

## Breastfeeding Policy

### BABY FRIENDLY HOSPITAL INITIATIVE

#### Objective/Overview

This policy upholds a baby friendly hospital environment, which protects, promotes and supports exclusive breastfeeding/chestfeeding 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 National Breastfeeding Policy is to be read in conjunction with all Health New Zealand Waitaha/Canterbury Maternity Service breastfeeding/chestfeeding related infant feeding guidelines.***

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

#### 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 Health NZ | Te Whatu Ora funded maternity services provide the appropriate environment, education, resources and support to enable women/parents to make an informed choice about breastfeeding, and to enable them to exclusively breastfeed their pēpi until 6 months and continue breastfeeding for up to two years or beyond.

Health NZ promotes exclusive breastfeeding to meet the holistic well-being requirements of pēpi and māmā/parent 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/parent-pēpi bonding, reduces financial expenses, guards māmā/parent, 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/parent to continue the breastfeeding relationship regardless of the age of the pēpi. This right will be respected and supported when either māmā/parent or pēpi is receiving care in any Health NZ service.

All māmā/parents and whānau have the right to receive clear and impartial information to enable them to make a fully informed decision as to how they feed and care for their pēpi. Health NZ staff will provide all māmā/parents 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/parent, and this could influence the duration and success of their breastfeeding experience. All steps will be taken to include the whānau in each stage of breastfeeding support provided by Health NZ 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 their 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 Health NZ maternity services should receive individualised, respectful care including use of their self-determined gender nouns, pronouns, and names for body parts and parenting choices.

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#### Scope

This policy applies to:

- All Health NZ 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/parents and pēpi.
- All Lead Maternity Carers and service access agreement holders working with pregnant māmā/people and/or breastfeeding māmā/parents and pēpi.

All Health NZ 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.

#### 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/parents 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

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healthcare that demonstrates the intent of Te Tiriti o Waitangi and its responsiveness to Māori aspirations.

Health NZ 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-Friendly Workplace](#) Ref.2403676)

Breastfeeding is enabled in all public areas of Health NZ services. Suitable breastfeeding and pēpi care areas will be available to māmā/parents who choose not to breastfeed in public areas.

In multi-specialty Health NZ hospitals/services, breastfeeding support is provided to breastfeeding whānau accessing care across hospital services.

### Ministry of Health – infant feeding definitions (1999)

<b>Exclusive breastfeeding</b>	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.
<b>Fully breastfeeding</b>	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.
<b>Partial breastfeeding</b>	The infant has taken some breastmilk and some infant formula or solid food in the past 48 hours.
<b>Artificial feeding</b>	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.

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## POLICY PROCESSES

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

Health NZ adheres to the Ten Steps to Successful Breastfeeding as follows.

### Critical management procedures

#### Step 1 [Breastfeeding code, policy, and ongoing monitoring](#)

**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.*

**Step1C** 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 whanau](#)

##### **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.*

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**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 infant's cues for feeding.](#)

**Hipanga 8**

*Me tautoko ngā whaea kia rongo 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/family 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)



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#### Code of Marketing of Breastmilk Substitutes (GLB01)

1. International Code of Marketing of Breastmilk Substitutes (1981) World Health Organisation, Geneva
2. [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2
3. [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards
4. [www.ibfan.org/ibfan-penang/InternationalBabyFoodActionNetworkandInternationalCodeDocumentationCentre](http://www.ibfan.org/ibfan-penang/InternationalBabyFoodActionNetworkandInternationalCodeDocumentationCentre)
5. [www.infactcanada.ca/wha-resolutions.html](http://www.infactcanada.ca/wha-resolutions.html)

#### Infant Feeding Policy Routinely Communicated (GLB01)

1. [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
2. [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards

#### Ongoing Monitoring (GLB01)

1. [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
2. <https://www.unicef.org.uk/babyfriendly> Guide to the Baby Friendly Initiative Standards
3. Breastfeeding Definitions for Monitoring the National Health Outcome Targets in New Zealand. MOH. New Zealand. Feb 1999

#### Education and Training (GLB02) and Antenatal Information (GLB03)

1. [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2
2. <https://www.unicef.org.uk/babyfriendly> Guide to the Baby Friendly Initiative Standards

#### Skin-to-Skin (GLB04)

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[Ann-Marie Widström<sup>1</sup>](#) [Kajsa Brimdyr<sup>2</sup>](#) [Kristin Svensson<sup>1,3</sup>](#) [Karin Cadwell<sup>2</sup>](#) and [Eva Nissen<sup>1</sup>](#)
7. [www.researchgate.net/figure/Widstroems-9-instinctive-stages-of-neonatal-behavior-during-skin-to-skin-contact\\_fig1\\_282872915](http://www.researchgate.net/figure/Widstroems-9-instinctive-stages-of-neonatal-behavior-during-skin-to-skin-contact_fig1_282872915)
8. [Ministry of Health. \(2012\) Observation of mother and baby in the immediate postnatal period: Consensus statements guiding practice](#)

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#### Breastfeeding/Chestfeeding Support (GLB05)

1. [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
2. [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards
3. [www.health.govt.nz](http://www.health.govt.nz) search: breastfeeding

