

# Implementing Point Two

## Requirements for Point Two

### **Train all providers in the knowledge and skills necessary to implement this policy**

All health care staff/workers (Level 1, 2 & 3) who have contact with pregnant women, mothers and babies must be orientated to and understand their role within the breastfeeding policy; with orientation to the policy occurring within their first week of employment with the service. When the policy is revised or updated, all staff/workers should be informed of the changes.

A training needs analysis needs to be undertaken by the health service prior to the development of the education curriculum.

It is required that curriculum which adequately covers all the Baby Friendly Initiative best practice standards be produced for each staff education programme. Prior to submitting the curriculum, it is strongly recommended that the service liaise with NZBA to ensure it meets all of the requirements of the Seven Points and the Code.

The education program will be delivered at a level appropriate to the health care worker's role (Level 1, 2 & 3). All health care workers must have commenced the prescribed education programme appropriate to their role within six months of commencing employment with the service. Accurate attendance records will be kept and should be available on request to ensure the requirements of Point 2 are being met.



NZBA have developed, in conjunction with the Ministry of Health, the BFCI / BFHI Breastfeeding and Training Educational Requirements.

### **Basic Requirements**

Sound basic training in the importance, management and practical aspects of breastfeeding for all health care workers who provide clinical care for breastfeeding mothers and babies is fundamental to the successful implementation of the breastfeeding policy. All health care workers providing direct service to breastfeeding women, should also have the knowledge and skills to comply with guidelines and procedures. They should have sufficient understanding of why breastfeeding is important and how it enables them to fulfil their role within the policy.

*Staff training is fundamental to the successful implementation of the breastfeeding policy*

NZBA  
PO Box 20454  
Bishopdale  
Christchurch

Tel: (03) 3572072  
Fax: (03) 3572074  
Email: [info@nzba.co.nz](mailto:info@nzba.co.nz)  
[www.babyfriendly.org.nz](http://www.babyfriendly.org.nz)



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NZBA encourages health services to develop the capacity to deliver education and training programmes, as approved by NZBA, within their group of services. The programmes should be mandatory and include:

- Guiding Principles of *The Seven Point Plan*;
- Content of *The Seven Point Plan*;
- The International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions;
- Attitudes and barriers to breastfeeding; and
- Community support and resources for breastfeeding.

### Orientation to the Policy

It is important that all health care workers are orientated to the policy within the first week of commencing employment with the service. Orientation can occur in a group setting or on a one-to-one basis with a supervisor or peer. A copy of the policy should be given to the health care worker for reference purposes and confirmation that the orientation has taken place is to be recorded.

During orientation, the health care worker's role within the policy should be discussed, i.e. if a Level 1 health care worker should be aware of who to refer the mother to should such breastfeeding advice be required.

Orientation to the policy is also important for agency staff who may be employed from time to time by the service; this ensures that their practice does not impact negatively on the overall care provided by the service.

### Documentation

Education documentation should show that the relevant staff have received the minimum of hours of education as it pertains to their level.

The designated individual / group responsible for breastfeeding should maintain documentation recording that staff who provide direct service to breastfeeding mothers and babies have received the required minimum of eighteen hours plus three hours clinical of training in the last five years, and that they have demonstrated appropriate breastfeeding skills. Thereafter infant / toddler feeding education should be a minimum of three hours annually.

Some practitioners may choose to share care with a breastfeeding specialist who can be accessed the same day. These practitioners will need to show evidence that they have made prior arrangements with the breastfeeding specialist for the shared care.

*The only person who is educated is the one who has learned how to learn... and change.*

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The arrangements between the practitioner and the breastfeeding specialist will cover how remuneration will be allocated. The referring practitioner will require a minimum of four hours breastfeeding education in the last two years and a minimum of two hours annually thereafter as per the requirements of a Level 2 worker.

For other staff, documentation should show that they have received the minimum of three hours of education within the last three years and thereafter a minimum of one hour annually.

A copy of the curricula or course outlines, for education and training in breastfeeding and lactation management, for various staff disciplines, together with the afore-mentioned documentation, should be provided for the document review. A training schedule for new employees should include orientation to the policy on arrival and a schedule for appropriate education within six months.

