

STEP THREE

ANTENATAL INFORMATION

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

HIPANGA 3

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

Review date: November 2026

Te Whatu Ora Waitaha commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding/chestfeeding policy, at each review.

PURPOSE

To promote breastfeeding/chestfeeding as the biological norm and ensure pregnant māmā/people and their whānau have the information available to make informed decisions about infant feeding.

RESPONSIBILITY

The breastfeeding/chestfeeding policy and guidelines are applicable to all Te Whatu Ora Waitaha employees working within maternity facilities including visiting health professionals and students.

GUIDELINE

Whānau will be given opportunities to discuss their infant feeding choices during pregnancy and be informed of the Te Whatu Ora Waitaha Breastfeeding/Chestfeeding Policy. Māmā/parents and their whānau can be provided with the New Zealand Breastfeeding Alliance (NZBA) Pamphlet 'Being Baby Friendly' (available in a variety of languages) to support this, if appropriate

All pregnant people and their whānau seen antenatally are to be given up-to-date information about the importance, and management of breastfeeding/chestfeeding. Mama Aroha Reference Cards provide topics and information which can be discussed during antenatal clinic appointments and antenatal inpatient admissions.

Where risk factors for the birthing person are identified that may impact breastfeeding/chestfeeding, a referral pathway will be followed (*in development*).

Whānau who are identified as likely to have a NICU journey with their pēpi, should be orientated to the [Colostrum Collection Pack](#) (Ref.2405765 (239786)) antenatally.

Ideally, antenatal infant feeding information should be shared as part of an individualised discussion complimented by culturally appropriate leaflets or other written information.

Positive conversations should include:

- The importance of exclusive breastfeeding/chestfeeding for the first six months including health outcomes for māmā/parent, pēpi and whānau
- The implications of giving commercial infant formula to a breastfeeding/chestfeeding pēpi

- The importance of early skin-to-skin contact, irrespective of infant feeding decisions
- Early initiation of breastfeeding/chestfeeding
- Rooming-in on a 24-hour basis including safe and unsafe sleeping practices
- Good alignment, positioning, and attachment
- Responsive (cue-based or baby-led) feeding
- Breastfeeding/chestfeeding frequency and how to initiate and maintain a good milk supply
- The implications of using pacifier, teats, and bottles on the establishment of breastfeeding/chestfeeding.
- The effect of drugs used in labour, on both the newborn and the initiation of breastfeeding/chestfeeding.
- The effect of smoking on breastfeeding/chestfeeding
- Appropriate use of antenatal colostrum harvesting
- How to access antenatal breastfeeding/chestfeeding education
- How to access breastfeeding/chestfeeding support services in the community

Any written information, including teaching materials, provided or displayed for pregnant people, māmā/parents and their whānau, should be accurate, effective, ethically and culturally appropriate, relevant to specific needs, free from promotion of commercial milk formula, bottles, teats and pacifiers and meet all other requirements of the WHO Code of Marketing of commercial milk formula and subsequent, relevant WHA resolutions as per [Guideline Step 1](#) (GLB01).

Providing information which equips pregnant māmā/people and their whānau to make informed decisions about exclusively breastfeeding/chestfeeding for six complete months will increase the likelihood of breastfeeding/chestfeeding being successful.

Routine antenatal breastfeeding/chestfeeding education should not include group instruction on how to prepare a bottle of commercial milk formula. This should be done on a one-to-one basis if requested by the parent and their whānau who wish to artificially feed, as per [Infant Formula Policy](#) (Ref.2400254)

AUDIT

Audit is crucial to ensuring high standards of care for whānau.

Methods may include, interview of māmā/parent and whānau (with consent) and review of breastfeeding/chestfeeding resources available in the antenatal clinic.

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Owner: BFHI Coordinator

Step 3: Antenatal Information
Breastfeeding/Chestfeeding Guidelines
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