

## Objective:

To create a baby-friendly hospital which promotes, protects and supports exclusive breastfeeding\* from birth, while embracing individual and whānau (family) circumstances and cultural diversity.

*\*Exclusive breastfeeding is defined as giving the baby no other food or drink besides breast milk from birth. Babies may receive necessary medicines or vitamins and still be considered exclusively breastfed.*

The policy aims to:

- Help mothers understand the importance of breastfeeding their babies.
- Provide consistent advice and adequate support to establish and maintain breastfeeding.
- Enhance family health and relationships.
- Achieve Ministry of Health (MoH) and WHO targets for health and well-being.

## Scope:

Staff and access agreement holders working in Clutha Health First Maternity Centre (CHFMC).

## References or Key Relevant Documents:

- CHF Breastfeeding my Baby Handbook
- CHF Breastfeeding Baby Education Postnatal Checklist Form
- CHF Feeding Techniques RBP Policy (includes The First Breastfeed, Exclusive Breastfeeding, Expression of Breastmilk, Finger Feeding, Cup Feeding, Bottle Paced Feeding, Breastfeeding Babies who may require Artificial Milk.
- CHF Engorgement and Mastitis Management Policy
- CHF Hypoglycaemia in Babies Policy.
- CHF Giving Artificial Milk to Breastfeed Babies – Informed Consent Form
- CHF Artificial Milk Policy
- CHF Informed Consent Form for Using Nipple Shields or Pacifiers.
- CHF Support of the Non-Breastfeeding Mother Policy
- CHF Tikanga Best Practice Policy
- CHF Safe Sleep for Infants Policy
- CHF Interpreter Policy
- CHF Adverse Management Policy
- Focus on You Compulsory education for Maternity Staff and LMC
- Clutha Health First Māori Health Action Plan

## Baby Friendly Hospital Initiative Documents for Aotearoa New Zealand

Developed by the Implementation Advisory Group for the New Zealand Breastfeeding Alliance 2020. This includes:

- The Ten Steps to Successful Breastfeeding. From Protecting, Promoting and Supporting Breastfeeding. The special role of maternity services. A joint WHO/UNICEF Statement. 1989
- Innocenti Declaration – World Summit for Children, United Nations. 1990
- The International Code of Marketing Breast-Milk Substitutes. WHO/UNICEF. 1996
- Breastfeeding Definitions. New Zealand Ministry of Health. 1999
- Treaty of Waitangi Act 1975
- Consensus statement: Breastfeeding NZCOM 2016
- Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services the revised baby-friendly hospital initiative 2018.

- Clinical Guidelines for the Establishment of Exclusive Breastfeeding. International Lactation Consultants Association. 2014

## Definitions:

|       |                                      |
|-------|--------------------------------------|
| CHFMC | Clutha Health First Maternity Centre |
| LMC   | Lead Maternity Carers                |
| AMF   | Artificial Milk Formula              |

## Policy/Procedure:

### *Policy Statements:*

#### **Treaty of Waitangi**

This policy recognises the Te Tiriti O Waitangi as the founding document of New Zealand, providing a constitutional basis for equity of health outcomes between Māori and non-Māori.

All CHFMC healthcare services will be delivered under the guidance of the principles of Te Tiriti, particularly those related to partnership, participation, and active protection. Whānau is recognized as an integral part of the pregnant and breastfeeding mother's care. CHF use the Te Tiriti principles and articles to guide our work and are committed to supporting a Māori world view of health and ensuring quality (culturally and clinically safe), equitable, and effective services for Māori. CHFMC strives to provide equitable access so that Māori can access the service in ways that meet their needs. Services are provided in a culturally appropriate way that recognises and supports the expression of Māori models of care.

This breastfeeding policy aligns with the Te Whatu Ora Southern Tikanga Best Practice Guidelines. The CHFMC staff are expected to treat all users of health services with dignity and respect. Staff will demonstrate consideration of wider cultural needs and expectations.

Māori health workers in the Clutha District are offered the opportunity to attend CHFMC breastfeeding education where applicable (e.g Tamariki Ora Health workers).

## Ten Steps to Successful Breastfeeding:

### **Step 1 – The Code:**

#### **Step 1a:**

**Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly Resolutions (*hereafter referred to as "The Code"*)**

Advertising, display or promotion of breast milk substitutes, bottles, teats, pacifiers or items with logos of companies that produce any of these products or names of products covered under the Code is not permitted in the hospital.

