Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

NAME OF DOCUMENT	**Breastfeeding – Protection, Promotion and Support**
TYPE OF DOCUMENT	Clinical Business Rule
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FORMER REFERENCE(S)	• NSW Ministry of Health PD 2018_034 Breastfeeding in NSW: Promotion, Protection and Support • NSW Ministry of Health. A Blueprint for Action – Maternity Care in NSW 2023
EXECUTIVE SPONSOR	Maternity Midwifery Co-Director
AUTHOR	Katy Hunt – Clinical Midwifery Consultant for Lactation
SUMMARY	• Promote, protect, and support breastfeeding at The Royal Hospital for Women (RHW) by implementing the Baby Friendly Health Initiative (BFHI) framework '*The Ten Steps to Successful Breastfeeding*'. Also supporting standards of care for a woman who is feeding with a breastmilk substitute (infant formula)

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This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of the Royal Hospital for Women and is valid and applicable for use at the time of publication. The Royal Hospital for Women is not responsible for consequences that may develop from the use of this document outside The Royal Hospital for Women.

1. BACKGROUND

Protecting, promoting, and supporting breastfeeding practices contributes to improving the health, nutrition and wellbeing of a woman and her neonate(s). Support verbal and/or physical from all staff is vital to the initiation, maintenance and success of breastfeeding. Staff are also required to support standards of care for a woman feeding her neonate with a breastmilk substitute (infant formula)

The Breastfeeding Friendly Health Initiative (BFHI) is a joint World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) project that aims to create a healthcare environment where breastfeeding is the norm, and practices known to promote the wellbeing of all mothers and their babies are promoted. The standards embedded in the Ten Steps to Successful Breastfeeding are the global criteria against which maternity hospitals are assessed and accredited [4]

2. RESPONSIBILITIES

2.1 ***Patient***

- Pregnant and postpartum woman and neonate

2.2 ***Staff***

- All RHW staff - Midwifery, Nursing, Medical, Allied health, domestic services and Axillary staff need to be aware of practices consistent with the BFHI standards, and this CBR contents

3. PROCEDURE

3.1 ***Clinical Practice***

Ensure all staff are aware that RHW is a 'Baby Friendly' hospital and supports 'The Ten Steps to Successful Breastfeeding'

- Communicate this CBR and all other relevant BFHI policies/protocols to all staff who have any contact with the pregnant or postpartum woman. Adherence to this CBR is mandatory.
- Ensure the CBR is easily accessible through:
  - RHW intranet and website
  - Summary poster 'Supporting Breastfeeding and Safe Neonatal Feeding in Our Health Service', displayed in relevant public areas (Appendix 2)
- Ensure staff can demonstrate knowledge of the physiology and management of breastfeeding, and are competent at supporting and counselling women about breastfeeding
- Ensure:
  - all staff are aware of their BFHI educational requirements
  - all staff have access to training to meet BFHI requirements
  - all staff maintain record of BFHI education hours
- Ensure all staff are aware of the SESLHD procedure 'Support for Breastfeeding Employees in SESLHD' . This procedure addresses support for staff to continue to breastfeeding when they return to work

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ANTENATAL

- Ensure each pregnant woman is provided with evidence-based information, education, and support about the importance and management of breastfeeding.
- Discuss and document in the antenatal record by 28 weeks gestation:
  - her options for neonatal feeding, clarifying, and documenting her chosen method of neonatal feeding
  - the woman's previous neonatal feeding experience and offer/referral for extra support if required
  - referral to Clinical Midwifery Consultant (CMC2) Lactation if the woman fulfils criteria as outlined in RHW Clinical Business Rule (CBR) 'Antenatal Lactation Clinic - Referral, Assessment and Preparation'
  - referral to MotherSafe if she requires more information about medication use in the antenatal and postpartum period 93826539
  - recommendation to attend breastfeeding education classes, which are free at RHW.
  - education about the physiology and benefits of breastfeeding,
  - education about the benefits of exclusive breastfeeding for six months
  - the practice of facilitating breastfeeding within the first hour of birth regardless of mode of birth (unless mother or neonate are unwell)
  - education and recommendation for immediate, uninterrupted skin-to-skin contact with her neonate at birth
  - the practice of rooming in and the benefits this has in establishing mother infant bonding and breastfeeding
  - provide the woman with written information on breastfeeding support groups including peer-to-peer counselling e.g. The Australian Breastfeeding Association (ABA)
  - counselling about the appropriate use of bottles, teats, and dummies
  - education around recognising and how to respond to infant feeding cues
  - education around the basics of good positioning and attachment
- Provide a culturally and linguistically diverse (CALD) woman with access to breastfeeding information resources both written and face to face with:
  - virtual antenatal breastfeeding education with an interpreter facilitated by multicultural health care worker
  - translated breastfeeding fact sheets from NSW health and ABA

