



BREASTFEEDING WAI U KAUPAPAHERE

CLINICAL POLICY

Date of review: July 2023

Next review due: July 2026

Scope

This policy applies to all Hauora Hokianga staff and Lead Maternity Carers with an access agreement and who are responsible for caring for breastfeeding mama/women.

Purpose

Hauora Hokianga recognises breast milk is the perfect food to nourish and nurture pēpi/baby and supports the 10 steps to Successful Breastfeeding as the global standard for maternity services by exclusive breastfeeding of the well-baby in accordance with the World Health Organisation (WHO)/United Nations International Children's Emergency Fund (UNICEF) Joint Statement (1989).

Hauora Hokianga aims to protect and promote breastfeeding by adhering to the WHO International Code of Marketing of breast milk substitutes (1981) and subsequent relevant World Health Assembly (WHA) resolutions.

- To create a supportive environment that protects, promotes, and supports breastfeeding and the normal physiological functions involved in this maternal-infant process.
- To acknowledge breastfeeding as providing optimal health for infants.
- To support the continued implementation of the Baby Friendly Hospital Initiative within the Hauora Hokianga Facility.
- To acknowledge the status of the Treaty of Waitangi in NZ/Aotearoa society in order to achieve best health outcomes for Whanau, Hapu, Iwi and all peoples. Healthcare providers will communicate and share timely, accurate and complete information with women/mama and whanau/family in ways that are affirming and useful. This leads to supporting informed decision making by mama and whanau in their breastfeeding journey.
- To ensure the individual cultural needs of the woman/family/whanau are considered and respected.
- To encourage a positive attitude among all staff toward breastfeeding and to provide consistent, evidence based, current and unbiased information thus enabling mothers to have a successful and satisfying experience
- To maintain Baby Friendly Hospital status through ongoing assessment by the New Zealand Breastfeeding Authority every four years.

Related Hauora Hokianga Documents

- The Management of Nipple Shields in Lactation Guideline
- Nipple Trauma Guideline
- Disinfection of Infant Feeding Equipment Guideline
- Mastitis Prevention and Treatment Guideline
- Treaty of Waitangi Policy
- Donor Breast Milk – Te Whatu Ora Te Tai Takerau

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Principles

This policy provides guidance for health professionals to care for breastfeeding māmā/whānau. For simplicity of language, the terms 'māmā, women and breasts' are used throughout this policy. It acknowledges that not all people identify as a woman or māmā, and it is not the intention of this document to exclude them. Please encourage clients to tell their LMC or other health professional the pronoun they wish to be addressed with.

Definitions:

Exclusive Breastfeeding:

The infant has never, to the mother's knowledge, had any water, formula other liquid or solid food. Only breast milk from the breast or expressed and prescribed medicines have been given from birth.

Fully Breastfeeding:

The infant has taken breast milk only and 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 breast milk and some infant formula or other solid food in the past 48 hours.

Artificial Feeding:

The infant has had no breast milk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

The Ten Steps to Successful Breastfeeding (2018)

Critical management procedures

Step 1a. Comply fully with the international Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions

Hauora Hokianga

- Is committed to upholding the WHO/UNICEF International Code of Marketing Breast milk Substitutes, which does not permit the promotion of breast milk substitutes. Breast milk substitutes are stored out of view and staff receive training regarding the code.
- Visiting breast milk substitute company representatives are to be referred to the ACMM/CMM for an appointment.
- Does not accept free or low-cost formula or any other free gifts from manufacturers or distributors of breast milk substitutes, bottles, teats, or pacifiers.
- Has a 6 monthly brand rotation and can provide evidence of compliance. No materials that promote breast milk substitutes, bottles, teats, or dummies are displayed to mothers, pregnant women, or staff.

Step 1b. Hauora Hokianga Te Ao Marama Maternity unit have a written infant feeding policy that is routinely communicated to staff and parents

- Hauora Hokianga is committed to the Treaty of Waitangi principles of active protection, participation and partnership. The policy is developed in partnership with Maori, consulting with Maori Health Providers who have breastfeeding support contracts. The organisation will ensure that the policy is communicated to all healthcare workers within Northland DHB.
- All staff and women have access to a copy of the policy and are able to understand its intent. A summary of the policy is displayed in all areas that mothers/whanau use
- The policy encompasses recommended best practices which are accessible to staff and LMC's (Lead Maternity Carers) in the Hauora Hokianga facility.

