

Breastfeeding Policy

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Risk of non-compliance	may result in a small degree of harm to the patient/DHB
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<ul style="list-style-type: none"> • Department(s) 	Maternity
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<ul style="list-style-type: none"> • Used by which staff? 	All Women’s Health employees (full time, part time casual/temporary including contractors, visiting health professionals and students working in any National Women’s Health facility)
<ul style="list-style-type: none"> • Excluded 	
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Treaty of Waitangi

Auckland District Health Board (Auckland DHB) and National Women’s Health (NWH) acknowledge the Treaty of Waitangi as the founding document of New Zealand. Auckland DHB and NWH recognise and respect the principles of protection, participation and partnership inherent within the Treaty of Waitangi, and are committed to the meaningful application of these principles to the service we provide.

1. Purpose of policy

Auckland DHB and NWH acknowledge that not all people who are pregnant, breastfeeding, providing breastmilk, or caring for infants will identify as a mother, woman or female. Although the Breastfeeding Policy and associated guidelines uses terms such as mother or woman throughout, the use of gender neutral terms is recognised and supported. To ensure inclusivity of all people, practitioners should take care to listen and use the terms people use to describe themselves, such as partner, caregiver or parent.

Auckland DHB and NWH facilities will protect, promote and support breastfeeding through the Ten Steps to Successful Breastfeeding and the Code of Marketing of Breastmilk Substitutes (and relevant and subsequent World Health Assembly resolutions), implemented as the Baby Friendly Hospital Initiative (BFHI) which promotes exclusive breastfeeding as optimal nutrition for infants.

- In order to avoid conflicting advice it is mandatory that all those involved with the care of pregnant and breastfeeding women adhere to this policy. Any deviation from the policy must be justified; evidence based and recorded in the mother’s or infant’s clinical record.
- It is the individual clinician’s responsibility to liaise with appropriate health professionals, should concern arise about the infant’s feeding or health.
- Compliance with this policy will be audited in the maternity facility and neonatal unit on an annual basis.

This policy applies to all Auckland DHB employees’, permanent/casual access holders, including contractors, voluntary and unpaid workers, visiting health professionals and students who have contact or provide clinical care for mothers, caregivers and infants.

This policy must be read in conjunction with all NWH Breastfeeding Guidelines; Steps 1 - 10 - Infant Feeding Guidelines and Newborn Clinical Guidelines and policies (see [associated documents](#) and <http://www.adhb.govt.nz/newborn/Guidelines.htm>).

2. Breastfeeding

Breastfeeding is the biological norm, it is species specific and has significant physical, immunological, psychosocial, economic and environmental benefits for the breastfeeding parent and infant that may last long after the child has weaned.

The World Health Organisation (WHO) recommended that infants initiate breastfeeding within one hour of birth and are exclusively breastfed for six months with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

All mothers and caregivers have the right to breastfeed and the right to continue the breastfeeding relationship regardless of the age of their child.

The Ngā Māia o Aotearoa Tūranga Kaupapa principle of Mokopuna supports this right - “The Mokopuna is unique, cared for and inherits the future, a healthy environment, wai ū and whānau”.

These rights will be respected and supported when either mother, parent, caregiver or child are receiving care in any Auckland DHB facility. All mothers and caregivers have the right to clear and impartial information to enable them to make a fully informed choice as to how they feed their infants. NWH staff will not discriminate against any persons chosen method of infant feeding and will assist and fully support them with their choices.