POSTPARTUM

- Place neonate in skin-to-skin contact with woman immediately following birth. Leave uninterrupted for at least one hour, regardless of chosen feeding method or mode of birth. Neonate should be naked and prone on the woman's bare chest with warm blanket +/- hat covering head
- Encourage skin-to-skin contact with nominated support person if the woman is unable
- Delay weighing, measuring, or bathing neonate to maintain skin-to-skin for at least one hour
- Re-establish and maintain skin-to-skin contact if interrupted due to a medical indication or at the woman's request, including 'kangaroo care' in Newborn Care Centre (NCC)
- Assist woman with recognising when neonate is ready to breastfeed, offering help if needed. Educate woman about neonate's early feeding cues e.g. rooting, licking, stirring and mouth movements
- Support the woman to initiate and maintain breastfeeding and manage common difficulties. Document request for 'hands-on' assistance
- Document time of first breastfeed in medical record
- Demonstrate and educate the woman on how to initiate and maintain lactation within the first two hours of birth, if separated from her neonate or at risk of delayed lactogenesis by:
  - expressing, including hand expressing
  - safe management of expressed breastmilk
  - documentation of time of first expression
- Educate the woman how to recognise that her neonate is feeding effectively (including age-appropriate output)

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- Assess breastfeeding regularly and document in the maternal clinical pathway - Breastfeeding Assessment and Neonatal Care Plan using the sucking code
- Ensure woman is informed on safe management, use, and storage of breastmilk and provide SESLHD leaflet "Expressing and Storing Breastmilk"
- Remind woman of free postnatal breastfeeding classes, community, and peer-to-peer breastfeeding groups e.g. ABA
- Support the woman who is formula feeding by:
  - Providing individual demonstration, education and supervision on safe preparation, storage, and handling of reconstituted powdered formula
  - providing written information "Formula Feeding Information for Parents" resource booklet (available on the RHW Public Drive – Patient Information Leaflets – Infant Formula)
  - ensuring the woman is aware of the risks to her neonate if the preparation and handling instructions are not followed
  - ensuring the woman is aware of the cost of formula
  - ensuring the woman is aware that formula is used until neonate is 12 months of age
- Educate woman to give neonate no food or drink other than breastmilk, unless medically indicated. Ensure woman is educated about the importance of exclusive breastfeeding to six months of age and the risks associated with the use of supplements and formula to a breastfed neonate
- Provide woman who is requiring additional support with an agreed written breastfeeding plan that is reviewed each shift and document in the medical record. Give woman a copy of plan
- Provide support and counselling to a woman who ceases planned breastfeeding, to minimise effect on any future neonatal feeding experience. Acknowledge and explore the reasons for this cessation, helping reduce feelings of loss and disappointment
- Complete consent form for 'Supplementary Formula Feeding of Breastfed Newborns' if formula supplementation is to be given:
  - ensure the volume of the supplement considers the neonate's stomach size as per RHW CBR 'Supplementary Feeding of a Breastfed Neonate in the Postpartum Period'
  - ensure the woman is not provided with samples or supplies of formula, bottles, or teats to take home
- Enable woman and her neonate to remain together and to practice rooming-in 24 hours a day
- Educate the woman on benefits of rooming-in e.g. confidence in recognising her neonate's early feeding cues and normal behaviours, increased breastfeeding, and adequate breastmilk supply, decreased risk of infection, security
- Ensure rooming-in is only interrupted for a medically acceptable reason e.g. unwell woman or neonate
- Document the time, duration, and reason if woman and her neonate are separated. Place completed separation sticker in Neonatal Care Plan
- Ensure direct supervision of neonate for any period not rooming-in
- Recommend that dummies and teats be avoided when establishing breastfeeding. Give the woman written information explaining :
  - difficulty in the mother recognising early feeding cues
  - reduced breastfeeding frequency
  - reduced breast stimulation decreasing breastmilk supply
- Utilise alternative feeding methods such as spoon, cup, finger feeding, if required
- Document the medical reason or maternal request, if a breastfed neonate is given a dummy or offered supplementary feeds using a bottle and teat. Document discussion in medical records