### **BFHI / BFCI Training and Education Requirements**

The training and education requirements are for health practitioners and health workers who are working in the health system and especially for in-service education. They cover the:

- required knowledge, skills and abilities;
- level of knowledge, skills and abilities required for particular health practitioners;
- time required for training and education.

The following training and education requirements have been developed using the BFHI and the BFCI requirements as a base but with further enhancements to provide a broader and more comprehensive level of skill and knowledge on which to build workforce capability.

Table One gives the topic areas and level of knowledge, skills and abilities required for particular health practitioners and health workers. Table Two provides examples of the content to facilitate the required knowledge, skills and abilities (A-H in Table One).

The requirements are not intended to prescribe competency or performance criteria; rather to give a minimum level of required knowledge and skills for the different levels of service provision involved. The requirements are written to guide the educator rather than the participant. Therefore the content is not written as demonstrable behavioural competencies, rather the likely content which would need to be included in a training and education package to meet the requirements.

Therefore, whilst we recommend that a generic education framework be developed, there will be a need to generate more detailed learning outcomes and consider the mode and methods of delivery for the individual, professional and cultural context by education providers.

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The training and education requirements for health practitioners and health workers will fulfill the minimum NZBA criteria for Baby Friendly Hospital designation in New Zealand which have been modified from the WHO/UNICEF BFHI criteria (see Table Three). These requirements have recently been adopted by NZBA following a revision of the BFHI documents to align them with international standards which were released by UNICEF/WHO in 2006.

Currently the requirements for training and education for those working within the community are under review by NZBA. At this time the NZBA has piloted the Baby Friendly Community Initiative implementation and the document states the requirements used for the pilot (see Table Four). It is expected that the hours of education will be aligned to the BFHI requirements for New Zealand.

There are three training levels within the BFCI education programme:

- Level 1 is an “awareness level” and is applicable to health care staff who are in regular contact with the mother baby dyad but have no clinical role. For example, a manager or receptionist.
- Level 2 is a “generalist level” and is applicable to health care staff who have contact with the mother baby dyad, but for whom this is not their primary role, for example, general practitioners, or practice nurse. A referral to a breastfeeding specialist should be documented by the Level 2 worker if breastfeeding issues arise.
- Level 3 is a “specialist level” and is applicable to health care staff who work directly with the mother baby dyad such as midwives, Plunket nurses/Well Child providers, practice nurses, child birth educators, and LMC GP’s.

### **Level 1 provider / worker—“awareness”**

At least 80% of health workers who are in regular contact with the mother baby dyad but have no clinical role or have a limited clinical role are required to have **three hours** breastfeeding education in the last three years and thereafter **one hour** annually.

This education must include:

- the importance of exclusive breastfeeding for the first six months of life;
- the importance of sustaining breastfeeding following the introduction of complementary foods;
- the risks of formula feeding;
- the guiding principles of The Seven Point Plan;
- the content of The Seven Point Plan;
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions;

*A written curriculum should exist describing how the standards are covered*

NZBA  
PO Box 20454  
Bishopdale  
Christchurch

Tel: (03) 3572072  
Fax: (03) 3572074  
Email: [info@nzba.co.nz](mailto:info@nzba.co.nz)  
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### **Level 2 provider / worker—“generalist”**

At least 80% health workers who have contact with the mother baby dyad but for whom this is not their primary role, are required to have a minimum of **four hours** breastfeeding education in the last two years and thereafter **two hours** annually

This education must include:

- the importance of exclusive breastfeeding for the first six months of life;
- the importance of sustaining breastfeeding following the introduction of complementary foods;
- the risks of formula feeding;
- the guiding principles of The Seven Point Plan;
- the content of The Seven Point Plan;
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions; and
- basic information on breastfeeding support and management.

### **Level 3—provider / worker—“specialist”**

At least 80% of health workers who work directly with the mother baby dyad are required to have completed a minimum of fifteen hours of breastfeeding education within the last five years and thereafter three hours annually.