Breast milk substitutes, bottles, teats and pacifiers will be purchased at no less than wholesale prices. Refer to the CHF Artificial Milk policy.

Free samples of these products are not to be given to mothers or pregnant women (or their family members) and infant formula, bottles and teats will be stored out of sight.

Parents who have made a fully informed decision to use breast milk substitutes will be shown how to safely prepare feeds — see Information for parents considering feeding their baby Artificial milk formula.

Health professionals provide information on artificial infant feeding, including the need for specialised formulas, where medically indicated.

Staff are not to accept gifts (such as meals or trips to conferences), literature or equipment, including items displaying company logos, e.g. pens, calendars, fridge magnets, pregnancy wheels, etc. from manufacturers or distributors of breast milk substitutes, bottles, teats, nipple shields or pacifiers.

## **Step 1b:**

### **Have a Written Breastfeeding Policy that is Routinely Communicated to Staff and Parents**

The breastfeeding policy is a living document, developed in accordance with international and national revisions (2018) and consultation with relevant stakeholders. It is reviewed every 3 years.

This policy was developed in consultation with CHFMC staff, Lead Maternity Carers (LMCs), local Māori representatives, consumer organizations, and external healthcare providers.

All new CHFMC staff (LMCs, midwives and nurses) are made aware of this policy in their orientation.

The policy is available:

- for the public via the Clutha Health First website [www.cluthahealth.co.nz](http://www.cluthahealth.co.nz)
- for CHF staff via the intranet system - CHF Connect
- for clients booked with the LMC team through the EXPECT client portal system

Te Re Māori Translation of The Ten Steps to Successful Breastfeeding is on display in the Maternity ward Mothers with English as a second language are offered interpreters via the Clutha Health First Interpreter Services Policy

This Breastfeeding Policy document is audited annually through the Baby Friendly Hospital Initiative (BFHI) Annual Self-assessment questionnaire.

This Breastfeeding Policy document is reviewed every three years through consumer evaluation, collection of statistics and review by community and staff groups.

## **Step 1c:**

### **Establish Ongoing Monitoring and Data Management Systems**

Global standards call for a minimum of 80% compliance for all outcome indicators relating to the ten steps.

- The service will track the sentinel indicators, early initiation of breastfeeding and exclusive breastfeeding.
- Monthly completion and monitoring of robust data via the online NZBA tool and monitoring of the early initiation of breastfeeding within the clinical notes.
- The quality improvement service will develop a protocol for ongoing monitoring and data management systems to comply with the eight key clinical practices, including monitoring of supplementation of breastfed babies. This includes annual terms of reference and an annual review of the data via a report back.
- Māori breastfeeding rates will be monitored and shared collaboratively with equity partners with a view to strategise ways to improve breastfeeding outcomes for Māori.

## Step 2 Education and Training:

### Ensure that staff have Sufficient Knowledge, Competence and Skills to Support Breastfeeding

As per the scope of practice, evidence-based training provided by Te Whatu Ora Southern is available on professional development days, clinical talks and learning packages. The service has a robust system to record and monitor staff BFHI education

#### Level 3 Specialist:

- CHFMC staff caring for women and babies have participated in education on breastfeeding protection, promotion and support, or if new, and are to be orientated to this breastfeeding policy as part of the onboarding process and scheduled for education within 6 months as per Focus on You Compulsory Education for Maternity and LMC staff.
- CHFMC new full-time/part-time/ casual staff are to complete the Step 2 Breastfeeding Essential ES02 training of 22 hours – or are to provide evidence that the initial training of 21 hours has been completed before working at Clutha Health First. Prior Learning will be stored on the CHF Education Database.
- CHFMC staff must be committed to implementing this Breastfeeding Policy and its associated documents, to achieve the best breastfeeding practice without devaluing women’s infant feeding choices.
- Following the initial education, the ongoing education equates to four hours of infant feeding education annually. This includes a minimum of one hour of supervised clinical education annually and 30 minutes of Breastfeeding for Māori women sessions in the last 3-4 years.
- The education must include:
  - The Ten Steps of Successful Breastfeeding.
  - The protection of breastfeeding including the International Code of Marketing of Breastmilk substitutes and subsequent relevant World Health Assembly (WHA) resolutions.
  - Breastfeeding for Māori women, which reflects the principles of the Treaty of Waitangi.
  - The effect of medications administered during labour and birth, on the newborn and the initiation of breastfeeding.

#### The clinical tuition must include:

- All practical aspects of positioning, alignment and latching of the baby for breastfeeding.
- The teaching of hand-expressing breastmilk.
- Cup feeding technique.