DISCHARGE

- Ensure at discharge the woman and her neonate have timely access to ongoing support and care
- Provide woman with post-discharge care and written information about child and family/community health follow up and peer-to-peer breastfeeding support
- Provide woman who is feeding baby any infant formula at time of discharge including mixed feeding, with written information about infant formula preparation. Ensure a demonstration on how to prepare powdered infant formula has occurred

3.2 ***Documentation***

- Medical record
- Consent form 'Supplementary Formula Feeding of Breastfed Newborns'

3.3 ***Educational Notes***

- RHW educates all staff on the practices consistent with BFHI standards, and this CBR contents. Regular meetings occur to update on changes. Minutes of these meeting are communicated to all health care staff
- Protecting, promoting, and supporting breastfeeding practices contributes to improving the health, nutrition and wellbeing of women and their neonates, throughout their breastfeeding continuum from antenatal to postpartum and beyond. Support is implemented through breastfeeding initiation and maintenance. This support may be verbal and/or physical help[9]
- The WHO International Code aims to protect and promote breastfeeding by ensuring appropriate marketing and distribution of breastmilk substitutes [31]
- SESLHD PR/413 enables women to breastfeed any place they feel comfortable. A woman and child have a right to feed confidently and without harassment. It includes legislative and regulatory guidelines, leave and employment entitlements and the creation of baby and breastfeeding friendly environments in the health system and broader community
- Breastfeeding is important for optimal infant nutrition, growth and healthy development, protection against infection and chronic disease and benefits maternal health. The benefits of breastfeeding exclusively for 6 months and the importance of continuing breastfeeding when other food is introduced should always be explained to women. This includes a woman returning to the paid workforce in this time frame[7,29]
- Breastfeeding provides short-term and long-term health economic and environmental advantages to neonates, children, women, families and society[4]
- All RHW health staff should be well informed about, and fulfill their responsibilities under the WHO International Code of Marketing of Breastmilk Substitutes, covered by Summary of WHO International Code Compliance Standards (Appendix 4) [7]
    - Women with HIV are advised that formula feeding is the safest option, but some women with HIV may choose to breastfeed and will need specialist advice based on their individual circumstances[23]. See RHW CBR Human Immunodeficiency Virus (HIV) in Pregnancy, Birth and Postpartum period or ASHM HIV infant feeding guidance document
    - Representatives from companies which distribute or market products within the scope of the WHO International code of marketing of Breastmilk Substitutes are restricted from direct or indirect access to RHW staff, pregnant women, or mothers attending the facility[31]
    - RHW does not allow or accept gifts, non-scientific literature, materials, or equipment, money, or support for in-services, related education, or events from breastmilk substitute companies[31]
    - BFHI criteria excludes health staff from counting attendance at breastmilk substitute company sponsored conferences/seminars as continuing breastfeeding education[31]
    - Any research performed at RHW which involves mothers and neonates must adhere the WHO Code and BFHI framework [7,31]
    - RHW provides a culturally sensitive environment to breastfeeding families, responding to the woman's beliefs, customs and/or ethnicity
    - Extra support for neonatal and young child feeding will be offered to individuals, groups, and communities with known vulnerabilities[16,27]
    - Women with Covid-19 are encouraged to breastfeed their neonates[35]

3.4 Implementation, communication and education plan:-

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and

understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

3.5 ***Related Policies/procedures***

- NSW Ministry of Health PD 2018_034 Breastfeeding in NSW: Promotion, Protection and Support
- NSW Ministry of Health. A Blueprint for Action – Maternity Care in NSW 2023
- SESLHDGL/081 Expression and Safe Management of Expressed Breastmilk
- SESLHD PR/413 Support for Breastfeeding Employees in SESLHD
- SESLHD PD251 Breastfeeding Women: Support in Non-Maternity Facilities
- SESLHDPD/158 Rooming in for Healthy Babies
- SESLHDGL/063 Care of infant feeding equipment within SESLHD facilities
- SESLHDGL/085 Preparation and Safe Use of Infant Formula
- Supplementary Feeding of a Breastfed Neonate in the Postpartum Period
- Alternative Feeding Methods in the Early Postpartum Period
- Antenatal Lactation Clinic – Referral and Assessment
- Breastfeeding Support Unit (BSU)
- Suppression of Lactation or Weaning
- Human Immunodeficiency Virus (HIV) in Pregnancy, Birth and Postpartum period

