten Steps to Successful Breastfeeding while ensuring care is trauma and violence informed, culturally safe, inclusive, and family centred, honoring the diversity, experiences, and choices of every family.

The Ten Steps to Successful Breastfeeding are as follows (gendered based language is utilized by WHO):

Step 1a	Comply fully with the <i>International Code of Marketing of Breast-milk Substitutes</i> and relevant World Health Assembly resolutions.
Step 1b	Have a written infant feeding policy that is routinely communicated to staff and parents.
Step 1c	Establish ongoing monitoring and data-management systems.
Step 2	Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
Step 3	Discuss the importance and management of breastfeeding with pregnant women and their families.
Step 4	Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
Step 5	Support mothers to initiate and maintain breastfeeding and manage common difficulties.
Step 6	Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
Step 7	Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
Step 8	Support mothers to recognize and respond to their infants' cues for feeding.
Step 9	Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
Step 10	Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

### ***Legislative Authority***

Health Protection and Promotion Act R.S.O. 1990

### ***Policy Definitions and Interpretation***

#### ***Breastfeeding***

Is a term describing the process where breast milk is fed to a child. This can include a child being fed directly from the breast, or milk being pumped from the breast and then fed to the child (HealthLink BC, 2023) HealthLink BC. (2023). Breastfeeding.

<https://www.healthlinkbc.ca/healthwise/breastfeeding>

### ***Breastmilk***

Milk that has been produced by the mammary glands. Breast milk is the nutrition standard for newborn infants, comprising the right nutrients that infants need for their growth and development. (Health Canada, 2025) Health Canada. (2025). *Government of Canada*.

Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months.

<https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/nutrition-healthy-term-infants/nutrition-healthy-term-infants-recommendations-birth-six-months.html>

### ***Infant Formula***

Is a food product manufactured to meet the nutritional requirements of babies and infants, provided in liquid or powdered form (Codex Alimentarius Commission, 2007)

Codex Alimentarius Commission. (2007). Food and Agriculture Organization/ World Health Organization. Standard for infant formula and formulas for special medical purposes intended for infants. [https://www.fao.org/fao-who-codexalimentarius/sh-proxy/es/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FStandards%252FCXS%2B72-1981%252FCXS\\_072e.pdf](https://www.fao.org/fao-who-codexalimentarius/sh-proxy/es/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FStandards%252FCXS%2B72-1981%252FCXS_072e.pdf)

### ***Exclusive Breastfeeding***

Providing no other food or drink, not even water, other than breastmilk to an infant (including milk expressed or from a human donor for the first six months of life but allows the infant to receive oral rehydration solution (ORS), vitamins, minerals and medicines).

### ***Breastmilk Substitutes***

Any food or product being marketed or otherwise represented as a partial or total replacement for breastmilk whether or not suitable for that purpose (formula, follow up formula, whole milk, evaporated cow's milk, juice, teas, glucose water, cereals, bottles or teats).

### ***Complementary Foods***

Foods other than breastmilk or breastmilk substitutes (liquids, semisolids, and solids) that are readily consumed and digested by the infant, introduced to provide additional nutrients when breastmilk or breastmilk substitutes become insufficient to satisfy the nutritional and developmental requirements of the infant. Health Canada recommends introducing complementary foods at about six months and should include iron rich foods such as meat, meat alternatives, and iron-fortified cereal as an infant's first complementary foods.

### ***Informed Decision-Making about Infant Feeding***

Infant/child feeding decisions based on evidence-informed infant feeding information, free from commercial influence, prenatally and throughout the duration of the infant/child feeding experience including decision making related to breastfeeding, use of human milk, breastmilk substitutes, use of bottles and/or artificial teats and introduction of solid foods.

### ***Protection of Breastfeeding***

Enabling informed decision-making about infant feeding, free from the influence of breastmilk substitutes (i.e., formula) or related industry marketing practices; and upholding and championing the right to breastfeed anytime, anywhere.

### ***Promotion of Breastfeeding***

Includes health promotion and community outreach strategies to increase public awareness, create and maintain a culture in the community supportive of breastfeeding, and provide opportunities for preconception and prenatal education related to infant/child feeding.

## ***Support for Breastfeeding***

Includes information, education and intervention to overcome barriers to breastfeeding that may be experienced or perceived.

## ***Policy***

SMDHU is committed to the implementation of the Ten Step principles and practices, including:

- Providing families with opportunities to have the information and support required to make fully informed decisions as to how to feed and care for their infants/children;
- Providing clear and impartial information to all families about infant feeding methods;
- Providing infant/child feeding information and support to all families; and
- Protecting, promoting, and supporting breastfeeding.