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Step 1c Establish ongoing monitoring and data-management systems

- Annual audit to ensure NZBA Baby Friendly Hospital standards are maintained
- Monthly Maternity breastfeeding statistics on discharge
- Comply with the International Code of marketing of Breast milk Substitutes
- Whangai U Survey (Breastfeeding Survey) results monthly

Step 2: Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding

- Healthcare workers will be informed of and promote the Baby Friendly Hospital Initiative (BFHI)
- All staff will be orientated to the breastfeeding policy and will be provided with regular education related to breastfeeding.
- Midwives and/or equally qualified personnel are available for staff that are having difficulty interpreting and/or implementing the policy
- **Level 1 – Awareness Staff** are required to complete one hour of education, which encompasses the mandatory subjects, every year since employment. If employed for over three years this must equate to three hours in the previous three years. Ongoing education of 1 hour annually
- **Level 2 –Generalist staff, e.g. Medical staff** are required to complete two hours of infant feeding education, which encompasses the mandatory subjects, every year since employment. If employed for over three years this must equate to six hours in the previous three years. Ongoing education 2 hours annually
- **Level 3 –Specialist Staff, e.g. Midwives and Nurses** are required to have completed the mandatory requirement of 21 hours of infant feeding education, over 1 year, which includes 17 hours of breastfeeding education, 3 hours of supervised clinical tuition and 1 hour Breastfeeding for Maori Women. On-going annual education of 4 hours which includes 1 hour clinical and 30 minutes Breastfeeding for Maori women
- **Level 4 – Lactation Consultants (IBCLC)** – appropriate on-going annual education support to ensure 75 Continuing Education Recognition Points (CERPS)
- The Hauora Hokianga maternity staff are educated about the principles of the Treaty of Waitangi. Staff know when and how to use/pronounce kupu (words) like, whangai u (breastfeeding), wai u (breast milk) when speaking about breastfeeding to women who use Te Reo Maori. Healthcare providers will listen to and honour mama and whānau perspectives and choices. This will be done by incorporating mama and whānau values, belief and cultural norms into breastfeeding care plans and delivery.

Step 3: Discuss the importance and management of breastfeeding with pregnant women and their families.

- All pregnant women will be offered information on the benefits and management of breastfeeding as part of their antenatal education.
- The information given is consistent with this policy.

The antenatal education will include:

- The Ten Steps/Breastfeeding policy
- The importance of breastfeeding
- Whanau are essential to supporting the establishment and maintenance of breastfeeding
- 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
- The importance of frequent feeding to help establish a good supply of breast milk
- Good positioning and attachment of baby at the breast
- The importance of exclusive breastfeeding for the first six months.
- The implications of giving breast milk substitutes

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- That breastfeeding continues to be important after six months when other foods may be introduced
- The effect of drugs used in labour, on both the new-born and the initiation of breastfeeding.
- The potential effects of using teats, bottles or pacifiers which can interfere with the establishment and maintenance of effective breastfeeding.
- Breastfeeding support services in their community

For women who are unable to breastfeed or who decide to feed her baby breast milk substitutes, antenatal education will include:

- The importance of skin-to-skin contact.
- The importance of rooming in 24 hours a day
- Cue based feeding
- The risks associated with feeding a baby a breast milk substitute.
- Safe preparation and use of breast milk substitutes.

All information given to mothers will be free from advertising and will comply with the Code (The Code in New Zealand Sept 2018)

Step 4: Facilitate immediate and uninterrupted skin to skin contact and support mothers to initiate breastfeeding as soon as possible after birth –

- Place babies in skin to skin contact with their mothers immediately following birth for at least an hour or until they have fed. Encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed
- The advantages of offering skin to skin are:
 - Optimising the opportunity for the baby to suckle when it shows signs of readiness
 - Maintenance of the baby's temperature and commencing the bonding process Babies are biologically programmed to seek the breast soon after birth and encouraging this to occur increases the likelihood of breastfeeding success
- Mothers and babies will not be separated after birth unless there is an unavoidable medical reason.
- Breastfeeding mothers will be assisted to express the breast as soon as possible if the baby is in SCBU

Skin-to-skin contact has ongoing benefits:

- Improving babies' temperature control
- Improved infant metabolic stability
- Enhanced maternal-infant relationship
- Maternal oxytocin release by stimulation of areola and breast.
- Prolactin released in response to nipple stimulation
- Receptor sites for prolactin within the breasts increase

Step 5: Support mothers to initiate and maintain breastfeeding and manage common difficulties.

