**Project Background**

The Baby-Friendly Hospital Initiative was launched in 1999 and is an effort by UNICEF and the WHO to ensure that maternity facilities across the globe are centers that support and encourage breastfeeding. A maternity facility can be designated ‘baby-friendly’ when it does not accept free or low-cost formula, feeding bottles or teas, and has implemented 10 specific steps to support successful breastfeeding.

Two of the ten steps are:
1. Have a written breastfeeding policy that is routinely communicated to all staff
2. Train all staff in skills necessary to implement this policy

Vancouver Coastal Health has a goal of becoming a completely Baby Friendly region. In order to receive this designation one step required is that all VCH staff need to be oriented to the Infant Feeding Policy for protection, promotion and support of breastfeeding and their role in this initiative.

**Project Purpose**

The purpose of this project was to develop a training tool that could be used with VCH staff to inform and educate them about the Infant Feeding Policy in an effort to gain Baby Friendly status for the VCH region. This includes staff not providing direct patient care and non-health care workers.

- This is a broad category that includes clinical workers, food service workers, housekeeping staff and janitorial staff; this group has very broad learning needs and education levels.

An educational online (moodle) module needed to be developed that could be used for all non-health care workers. This online education module will be rolled out in the near future as part of the existing orientation package that all new employees of Vancouver Coastal Health complete.

**Project Goals and Objectives**

1. To familiarize ourselves with the research around WHO’s Baby-Friendly initiative and breastfeeding
2. To develop: a online module that could be used to educate non-health care staff to the Infant Feeding Policy and help explain their role in this initiative.
   a. This includes using appropriate language, sourcing out appropriate photographs, meeting with the breastfeeding subcommittee as well as the IT department.

**Overview of Project Timeline**

1. Met with Practice Partners to develop a background, purpose and goals of the project as well as our role in the larger Baby Friendly Hospital Initiative.
2. Research focused on the World Health Organization Baby Friendly Guidelines, background literature on benefits of breastfeeding, (Annotated Bibliography) and strategies on how to create education material at an appropriate reading and comprehension level for our target audience. We then went on to use our experiences on the Moodle platform to gain a better understanding of the program.
3. Meetings with Practice Partners to determine the key points to be included in the PowerPoint presentation as well as aesthetics goals.
4. Delegation of subtopics between students and initial development of PowerPoint slides.
5. Faculty check-ins where we focused on both the process of project development and accuracy of breastfeeding content.
6. Met with Regional Manager for Distributed Learning at VCH to discuss use of Moodle Platform. Post-meeting communication with practice partners regarding the difficulties of using the Moodle Platform. Plan is adjusted to create a PowerPoint which can later be embedded into Moodle.
7. Continual editing of PowerPoint with advice of Practice Partners. Issues included: obtaining consent for all photos used, assessing advantages and disadvantages of using animation, ensuring all language is appropriate for target audience, ensuring all photos are safe (non-offensive, no physical safety hazards in the background), variety of populations are represented and ensuring all key points and ideas are accurately presented using minimal wording and slides.
8. Final editing and completion of PowerPoint.

**Outcomes: Deliverables and Project Accomplishments**

The outcome or “deliverable” from this project is an education module to inform non-health care providers about the Infant Feeding Policy of Vancouver Coastal Health and their role in implementing this policy as a non-health care provider.

**Key Lessons Learned**

1. Evidence-based practice in supporting families and infant feeding in order to optimize health outcomes
2. The process of creating a regional health care policy to better support families and infant feeding
3. The steps required in order to create an effective education module
4. Strategies to provide effective health education to our target audience
5. Effective communication with various players in order to effectively complete the objective (Breastfeeding Education Sub-committee members, IT support person etc.)
6. A variety of communication methods: face-to-face meetings, teleconferencing, emailing
7. Flexibility and effective time management in order to meet deadlines
8. Effective team work
9. Delegation amongst student team for effective use of time
10. Awareness of a variety of resources available in creating an education module
11. How to create a project grid for optimal project planning
12. How to create a SWOT analysis and Stakeholder analysis
13. How to research and compile findings into an Annotated Bibliography

**Tools and Resources Used**

1. Clinical Faculty: Joy Johnson and Julie Lapinsky
2. Practice Partners:
   a. Leslie Mills and Radhika Bhagat (Breastfeeding Education Sub-Committee Chairs)
   b. Patty Keith (Regional Director of Planning for Maternal and Child Services at VCH)
3. Marketing Student Expertise: Jake Cham
4. Regional Manager for Distributed Learning at VCH: Carrie Spencer
5. Feeding of Healthy Term Infants - Policy and Guidelines (VCH)
7. The Ten Steps to Successful Breastfeeding (WHO)
8. The Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services (WHO)
9. Breastfeeding Definitions and Data Collection Periods: Baby Friendly Hospital Initiative of Canada
10. Writing Health Information for Families: A guide to creating Patient Education Materials

**Next Steps**

1. Presenting final version of module to Breastfeeding Education Sub-Committee and management for approval
2. Focus groups to assess effectiveness of module with further editing as needed
3. Possible creation of a variety of forms of module: Pamphlet, PowerPoint Presentation, embedded into larger orientation module etc.
4. Module as part of larger orientation for all Vancouver Coastal Health employees

**References**