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4. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal woman, she may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

5. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
21/02/2023		Katy Hunt CMC- Lactation Maternity CBR Committee
Endorsed RHW Safety and Quality Committee 20 April 2023 Reviewed and endorsed Lactation Working Party February 2016		

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Approved Quality & Patient Safety Committee August 2015 Reviewed Maternity Services LOPs group 18/8/15 Approved Quality & Patient Safety Committee 19/4/12 Replaced the following Breastfeeding policies Staff Education and Implementation Guideline (2001 – 2012) Care of the Breasts for Postnatal Women Guideline (2003 – 2012) Care of nipples Guideline (2004 – 2012) Dummies/Pacifiers – Postnatal Use Guideline (2001 – 2012) Skin to Skin contact for Newborns Guideline (2004 – 2012)

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Appendix 1. World Health Organisation (2018) 'Ten Steps to Successful Breastfeeding' (Revised)

Critical management procedures

1a. Have a written infant feeding policy that is routinely communicated to staff and parents.

1b. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.

1c. Establish ongoing monitoring and data-management systems.

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

Key clinical practices

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

4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to recognise when their babies are ready to breastfeed, offering help if needed.

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

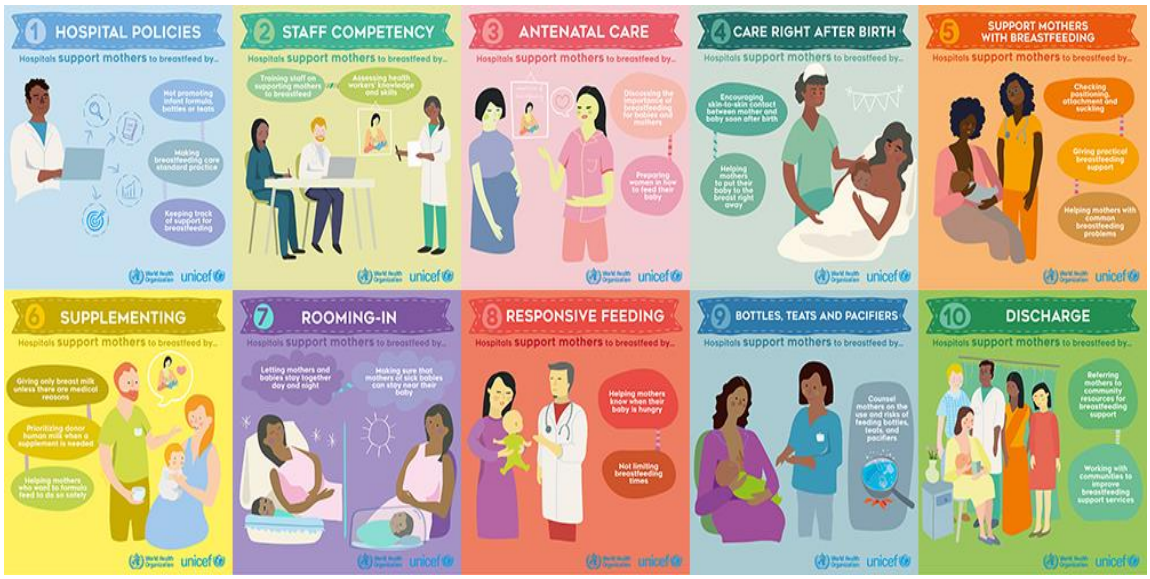
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

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

8. Support mothers to recognize and respond to their infants' cues for feeding.

9. Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers.