3. Ten Steps to successful breastfeeding

1. The NWH written *Breastfeeding Policy* will be routinely communicated during the orientation of all NWH staff that regularly have contact with pregnant and postnatal mothers. Where the NWH *Breastfeeding Policy* summary is displayed in place of the full Policy, the full version of the *Breastfeeding Policy* will be available in each area on request. The NWH *Breastfeeding Policy* summary will also be available in the Māori language and all other languages commonly understood by staff, mothers, caregivers and family/whānau (see *Breastfeeding Step 1 - Breastfeeding Policy* and associated guidelines).
2. All NWH staff will be educated on the skills necessary to implement this Policy, and to meet the requirements for BFHI accreditation (see *Breastfeeding Step 2 - Education for Staff* in [associated documents](#)).
3. All pregnant women and their families/whānau who receive antenatal care from NWH professionals will be informed of importance of breastfeeding, and the implications of formula feeding. Information will include:
 - NWH *Breastfeeding Policy*
 - Importance of exclusive breastfeeding for the first six months and continued breastfeeding with addition of family foods until two years and beyond
 - The importance of breastfeeding for both mother and infants
 - The effects of drugs used in labour, on the infant and initiation of breastfeeding
 - The importance of early uninterrupted skin-to-skin contact
 - Early initiation of breastfeeding
 - Rooming-in on a 24 hour basis, including safe and unsafe sleep practices (see [associated documents](#))
 - Cue based (infant-led) responsive feeding
 - Frequent feeding to help ensure adequate breastmilk supply
 - Effective positioning and attachment of the infant to the breast
 - The implications of giving water, infant formula, supplements while breastfeeding in the first six months

- The implications of using pacifiers (dummies) and bottles on the establishment of breastfeeding
- Basic breastfeeding management
- Breastfeeding support in the community (see *Breastfeeding Step 3 - Antenatal Education* in [associated documents](#)).

4. All mothers in NWH maternity facilities will be encouraged to hold their infant in skin-to-skin contact (unless contraindicated) immediately after birth in an uninterrupted and unhurried environment for at least one hour.

All breastfeeding mothers and caregivers will be taught to recognise cues that their infant is ready for the first breastfeed and to support self-latching for this feed. Further breastfeeding support will be available from the facility midwife/nurse within six hours of birth and for each subsequent feed if required.

All NWH health professionals will teach mothers and caregivers who intend to breastfeed, how to breastfeed and how to maintain lactation if they should be separated from their infant (see *Breastfeeding Step 4 - Initiating Breastfeeding* in [associated documents](#)).

5. NWH professionals will teach mothers and caregivers how to position, align and attach their infant to the breast, and how to recognise when the infant is feeding effectively.

Breastfeeding mothers and caregivers who are separated from their infant will be given information and taught how to hand express and use a breast pump, and will be encouraged and supported to begin expressing (as soon as possible within one hour after birth and no longer than six hours after birth) and at least eight to twelve times in 24 hours in order to maintain their lactation. The safe storage of breastmilk will be discussed and printed information on storage of breastmilk will be given to all women expressing breastmilk. This is inclusive of surrogates who may not be directly breastfeeding but are separated and wish to provide breastmilk to the infant (see *Breastfeeding Step 5 - Maintaining Lactation* in [associated documents](#)).

6. No NWH professional will give a breastmilk substitute to a breastfeeding infant, except in cases of clinical indication or fully informed parental choice.

The decision to offer or recommend supplementary feeds for clinical reasons will be made with the appropriate clinician.

Mothers and caregivers requesting supplementary feeds without a clinical indication will be advised to read and sign a consent form so they are aware of the possible health implications and the harmful impact supplementation may have on the breastfeeding infant and the establishment of milk production (see *Breastfeeding Step 6 - Supplementing Breastfeeding Infants* in [associated documents](#)).

7. All NWH professionals will practice rooming-in; mothers, parents, caregivers and infants will remain together 24 hours a day, except in the cases of clinical indication or fully informed parental choice. The reason for separation must be documented in the infant's clinical record (see *Breastfeeding Step 7 - Rooming-In*, in [associated documents](#)).

8. Infant-led feeding will be encouraged for all infants unless otherwise clinically indicated. Mothers and caregivers will be taught how to recognise early feeding cues (see *Breastfeeding Step 8 - Infant Led Feeding* in [associated documents](#)).

9. No NWH professional will recommend or give artificial teats or pacifiers to breastfeeding infants unless there is an evidence-based clinical indication which is documented in the infant's clinical record (see *Breastfeeding Step 9 - Avoidance of Teats and Pacifiers* in [associated documents](#)).
10. NWH professionals will foster the establishment of breastfeeding support groups and provide information prior to discharge. This will include local breastfeeding support groups and professional breastfeeding support (see *Breastfeeding Step 10 - Breastfeeding Support in the Community* in [associated documents](#)).