This education must include:

- the importance of exclusive breastfeeding for the first six months of life;
- the importance of sustaining breastfeeding following the introduction of complementary foods;
- the risks of formula feeding;
- the guiding principles of The Seven Point Plan;
- the content of The Seven Point Plan;
- the protection of breastfeeding including the WHO International Code of Marketing of Breast- milk Substitutes and subsequent relevant World Health Assembly resolutions;
- breastfeeding for Māori women, which reflects input from iwi or other relevant Māori groups/ community organisations;
- basic information on breastfeeding support and management;
- skill development related to breastfeeding support and management;
- attitudes and barriers to breastfeeding;
- community resources that support breastfeeding; and
- care of the non-breastfeeding mother and her baby.

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**Table 1: Topic area and level of knowledge, skills and abilities required for particular health practitioners**

| Required knowledge skills and abilities | Learning objectives will promote information giving and key messages.   | Learning objectives will promote knowledge, understanding and application.   | Learning objectives will provide a deeper level of understanding, application, and analysis. |
|---|---|--|--|
| A                                       | Knowledge and understanding of the importance of breastfeeding in order to protect promote and support breastfeeding.   | _____  | _____  |
| B                                       | Knowledge and understanding about BFHI and BFCI in the New Zealand context and in relation to the WHO code.             | _____  | _____  |
| C                                       | The ability to effectively communicate the benefits of breast feeding with all women and their family/w/hanau.          | _____  | _____  |
| D                                       | Understanding the significance of the personal, social, cultural and political context of breastfeeding in New Zealand. | _____  | _____  |
| E                                       |   | Understanding maternal, fetal and infant anatomy and physiology in relation to breastfeeding.  | _____  |
| F                                       |   | The practical skills necessary to assist and support mothers to initiate and maintain successful breastfeeding.  | _____  |
| G                                       |   | Knowledge and provision of quality infant and young child nutrition information including the appropriate and safe use of breastmilk substitutes and complementary food. | _____  |
| H                                       |   | Recognising problems and issues pertaining to breastfeeding, lactation and complementary feeding and having the necessary skills and knowledge to resolve or refer.      | _____  |



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Table Two provides examples of the content to facilitate the required knowledge, skills and abilities (A-H in Table One).

*The depth of content for each of the following will be dependent on the target group.*

## Table Two: Required knowledge, skills and abilities

### A: Knowledge and understanding of the importance of breastfeeding in order to protect, promote and support breastfeeding

***The required knowledge and skills include:***

- a) Recognising the evidence of the importance of breastfeeding and the risks of artificial feeding
- b) Protecting, promoting, and supporting breastfeeding in ways that are culturally safe for all women and their whanau/families
- c) Communicating effectively with other members of the health care team and other groups or individuals
- d) Understanding how to act as an advocate for breastfeeding families, mothers, infants and children in the community and healthcare system
- e) Understanding the boundaries of individual knowledge and scope of practice
- f) Recognising that improving breastfeeding rates is a Ministry and sector wide goal including for primary health care
- g) Knowledge of breastfeeding and lactation and how it can be applied antenatally, at birth, post partum and beyond.

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## **B: Knowledge and understanding about BFHI and BFCI in the New Zealand context and in relation to the WHO Code**

### *The required knowledge and skills include:*

- a) Knowledge and understanding of the basic of the WHO/UNICEF Baby Friendly Initiatives; Ten Steps to Successful Breastfeeding (BFHI) and the Seven Point Plan (BFCI)
- b) Knowledge of the International Code of Marketing of Breastmilk Substitutes (WHO) and how it is implemented and monitored in New Zealand
- c) History and application of BFI in New Zealand
- d) The implications of the Treaty of Waitangi as it relates to breastfeeding
- e) Understanding of the relevant legislation underpinning this standard, including the Privacy Act and Health and Disability Code of Consumer Rights.

## **C: The ability to effectively communicate the benefits of breastfeeding with all women and their family/whanau**

### *The required knowledge and skills include:*

- a) Active listening and effective communication skills to maintain collaborative and supportive relationships
- b) The ability to discuss breastfeeding in a way which puts women and their family/whanau at ease
- c) Providing breastfeeding information with an emphasis on the mother and family/whanau and informed decision making
- d) Knowledge of and sensitivity to cultural diversity
- e) Ability to work effectively with Maori in ways which reflect input from Iwi or other relevant Maori groups / community organisations
- f) Ability to work effectively with Pacific women, Asian women, refugee and migrant women and other cultural groups in ways which reflect input from relevant groups / community organisations.