#### Breastmilk Only for Newborns (GLB06)

1. Academy of Breastfeeding Medicine. (2015b). Protocol #18: Antidepressants. [www.bfmed.org/](http://www.bfmed.org/)
2. Academy of Breastfeeding Medicine. (2017a). *Protocol #3: Supplementary feedings in the healthy term breastfed neonate, Revised 2017*. [www.bfmed.org/](http://www.bfmed.org/)
3. Academy of Breastfeeding Medicine. (2017b). Protocol #15: Analgesia and anaesthesia for the breastfeeding mother. [www.bfmed.org/](http://www.bfmed.org/)
4. Academy of Breastfeeding Medicine. (2019). Protocol #31: Radiology. [www.bfmed.org/](http://www.bfmed.org/)
5. Clinical Pharmacology Drug Information Service – CPH Tel: 80900 or DDI 3640900 (Fax-80902)
6. Hales Meds. (2024). *Breastfeeding and Medications*. [Hale's Medications & Mothers' Milk](#)
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#### Rooming In (GLB07)

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6. UNICEF United Kingdom: The Baby Friendly Initiative. (16 July 2024). *Guide to the Baby Friendly Standards*. [Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-Standards.pdf](#)

#### Responsive Feeding (GLB08)

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2. New Zealand Breastfeeding Alliance. (2023). *Part 2: BFHI criteria/standards*. [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz)
3. UNICEF United Kingdom: The Baby Friendly Initiative. (16 July 2024). *Guide to the Baby Friendly Standards*. [Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-Standards.pdf](#)

#### Bottles, Teats and Pacifiers (GLB09)

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2. UNICEF United Kingdom: The Baby Friendly Initiative. (16 July 2024). *Guide to the Baby Friendly Standards*. [Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-Standards.pdf](#)
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#### Post-Discharge Support and Care (GLB10)

1. [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
2. [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards

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#### Associated documents

Other documents relevant to this policy	
Baby Feeding Cues (signs) poster (State of Queensland (Queensland Health) 2012)	
<a href="#">Breastfeeding Friendly Workplace Policy</a> (Ref.2403676)	
Canterbury Maternity System, Strategic Framework (2019-2024) Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand 2020.	
<a href="#">Infant Formula Policy</a> (Ref.2400254)	
Women's Health Guideline: <a href="#">Nipple Shield Use</a> (Ref.2405154)	
Covering the Basics Breastfeeding Information	
<ul style="list-style-type: none"> <li>• <a href="#">Covering the Basics Breastfeeding Baby.docx</a> (Ref.2409569)</li> <li>• <a href="#">Covering the Basics Breastfeeding Challenges.docx</a> (Ref.2409570)</li> <li>• <a href="#">Covering the Basics Feeding NICU Baby.docx</a> (Ref.2409571)</li> <li>• <a href="#">Covering the Basics Feeding Infant Formula.docx</a> (Ref.2409572)</li> </ul>	
Guideline – Protecting, Promoting and Supporting Breastfeeding in facilities providing maternity and newborn services – WHO 2017	
<a href="#">How Do I know My Breastfed Baby is Getting Enough to Eat?</a> (Ref.2406229)	
<a href="#">How to Express by Hand</a> visual and written (adapted from Health Scotland 2016) (Ref.2405765 (239786))	
Implementation Guidance – Protecting, Promoting and Supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby Friendly Hospital Initiative	
<a href="#">Infant Formula Policy</a> (Ref.2400254)	
Mama Aroha Application	
Ministry of Health Bassinette Card - Everyone Please ... protect me by making every sleep a safe sleep	
Ministry of Health: Observation of mother and baby in the immediate postnatal period: consensus statements guiding practice	
Ministry of Health pamphlet: Keep Your baby Safe During Sleep	
NZBA WHO/UNICEF Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand	
NZBA Being Baby Friendly pamphlet	
NZBA Skin-to-Skin Contact pamphlet	
NZBA Breastfeeding information wheel	
NZBA WHO/UNICEF Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand	
NZBA Pamphlet Rooming-In	
South Island SUDI Prevention	
South Island SUDI Prevention Safe Sleep Policy (Draft currently in consultation – may need to provide a link to this)	
The International Code of Marketing of Breastmilk Substitutes – WHO (1981)	
Whakamaua: Maori Health Action Plan 2020-2025	
WHO/UNICEF Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand	

## Breastfeeding Policy

### BABY FRIENDLY HOSPITAL INITIATIVE

#### Guidelines

Guideline	Step 1	<a href="#">Breastfeeding Code, Policy, Ongoing Monitoring</a>
Guideline	Step 2	<a href="#">Education and Training</a>
Guideline	Step 3	<a href="#">Antenatal Information</a>
Guideline	Step 4	<a href="#">Skin-to-Skin</a>
Guideline	Step 5	<a href="#">Breastfeeding Support</a>
Guideline	Step 6	<a href="#">Exclusive Unless Medically Indicated</a>
Guideline	Step 7	<a href="#">Rooming In</a>
Guideline	Step 8	<a href="#">Responsive Feeding</a>
Guideline	Step 9	<a href="#">Bottles, Teats and Pacifiers</a>
Guideline	Step 10	<a href="#">Post-Discharge Breastfeeding Support and Care</a>

#### Review history

Version	Updated by	Date	Description of changes
1.0		01/04/2012	Published
2.0		30/08/2019	Published in new document library
3.0		22/11/2021	Filename changed
4.0	Maternity and Neonatal staff	22/11/2021	Published after review, approved ready for sign-off by MQGG
5.0	BFHI Coordinator	24/11/2021	Ten-step links updated
6.0	BFHI Coordinator	13/12/2021	Links to guidelines updated
7.0	BFHI Coordinator	20/09/2023	Published after review
8.0	BFHI Coordinator	07/05/2024	Hyperlinks updated (pages 4,5)
9.0		28/05/2025	Published after review, approved ready for sign-off by MQGG