Breastfeeding in NSW - Promotion, Protection and Support

Summary The NSW Health Policy Directive Breastfeeding in NSW: Promotion, Protection and Support provides strategies to improve breastfeeding practices by the promotion, protection and support of breastfeeding within the NSW Health system.

Document type Policy Directive

Document number PD2018_034

Publication date 21 September 2018

Author branch Health and Social Policy

Branch contact (02) 9424 5944

Replaces PD2011_042

Review date 21 September 2023

Policy manual Patient Matters Manual for Public Health Organisations

File number H18/24035

Status Active

Functional group Clinical/Patient Services - Baby and Child, Maternity, Nursing and Midwifery
Personnel/Workforce - Industrial and Employee Relations, Learning and Development
Population Health - Health Promotion

Applies to Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Government Medical Officers, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals, Environmental Health Officers of Local Councils, Private Hospitals and day Procedure Centres

Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Environmental Health Officers of Local Councils, Private Hospitals and Day Procedure Centres, Health Associations Unions, Tertiary Education Institutes

Audience Midwifery, Nursing, Medical, Allied health, Human resources, All staff

Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

POLICY STATEMENT

BREASTFEEDING IN NSW: PROMOTION, PROTECTION AND SUPPORT

PURPOSE

The policy supports NSW Health's commitment to best practice in the promotion, protection and support of breastfeeding; to increase the initiation and duration rates of breastfeeding and to ensure the Health workforce have the knowledge and skills to implement this policy.

MANDATORY REQUIREMENTS

NSW Health organisations must implement the strategies, appropriate to their organisation, identified in Section 4, The Practice Guide.

NSW Health organisations are required to comply with responsibilities under the WHO International Code of Marketing of Breastmilk Substitutes and the Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement (MAIF).

NSW Health organisations must ensure midwives, child and family health and paediatric nurses complete the HETI eLearning module Breastfeeding Promotion, Protection and Support (course code 45338916) at commencement of employment and every 5 years. The module is highly recommended, based on location and role, for Registered Nurses (RN) (Community Health), RN Mental Health and other RNs, Enrolled Nurses and Aboriginal and Torres Strait Islander Health Workers in contact with breastfeeding mothers.

IMPLEMENTATION

The Chief Executives or delegated officers of all NSW Health organisations must ensure the following actions are undertaken to implement the revised Policy Directive:

- All staff are made aware of the revised Policy Directive.
- Key personnel are made aware of their responsibilities in the revised Policy Directive.
- Designated lead is identified to develop local policies/guidelines/procedures to support the implementation of the revised Policy Directive.

REVISION HISTORY

Version	Approved by	Amendment notes
September 2018 (PD2018_034)	Deputy Secretary, Strategy and Resources	The evidence has been reviewed with an update to strategies and related best practice - replaces PD2011_042
June 2011 (PD2011_042)	Deputy Director-General Population Health	Updates and replaces PD2006_012

April 2006 (PD2006_012)	Director-General	Provided direction for the Department and Area Health Services on how to progress NSW Health's commitment to promote protect and support breastfeeding in the community and amongst staff. Replaced policies on Breast Milk [PD2005_063] and Gift Bags Provided to Mothers of New Born Babies [PD2005_252]

ATTACHMENTS

1. Breastfeeding in NSW – Promotion, Protection and Support: Procedures

Breastfeeding in NSW – Promotion, Protection and Support

NSW GOVERNMENT Health

PROCEDURES

Issue date: September 2018

PD2018_034

CONTENTS

1 BACKGROUND

1.1 Introduction

NSW Health recognises and supports the importance of creating and providing environments in its services and facilities, where breastfeeding is promoted, protected and supported by all staff.

This Policy Directive, Breastfeeding in NSW – Promotion, Protection and Support (policy) supports and encourages breastfeeding as the optimal way for a woman to feed her infant. The policy also recognises that all women and their families have the right to clear, impartial and evidence based information to enable them to make an informed choice as to how they feed and care for their infants.