#### Level 2 – Generalist:

- Medical staff employed by CHF only attend to pregnant women, mothers and their babies in emergencies. Medical staff are orientated to the breastfeeding policy and receive annual BFHI education. They must have completed a course orientating them to CHFMC’s breastfeeding policy and have completed 2 hours of breastfeeding education yearly, equating to 6 hours of breastfeeding education in the past 3 years.
- The education must include:
  - The Ten Steps to Successful Breastfeeding.
  - The protection of breastfeeding which includes the International Code of Marketing of breastmilk Substitutes and subsequent relevant WHA resolutions.

## Level 1 – Staff Awareness:

- CHF ancillary and support staff with regular contact with pregnant women, mothers and their babies (e.g., cleaning staff, reception staff, physiotherapists) receive annual BFHI education. They must have completed a course orientating them to CHFMC’s breastfeeding policy and have completed 3 hours of breastfeeding education in the past 3 years.
- The education must include:
  - The Ten Steps to Successful Breastfeeding
  - The protection of breastfeeding which includes the International Code of Marketing of breastmilk Substitutes and subsequent relevant WHA resolutions.

## Step 3 Antenatal Information:

### Discuss the Importance and Management of Breastfeeding with Pregnant Women and their Whanau /Family

Breastfeeding is promoted as the normal way to feed a baby. Staff must demonstrate respect and sensitivity in breastfeeding education, by providing evidence-informed information in a non-imposing way. CHF LMCs are responsible for discussing and giving breastfeeding information to their clients on a one-to-one basis, during their antenatal period. The LMC provides the client with the “Breastfeeding my baby handbook” and throughout the antenatal period discusses with the pregnant woman and her support people topics from the “Breastfeeding My Baby Education” antenatal education page. Spreading the breastfeeding discussion over several antenatal visits can be very effective.

Antenatal colostrum collection is also supported and encouraged see the CHF patient handout “Expressing and Storing colostrum antenatally”

Plunket provides antenatal education classes where women are informed about the Ten Steps to Successful Breastfeeding and other relevant information.

Breastfeeding information provided by the CHFMC LMCs, and Childbirth Educator includes:

- The CHF Breastfeeding policy
- The importance of exclusive breastfeeding for the first 6 months
- The benefits of breastfeeding
- Antenatal hand expression
- The risks associated with offering supplements while breastfeeding in the first 6 months
- The importance of early skin-to-skin contact
- Early initiation of breastfeeding
- Rooming in on a 24-hour basis including safe sleeping
- Cue-based or baby-led feeding
- Frequent feeding to help ensure enough breastmilk
- Good positioning and attachment of baby at the breast
- The implications of using pacifiers, teats and bottles on the establishment of breastfeeding
- Risks of formula feeding
- Breastfeeding support services in the community
- The effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding.

Information provided to pregnant women should be ethically and culturally appropriate and relevant to specific needs.

Women and health care workers can consult with our local Lactation Consultant and the Lactation Consultants at Queen Mary, Dunedin Public Hospital.

There is no group education or promotion of the use of AMF. However, CHFMC staff recognise the right of the mother to make informed decisions about her infant's nutrition and will provide positive one-to-one support to ensure she has accurate information about the use of her chosen alternative.

## **Step 4 Skin-to-Skin:**

### **Facilitate Immediate and Uninterrupted Skin-to-Skin Contact and Support Mothers to Initiate Breastfeeding as soon as possible after Birth and any Opportunity Thereafter**

At CHF the LMC/core midwife/nurse will provide an opportunity for the mother to have undisturbed skin-to-skin contact with her baby within 5 minutes of birth or as soon as possible. The baby is placed skin-to-skin with the mother. This contact continues for at least an hour in an unhurried environment, unless there are medical reasons for delayed or curtailed contact. Staff ensure the baby is in a safe position with nose and mouth clear and continued normal observation of the newborn.

During this time, the baby's attempts at self-attachment are encouraged and help to attach the baby is offered if needed.

CHFMC staff are encouraged to be responsive to the needs of each mother and her baby.

CHFMC staff document in the woman's "Breastfeeding my Baby Education-postnatal" checklist:

- How long after the birth baby was placed skin-to-skin
- The time skin-to-skin was started and finished
- How long after birth the baby's first breastfeed was.
- How many minutes babies first breastfeed was for.

Medically justified reasons for delayed skin-to-skin contact are to be documented in the CHF Birth Register book, and Mother's progress notes.

