



TITLE

BREASTFEEDING

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Provincial

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Provincial Population & Public Health
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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To promote, protect, and support breastfeeding within a **patient- and family-centred care** approach for all parents considering breastfeeding or who have made a decision to breastfeed.
- To support **health care professionals** across the continuum of care (preconception, pregnancy, postpartum, and the early years) with:
 - providing breastfeeding care that enhances parental confidence and self-efficacy; and
 - implementing standardized, evidence-informed practices and messages regarding breastfeeding.

PRINCIPLES

Alberta Health Services (AHS) recognizes the following:

- The World Health Organization (WHO), Health Canada, Canadian Pediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada (BCC) recommend

exclusive breastfeeding for the first six (6) months of life and continued breastfeeding with appropriate complementary foods for up to two (2) years and beyond.

- Breastfeeding is strongly influenced by a variety of socio-ecological factors at the following levels: individual and home, health care system, community, and society. Multi-faceted population health interventions, that include a breastfeeding policy, are more effective than single interventions and have a greater positive impact on breastfeeding outcomes (see the AHS *Breastfeeding Strategy Resource*).
- Some individuals who lactate may not identify as mothers or women, but as parents, fathers, men, non-binary, or gender diverse. These individuals may not identify with the terms breast, breastmilk, and breastfeeding, and may instead identify with terms such as chest, chest milk or human milk, and chestfeeding or bodyfeeding. In all circumstances, health care professionals will utilize patient- and family-centred care to be responsive to the self-identified gender, pronouns, and terminology of the families they support.
- The application of *The International Code of Marketing of Breastmilk Substitutes* (the WHO Code) is an important component of promoting, protecting, and supporting breastfeeding. AHS considerations based on the WHO Code are presented in *The International Code of Marketing of Breastmilk Substitutes Alberta Health Services Considerations*.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Informed Feeding Decisions

- 1.1 Health care professionals must support parents and their families to make **informed feeding decisions**. The key concepts of informed feeding decisions are found in the AHS *Informed Feeding Decision Definition and Approach Resource*. See also the AHS *Informed Feeding Decision Module* for more details.

2. Breastfeeding Support

- 2.1 Health care professionals must support expectant and breastfeeding parents, their infants, and their families by providing:
- a) care and information that is evidence-based, objective, consistent, and based on the principles of patient- and family-centred care;
 - b) care that normalizes the breastfeeding experience, which includes anticipatory guidance and support for:
 - (i) breastfeeding initiation;
 - (ii) common challenges; and

(iii) maintaining lactation;

- c) support for exclusive breastfeeding goals, unless supplements are medically indicated; and
- d) care and support to protect breastmilk supply when breastfeeding is not possible or interrupted (e.g., a premature or sick infant).

3. Skin-to-Skin Care

- 3.1 Health care professionals must facilitate and promote **skin-to-skin care** for infants immediately after birth and throughout the postpartum period.
- 3.2 Health care professionals providing care to infants in Neonatal Intensive Care Units (NICU) must follow the AHS *Skin-to-Skin Care* Protocol.

4. Rooming-in / Room Sharing

- 4.1 In compliance with the AHS *Safe Infant Sleep* Policy, health care professionals must:
 - a) provide breastfeeding parents and their families with information regarding rooming-in while in hospital and the importance of keeping the infant near their parent;
 - b) encourage and facilitate 24-hour rooming-in while in hospital for breastfeeding parents and infants, as the physical design of the unit allows; and
 - c) promote continued room sharing, once at home.
- 4.2 Health care professionals providing care to parents in Acute Care facilities must follow the AHS *Well Infant(s) Accommodation* Policy to facilitate rooming-in to support breastfeeding, as appropriate.

5. Responsive, Cue-Based Feeding

- 5.1 Health care professionals must support parents and their families to recognize and respond to an infant's feeding cues through anticipatory guidance and education.

6. Staff Education

- 6.1 Standardized AHS-approved breastfeeding education and resources must be used to support implementation of the AHS *Breastfeeding* Policy. Health care professionals who provide breastfeeding support must use the provincial AHS breastfeeding education modules for orientation and ongoing staff education.

7. Parent Education

- 7.1 Health care professionals must refer expectant and breastfeeding parents and their families to the AHS-authored website *Healthy Parents, Healthy Children* and/or print resources as the primary resource for breastfeeding information.
- 7.2 Health care professionals must provide evidence-informed information to breastfeeding parents and families of infants who require specialized care (e.g., NICU infants) to support breastfeeding based on the breastfeeding parent's or infant's circumstances.

8. Transitions Across the Continuum of Care

- 8.1 Health care professionals must support seamless transitions across the continuum of care (i.e., preconception, pregnancy, postpartum, and the early years) in the hospital and community.

9. Surveillance

- 9.1 Data elements must be collected for surveillance purposes based on the indicators identified in the AHS *Recommendations for Standardization and Reporting of Maternal and Child Public Health Indicators* Resource. Additional data elements will also be required for evaluation purposes. Data will be used for planning, implementation, quality improvement and evaluation of breastfeeding programming.

DEFINITIONS

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practises within scope or role.

Informed feeding decision means a feeding decision that takes place when a parent/caregiver decides how to feed their child. Informed feeding decisions are influenced by various caregivers and supporters who share in the decision-making process. However, decisions regarding breastfeeding shift the decision-making power into the sphere of the expectant or breastfeeding parent whose body is required to breastfeed or to express their milk. The expectant or breastfeeding parent is enabled to make an informed feeding decision when:

- they have information about the feeding options, their health benefits, considerations, safety issues and health risks;
- they have the opportunity to express relevant values, preferences and circumstances for themselves and their family; and
- the information provided is responsive and sensitive to the context of the expectant or breastfeeding parent and their infant, is evidence-informed and objective.

Patient- and family-centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care as integral members of the patient's care and support team, and as partners in planning and

improving facilities and services. Patient- and family-centred care applies to patients of all ages and to all areas of health care.

Skin-to-skin care means the practice of holding a physiologically stable infant in an upright position on the parent's bare chest with continuous skin-to-skin contact between parent and infant. The practice of skin-to-skin care is important for all infants, regardless of birth type (vaginal or caesarean-section), feeding method (breast or bottle), or infant prematurity/illness.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Safe Infant Sleep Policy* (#PS-27)
 - *Skin-to-Skin Care Protocol* (#HCS-203-04)
 - *Well Infant(s) Accommodation Policy* (#HCS-197)
- Alberta Health Services Resources:
 - *Breastfeeding Strategy*
 - *HealthyParentsHealthyChildren.ca*
 - *Informed Feeding Decision Definition and Approach*
 - *Informed Feeding Decision Module*
 - *Recommendations for Standardization and Reporting of Maternal and Child Public Health Indicators*
 - *The International Code of Marketing of Breastmilk Substitutes Alberta Health Services Considerations*
- Non-Alberta Health Services Documents:
 - *The International Code of Marketing of Breastmilk Substitutes* (World Health Organization [WHO])

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