The policy is designed to contribute to the following goals:

- increase the number of infants exclusively fed with breast milk on discharge from the birth admission
- increase the number of infants exclusively fed with breast milk to around six months of age
- increase the number of infants continued to be fed with breast milk, to 12 months and beyond, after the introduction of family foods at around six months of age.[1]

1.2 Key definitions

Health workforce	Refers to medical officers, nurses, midwives, Aboriginal health workers, allied health workers caring for pregnant and breastfeeding women, their families and infants
Maternity continuum	Refers to the antenatal, intrapartum and postnatal periods
NSW Health organisations	Refers to districts, networks, services, pillars, facilities, hospitals, community based health services
Women and their families	Refers to pregnant women, mothers, fathers, partners, family and is inclusive of the LGBTIQ community

See glossary for further definitions.

2 THE EVIDENCE

Breastfeeding is important for optimal infant nutrition, growth and healthy development, protection against infection and chronic disease, and benefits the mother's health. Breastfeeding provides short-term and long-term health, economic and environmental advantages to children, women, families and society.[2]

The provision of evidence based quality care is integral to promoting, protecting and supporting breastfeeding in all NSW Health facilities and services. A literature review was conducted to inform the revision of the policy. For evidence from the recent literature review see Attachment 2.

3 THE POLICY CONTEXT

This policy has been reviewed within the context of the following state, national and international policies, frameworks, and services. The most relevant are listed below with a more extensive list at Attachment 3.

NSW State Health Plan Towards 2021

This plan provides the strategic framework for NSW Health and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time' for everyone. Direction One: Keeping People Healthy supports a healthy start to life through breastfeeding, good nutrition and a healthy weight gain in pregnancy. This direction is also in line with one of the 12 Premier's priorities, reduce overweight and obesity rates of children by 5% over 10 years.

Healthy, Safe and Well a Strategic Health Plan for Children, Young People and Families 2014-2024 NSW Kids and Families

Healthy, Safe and Well is a 10-year strategic health plan focusing on preconception to 24 years of age. This plan's agenda is to renew efforts to promote health, prevent illness, embed early intervention and deliver integrated, connected care for all NSW children and families no matter where they live. The promotion of breastfeeding, in accordance with World Health Organisation (WHO) Standards and the Baby Friendly Health Initiative (BFHI), is a strategy under the plan.

NSW Healthy Eating Active Living Strategy

This strategy provides a whole of government framework to promote and support healthy eating and active living in NSW and to reduce the impact of lifestyle-related chronic disease. This strategy aims to ensure that everyone has opportunities to be healthy through the delivery of evidence-based, interactive and relevant programs. One of the strategy's actions is to promote the initiation and duration of breastfeeding as a way to provide good infant nutrition and reduce the risk of overweight and obesity in childhood, adolescence and early adulthood.

Australian National Breastfeeding Strategy

The Australian Government and jurisdictions are developing an enduring national breastfeeding strategy to replace the 2010-2015 strategy. This strategy encourages all public and private health facilities/services to implement the BFHI steps to successful breastfeeding and to work towards or maintain BFHI accreditation. This policy will be reviewed, if required, once the national strategy has been released.

Australian Dietary Guidelines

The early nutrition and growth of infants has an important effect on early morbidity and mortality. There is increasing evidence of the medium and long-term effects of nutrition on health. Infant growth is now recognised as one of the influences on health and longevity of life and breastfeeding is the foundation of early nutrition. NSW Health supports the use of the National Health and Medical Research Council Australian Dietary Guidelines (2013) and the Infant Feeding Guidelines (2012).

WHO 2006 growth charts

In 2012, all Australian states and territories agreed to adopt the WHO 2006 growth charts as the standard for Australian children aged 0–2 years. The WHO 2006 charts reflect growth patterns among children who are predominantly breastfed for at least 4 months and are still breastfeeding at 12 months.

Baby Friendly Health Initiative

The role of the BFHI is to protect, promote and support breastfeeding by providing frameworks for:

- maternity services - Ten Steps to Successful Breastfeeding (Attachment 4)
- community facilities - 7 Point Plan (Attachment 5)
- neonatal services - The Neo-BFHI: The Baby-friendly Hospital Initiative (Attachment 6).

These three frameworks promote the importance of all women and families receiving appropriate support and consistent up-to-date information about infant feeding. While breastfeeding is promoted, every woman and family is supported to care for their infant in the best and safest way possible regardless of feeding choices and circumstances.