## **Step 5 – Breastfeeding Support**

### **Support Mothers to Initiate and Maintain Breastfeeding and to Manage Common Difficulties.**

Mothers are given supportive, consistent, accurate advice and guidance in establishing and maintaining lactation. CHFMC staff respect and recognize mothers' and families' knowledge and skills about breastfeeding.

Following the initial breastfeed CHFMC staff offer the mother further assistance with breastfeeding, if required, at the next breastfeed or within 6 hours of birth. Verbal guidance is offered in the first instance before hands-on assistance to ensure an effective feed.

It may be appropriate to leave a full-term healthy baby to sleep for up to eight hours if it has breastfed effectively after birth, and if the mother is aware of, and responsive to, early feeding cues.

If the baby has alerting factors such as size or gestation, or if the mother has risk factors for delayed lactation, the baby should be woken 3-4 hourly and encouraged to feed, or the mother is encouraged to hand express.

If the baby has not breastfed after birth, the mother is assisted to hand express within 2 hours. Skin-to-skin contact is encouraged.

The mother is shown how to recognize baby feeding cues, correctly position, and latch her baby to her breast. The mother is shown signs that her baby is effectively sucking.

The mother is shown how to hand express and is informed on how to store her breastmilk, as documented in the “Breastfeeding my Baby” booklet. The mother is encouraged to express sufficient breastmilk for comfort when her breasts are Full if her baby is disinterested in breastfeeding.

CHFMC staff recognise that mothers who have never breastfed or have previously encountered breastfeeding problems may require extra support both in the antenatal and postnatal period.

CHFMC staff will discuss with the mother breastfeeding subjects in the “Breastfeeding my Baby Education” postnatal education checklist. Breastfeeding DVDs are available to watch and Mama Aroha cards to view and an app to download.

When a mother and baby are separated for medical reasons, the mother is given assistance, guidelines and equipment for the expression and storage of breast milk.

Breastfeeding mothers planning to return to work will be given information to assist them to continue breastfeeding and maintain lactation. CHFMC staff will discuss with mothers how to maintain lactation and give mothers the information pamphlet ‘Breastfeeding and Working’

## **Step 6 – Breastmilk only for Newborns**

### **Avoid Giving Breastfed Newborns any Food or Fluids other than Breastmilk Unless Clinically Indicated**

Mothers are encouraged to practice responsive unrestricted baby-led feeding and, if the baby is unsettled, the parents are supported in finding an alternative way to settle the infant.

If a baby cannot breastfeed directly, expressed breast milk is given in the first instance. Parents are sensitively given evidence-based information about the possible implications of giving breast milk substitutes. This will include the importance of exclusive breastfeeding, and the potential risks of breast milk substitute on the baby's health and breastfeeding.

Staff will inform parents about any breast milk substitutes and supplements that are medically indicated for their baby.

AMF is only given to breastfeeding babies if there are documented acceptable medical reasons and/or evidence of a mother's informed decision. Acceptable medical reasons for the administration of AMF are to be documented in the mother's progress notes. Parents are asked to sign a consent form “Giving Artificial Milk to Breastfeeding Babies – Informed Consent Form”.

Parents who request AMF are sensitively given clear information, including the possible negative impacts on breastfeeding and the benefits of exclusive breastfeeding.

No materials promoting AMF, scheduled feeds or other practices that undermine lactation physiology are displayed at CHFMC, or given to mothers, whānau and families.

CHFMC does not accept free or low-cost supplies of AMF or promotional material from formula companies. This is stated in “Purchasing of Artificial Milk for Clutha Health First”.

## Step 7 Rooming-In

### **Enable Mothers and their Infants to Remain Together and to Practice Rooming-in 24 Hours a Day.**

Staff support mothers to assume primary responsibility for their babies, practicing rooming-in and cue-based, baby-led breastfeeding 24 hours a day. If the baby is unsettled, the parents are supported to find ways to settle their baby. Guidance is outlined in the “Breastfeeding my Baby” booklet. Staff offer assistance as needed to achieve successful rooming-in, including reassurance about normal baby noises and the normality of frequent breastfeeding. While CHF does not support co-sleeping, the use of a pepi-pod® while in the hospital can be helpful when trying to settle a baby.

CHFMC staff support fathers, whānau and extended family’s involvement and participation in the care and support of mother and baby.

All mothers with babies will report that since birth their babies have stayed with them day and night. The baby may be separated from their mothers for more than half an hour if required for medical procedures but, in most cases, parents can usually remain with their baby. If the baby is separated, the time away from the mother will be documented and justified in the mother’s progress notes.

