



STEP ONE

ONGOING MONITORING

STEP 1C

Establish ongoing monitoring and data-management systems.

HIPANGA 1C

Me whakarite pūnaha aroturuki, whakaheare-raraunga mutunga kore.

Review date: November 2022

The CDHB commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding policy, at each review.

PURPOSE

Compliance with the breastfeeding policy is mandatory and should be audited at least annually, with the results used to ensure continuing full implementation of the Ten Steps to Successful Breastfeeding, and timely development of quality improvements.

RESPONSIBILITY

BFHI Coordinator, BFHI Steering group, Quality and Safety, Director of Midwifery Maternity and Birthing Suite Charge Midwives/Nurses.

GUIDELINE

The BFHI coordinator or delegate will undertake at least annual interviews with māmā and whānau (with consent), utilising the NZBA BFHI audit questions to monitor ongoing compliance with The Ten Steps to Successful Breastfeeding (hereafter referred to as the Ten Steps) and identify potential gaps. This audit process will inform ongoing education needs and quality improvements. The BFHI coordinator will provide reporting of these audits to the BFHI Steering Group and provide regular reporting to the Director of Midwifery.

ONGOING MONITORING FOR THE MAINTENANCE OF BFHI

Infant feeding policies, guidelines and associated documents have a visible review date and are reviewed every three years, or more frequently if the emergence of new research requires it. Any review of the breastfeeding policy will require wide consultation. The BFHI Steering Group has the capacity to review infant feeding policies, guidelines and associated documents in preparation for wider consultation. Please see [GLB01B](#) for the Breastfeeding Consultation process.



He aroha whāereere, he pōtiki piri poho

A mother's love, a breast-clinging child

The CDHB Breastfeeding Policy, guidelines, associated documents and appendices will be reviewed in a rolling 3-year rotation based on the Ten Steps as outlined below. This continued rolling-review will provide a systematic and meaningful approach, which informs clinical practice and management of breastfeeding issues within the facility thereby increasing value and quality to the maternity system.

3-YEARLY BREASTFEEDING POLICY AND GUIDELINE REVIEW SCHEDULE

Year 1

CDHB Breastfeeding Policy

Step1a The Code

Step 1b Have a written Policy

Step 1c Ongoing Monitoring

AF Policy and associated docs (care of the non-BF breast)

Year 2

Step 2 Education and Training

Step 3 Antenatal Information

Step 4 Skin-to-Skin

Step 5 Breastfeeding Support

Step 10 Post-Discharge Breastfeeding Support and Care

Year 3

Step 6 Breastmilk Only for Newborns (including associated Parent Information resources PDM Policies and associated documents and unpasteurised donor milk documentation)

Step 7 Rooming-In – including Safe Sleep

Step 8 Responsive Feeding

Step 9 Bottles, Teats and Pacifiers

Breastfeeding Policy and Guidelines will be audited at least annually to ensure high standards of care are being maintained. Methods of audit are outlined at the end of each guideline.

BREASTFEEDING EDUCATION DATA

Maternity staff education at all levels will be planned, managed and maintained by the BFHI coordinator with support from area managers as required. A BFHI Education Excel spreadsheet will be kept up to date by BFHI coordinators in each area.

NICU and Maternity Units Canterbury-wide will elect a BFHI Champion who will be responsible for collecting staff education evidence for their unit.

Refer to [GLB02](#) for further information relating to the specific requirements for breastfeeding education.



He aroha whāereere, he pōtiki piri poho

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BREASTFEEDING EXCLUSIVITY AND ETHNICITY DATA

Breastfeeding and ethnicity data is reported monthly to the BFHI coordinator and elected Primary Unit BFHI representatives by the Business Analysis Team. Utilising the Ministry of Health breastfeeding definitions outlined below, the BFHI Coordinator and midwifery-led unit BFHI Champions will regularly submit breastfeeding and ethnicity data to the NZBA online data annual collection tool. It is the responsibility of the BFHI Coordinator to ensure the data is reported to NZBA. The BFHI Coordinator will also report breastfeeding and ethnicity statistics to the BFHI Steering Group at monthly meetings and to the Director of Midwifery in monthly reports.

QUALITY IMPROVEMENT

Processes are established and maintained to monitor and review breastfeeding data on discharge, use and method of supplementation of the breastfed pēpi, use of infant formula, PDM and non-pasteurised donor milk. Methods of monitoring include audit, systematic review of data and annual reporting to NZBA. There is also robust collecting of BFHI related education data for all employees in Maternity and Neonatal Services.

NEW ZEALAND MINISTRY OF HEALTH BREASTFEEDING DEFINITIONS

- Exclusive breastfeeding** The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed* medicines have been given from birth.
- * Prescribed as per the Medicines Act 1981*
- 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 other 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.

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Step 1: Ongoing Monitoring
Breastfeeding Guidelines
Christchurch Women's Hospital
Christchurch New Zealand