4 THE PRACTICE GUIDE

There has been significant work by health professionals and service managers to promote, protect and support breastfeeding in NSW. While Australia has a high rate of breastfeeding initiation, in NSW there is considerable scope to increase the rates of initiation, full breastfeeding on discharge from birth admission and breastfeeding duration.[3]

Breastfeeding initiation and duration are influenced by many factors. For this reason a multifaceted approach targeting change at an organisation, service delivery, community and individual level is recommended.[4]

Implementing the following strategies will assist NSW Health organisations to increase the rates of initiation and duration of breastfeeding:

i. Support infants being fed with breast milk
ii. Provide additional support to Aboriginal women, their partners, families and communities

iii. Provide additional support to women, their partners and families at risk of lower rates of breastfeeding initiation and duration
iv. Strengthen continuity of care, referral pathways and support networks
v. Support health professionals' education and professional development
vi. Provide breastfeeding friendly environments
vii. Ensure monitoring and surveillance
viii. Support Australia's response to the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement 1992.

i. Support infants being fed with breast milk

Best Practice
NSW Health organisations providing maternity, neonatal and community child and family health services use the relevant BFHI frameworks to improve breastfeeding practices.
All women and their families receive consistent, evidence based information, education and support during the maternity continuum and early childhood periods regarding infant feeding.
NSW Health staff inform women and their families of accessible breastfeeding information, support and advice from evidence based sources such as the Australian Breastfeeding Association, Pregnancy Birth and Baby Helpline, or the Raising Children Network.
NSW Health organisations ensure all breastfed infants in their care receive breast milk from their birth mother except where there is access to a milk bank approved by the Chief Executive. Local arrangements should be made for special circumstances, including but not limited to, adoption, same sex couples, foster carers and surrogacy.
NSW Health organisations ensure that infants are not separated from their mothers for any length of time, unless clinically indicated, to support bonding and successful breastfeeding.
NSW Health organisations support women to continue breastfeeding when they or their infant are admitted, or present to, inpatient, emergency, outpatients or paediatric services.
Breastfeeding should be encouraged, welcomed and supported in all NSW Health organisations. It is important that there is a designated space with appropriate signage and facilities available for staff or visitors who need to breastfeed.
NSW Health organisations, caring for women and their families, implement/maintain or link with a breastfeeding reference group to facilitate policy implementation to protect, promote and support breastfeeding.
NSW Health organisations implement and evaluate evidence-based interventions that promote and support breastfeeding.

Health professionals should support women and their families to recognise the importance of breastfeeding for the health and wellbeing of their infants. Health

professionals are to fully support women and their families in their choice of infant feeding.

Evidence demonstrates that compliance with BFHI has a positive impact on short-term, medium-term and long-term breastfeeding outcomes. Education and support from professionals and/or peers, which is both timely and person-centred, is crucial to improving breastfeeding practices. Health professionals play a key role in providing education and support spanning the maternity continuum and early childhood periods.

Evidence also suggests that effective social support, peer support and influence from fathers/partners/families combined with reassurance and guidance from skilled practitioners can help women to overcome difficulties and find confidence in their own abilities to achieve their feeding goals.[5 6 7 8 9 10 11 12]

Any breastfeeding promotion efforts and support should aim to enhance a mother's self-efficacy and confidence with respect to breastfeeding.

ii. Provide additional support to Aboriginal women, their partners, families and communities

Best Practice
NSW Health organisations work in partnership with mothers of Aboriginal infants, their families and communities to promote, protect and support breastfeeding.
NSW Health organisations implement culturally appropriate evidence-based interventions that promote and support breastfeeding.
NSW Health organisations collaborate with other relevant government, non-government and community organisations to promote, protect and support breastfeeding.

Aboriginal infants are less likely to be breastfed than non-Aboriginal infants. It is suggested that promoting breastfeeding to the wider Aboriginal community would assist to create a stronger breastfeeding culture, and would support Aboriginal women to breastfeed.[13 14 15 16 17]

iii. Provide additional support to women and families at risk of lower rates of breastfeeding initiation and duration

Best Practice
NSW Health organisations provide additional breastfeeding support to these women and their families in the maternity continuum and early childhood periods.
NSW Health staff offer referral for women, to evidence based services/programs such as Australian Breastfeeding Association, Get Healthy in Pregnancy (GHiP), Quitline and Quit for new life.

