

## Objective:

This policy upholds a baby friendly hospital environment, which protects, promotes and supports exclusive breastfeeding from birth and embraces cultural diversity across individual and whānau circumstances. It relates to the Baby Friendly Hospital Initiative (BFHI), which is required of all maternity services in Aotearoa New Zealand.

**This Baby Friendly Hospital Initiative - Breastfeeding Policy is to be read in conjunction with all breastfeeding related /infant feeding guidelines.**

The service's guidelines outline the processes in place to meet the 'Ten Steps to Successful Breastfeeding'. These must be linked to this policy.

## Scope:

- All Clutha Health First staff, including midwifery and nursing staff, medical staff, allied staff, clerical and ancillary staff, visiting health professionals and students caring for pregnant or postnatal māmā and pēpi.
- all Lead Maternity Carers and service access agreement holders working with pregnant māmā and/or breastfeeding māmā and pēpi.
- All Clutha Health First maternity service staff will review the breastfeeding policy on commencement of employment and are required to complete further BFHI education as specified by their role in the service.

## References or Key Relevant Documents:

- CHF Māori Health Action Plan
- CHF Tikaka Best Practice Guidelines
- CHF Breastfeeding in the Workplace policy
- Baby Friendly Hospital Resource Documents 2023 (updated every 3 years)
- Government Policy Statement on Health 2024-27
- Whakamaua Māori Health Action Plan 2020-2025
- Te Pae Tata 2022 and Te Pae Waenga 2025 (yet to be published)
- Māori Health Plans
- Ten Steps to Successful Breastfeeding (The Ten Steps)
- WHO/UNICEF International Code of Marketing of Breastmilk Substitutes and subsequent, relevant World Health Assembly (WHA) resolutions (The WHO Code)
- National Breastfeeding Strategy- *Rautaki Whakamana Whāngote* 2020
- WHO/UNICEF Implementation Guidance BFHI 2018

## Procedure

### Purpose

This policy is underlined by National Breastfeeding Strategy | *Rautaki Whakamana Whāngote* 2020. Supporting breastfeeding is a key public health issue and is a significant and cost-effective way to improve equity and increase the long-term health and well-being of a population.

The purpose of this policy is to describe how Clutha Health First funded maternity services provide the appropriate environment, education, resources and support to enable women to make an informed choice

about breastfeeding, and to enable them to exclusively breastfeed their babies until 6 months and continue breastfeeding for up to two years or beyond.

Clutha Health First promotes exclusive breastfeeding to meet the holistic well-being requirements of pēpi and māmā acknowledging the life-long health benefits of breastfeeding and breastmilk. Exclusive breastfeeding provides pēpi with optimal nutrition, supports the positive development of immunological and psychological systems, promotes māmā-pēpi bonding, reduces financial expenses, guards māmā, pēpi and whānau health and protects Papatūānuku/ Mother Earth.

It is the right of every pēpi to be breastfed and the right of every māmā to continue the breastfeeding relationship regardless of her pēpi's age. This right will be respected and supported when either māmā or pēpi is receiving care at Clutha Health First Maternity Ward.

All māmā and whānau have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their pēpi. Clutha Health First Maternity staff will provide all māmā and whānau with a high level of care irrespective of their feeding choice.

It is recognised that whānau/family members have a special connection with the breastfeeding māmā, and this could influence the duration and success of her breastfeeding experience. All steps will be taken to include her whānau in each stage of breastfeeding support provided by Clutha Health First maternity staff.

We acknowledge the need to address health and disability inequities by wrapping infant feeding support around priority populations including those living with a disability.

We acknowledge that maternity services will be accessed by individuals who do not identify as women, individuals who are gender diverse and individuals whose gender identity does not align with the sex observed at birth. This policy uses woman-centred and parent-centred language as a means of being inclusive. This statement acknowledges that all those using Clutha Health First Maternity Services should receive individualised, respectful care including personalised use of the terms, gender nouns and pronouns they identify with at present.

## Policy Statements

The policy recognises **Te Tiriti o Waitangi** as a foundational document of Aotearoa New Zealand and as such underpins all public policy. The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work. We strive to support and uphold its articles in order to improve equity and health outcomes for whānau Māori. The articles that apply to our work are:

**Tino rangatiratanga/Self Determination.** The principle of tino rangatiratanga provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services. We support māmā to be autonomous by empowering them to breastfeed independently through education and fostering/building a mutual relationship.

**Mana Taurite/Equity** The principle of equity requires the Crown to commit to achieving equitable health outcomes for Māori. In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes. Increasing breastfeeding rates is a key to improving health outcomes for whānau.

**Whakamarumarutia/Active protection** The principle of active protection requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its

agents, and its Treaty partners are well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.

**Kōwhiringa /Options** The principle of options requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

**Pātuitanga/Partnership** The principle of partnership requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

It is important for health professionals to understand Te Ao Māori (Māori world views) in order to ensure positive breastfeeding experiences. Te Ao Māori provides the basis for planning for healthcare that demonstrates the intent of Te Tiriti o Waitangi and its responsiveness to Māori aspirations.

Clutha Health First accepts the BFHI *Ten Steps to Successful Breastfeeding* (The Ten Steps) and the *WHO/UNICEF International Code of Marketing of Breastmilk Substitutes* and subsequent, relevant World Health Assembly (WHA) resolutions (The WHO Code) as the international best practice standard for breastfeeding.

