

STEP ONE

THE CODE, THE POLICY AND ONGOING MONITORING

Review date: December 2022

The Te Whatu Ora – Health New Zealand Waitaha Canterbury commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding policy, at each review.

STEP 1A

Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions (hereafter referred to as 'The Code').

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.

PURPOSE

The promotion of breastmilk substitutes is one of the largest undermining factors for breastfeeding. (NZBA Resource Docs 2020)

The aim of The Code "is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution."

(International Code of Marketing of Breastmilk Substitutes (1981) World Health Organization, Geneva)

RESPONSIBILITY

This guideline, associated with the Breastfeeding/Chestfeeding Policy is applicable to all Te Whatu Ora Waitaha employees working within maternity facilities including, visiting health professionals and students.

GUIDELINE

Compliance with The Code and relevant, subsequent World Health Assembly resolutions is mandatory, the main points as follows:

- Te Whatu Ora Waitaha will not advertise, promote or distribute free samples of, or coupons for, breastmilk substitutes, feeding bottles, teats or dummies. The display of manufacturers' logos on items such as calendars, posters, pens and stationery is also prohibited.
- Te Whatu Ora Waitaha will pay no less than 80%, of the retail price when purchasing supplies of breastmilk substitutes and will adhere to the policy of rotation of formula brands. *(see Infant Formula Policy (Ref.2400254, page 3))*
- No employees of manufacturers or distributors of breastmilk substitutes, bottles, teats or dummies are permitted to have direct or indirect contact with pregnant/hapū or postnatal māmā/parents and whānau in Te Whatu Ora Waitaha Health facilities.

- Employees of manufacturers and distributors of breastmilk substitutes will only have access to the WCH Clinical Dietitian, by appointment, who will in turn inform the midwife or nurse manager for their area, Lactation Consultants, and Neonatologists/Paediatricians as required, about changes to infant feeding products (see *Company Representatives Visiting CDHB policy (Ref.2407542)*).
- Te Whatu Ora Waitaha staff will not accept gifts, free samples, non-scientific literature, materials, equipment, money or support for in-service education or events from manufacturers or distributors of breastmilk substitutes, bottles, teats or pacifiers.
- Samples for professional research or evaluation are acceptable under The Code. Evaluation of products carried out by staff in these cases will be disseminated to co-workers whenever possible. Information materials given to WCH staff, relating to infant formula products, may contain only scientific and factual information
- Infant formula, human milk fortifier (HMF), other breastmilk substitutes, bottles, and teats will not be stored in areas that are accessible or visible to pregnant/hapū people, māmā/parents, whānau and visitors.
- Whānau who have made a fully informed decision to artificially feed their babies will have this decision respected and will be completely supported. Māmā and whānau will be shown how to prepare formula feeds by a health worker on a one-to-one basis when needed in the postnatal period.
- All infant feeding information and education given to pregnant people, māmā/parents and their whānau will explain the importance of breastfeeding, the social and financial implications of breastmilk substitute usage, the potential health effects involved in the use of breastmilk substitutes and risks associated with the incorrect preparation and usage of these products.
- Group instruction on the preparation and use of artificial feeds is not permitted at any time during the perinatal journey.
- Whānau who have made a fully informed decision to artificially feed their pēpi are not advised to bring powdered infant formula into WCH. Powdered infant formula is not a sterile product and contamination with bacteria including *Cronobacter Sakazakii* [CS] is possible. Liquid Ready-to-Feed formula is both sterile and convenient and used within Te Whatu Ora Waitaha facilities.
- Records of infant formula purchase and usage are maintained in WCH, including infant formula brand rotation.

AUDIT

Audit is crucial to ensuring high standards of care for māmā/parents and pēpi. Methods may include, interview of māmā/parents and whānau (with consent), review of infant formula use records and environmental audit.

STEP 1B

Have a written infant feeding 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.

PURPOSE

To ensure evidence-based practice with high standards of care and consistent information is provided by those working directly with pregnant/hapū and breastfeeding/chestfeeding māmā/people.

To meet the requirements of the New Zealand Breastfeeding Alliance (NZBA) for accreditation of Baby Friendly Hospital facilities.

RESPONSIBILITY

This guideline, associated with the Breastfeeding/Chestfeeding Policy is applicable to all Te Whatu Ora Waitaha employees working within maternity facilities including, visiting health professionals and students.

GUIDELINE

Te Whatu Ora, Waitaha will have a written breastfeeding/chestfeeding policy and associated guidelines that address all the Ten Steps to Successful Breastfeeding.

All Canterbury maternity facilities will fully implement the 'Ten Steps to Successful Breastfeeding' as set out in the Te Whatu Ora, Waitaha Breastfeeding/Chestfeeding Policy.