4. World Health Organisation CODE compliance

Compliance with the World Health Organisation (WHO) Code of Marketing of Breastmilk Substitutes and relevant subsequent World Health Assembly resolutions is mandatory

- No employees of manufacturers or distributors of breastmilk substitutes, bottles, teats or pacifiers are permitted to have direct contact with pregnant women or postnatal mothers or caregivers in NWH facilities.
 - Employees of manufacturers and distributors of breastmilk substitutes (formula company representatives) will only meet relevant nutrition service staff who will in turn inform maternity managers, neonatologists/paediatricians and lactation consultants as required about changes to infant feeding products. NWH also has a procurement policy (see [associated documents](#))
- NWH staff will not accept free gifts, non-scientific literature, materials or equipment, money or support for in-service education or events from manufacturers or distributors of breastmilk substitutes, bottles, teats or pacifiers
- No advertising or promotion of breastmilk substitutes, feeding bottles, teats or pacifiers is permissible in any part of NWH. The display of manufacturer's logos on items such as calendars, posters, pens and stationary is also prohibited
- Infant formula, fortifier and other breastmilk substitutes, for example bottles and teats, will not be stored in areas that are accessible to or visible to parents, mothers, caregivers and visitors
- Mothers, caregivers and families/whānau will not be given samples of products
- NWH will not accept free infant formula, or purchase infant formula at less than wholesale cost, and will adhere to the process of rotation of formula brands
- Mothers and caregivers who cannot or choose not to breastfeed will be taught how to safely and hygienically prepare infant formula feeds individually in the antenatal or postnatal period
- No routine group instruction on the preparation of artificial feeds will be given at any time.
- Mothers and caregivers who must or choose to formula feed will be encouraged to bring in their own infant formula and feeding equipment to the facility on admission so that they may be given relevant individual instruction before discharge.

5. Breastfeeding support for Auckland DHB staff and visitors

Auckland DHB acknowledges the importance of supporting staff members who wish to maintain breastfeeding after returning to work from parental leave. Breastfeeding will be enabled and supported in all public areas of Auckland DHB facilities.

- Auckland City Hospital main building level 5 has a breastfeeding and expressing room with a breast pump for staff use, contact your manager or security for access.
- Starship level 3 outpatients has a private room for breastfeeding visitors.
- Aro Arataki Childcare Centre at Greenlane support mothers to come and breastfeed anytime and provide spaces as required.
- Greenlane Clinical Centre has a space for visitors and public on the ground floor and on level 6 in maternity outpatients (see *Breastfeeding and Breastmilk Expression in the Workplace* in see [associated documents](#))

6. BFHI audit

To maintain high standards of care and on-going BFHI accreditation, on-going audits on maternity facilities will involve interviews with mothers and staff with consent, chart audits and analysis of data from Women's Health Intelligence.

7. Supporting evidence

- Baby Friendly Aotearoa New Zealand. *Baby friendly hospital initiative - Part Two*. Retrieved from, www.babyfriendly.org.nz
- Counties Manukau District Health Board (CMDHB). [Policy: Breastfeeding](#).
- International Lactation Consultant Association. (2014). *Clinical guidelines for the establishment of exclusive breastfeeding*. (3rd Ed.). Retrieved from <http://www.ilca.org/learning/resources>
- Jolly, K., Ingram, J., Clarke, J., Johnson, D., Trickey, H., Thomson, G., *et al.* (2018). Protocol for a feasibility trial for improving breast feeding initiation and continuation: assets-based infant feeding help before and after birth (ABA). *BMJ open*, 8(1), e019142.
- Ministry of Health. *Breastfeeding*. Retrieved from <http://www.health.govt.nz/our-work/life-stages/breastfeeding>
- Ngā Māia o Aotearoa. *Tūranga Kaupapa*. Retrieved from <https://www.ngamaia.co.nz/turanga>.
- Trickey, H., Leeming, D., & Woollard, F. (2016). *Infant Feeding: Changing the conversation*. NCT Perspective.
- UNICEF. (1990). [Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding 1990](#)
- UNICEF. (1991). [Ten Steps to Successful Breastfeeding](#) (the interpretation of Step Four was clarified by WHO/UNICEF in the BFHI Revised, Updated and Expanded for Integrated Care documents Jan. 2006 and adopted by New Zealand.
- UNICEF, U. (2012). *Guide to the Baby Friendly Initiative Standards*. Retrieved from, <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-Standards.pdf>.