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



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Appendix 2

SUPPORTING BREASTFEEDING AND SAFE NEONATAL FEEDING IN OUR HEALTH SERVICE

Our Health Service is committed to supporting and encouraging safe feeding for all neonates. We comply with the World Health Organisation International Code for the Marketing of Breastmilk Substitutes and World Assembly Resolutions. Our full document, which sets out our practices and guidelines relating to neonatal feeding, is available at RHW Website- clinical business rules

We train:

- All staff involved in your care, in the skills necessary to support the successful establishment of breastfeeding and safe neonatal feeding practices

We provide:

- Evidence based practices within our facility during pregnancy, birth, and the parenting journey
- Education throughout pregnancy, labour, birth, and the postnatal period:
    - to help achieve breastfeeding goals
    - on the importance of breastfeeding
    - on management of breastfeeding
- Additional support when woman and neonate are separated to establish and maintain breastmilk supply
- Individual instruction on the safe preparation and administration of formula for a woman who is formula feeding

We encourage:

- Ongoing professional and peer to peer support for continuing breastfeeding
- Membership of the Australian Breastfeeding Association (ABA) and local breastfeeding groups to compliment community support

We recommend:

- Exclusive breastfeeding to six months of age, ongoing breastfeeding until two years of age and beyond (with appropriate and safe complementary foods) or as long as both mother and baby wish
- Skin-to-skin contact immediately after birth until the first breastfeed and continuing until breastfeeding is established
- Rooming-in: keeping a mother and her neonate(s) together 24 hours a day to gain confidence in recognizing and responding to her neonate's feeding cues
- Breastfeeding whenever neonate shows readiness
- Exclusive breastfeeding unless medically indicated
- Avoiding teats and dummies, as these may interfere with the successful establishment of breastfeeding, unless medically indicated

We welcome all families from different cultures and support culturally diverse backgrounds. There are translated resources in some languages and Interpreters are available if needed.

All women working in, visiting, or using the RHW are welcome to breastfeed their baby in this facility.

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Appendix 3 **Acceptable Medical Reasons for Use of Breastmilk Substitutes**

NEONATAL CONDITIONS

Neonates with the following conditions should not receive breastmilk or any other milk except specialised formula:

- Classic galactosemia: a special galactose-free formula is needed.
- Maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed.
- Phenylketonuria: a special phenylalanine-free formula is needed, though some breastfeeding is possible, under careful monitoring.

Neonates with the following conditions for whom breastmilk remains the best feeding option but who may need other food in addition to breastmilk for a limited period:

- very low birth weight neonates i.e. those born weighing < 1500g
- very preterm neonates i.e. those born < 32 weeks gestational age
- neonates who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand. This includes those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischaemic stress, as well as those who are ill and those whose mothers are diabetic if their blood sugar fails to respond to optimal breastfeeding or breastmilk feeding

MATERNAL CONDITIONS

Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines.

Mothers with HIV - may need to avoid breastfeeding

- The most appropriate neonatal feeding option for a HIV-infected mother depends on the individual circumstances of mother and neonate, including the mother's health status, but should also take into consideration the health services available and the counselling and support the mother is likely to receive.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) avoidance of all breastfeeding by HIV-infected women is recommended.
- Mixed feeding in the first six months of life i.e. breastfeeding while also giving other fluids, formula or foods, should always be avoided by HIV-infected mothers.

Mothers with the following conditions may need to avoid breastfeeding temporarily:

- Severe illness that prevents a mother from caring for her neonate e.g. sepsis.
- Herpes simplex virus: Direct contact between lesions on the mother's breasts and the neonate's mouth should be avoided until all active lesions have resolved.
- Herpes zoster (shingles): Direct contact between lesions on the mother's breasts and the neonate's mouth should be avoided until all active lesions have resolved.
- Maternal use of the following medication including:
  - sedating psychotherapeutic drugs, anti-epileptic drugs, opioids, and their combinations, as these may cause side effects such as drowsiness and respiratory depression, and are better avoided if a safer alternative is available
  - radioactive iodine-131. This is better avoided given that safer alternatives are available. A mother can resume breastfeeding about two months after receiving this substance.
  - excessive use of topical iodine or iodophor e.g. povidone-iodine, especially on open wounds or mucous membranes, as this can result in thyroid suppression or electrolyte abnormalities in the breastfed neonate, and should be avoided.
  - cytotoxic chemotherapy - requires a mother to cease breastfeeding during therapy.