Women at risk of lower initiation and duration of breastfeeding include:

- women who are less than 25 years of age [18]
- obese women [19 20]
- mothers of preterm and low birth weight infants [21 22]

- women who smoke.[23]

Mothers practicing early skin-to-skin contact with their newborns and kangaroo care, for infants in neonatal intensive care units, are more likely to breastfeed in the first one to four months of their child's life and continue for longer durations. Initiation of milk expression within one hour following birth increases milk volume in mothers of low birth weight infants.[24] [25] [26]

Evidence highlights the effectiveness of parent groups, where peers are breastfeeding infants of a similar age, in improving breastfeeding rates/duration. Targeted peer counselling and social support, combined with professional support, is particularly important for younger mothers.[27] [28] [29]

iv. Strengthen continuity of care, referral pathways and support networks

Best Practice
NSW Health organisations maintain an effective and timely referral system from maternity, neonatal and paediatric units to community based child and family health services.
NSW Health organisations collaborate with relevant local government, non-government and community organisations to support women and their families to breastfeed.

Continuity of care enables women to develop a relationship with the same caregiver(s) throughout the maternity continuum and early childhood. There is strong evidence demonstrating that continuity of care models support initiation and duration of breastfeeding.[30]

Support in any form has been identified as a core component of programs to ensure good breastfeeding outcomes. Support provided for infant feeding may be from various sources including professionals, peer support and informal social networks. There is good evidence that a mixture of professional and peer support, for example as provided by the Australian Breastfeeding Association, is likely to be most effective in improving breastfeeding outcomes, particularly support around the perinatal period.[31] [32] [33] [34]

v. Support health professionals' education and professional development

Best Practice
NSW Health organisations ensure that the health workforce, caring for women and their families, complete the HETI My Health Learning Course Code: 45338916 *Breastfeeding Promotion, Protection and Support*
NSW Health organisations provide and support access to education and continuing professional development, based on the BFHI frameworks, to the health workforce caring for women and their families.
NSW Health organisations provide access to evidence based breastfeeding guidelines/resources for the health workforce caring for women and their families.

All health professionals play a key role in promoting, protecting and supporting breastfeeding. Breastfeeding education which increases the knowledge and confidence of medical officers, nurses, midwives, Aboriginal health workers and other health professionals can lead to success in improving breastfeeding outcomes.[35]

Access to consistent evidence based information and empathic communication skills are essential to professional development. The WHO/UNICEF BFHI training package is an effective health professional education package. Continuing professional development will enhance the knowledge, attitude and skills of the health workforce, enabling identification of predictors and barriers to breastfeeding.

Information to support health workers to protect, promote and support breastfeeding can be accessed via both the NSW Health and the Australian Department of Health websites.

vi. Provide breastfeeding friendly workplaces

Best Practice
NSW Health employees are encouraged and supported to combine breastfeeding and work.
NSW Health organisations work towards achieving the Australian Breastfeeding Association Breastfeeding Friendly Workplace Accreditation.

Providing support for breastfeeding is crucial to fostering a workplace that is free of discrimination, offers equal employment opportunity and is family friendly while improving the health outcomes of children. Support for breastfeeding in the workplace aids in the retention of the workforce, helps to maintain the workforce skill base, lowers staff turnover and assists in increasing morale.[36]

NSW Health is committed to fostering a supportive work environment for breastfeeding employees. NSW Health staff should refer to their relevant Awards and Determinations regarding provisions around breastfeeding and working.

NSW Health supports action at a state level by encouraging early childhood education and care environments to support breastfeeding through the NSW Health Healthy Eating Active Living Strategy.

vii. Ensure monitoring and surveillance

Best Practice
NSW Health seeks opportunities to develop a breastfeeding dashboard indicator linking it to relevant performance measurement tools at the national, state and local level.
NSW Health organisations monitor initiation and where able duration of breastfeeding rates.