- World Health Organisation (WHO). (1981). [International Code of Marketing of Breastmilk Substitutes](#). (WHO Code) and Relevant World Health Assembly (WHA) Resolutions. (2005).
- World Health Organisation (WHO). (2003). [Global Strategy for Infant and Young Child Feeding](#).
- World Health Organisation (WHO)/Wellstart International. (1996). [Promoting Breastfeeding in Health Facilities](#).

Acknowledgments

Counties Manukau District Health Board - Breastfeeding Policy and associated Breastfeeding Guidelines.

8. Associated documents

- [A Guide for Mothers \(Antenatal\)](#)
- [A Guide for Mothers \(Postnatal\)](#)
- [Artificial Feeding Policy for the Non-Breastfeeding Mother and Infant](#)
- [Breastfeeding after IV Administration of Contrast Media](#)
- [Breastfeeding and Anaesthesia](#)
- [Breastfeeding and breastmilk expression in the workplace](#) (breastfeeding staff only)
- [Bicultural policy](#)
- [Breastfeeding Guideline Step 1](#)
- [Breastfeeding Guideline Step 2 - Education for Staff](#)
- [Breastfeeding Guideline Step 3 - Antenatal Education](#)
- [Breastfeeding Guideline Step 4 - Initiating Breastfeeding](#)
- [Breastfeeding Guideline Step 5 - Maintaining Lactation](#)
- [Breastfeeding Guideline Step 6 - Supplementing Breastfeeding Infants](#)
- [Breastfeeding Guideline Step 7 - Rooming In](#)
- [Breastfeeding Guideline Step 8 - Infant Led Feeding](#)
- [Breastfeeding Guideline Step 9 - Avoidance of Teats and Pacifiers](#)
- [Breastfeeding Guideline Step 10 - Breastfeeding Support in the Community](#)
- [Breast Milk Sharing - Newborn Clinical Guideline](#)
- [Breastfeeding Support Directory](#)
- [Caesarean Section \(CS\) - Acute - Level 8 OR](#)
- [Caesarean Section \(CS\) - Post Anaesthesia Care Unit \(PACU\)](#)
- [Caesarean Section \(CS\) - Pre, Peri & Post-Op Care](#)
- [Cleft Lip and Palate Guidelines](#)
- [Diabetes in Pregnancy](#)
- [Enteral Feeding](#)
- [Feeding on the postnatal wards - Newborn Clinical Guideline](#)
- [Guidelines for the Investigation of Hypoglycaemia](#)
- [Guidelines for the Management of Hypoglycaemia - Newborn Clinical Guideline](#)
- [Guidelines for Paediatric Management of Infants Born to HIV+ Pregnant Women - Newborn Clinical Guideline](#)
- [Infant - Late Preterm Care on the Postnatal Ward \(Transitional Care\)](#)
- [Informed Consent](#)
- [Mastitis Prevention & Treatment](#)

- [Neonatal Jaundice - Home Management](#)
- [Newborn Services Feeding Policy](#)
- [Nipple Shields to Support Breastfeeding](#)
- [Procurement Policy](#)
- [Sleep - Safe Sleeping for Infants](#)
- [Sleep - Safe Sleep Policy - Northern Region](#)
- [Storage, Handling and Thawing of Expressed Breast Milk \(EMB\)](#)
- [Tikanga Best Practice](#)

Ministry of Health pamphlets

- [Breastfeeding your Baby](#) (in Te Reo Māori, English, Chinese, Tongan and Samoan)
- [Breastfeeding and Working](#) (in English, Tongan and Samoan)
- [Eating for Healthy Breastfeeding Women](#)

9. Disclaimer

No policy can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB policy to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this policy.

10. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed *before* the scheduled date, they should contact the owner or the [Clinical Policy Advisor](#) without delay.