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### **D: Understanding the significance of the personal, social, cultural and political context of breastfeeding in New Zealand.**

***The required knowledge and skills include:***

- a) Knowledge of national/local infant feeding rates and demographic trends
- b) Awareness and encouragement of factors that enhance breastfeeding
- c) Understanding the historical influences and identifying future directions for breastfeeding
- d) Acknowledgement and understanding of the barriers to breastfeeding
- e) Knowledge of positive breastfeeding language and messages
- f) Integrating breastfeeding into a Whanau Ora framework and other frameworks and models which are appropriate for other cultures
- g) Influencing local and national policy development, to increase environmental support for breastfeeding
- h) Understanding of the methods of working within communities to protect, promote and support breastfeeding.

### **E: Understanding maternal, fetal and infant anatomy and physiology in relation to breastfeeding.**

***The required knowledge and skills include:***

- a) The anatomy of the normal breast and physiology of lactation and the relevance of this knowledge for the management and support of breastfeeding
- b) The effect of breastfeeding on maternal health
- c) The properties of human milk
- d) The anatomy and physiology of the normal neonate relevant to breastfeeding
- e) Clinical issues relevant to breastfeeding in the newborn period.

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### **F: The practical skills necessary to assist and support mothers to initiate and maintain successful breastfeeding**

*The required knowledge and skills include:*

- a) Effective antenatal, labour, birth and postnatal practices fundamental to successful breastfeeding
- b) All practical aspects of supporting a woman to position, and latch her baby for breastfeeding including the assessment of effective milk transfer
- c) Identifying the natural course of breastfeeding and recognising normal variations
- d) Up-to-date knowledge of devices used in breastfeeding, their appropriate use and an understanding of their potential disadvantages or risks
- e) Providing information and advice on expressing, storage and the use of expressed breastmilk.

### **G: Knowledge and provision of quality infant and young child nutrition information including the appropriate and safe use of breastmilk substitutes and complementary food.**

*The required knowledge and skills include:*

- a) Understanding and interpreting infant and young child growth charts
- b) Providing information on nutritional needs and growth patterns of infants and young children
- c) Taking a feeding history and developing a feeding plan
- d) Defining and reporting breastfeeding status using the standard Ministry of Health definitions
- e) The safe use of equipment, safe preparation and feeding of breastmilk substitutes
- f) Providing advice and assistance on the range of appropriate breastmilk substitutes available
- g) Providing information and advice on the introduction of complementary foods including cultural practices.

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**H: Recognising problems and issues pertaining to breastfeeding, lactation and complementary feeding and having the necessary skills and knowledge to resolve or refer.**

*The required knowledge and skills include:*

- a) Able to identify problems with feeding and assess contributing factors and causes
- b) Knowledge of clinical expertise and support networks to enable appropriate referrals to other health care professionals and community organisations
- c) Able to recognise normal variations in feeding and identify issues outside the normal range
- d) Recognise, assist or refer the mother with challenges and common complications of breastfeeding such as mastitis
- e) Recognition of the effect of drugs and medications on the mother and infant
- f) Understands the importance of mother-to-mother peer support and is able to refer appropriately.

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**Table 3: Baby Friendly Community Criteria**