Monitoring, research and evaluation are important to provide further insight into breastfeeding initiation and duration rates, as well as a better understanding of ways in which breastfeeding can be protected, promoted and supported.[37] To date, all monitoring of breastfeeding in Australia has been completed by cross-sectional, retrospective or small regional cohort studies. While useful data are available, many studies use different definitions and sampling methods that make comparisons difficult.[38]

In NSW, 'breastfeeding on discharge from hospital' is routinely collected via the Perinatal Data Collection.

viii. Support Australia's response to the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement 1992 (MAIF)

Best Practice
NSW Health organisations inform employees of their responsibilities under the MAIF Agreement and support them in meeting these responsibilities.
NSW Health staff comply with all relevant polices, such as PD2005_415 *Sponsorships Policy - NSW Health*, PD2009_067 *Fundraising Policy,* PD2015_045 *Conflicts of Interest and Gifts and Benefits*

NSW Health is required to comply with responsibilities under the MAIF Agreement in particular the following clauses:

- Clause 4: Information and education
- Clause 5: The general public and mothers
- Clause 6: Health care system
- Clause 7: Health care professionals.

This document sets out the obligations of manufacturers and importers of infant formula and gives effect to the principles of the WHO Code in an Australian context.

NSW Health recognises the need to support staff to notify the Australian Government Department of Health of potential breaches to the MAIF Agreement. Additional information on the MAIF Agreement including Information for Lodging Complaints regarding breaches can be found at the Australian Government Department of Health MAIF Agreement webpage.

5 LIST OF ATTACHMENTS

1. Implementation checklist
2. The evidence
3. International, national and state policy, services and frameworks
4. Baby Friendly Health Initiative Ten Steps to Successful Breastfeeding
5. The 7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services
6. Neo-BFHI - The Baby-friendly Hospital Initiative for Neonatal Wards

Attachment 1 - Implementation checklist

LHD/Service/Facility:			
Assessed by:		Date of Assessment:	
IMPLEMENTATION REQUIREMENTS	**Not commenced**	**Partial compliance**	**Full compliance**
1. All NSW Health staff are informed about the policy.	❑	❑	❑
	Notes:		
2. NSW Health organisations must ensure 254111 Midwife, 254413 Registered Nurse (RN) (Child and Family Health and 254425 and RN (Paediatrics) complete the HETI My Health Learning *Breastfeeding Promotion, Protection and Support* (course code 45338916) at commencement of employment and every 5 years. The module is highly recommended, based on location and role, for RN (Community Health), RN Mental Health and other RNs, Enrolled Nurses and Aboriginal and Torres Strait Islander Health Workers in contact with breastfeeding mothers.	❑	❑	❑
	Notes:		
3. Designated lead, in NSW Health organisations, to be nominated to develop local policies / guidelines / procedures to support the implementation of this policy.	❑	❑	❑
	Notes:		
4. Local health districts to continue to monitor breastfeeding rates at discharge from hospital.	❑	❑	❑
	Notes:		

Attachment 2 - The Evidence

Infants/children

- Exclusive breastfeeding to around six months of age is associated with the lowest short, medium and long-term risk of morbidity and mortality among infants. Breastfeeding is potentially one of the top interventions for reducing mortality in children less than five years providing optimum protection especially in communities with poor environmental conditions, housing and hygiene.[39]
- There is evidence that breastfeeding is protective against Sudden Infant Death Syndrome (SIDS), and this effect is optimum when breastfeeding is exclusive. The recommendation to breastfeed infants should be included with other SIDS risk-reduction messages to both reduce the risk of SIDS and promote breastfeeding for its many other infant and maternal health benefits.[40] [41]
- Immediate skin-to-skin contact after birth and initiating breastfeeding early keeps an infant warm, builds their immune system, promotes bonding, boosts a mother's milk supply and increases the chances that she will be able to continue exclusive breastfeeding. Mothers practicing early skin-to-skin contact with their newborns are more likely to breastfeed in the first one to four months of their child's life and to continue for longer durations.[42] [43]
- Studies have demonstrated that human milk reduces the incidence and or the risk of extremely preterm and very low birth weight infants (<1500 grams) in developing sepsis, retinopathy of prematurity, lower rates of metabolic syndrome, lower blood pressure, low-density lipoprotein levels and other morbidities. Studies also show that human milk improves neurodevelopmental outcomes.[44] [45] [46]
- A study evaluated the presence of clinical predictors for necrotising enterocolitis (NEC) in premature neonates. Infants who required mechanical ventilation during the neonatal period were 13 times more likely to develop NEC. Infants were 6.4 times more likely to develop NEC if they did not receive fortified breast milk and 28.6 times more likely to develop NEC if they required respiratory support and did not receive fortified breast milk feedings.[47]
- Studies have shown that exclusive breastfeeding for the first six months affords the greatest protection against acute otitis media. Epidemiologic evidence confirms that introduction of infant formula in the first six months of life is associated with increased risk of otitis media. Any breastfeeding was found to be protective for acute otitis media in the first 2 years of life.[48] [49]
- There is overwhelming evidence that breastfeeding protects against diarrhoea and respiratory infections. About half of all diarrhoea episodes and a third of respiratory infections would be avoided by breastfeeding.[50] [51] The top five causes of avoidable hospitalisation in Aboriginal children were bronchiolitis, gastroenteritis, asthma, dental conditions, and upper respiratory infections. Aboriginal children had higher rates of avoidable hospitalisations regardless of whether they lived in cities or remote areas, disadvantaged or advantaged areas.[52]

