

Baby-Friendly Initiative Resource Review Tool

Study the resource carefully and complete this tool to identify resources that are supportive of breastfeeding.

Name of Resource: _____

Date of Resource: _____

Program/Directorate: _____

Type: Written Web
 Poster Curriculum
 Video/DVD Other , identify _____

| Item | Yes | No | N/A |
|--|-----|----|-----|
| <i>Breastfeeding Messages</i> | | | |
| 1. This resource does <u>not</u> suggest hardship for the breastfeeding mother? (Example: excess fatigue) | | | |
| 2. This resource does <u>not</u> present breastfeeding as difficult, rule laden or medicalized? (Example: No technical words used) | | | |
| 3. This resource normalizes breastfeeding. | | | |
| 4. Does this resource encourage breastfeeding for two years and beyond with exclusive breastfeeding during the first six months from birth? | | | |
| 5. Does this resource include information about the difficulty of reversing the decision not to breastfeed? | | | |
| <i>Breastfeeding Management</i> | | | |
| 6. Do the <u>visuals</u> in this resource accurately depict breastfeeding information? (Example: Photos show appropriate position and latch ~See Appendix 4: <i>Assessment of Latch Check-off Sheet</i> for reference) | | | |
| 7. Does this resource provide accurate breastfeeding content? (Example: Maternal nutrition)? | | | |
| 8. Does this resource give accurate <u>written instructions</u> on how to breastfeed? (Example: Skin to skin, cue-based, baby led, positioning and latch, manual expression, and expected normal feeding behaviours ~See Appendix 5: <i>Initiation of Lactation</i>)? | | | |

| Item | Yes | No | N/A |
|--|-----|----|-----|
| Compliance with the WHO/UNICEF International Code of Marketing of Breast-Milk Substitutes and subsequent relevant WHA resolutions | | | |
| 9. Does this resource always support breastfeeding? (Example: It does not give a conflicting message such as "breastfeeding is best, but bottle-feeding is okay too")? | | | |
| 10. Does this resource outline the benefits of breastfeeding and the superiority of breast milk? | | | |
| 11. Does this resource include the detrimental effects on breastfeeding of supplementing with infant formula? | | | |
| 12. Does this resource exclude specific brand names of infant formulas? | | | |
| 13. Does this resource exclude pictures of infant formulas, feeding bottles, nipples or pacifiers? | | | |
| 14. Does this resource exclude coupons, free samples, or other marketing techniques? | | | |
| 15. If this resource mentions breast and infant formula feeding, does it include a reference to the IDM hand out and provide the THC phone number and web address? | | | |
| 16. If this resource is intended to be an educational tool about infant formula feeding for parents who have made an informed decision to do so: A) Is it a separate document from any breastfeeding information? B) Does it include the costs associated with formula feeding (Example: Social, financial, environmental and health hazards)? | | | |
| Community Linkages | | | |
| 17. Does this resource provide information about community follow-up and/or mother-to-mother support groups? | | | |
| Presentation | | | |
| 18. Does the resource reflect the cultural diversity of Toronto? | | | |
| 19. Is this resource easy to read and written in clear language? | | | |
| 20. Is this resource available in other languages reflective of the population? | | | |
| 21. Does this resource acknowledge original authors? | | | |

| Item | Yes | No | N/A | Unknown |
|--|-----|----|-----|---------|
| 22. This resource is <u>not</u> produced by a company that makes infant formula? | | | | |
| 23. Is this resource reviewed with a BFI prospective on a regular basis? | | | | |

Total Number of "Yes" Responses: _____

Total Number of "No" Responses: _____

For each "No" response indicate plan to address the situation:

Name of reviewer: _____

Date: _____

This section is to be completed by the resource sub-committee manager or their designate.

Follow up with Directorate/ Program area:

Decision:

Name of manager or designate: _____ **Date:** _____

Follow up with manager contact: _____