- Mothers will be able to demonstrate or describe correct positioning, attachment and effective suckling.
- Mothers are informed that healthy new-borns need to breastfeed frequently in the first few days.
- Mothers can adequately describe and show how to express breast milk by hand.
- Mothers are aware of the guidelines for the safe storage of expressed breast milk.
- Mothers are able to describe what to do should breasts become uncomfortably full.
- Mothers are offered further assistance with breastfeeding next time they are fed or within six hours of birth.
- If baby admitted to SCBU mum is supported to express as soon after birth as possible and then at least 8 times in 24 hour
- **Step 6: Do not provide breastfed new-borns any food or fluids other than breast milk unless medically indicated.**

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- The giving of breast milk substitutes or water may interfere with the normal process of breastfeeding. This can include nipple confusion in the baby, breast engorgement and contributing to a lack of confidence in the mother.
- Colostrum provides valuable immune properties for new-born babies and is the most effective fluid for moving bilirubin through the babies' stools.
- Formula feeds can sensitise babies to developing allergy exposing them to the future risks of allergy related illnesses.
- Research suggests the use of supplements without medical indication is associated with earlier cessation of breastfeeding.
- Ready to use brands of breast milk substitutes are purchased at 80% cost price and shall be rotated on a six-monthly basis or as stock is required. Usage is documented on a breast milk substitute record sheet located in the medications room where breast milk substitute is stored.
- If a baby is given supplements for a medical indication, this will be given by methods other than a bottle and teat, e.g. finger feed or cup and the consent form on an infant's feed chart must be signed. This will avoid interference with the breastfeeding process

Step 7: Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

- Hauora Hokianga Te Ao Marama maternity facility practices rooming in – this means babies stay with their Mother's day and night, unless separation is clinically indicated.

Step 8: Support mothers to recognise and respond to their infants' cues for feeding.

- Mothers are able to recognise when their babies are ready to feed and can describe early feeding cues.
- Mothers are advised to feed their babies as often and for as long as the babies want (assuming baby is breastfeeding effectively).
- Breastfeeding babies are never given supplements unless medically indicated.

Step 9: Counsel mothers on the use and risks of bottle feeding, teats and pacifiers.

- Hauora Hokianga does not promote the use of artificial teats, nipple shields or pacifiers.
- The debate about the protective effect of dummies in reducing SUDI does not apply in the establishment of breastfeeding in the first few days
- Women are informed that the use of teats may interfere with an infant learning to suckle with the establishment of a good milk supply and a baby suckling at the breast.

Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

- Breastfeeding resources are given to all postnatal women which includes phone numbers of breastfeeding support groups.
- Phone numbers of community Breastfeeding support services are given to all women at discharge from the facility.
- The LMC will support and promote breastfeeding in the community.
- Free Lactation Clinics are available- Te Puawai Ora 18 Commerce Street Whangarei Monday, Tuesday, Thursday 10am till 2pm, Dargaville Hospital Outpatients Clinic Wednesday 10 till 2pm and Kawakawa Maternity Ward Fridays 10 till 2pm

Code Compliance

Mothers will always be respected, educated, and supported in their informed feeding choices.

Staff will educate mothers in safe preparation/sterilisation methods. Women who use formula to feed their babies will be responsible for sterilising their own equipment; preparing of their chosen breast milk substitute during their hospital stay.

Mothers will be responsible for supplying their own formula and feeding their babies 24 hours per day as do breastfeeding mothers.

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Application – “Medications in Mothers Milk” by Thomas Hale, the LC’s and ACMM have the phone app so are able to access and recommend any medication for breastfeeding mothers. If unsure will contact pharmacy for advice

4. References

- Ministry of Health 2009. The Code of Practice for Health Workers (Health Workers Code) Wellington New Zealand
- New Zealand Breastfeeding Authority 2019 Baby Friendly Hospital Initiative (BFHI) Documents for Aotearoa New Zealand.
- New Zealand Infant Formula Marketers Association 2009. Code of Practice for Marketing of Infant Formula Ministry of Health Wellington
- NZCOM Consensus Statement – 2017Breastfeeding
- World Health Organisation (1981) International Code of Marketing of Breast-milk Substitutes and Subsequent relevant WHA resolutions.2014
- Unicef(191) Ten Steps to Successful Breastfeeding (the interpretation of Step Four was clarified by WHO/UNICEF in the BFHI revised, updated an expanded for Integrated Care documents Jan 2006 and adopted by New Zealand
- Unicef U (2012) Guide to baby Friendly initiative Standards
- <http://www.who.int/nutrition/bfhi/ten-steps/en/>
- <http://www.who.int/nutrition/bfhi/bfhi-poster-A2.pdf?ua=1>