- Evidence demonstrates breastfeeding was consistently associated with higher performance in intelligence tests in children and adolescents. The association persists after adjustment for maternal IQ. Long-term follow-up studies suggest that breastfeeding impacts on schooling and adult income.[53 54 55]
- Results from studies, in both high-income and low or middle-income settings, demonstrated breastfeeding was associated with a 13% reduction in overweight/ obesity. As a protective factor against the risk of obesity there is support for exclusive breastfeeding, until 6 months of age, with a continuation of breastfeeding when solids are introduced. The evidence also suggests that breastfeeding may reduce the odds of type 2 diabetes, high blood pressure and childhood cancers.[56 57 58 59]

Women/families

- Breastfeeding has health benefits for mothers, including reduced risk of postpartum haemorrhage, reduced risk of breast and ovarian cancer, prolonged amenorrhoea, improved birth spacing and may reduce risk of diabetes.[60]
- There are population groups where it has been identified that additional support is required as breastfeeding initiation and duration rates are low: Aboriginal women[61 62], mothers who are younger than 25 years[63], mothers of preterm and low birth weight infants[64], women with low socio-economic status, obese women[65] and women who smoke.[66]
- There is evidence that maternal obesity is associated with a decreased initiation of breastfeeding, a delayed onset of lactogenesis II, a shortened duration of breastfeeding, and less adequate milk supply, compared with women of a healthy weight.[67]
- Support in any form has been identified as a key factor in ensuring good breastfeeding outcomes. Evidence shows mothers feel more capable and confident regarding breastfeeding when they perceive their partners/ families are supportive. Health care professionals need to acknowledge the importance of positive partner/ family support on a mother's confidence in breastfeeding.[68 69 70 71]
- A 2015 study found that 53% of women had gained breastfeeding information from general information searches on the internet, 80% received breastfeeding information from health care providers, 62% from books, 51% from friends and acquaintances with young children and 19% accessed online chat rooms or forums for breastfeeding information.[72] The appeal of accessing information online was the opportunity to network and connect with others in similar situations and share experiences, generating 'virtual' support groups that cross geographical boundaries.[73 74]

Community

- In Australia, there is widespread awareness and acceptance of the benefits of breastfeeding. Whilst approximately 96% women initiate breastfeeding the proportion of women who sustain exclusive breastfeeding to six months is low. Research tells us the majority of women make infant feeding decisions prior to and irrespective of, contact with health professionals, suggesting the importance of familial, social and community factors. Information and support provided in the first days after birth by

midwives and lactation consultants appears to contribute to women initiating breastfeeding, but not sustaining. Breastfeeding problems are most likely to present once the mother has left hospital; such problems are well known predictors for early formula supplementation and breastfeeding cessation. Policies and programs should therefore give increased focus to this period.[75]

- Adherence to the BFHI Ten Steps to Successful Breastfeeding has a positive impact on short-term, medium-term and long-term breastfeeding outcomes. A review has highlighted that for long-term sustainability of breastfeeding there is a need to focus on Step 10, which is to foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.[76]

  Note: New South Wales is limited by current data collection systems in identifying rates of exclusive breastfeeding duration, therefore the impact of BFHI Step 10 is not able to be accurately measured.