All SMDHU Board of Health members, employees, and students will have an understanding of the role of the Health Unit in implementing the *Ten Steps to Successful Breastfeeding*.

All SMDHU Board of Health members, employees, and students will have an understanding of their role and will fulfill expected practices specific to their role, as outlined in the Infant Feeding Knowledge and Practice Expectations (IFKPEs) document (Appendix A).

## ***Procedures***

### ***A Orientation and Education***

1. All Board of Health members will be oriented to the Infant Feeding policy as part of their orientation to the health unit and receive applicable updates at Board of Health Meetings.
2. All SMDHU employees will be oriented to the Infant Feeding Policy by their Manager/Supervisor or designate within 30 business days of hire.
3. All SMDHU employees will complete the Infant Feeding e-Orientation within 30 business days of hire, which includes information on the importance of the Ten Steps.
4. SMDHU employees will complete the educational and practice requirements according to their role, as outlined in the IFKPE document (Appendix A).

### ***B Communication***

1. The Public Guide to the Infant Feeding Policy (Appendix B) is posted in public location(s) in each office (e.g., reception areas).
2. Requests for translation and interpretation of the policy to the public is done through SMDHU's contracted translation service as needed.

### ***C Facilities***

All SMDHU offices have a designated infant feeding (private, clean, quiet) space that is available to employees and community members. The space will include at a minimum:

- a chair
- a table
- an electrical outlet
- signage indicating Vacant or In Use

#### ***D Supportive Work Environment***

1. Employees are responsible for clearly informing their Manager/Supervisor or designate of their need for accommodation to support them to breastfeed and/or express breastmilk, and what accommodation is needed.
2. Every request for accommodation will be considered on an individual basis as each situation will be unique. Employees are required to provide sufficient information to the Manager/Supervisor or designate to make the accommodation. Employees seeking accommodation are responsible for discussing possible accommodation solutions with their Manager/Supervisor or designate.
3. The Manager/Supervisor or designate will take an active role in ensuring different approaches and possible accommodation solutions are explored. Once the Manager/Supervisor or designate is aware of what accommodation is needed they will endeavor to attempt to accommodate the special needs and circumstances of the employee.
4. Employees will be supported to use their paid rest breaks and additional time needed to breastfeed and/or express breastmilk. Employees will not be asked to forgo normal meal breaks, or work additional time to make up for time spent breastfeeding or expressing breastmilk beyond the two 15-minute rest periods already provided.
5. The Flexible Working Hours Policy, Paid Rest Periods Policy, Hours of Work policy, Flexible Hours for Managers policy and the ONA Collective Agreement will be considered in the discussion of the accommodation.
6. Employees will have access to a private, clean, quiet space within each office for the purpose of breastfeeding and/or expressing breastmilk.
7. Expressed breastmilk is to be stored in an office refrigerator or a cooler provided by the employee. If expressed breastmilk will be stored in an office refrigerator, it must be placed in a closed container in a sealed, plastic storage bag labeled with the employee's name. Expressed breastmilk must be removed from the fridge at the end of each workday.

#### ***E Compliance with The International Code of Marketing of Breast-milk Substitutes – (Step 1a in Ten Steps to Successful Breastfeeding):***

To comply with The International Code of Marketing of Breast-milk Substitutes (The International Code), SMDHU:

1. Does not distribute breastmilk substitutes (formula) or supplies associated with breastmilk substitutes (e.g., bottles).
2. Refrains from accepting funding for health unit work from companies that are in violation of The International Code.
3. Encourages all employees to be mindful when considering attendance at educational events sponsored by, or featuring content from, companies in violation of the International Code. While it is generally recommended to refrain from attending such events, exceptions may be considered if the educational value clearly supports agency goals or professional development. Refer to Appendix D for a list of companies in violation of The International Code of Marketing.
4. Requires employees to refer to the Corporate Sponsorship Policy when seeking or accepting sponsorship.

### ***Related Policies***

FI0108 Corporate Sponsorship

FI0109 Involvement with External Applications for Funding

HR0801 New Employee Orientation and Onboarding

HR0601 Hours of Work

HR0602 Paid Rest Periods

HR0603 Flexible Working Hours

### ***Appendices***

A. Infant Feeding Knowledge and Practice Expectations

B. Parents' Guide to the Infant Feeding Policy

C. SMDHU Private/Quiet Rooms

D. Companies in Violation of The International Code of Marketing

**Final Approval Signature:** \_\_\_\_\_

Review/Revision History: