Culture influences breastfeeding decisions, including intention and duration, and the factors surrounding these decisions are diverse (23, 27). Disparities in breastfeeding rates need to be addressed and remedied through education and public health efforts that are tailored to cultural differences and the resulting barriers (27).

Breastfeeding optimizes the health and well-being of the breastfeeding dyad. Coordinated and concurrent strategies that recognize and integrate the multiple components that impact breastfeeding at the individual, organizational and societal levels are needed. Similarly, evidence-based best practices that support the initiation, exclusivity, and continuation of breastfeeding are warranted.

Table 6: Global and Canadian Implementations of the WHO/UNICEF's Baby-Friendly Initiative's "Ten Steps to Successful Breastfeeding"

	"TEN STEPS TO SUCCESSFUL BREASTFEEDING" (WHO/UNICEF)	"THE BFI 10 STEPS AND WHO CODE OUTCOME INDICATORS FOR HOSPITALS AND COMMUNITY HEALTH SERVICES" (BCC)
FOCUS:	CRITICAL MANAGEMENT PROCEDURES:	COMPLIANCE WITH THE "INTERNATIONAL CODE OF BREAST- MILK SUBSTITUTES"
STEP 1	 Comply fully with the "International Code of Marketing of Breast-Milk Substitutes" and relevant World Health Assembly resolutions. Have a written infant feeding policy that is routinely communicated to staff and parents. Establish ongoing monitoring and datamanagement systems. 	Have a written infant feeding policy that is routinely communicated to all staff, health care providers, and volunteers.
STEP 2	 Ensure that staff has sufficient knowledge, competence, and skills to support breastfeeding. 	 Ensure all staff, health-care providers, and volunteers have the knowledge and skills necessary to implement the infant feeding policy.
FOCUS:	KEY CLINICAL PRACTICES:	
STEP 3	 Discuss the importance and management of breastfeeding with pregnant women and their families. 	Inform pregnant women and their families about the importance and process of breastfeeding.
STEP 4	■ Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.	 Place babies in uninterrupted skinto-skin contact with their mothers immediately following birth for at least an hour until completion of the first feeding, or as long as the mother wishes. Encourage mothers to recognize when their babies are ready to feed, offering help as needed.

Breastfeeding - Promoting and Supporting the Initiation, Exclusivity, and Continuation of Breastfeeding for Newborns, Infants, and Young Children

FOCUS:	KEY CLINICAL PRACTICES:	
STEP 5	 Support mothers to initiate and maintain breastfeeding and manage common difficulties. 	 Assist mothers to breastfeed and maintain lactation should they face challenges (including separation from their infants).
STEP 6	 Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated. 	Support mothers to exclusively breastfeed for the first six months unless supplements are medically indicated.
STEP 7	Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.	 Facilitate 24-hour rooming-in for all mother-infant dyads: mothers and infants remain together.
STEP 8	 Support mothers to recognize and respond to their infants' cues for feeding. 	 Encourage responsive, cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with the appropriate introduction of complementary foods.
STEP 9	Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers.	 Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).
STEP 10	Coordinate discharge so that parents and their infants have timely access to ongoing support and care.	 Provide a seamless transition between the services provided by the hospital, community health services, and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

Sources: World Health Organization; United Nations Children's Fund. Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018. Implementation guidance [Internet]. Geneva (CH): World Health Organization; 2018; and Breastfeeding Committee for Canada. The BFI 10 Steps and WHO Code outcome indicators for hospitals and community health services. [place unknown]: Breastfeeding Committee for Canada; 2017.

Note: **Table 6** reflects revisions made by WHO/UNICEF in 2018 to the "Ten Steps to Successful Breastfeeding". Differences in the interpretation of the "Ten Steps to Successful Breastfeeding" and "The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services" reflect the continuum of care within and beyond hospitals in Canada. Developed by the BCC, "The BFI Ten Steps and WHO Code Outcome Indicators for Hospital and Community Health Services" describe the 10 standards for Canadian health facilities to provide essential supports to optimize breastfeeding outcomes for infants and breastfeeding persons. It was published in 2017 prior to the WHO/UNICEF's revisions to the "Ten Steps to Successful Breastfeeding" (7, 21).