- A study in the USA found that breastfeeding initiation rates and exclusive breastfeeding, for greater or equal to 4 weeks, increased among mothers with lower education who birthed in BFHI accredited facilities.[77]
- A study in Norway has demonstrated the implementation of the BFHI 7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services increased rates of exclusive breastfeeding until 6 months.[78]
- The benefits of BFHI in community facilities, to the organisation and consumers, includes a demonstrated commitment to the protection, promotion and support of breastfeeding and a standard of care clients and consumers can expect to receive from child and family health services.[79]
- Breastfeeding also confers economic benefits to the family and to society – a UK study in 2014, estimated that supporting mothers to exclusively breastfeed to four months could reduce the incidence of three childhood infectious diseases and save at least £11 million annually.[80]
- In a USA study, when employers provided lactation rooms and paid express breast milk breaks, breastfeeding at 6 months was found to increase by 25%.[81]
- Breast milk is a valuable commodity supplied by women and households and meets current UN guidelines for inclusion in Gross Domestic Product (GDP). Excluding human milk from GDP distorts national food production measures overlooking wider societal costs of not breastfeeding, including diminished maternal attachment, and lost opportunity for strengthening the infant's immune system. In addition, making breast milk more visible in economic statistics has the potential to impact funding priorities increasing the likelihood that policy makers recognise the value of breastfeeding programs at a population level.[82]

Attachment 3 - International, national and state policies, services and frameworks

The policy is informed by the following frameworks, policies and services at a state, national and international level:

- Aboriginal Ear Health Program Guidelines
- Aboriginal Health Plan 2013-2023
- Aboriginal Maternal and Infant Health Service
- Australian College of Midwives Baby Friendly Health Initiative
- Australian Institute of Health and Welfare, Children's Headline Indicators
- Australian National Breastfeeding Strategy 2010-2015
- Building Strong Foundations (BSF) Program Service Standards
- Department of Health Clinical Practice Guidelines: Pregnancy Care. Canberra: Australian Government Department of Health, 2018
- Department of Health, National Framework for the Health Services for Aboriginal and Torres Strait Islander Children and Families, Australian Government, Canberra, 2016
- Families NSW / NSW Health Supporting Families Early Package, Maternal and Child Health Primary Health Care Policy
- Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-2024, NSW Kids and Families
- Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health 2015
- Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-Friendly Hospital Initiative World Health Organisation 2018
- Innocenti Declaration 2005 on Infant and Young Child Feeding
- Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement - The MAIF Agreement
- Midwifery Continuity of Carer Model Tool-kit 2012, NSW Health
- National Health and Medical Research Council (2013) Australian Dietary Guidelines. Canberra: National Health and Medical Research Council
- National Health and Medical Research Council (2012) Infant Feeding Guidelines. Canberra: National Health and Medical Research Council
- Neo-Birth The Baby-Friendly Hospital Initiative for Neonatal Wards, International Lactation Consultant Association
- NSW Health Healthy Eating Active Living Strategy: preventing overweight and obesity in New South Wales 2013-2018
- NSW Rural Health Plan: Towards 2021
- NSW State Health Plan: Towards 2021
- Protecting, promoting and supporting breast-feeding: the special role of maternity services, A joint WHO/UNICEF statement
- State Priorities, NSW Making It Happen 2015
- WHO International Code of Marketing of Breastmilk Substitutes 1981
- WHO/UNICEF Baby Friendly Hospital Initiative 1991
- WHO/UNICEF Global Strategy for Infant and Young Child Feeding 2003.

Attachment 4 - Ten Steps to Successful Breastfeeding (revised 2018)

Critical management procedures

1. a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
   b. Have a written infant feeding policy that is routinely communicated to staff and parents.
   c. 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 initiate breastfeeding as soon as possible after birth.
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 recognise 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.

Attachment 5 - The 7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.
2. Educate all staff in the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform women and their families about breastfeeding being the biologically normal way to feed a baby, and about the risks associated with not breastfeeding.
4. Support mothers to establish and maintain exclusive breastfeeding for six months.
5. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
6. Provide a supportive atmosphere for breastfeeding families, and for all users of the child health service.
7. Promote collaboration between staff and volunteers, breastfeeding support groups and the local community in order to protect, promote and support breastfeeding.