There is no hospital nursery (or similar room) available for mother-baby separation at CHFMC.

Staff are required to discuss the Ministry of Health recommendations with women.

- Every sleep is safe sleep, in a cot or bassinet (or another safe sleeping place) beside a parent's bed until the baby is six months old.
- Co-sleeping (a parent who sleeps with their baby in bed) is dangerous when:
  - The baby’s mother has smoked during pregnancy.
  - Premature baby.
  - The adult in bed with the baby has been drinking or taking drugs or medicines that might reduce their awareness of the baby.
  - The co-sleeping adult is excessively tired.
- Parents may have a pēpi-pod® or wahakura. The LMC team can distribute these as required.

Information about safe sleep can be found in the CHF Safe Sleep for Infants policy.

## Step 8: Responsive Feeding

### **Support Mothers to Recognize and Respond to their Infant’s Cue for Feeding (responsive feeding)**

Mothers are made aware of the range of normal feeding behaviours of healthy newborn babies, of the cues babies give when they are hungry (mouthing, wriggling, hand-to-mouth movements, sucking on hands, (crying, is a late sign), and of the advantages of frequent breastfeeding to mother and baby.

Unrestricted baby-led feeding is encouraged.

Mothers are advised to breastfeed their babies when recognizing these early feeding cues and to breastfeed the baby for as long and as often as the baby wants (as long as the baby is breastfeeding effectively). Thus cue-based, responsive breastfeeding is recommended.

When babies are disinterested in breastfeeding, staff will guide mothers to encourage effective feeding using methods such as skin-to-skin contact and giving expressed breast milk if necessary.

Family and whānau support for breastfeeding is encouraged.



All mothers are encouraged to breastfeed exclusively for 6 months. The World Health Organization and UNICEF recommend the introduction of appropriate solid foods at six months with breastfeeding continuing to the second birthday or beyond.

Breastfeeding and breastmilk continue to provide protection and growth factors as well as being a quality food source for as long as the baby is breastfed.

## **Step 9: Bottles, Teats and Pacifiers**

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

No pacifiers are available at CHFMC.

CHFMC staff will assist mothers and families to provide comfort measures for unsettled infants and explain the rationale for avoiding artificial teats or pacifiers while establishing lactation.

If supplementary expressed breastmilk or AMF is required, methods alternative feeding methods e.g. cup, syringe, tube or finger feeding are recommended. The policy can be accessed from CHF Connect.

CHFMC staff should ensure mothers wishing to use artificial teats, or pacifiers, are given documented information on the implications of their use. The mother can then make an informed choice, which is documented on a signed consent form – Informed Consent Form Artificial teats, pacifiers or dummies.

Nipple shields are not recommended except in exceptional circumstances, and then for as short a time as possible. A mother wishing to use nipple shields is given documented information on the implications of their use. The mother can then make an informed choice, which is documented on a signed consent form – Informed Consent Form Using nipple shields for Breastfed Babies.

Although not recommended, if a breastfeeding mother decides to supplement feed using a bottle and teat, she will be given information on the implications and risks and shown how to try to preserve breastfeeding behaviours.

CHFMC does not accept free or low-cost supplies of feeding bottles, teats, pacifiers and nipple shields or promotional material about these products.

## **Step 10: Post Discharge Breastfeeding Support and Care**

**Co-ordinate Discharge so that Parents and their Infants have timely access to ongoing support and care**

A woman's Breastfeeding needs are considered when planning for the mother and baby's discharge from CHFMC. Plans for breastfeeding after discharge are discussed with the mother.

Before the mothers' discharge, CHFMC staff will photocopy the completed "Breastfeeding My Baby Education - postnatal" checklist in the woman's Clinical records and provide a copy to the woman.

Mothers are given written information on how to get help if they have questions about breastfeeding after their return home. The mother's LMC will visit her within 24 hours of her discharge from the hospital. The mother is given written information on how to contact her LMC, CHFMC, the local community breastfeeding support group, La Leche League, lactation consultants, Plunket Family Centre. Māori whanau are to be

provided with information on Māori Breastfeeding apps such as Mama Aroha.

Information on community groups and options for well-child checks are given to all mothers verbally, in the discharge information, and via the “Breastfeeding my Baby” booklet.

An information area in CHFMC displays posters and information on a variety of community support groups.

After discharge from maternity, mothers are welcome to come and use the CHFMC lounge to breastfeed and/or change their baby.