Mothers with the following conditions can continue breastfeeding, although health problems may be of concern:

- Breast abscess: Breastfeeding should continue with the unaffected breast. Feeding from the affected breast can resume once treatment has started
- Hepatitis B: Neonates should be given hepatitis B vaccine within the first 48 hours or as soon as possible thereafter
- Hepatitis C
- Mastitis: If breastfeeding is very painful, breastmilk must be removed by expression to prevent progression of the condition
- Tuberculosis: Mother and neonate should be managed according to national tuberculosis guidelines
- Substance use:
  - Nicotine, alcohol, ecstasy, amphetamines, cocaine, and related stimulants have been demonstrated to have harmful effects on breastfed neonates.
  - Alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the neonate.
  - Mothers should be encouraged not to use these substances and given opportunities and support to abstain. Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risks and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time.

ADDENDUM FOR AUSTRALIA

The list above was developed by the World Health Organization (WHO) for global use. There are some situations and more recent recommendations which are not included above, but are listed below that are considered by BFHI to be acceptable medical reasons for the use of breastmilk substitutes in Australia.

Primary Inadequate Breastmilk Supply

- Breast surgery: Women who have had breast surgery, such as breast reduction with nipple relocation, may find it necessary to use a breastmilk substitute to supplement their neonate's intake and ensure adequate nutrition.
- Bilateral breast hypoplasia: Every attempt should be made to stimulate an adequate milk supply, but if unsuccessful, the neonate may need a breastmilk substitute to supplement intake and ensure adequate nutrition.

HIV Infection

The World Health Organization (WHO) have released updated guidelines; *Updates on HIV and Infant Feeding: the duration of breastfeeding and support from health services to improve feeding practices among mothers living with HIV. Geneva World Health Organisation; 2016.* If a decision is made to use replacement feeding it must be acceptable, feasible, affordable, sustainable, and safe (AFASS). An individual decision should be made in consultation with each mother, considering her circumstances and viral load. See National association of people with HIV Australia Living well breastfeeding for women living with HIV

Hepatitis B

Under the current Hepatitis B recommended prophylaxis, breastfeeding is not a risk factor for mother-to-child transmission[1]

Adapted from BFHI Handbook for Maternity Facilities 2020. Baby Friendly Health Initiative, Australia revised 2022

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Royal Hospital for Women (RHW)
CLINICAL BUSINESS RULE

Breastfeeding – protection, promotion and support

Appendix 4 **Summary of WHO International Code Compliance Standards**

Aim: the aim of the *WHO International 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, including infant formula, when these are necessary, based on adequate information and through appropriate marketing and distribution.

Scope: the *WHO International Code* applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods, and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

Step 1a

Policies for BFHI
The facility has a written policy or policies that support the implementation of BFHI, including:

- Breastfeeding policy and a summary for display (Appendix 2
- Implementation of the WHO International Code
- Support for staff to continue to breastfeed when they return to work
- Preparation of infant formula policy to ensure the mother who is artificially feeding her baby is provided consistent evidence-based education on the safe use and preparation of infant formula.

Policy statements on the WHO International Code

- Adherence by the facility and its staff to the relevant provisions of the *WHO International Code* and subsequent WHA resolutions.
- All promotion of artificial feeding and materials which promote the use of infant formula, feeding bottles and teats is prohibited.
- The facility is not permitted to receive or distribute free and subsidised (low cost) products within the scope of the *WHO International Code*.
- The distribution to parents of take-home samples and supplies of infant formula, bottles and teats is not permitted.
- There are restrictions on access to the facility and staff by representatives from companies in relation to marketing or distributing infant formula products or equipment used for artificial feeding.
- There is no direct or indirect contact of these representatives with pregnant women or mothers and their families.
- The facility does not accept free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from these companies if there is any association with artificial feeding or potential promotion of brand/product recognition in relation to infant feeding
- There is careful scrutiny at the institutional level of any research which involves mothers and babies for potential implications on infant feeding or interference with the full implementation of the policy.

REFERENCES

1. SESLHD policy- Preparation and Safe use of Formula SESLHD GL/085
2. SESLHD policy - Support for Breastfeeding Employees in SESLHD
3. The International Code of Marketing of Breast-milk Substitutes. Frequently Asked Questions (2017 Update), Geneva, Switzerland, World Health Organization 2017 viewed 5th October 2022 https://apps.who.int/iris/bitstream/handle/10665/254911/WHO-NMH-NHD-17.1-eng.pdf
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