| Level                                  | Level One – Awareness<br>no clinical role or a limited clinical role                       |  | Level Two - Generalist  | Level Three - Specialist   |
|--|--|--|---|--|
| <b>Definition</b>                      | Health workers who have brief contact with the mother baby dyad and have no clinical role. | Health workers who are in contact with the mother baby dyad but have a limited clinical role.    | Health workers who have contact with the mother baby dyad but for whom this is not their primary role.<br>For example: This category would apply to a general practitioner or obstetrician who decides to share care with a professional breastfeeding specialist who can be accessed as necessary. | Health workers who work directly with the mother baby dyad.  |
| <b>Examples</b>                        | Managers and receptionists.  | Health promoters, Plunket volunteers, physiotherapists, specialist mental health nurses/workers. | General practitioners, paediatricians, obstetricians, a paediatric or practice nurse, dietitians.   | Staff requiring this level of education includes childbirth educators, Plunket nurses, Tamariki ora nurses, Well child providers, Parents as First Teachers (PAFT workers) midwives, practice nurses, some general practitioners, obstetricians, Maori health workers, Pacific health workers. |
| <b>Initial education time required</b> | A minimum of 3 hours of education within the last three years.                             |  | A minimum of four hours education within the last two years.  | A minimum of fifteen hours of training and education within the last five years, (under review).   |
| <b>Ongoing education time required</b> | A minimum of one hour annually.  |  | A minimum of two hours annually.  | An average of at least 3 hours of breastfeeding/infant feeding education and one hour of clinical assessment, annually over a five year period. The ongoing education programme must equate to the five yearly tuition requirements, of twenty hours, (under review).                          |



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**Table 3: Baby Friendly Community Criteria**

| Level                                       | Level One – Awareness<br>no clinical role or a limited clinical role  | Level Two - Generalist  | Level Three - Specialist  |
|---|---|---|---|
| The initial education for BFCI must include | <ul style="list-style-type: none"> <li>The Ten Steps to Successful Breastfeeding and the Seven Point Plan.</li> <li>The protection of breastfeeding which includes the International Code of Marketing of Breast milk Substitutes and subsequent relevant WHA resolutions.</li> </ul> | <ul style="list-style-type: none"> <li>The Ten Steps to Successful Breastfeeding and the Seven Point Plan.</li> <li>The protection of breastfeeding which includes the International Code of Marketing of Breast milk Substitutes and subsequent relevant WHA resolutions.</li> </ul> | <ul style="list-style-type: none"> <li>The Ten Steps to Successful Breastfeeding.</li> <li>The protection of breastfeeding which includes the International Code of Marketing of Breast milk Substitutes and subsequent relevant WHA resolutions.</li> <li>Guiding principles of The Seven Point Plan.</li> <li>Content of The Seven Point Plan.</li> <li>Basic information on breastfeeding support and management.</li> <li>Skill development related to breastfeeding support and management.</li> <li>Attitudes and barriers to breastfeeding.</li> <li>Community resources for breastfeeding.</li> </ul> |
| Ongoing education for BFCI must include     | Refresher of above.   | Refresher of above.   | Refresher of above.   |



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## Key requirements for the development of the Education Programme

1. New staff/health workers are orientated to the breastfeeding policy and are scheduled for education within six months of employment.
2. Staff/workers are notified if the Policy is updated or revised.
3. Staff/workers commence the education programme appropriate to their role within 6 months of commencing employment with the service.
4. The education and training programme for clinical staff working directly with breastfeeding mothers reflects the core content as outlined by NZBA and "The Seven Point Plan".
5. There is a copy of the course outline for the various categories of staff/health workers in breastfeeding promotion and support available for review.
6. There is a training schedule available for new staff/workers.
7. The basic level of training for **Level 3 workers** includes Breastfeeding for Maori Women.
8. There is ongoing in-service training for Level 1, Level 2 and Level 3 staff / workers on breastfeeding, which meets the education guidelines.
9. Records are maintained of the breastfeeding education sessions attended by staff/workers.
10. All staff/workers are fully trained appropriate to their role (refer to training levels).
11. Staff/workers are fully trained and kept up to date, appropriate to their role, in the skills needed to assist breastfeeding mothers and babies.
12. Staff/health workers who have clinical responsibility for the care of pregnant women, breastfeeding mothers and children are able to answer questions on breast feeding management correctly. (80% pass rate is required - refer to question naire).
13. Staff who may be called upon to do so, are able to demonstrate breastfeeding management skills, including teaching mothers how to position and latch their babies correctly and how to hand express their breastmilk.

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## Documentation required for Point Two prior to Assessment

1. A copy of the education curriculum for **Level 1, Level 2** and **Level 3** staff/workers.
2. Outline of how the staff education programme is delivered.
3. Evidence of an ongoing education program.
4. A current list of all staff for whom Point Two is applicable.
5. Education records for staff / workers verifying that the required numbers of hours have been met within the specified timeframes.