The World Health Organisation recommends that pēpi are exclusively breastfed for six months, and with timely initiation of adequate, safe, complementary foods, continue breastfeeding for up to two years of age or beyond.

As a responsible employer, all staff returning to work from parental leave who continue to breastfeed or express breastmilk will be enabled and supported to do so.

Breastfeeding is enabled in all public areas of Clutha Health First. Suitable breastfeeding and pēpi care areas will be available to māmā who choose not to breastfeed in public areas and breastfeeding support is provided to breastfeeding whānau accessing care across hospital services.

## Ministry of Health - Infant Feeding Definitions (1999)

### *Exclusive Breastfeeding*

The infant has never, to the mother's knowledge, had any water, formula or other liquids or solid food. Only breastmilk\*, from the breast or expressed, and prescribed\*\* medicines have been given from birth.

### *Fully Breastfeeding*

The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.

### *Partial Breastfeeding*

The infant has taken some breastmilk and some infant formula or solid food in the past 48 hours.

### *Artificial feeding*

The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

\*Breastmilk includes pasteurised and unpasteurised donor human milk

\*\*Prescribed as per the Medicines Act 1981

## Aotearoa New Zealand's BFHI Audit Standards

BFHI audit standards are in accordance with the WHO/UNICEF global standards as outlined in the Aotearoa New Zealand Baby Friendly Hospital Initiative (BFHI) Resource Documents. All Aotearoa New Zealand maternity services are required to hold BFHI accreditation and have an agreed upon timeline for assessment by New Zealand Breastfeeding Alliance (NZBA). These standards broadly include:

- Maternity and newborn services are required to achieve at least a 75% exclusive breastfeeding rate at discharge for healthy, full-term infants
- Compliance with the Ten Steps to Successful Breastfeeding
- Adherence to the International Code of Marketing of Breastmilk Substitutes and all relevant WHA resolutions.

## Policy Processes

### Ten Steps to Successful Breastfeeding\*\*\*

Clutha Health First adheres to the Ten Steps to Successful Breastfeeding as follows:

#### Critical Management Procedures:

##### Step 1A

Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.

##### *Hipanga 1A*

*Me tautuku ki te katoa o te Whakaritenga ā-Ao mō te Hoko i ngā Whakakapi Waiū, me ngā whakatau o te Huihuinga Hauora o Te Ao e hāngai ana.*

##### Step 1B

Have a written breastfeeding policy that is routinely communicated to staff and parents.

##### *Hipanga 1B*

*Me whakarite tētahi kaupapa here whāngai kōhungahunga e kōrero pūpututia ana ki ngā kaimahi me ngā mātua.*

##### Step 1C

Establish on-going monitoring and data-management systems.

##### *Hipanga 1C*

*Me whakarite pūnaha aroturuki, whakaheare-raraunnga mutunga kore.*

##### Step 2

Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

##### *Hipanga 2*

*Me āta whakarite kua whai mōhiotanga, kua matatau, kua whai pūkenga tika ngā kaimahi hei tautoko i te whangote.*

## Key Clinical Practices:

### Step 3

Discuss the importance and management of breastfeeding with pregnant women and their whānau.

#### **Hipanga 3**

*Me matapaki te hira me te nui o te whakahaere i te whāngote ki ngā wāhine hapū me ō rātou whānau.*

### Step 4

Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth and any opportunity thereafter.

#### **Hipanga 4**

*Me whakangāwari te pā ā-kiri inamata a te whaea ki tana piripoho i muri tonu atu i te whānautanga, i ngā wā katoa hoki e taea ai i muri atu.*

### Step 5

Support mothers to initiate and maintain breastfeeding and manage common difficulties, even when baby is unable to be with mother.

#### **Hipanga 5**

*Me tautoko ngā whaea kia tīmataria, kia haere tonu hoki te whāngote, me te whakamāmā i ngā uauatanga e tūpono nuitia ana, ahakoa kāore te kōhungahunga e āhei te noho tahi me tana whaea.*

### Step 6

Avoid giving breastfed newborns any food or fluids other than breastmilk unless clinically indicated.

#### **Hipanga 6**

*Me mutu te hoatu i ngā kai i ngā inu rānei ehara i te waiū ki te kōhungahunga, hāunga anō ngā wā e tika ana mō te ora.*

### Step 7

Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

#### **Hipanga 7**

*Me whakapakari ngā whaea me ā rātou piripoho kia noho ngātahi kia noho anō hoki i te rūma kotahi 24 hāora i te rā.*

### Step 8

Support mothers to recognise and respond to their infants' cues for feeding.

#### **Hipanga 8**

*Me tautoko ngā whaea kia rongu rātou kia urupare hoki ki ngā tangi a ā rātou kōhungahunga mō te kai.*

### Step 9

Discuss with mothers the use and risks of feeding bottles, teats and pacifiers.

#### **Hipanga 9**

*Me whakawhiti kōrero ki ngā whaea mō te whakamahinga me ngā mōrea o te whakamahi i ngā pātara whāngai, i ngā kōmata me ngā ngotengote whakamutu tangi.*

## **Step 10**

Coordinate discharge so that parents/whānau and their infants have timely access to on-going support and care.

### ***Hipanga 10***

*Me whakahāngai i ngā tāngata e tika ana mō te rā puta i te wāhi whakawhānau kia wātea katoa ngā tautoku me ngā taurimatanga e tika ana mā ngā mātua me ā rātou kōhungahunga.*

\*\*\*WHO/UNICEF *Implementation Guidance-Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services: The Revised Baby-Friendly Hospital Initiative* (2018)