All staff who regularly have contact with pregnant/hapū and postnatal birth parents and their whānau will:

- Receive a copy of this policy or be shown where to locate it on the Te Whatu Ora, Waitaha Intranet.
- Be orientated to the policy within one month of commencing employment.
- Stay up-to-date with current documents by reading infant feeding policies and guidelines after their three-yearly review.

'Being Baby Friendly', an abridged version of the Ten Steps to Successful Breastfeeding for whānau, produced by NZBA will:

- Be displayed in antenatal clinic areas, labour and birthing areas, maternity wards, neonatal unit and other areas where care for pregnant people, māmā, and whānau are routinely provided within Te Whatu Ora, Waitaha perinatal facilities.
- Be available in English, Te Reo Māori, and all other languages where the percentage of mothers in the facility is $\geq 5\%$.

These are available from NZBA in the following languages: English, Simplified Chinese, Farsi, Hindi, Korean, Te Reo Māori, Samoan, Tagalog, Thai, Tongan.

Information provided to pregnant/hapū people, māmā/parent, whānau should be ethnically and culturally appropriate and relevant to specific needs.

Any additional guidelines or policies which may impact on the care of breastfeeding/chestfeeding māmā/parent and pēpi should be evidence-based, accurate and effective.

Compliance with the policy is mandatory and should be audited at least annually, with the results used to ensure continuing full implementation of the BFHI.

The policy should be reviewed, with consultation from the wider community, at least every 3 years or more frequently if the emergence of new research requires it.

BREASTFEEDING POLICY – REVIEW AND PUBLIC CONSULTATION PATHWAY

Initial review and preparation for wider consultation

- Reviewed by BFHI Steering Group (Includes Māori Health Worker)
- Sent to Clinical Guidelines Group for approval
- Sent to Te Whatu Ora, Waitaha Maternity Quality Governance Group

Wider consultation

- Mana Whenua ki Waitaha (Te Whatu Ora Waitaha)
- Maternity Consumer Council (Inclusive of cultural diversity)
- Ngā Ratonga Hauora Māori – Māori Health Services
- Distribution to all access agreement holders via email Sent to all Community Units for consultation and to consult within their own areas (Ashburton, Oromairaki, Kaikoura, Rangiora)
- Distribution to all health and support staff involved in the care of pregnant and breastfeeding/chestfeeding people through BFHI Coordinator via email and hard copy in clinical areas
- Distribution to Well Child Providers services
- Distribution to wider community, through Canterbury Breastfeeding Network (inclusive of tangata whenua, cultural diversity and wide community group representation)

Final draft review

- BFHI Steering Group
- Clinical Guidelines Group
- Te Whatu Ora Waitaha Maternity Quality Governance Group

STEP 1C

Establish ongoing monitoring and data-management systems.

HIPANGA 1C

Me whakarite pūnaha aroturuki, whakaheare-raraunga mutunga kore.

PURPOSE

Compliance with the breastfeeding/chestfeeding 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, Executive Director of Midwifery, Associate Director of Midwifery, Maternity and Birthing Suite Midwife Managers.

GUIDELINE

The BFHI coordinator or delegate will undertake at least annual interviews with whānau (with consent), 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 Quality and Safety Manager, Executive Director of Midwifery, and Associate 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. The Breastfeeding/Chestfeeding policy Consultation process is outlined above.

The Te Whatu Ora Waitaha Breastfeeding/Chestfeeding 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/chestfeeding issues within the facility thereby increasing value and quality to the perinatal system.

3-YEARLY BREASTFEEDING/CHESTFEEDING POLICY AND GUIDELINE REVIEW SCHEDULE

Year 1 Te Whatu Ora Waitaha Breastfeeding/Chestfeeding Policy

- Step 1 The Code, the Policy and 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/Chestfeeding 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/CHESTFEEDING 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/chestfeeding education.

BREASTFEEDING/CHESTFEEDING EXCLUSIVITY AND ETHNICITY DATA

Breastfeeding/Chestfeeding 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/chestfeeding 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/chestfeeding and ethnicity statistics to the BFHI Steering Group at monthly meetings and to the Quality and Safety Manager in monthly reports.

QUALITY IMPROVEMENT

Processes are established and maintained to monitor and review breastfeeding/chestfeeding data on discharge, use and method of supplementation of the breastfed/chestfed 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.

Regular audits of partial feeding will be completed and reported to the BFHI Steering Group, Quality and Safety team and to the Executive Director of Midwifery when rates of exclusive breastfeeding are consistently reported at below 70% from maternity units. Results of these audits will be reported to the Director of Midwifery, Associate Director of Midwifery, Quality and Safety Manager and team, and the BFHI steering Group.

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.