Attachment 6 - Neo-BFHI - The Baby-friendly Hospital Initiative for Neonatal wards

'Neonatal ward' covers all levels of neonatal care (Levels I-IV) and paediatric wards where infants are admitted, as well as infants in maternity/postpartum wards who require some kind of monitoring and medical/nursing interventions. In the text of the standards and criteria, the term refers to all neonatal wards and related areas in the facility.

Three Guiding Principles

1. Guiding Principle
   Staff attitudes toward the mother must focus on the individual mother and her situation.
2. Guiding Principle
   The facility must provide family-centred care, supported by the environment.
3. Guiding Principle
   The health care system must ensure continuity of care from pregnancy to after the infant's discharge.

Expanded Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Educate and train all staff in the specific knowledge and skills necessary to implement this policy.
3. Inform hospitalised pregnant women at risk for preterm delivery or birth of a sick infant about the benefits of breastfeeding and the management of lactation and breastfeeding.
4. Encourage early, continuous and prolonged mother-infant skin-to-skin contact/ Kangaroo Mother Care.
5. Show mothers how to initiate and maintain lactation, and establish early breastfeeding with infant stability as the only criterion.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Enable mothers and infants to remain together 24 hours a day.
8. Encourage demand breastfeeding or, when needed, semi-demand feeding as a transitional strategy for preterm and sick infants.
9. Use alternatives to bottle feeding at least until breastfeeding is well established, and use pacifiers and nipple shields only for justifiable reasons.
10. Prepare parents for continued breastfeeding and ensure access to support services/groups after hospital discharge.

Compliance with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.

Note: The Australian College of Midwives (ACM) supports and endorses the core Neo-BFHI document as best practice. The ACM has not commenced a national implementation program of the Neo-BFHI at this stage.

6 GLOSSARY

The following definitions regarding breastfeeding and infant feeding used in this document are consistent with the National Health and Medical Research Council (2012) Infant Feeding Guidelines and are in general use in Australia.

- ***Breast milk*** – human milk, including colostrum. The United Nations Children's Fund (UNICEF)/ WHO definition specifically includes breast milk given directly from the breast and expressed breast milk given by other means (including milk expressed or from a wet nurse or breast milk donor).
- ***Breastfeeding initiation*** – an infant's first intake of breast milk (or colostrum).
- ***Breastfeeding duration*** – the total length of time during which an infant receives any breast milk at all, from initiation until breastfeeding has ceased.
- ***Exclusive breastfeeding*** – requires that the infant receives only breast and prescribed drops or syrups (vitamins, minerals, medicines) but no non-human milk, formula, solid foods, food-based fluids.
- ***Predominant or 'full' breastfeeding*** – requires that the infant receives breast milk as the predominant source of nourishment. The infant may receive liquids (water and water-based drinks, fruit juice, oral rehydration solutions), ritual fluids and drops or syrups (vitamins, minerals, medicines) but no non-human milk, formula, solid foods, food-based fluids.
- ***Complementary breastfeeding*** – requires that the infant receives solid or semi-solid food in addition to breast milk. This may include any food or liquid, including non-human milk or formula.
- ***Any breastfeeding*** – requires that the infant receives some breast milk and any food or liquid including non-human milk or formula.
- ***Ever breastfed*** – means that the infant has been breastfed or received expressed breast milk or colostrum, at least once.
- ***Breast milk substitute*** – any food marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.
- ***Infant formula*** – defined in standard 2.9.1 of FSANZ the standard includes the following definitions:

  Infant formula product – a product based on milk or other edible food constituents of animal or plant origin which is nutritionally adequate to serve as the principal liquid source of nourishment for infants.

  Infant formula – An infant formula product represented as a breastmilk substitute for infants and which satisfies the nutritional requirements of infants aged up to 4 to 6 months.
- ***Complementary food*** – any food, manufactured or locally prepared, suitable as a complement to breast milk or infant formula, if either becomes insufficient to satisfy the nutritional requirements of the infant. In the Infant Feeding Guidelines the following working definition is used: any nutrient-containing foods or semi-solid given to infants in addition to breast milk or commercial infant formula.

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