



**WHO / UNICEF**

## **Baby Friendly Hospital Initiative**

# **Documents for Aotearoa New Zealand**

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## Foreword

The foundations for a healthy life are laid in infancy and childhood. A commitment to the health of our children is a commitment to the health of New Zealanders now and in the future. It is no longer necessary to argue that “breast is best” – in fact the point is more likely to be argued that anything other than breast is deficient, incomplete and inferior. There is plenty of evidence internationally that breastfeeding contributes positively to infant and also to maternal health, and this evidence confirms that breastfeeding will contribute positively to several of the population health objectives in the New Zealand health strategy including:

- Improving nutrition
- Reducing obesity
- Reducing the incidence and impact of cancer
- Reducing the incidence and impact of cardiovascular disease
- Reducing the incidence and impact of diabetes

The decision to breastfeed is strongly influenced by social norms and by the beliefs and values of women and their significant others. Once the decision to breastfeed is made, the continuity and quality of care received (especially at birth and in the immediate postpartum period) is of vital importance to the establishment and maintenance of breastfeeding.

Those working in the health and disability sector have a responsibility to further support and promote breastfeeding, especially with Māori and Pacific communities, by actively encouraging whānau/families to support exclusive breastfeeding for at least 6 months.

WHO and UNICEF launched the Baby Friendly Hospital Initiative in 1991, to ensure that all hospitals become centres of breastfeeding support. Since then, considerable efforts have been made in most countries to implement BFHI. In most areas it has been shown to make a difference to the breastfeeding rates and infant and child health have improved. The global assessment tool forms the basis of the assessment and accreditation procedure for all countries.

In New Zealand some amendments and clarifications to the accreditation documents have been made. The intent in Aotearoa New Zealand is to encourage consistent evidence-based culturally appropriate practice at all health care facilities, where initiation of breastfeeding occurs.

- the Treaty of Waitangi principles of protection, participation and partnership are an integral part of BFHI in Aotearoa New Zealand
- New Zealand has a unique system where women choose their Lead Maternity Carer (LMC) for their antenatal, birth and post-natal care. The auditing tool was developed to assess the facility and staff employed by the facility. Self-employed LMCs utilising hospital facilities also have a key role in practising in line with BFHI principles and promoting these in the community
- informed consent is an important part of the BFHI process
- consultation with community service providers and consumers has been encouraged

The NZ Ministry of Health requires all maternity facilities in New Zealand to attain, then maintain Baby Friendly Hospital Accreditation.

BFHI focuses on the care within the maternity facility, however breastfeeding should continue to be protected, supported and promoted long after the first few days. The NZBA has developed the initiative further to set a standard for community practice. This is called the Baby-friendly Community Initiative (BFCI). The NZBA is certain that BFHI Hospitals will make a difference and along with other initiatives will serve to further improve New Zealand breastfeeding rates and infant and child health. The NZBA aims to see breastfeeding become the cultural norm in New Zealand and associated with that, an improvement in our breastfeeding rates.

## **Kia U Ki Te Pai**

*As a mother's milk provides nourishment  
Let us embrace all that is good*

### **The Treaty of Waitangi**

The New Zealand Breastfeeding Authority is committed to the principles of the Treaty of Waitangi and will work with the principles through:

**Partnership**, by working with whanau, hapu and iwi to develop appropriate policies and procedures that will improve breastfeeding rates and services in New Zealand

**Participation**, by involving Maori in decision making, planning, development and implementation of the Baby Friendly Community Initiative

**Protection**, by working in a manner that will protect and preserve Maori traditional breastfeeding practices.

# Breastfeeding in an International Context

## **WHO/UNICEF Global Strategy for Infant and Young Child Feeding (IYCF)**

Protecting, promoting and supporting infant and young child feeding is essential for the healthy growth and development of children. The World Health Assembly and the UNICEF Executive Board unanimously endorsed the Global Strategy for Infant and Young Child Feeding in 2002.

The Strategy is a guide for action, and provides the overarching framework of actions that are necessary to protect, promote and support infant and young child feeding. It identifies interventions with a proven impact and explicitly defines the obligations and responsibilities of governments, international organisations and other concerned parties.

The Global Strategy defines operational areas and describes a core of activities that governments and partners should implement in order to ensure adequate feeding, nutrition, and health and development outcomes of children worldwide.

The operational areas refer to:

- Developing and implementing a comprehensive policy on infant and young child feeding
- Strengthening the capacity of health services to support appropriate infant and young child feeding:
  - Revitalising the Baby Friendly Hospital Initiative
  - Improving the skills of health providers in the first and referral level health facilities to give adequate feeding support
- Strengthening community-based support for infant and young child feeding

Families and communities are indispensable resources in the support of infant and young child feeding. Evidence has shown that mother-to-mother support groups, lay or peer counsellors, and community-based workers can be very effective in helping mothers to initiate exclusive breastfeeding and sustain breastfeeding up to two years or beyond. Building their capacity should therefore be an essential element of efforts to improve infant and young child feeding.

Essential steps in designing community-based interventions include defining the community and identifying vulnerable groups, conducting formative research to understand barriers and motivators for improved feeding practices, assessing human and material resources for behaviour change, and defining acceptable, feasible and affordable feeding recommendations.

# Breastfeeding Activities in New Zealand

In New Zealand there have been many activities with a focus on the protection, promotion and support of breastfeeding. The Ministry of Health has set new health targets and one of these is improving breastfeeding rates.

The activities are:

## **NZ Ministry of Health (MoH)**

The MoH has undertaken policy work, development, and funded a number of initiatives which protect, promote and support breastfeeding. Examples are listed in chronological order as follows:

### **1999**

Breastfeeding Definitions for Monitoring the National Health Outcome targets in NZ – a standard set of definitions for reporting on were developed.

Baby Friendly Hospital Initiative – The Ministry contracted the NZBA to develop and manage the BFHI.

### **2000**

Report: Recommendations on Breastfeeding Promotion May 2000. Breastfeeding advocates in Women's Health Action, a consumer advocacy group, contracted by the MoH, and a Māori advocate contracted in the Northland District Health Board (DHB).

### **2001**

BFHI audit of 30 Maternity Units (conducted by NZBA for MoH). The results from this audit have been an invaluable tool for providing, a baseline prior to any maternity units being accredited.

### **2002**

Breastfeeding: A Guide to Action was published by the Ministry as the plan for action for improving initiation and maintenance of breastfeeding throughout New Zealand.

Seven goals for action were listed.

- achieving Baby-friendly Hospitals throughout New Zealand
- gaining the active participation of Māori and Pacific family/whānau to improve breastfeeding promotion, advocacy and support
- establishing nationally consistent breastfeeding reporting and statistics
- increasing breastfeeding promotion, advocacy and co-ordination at both national and local levels
- ensuring pregnant women can access antenatal education
- ensuring high quality and ongoing postpartum care

The first 3 maternity units were Baby Friendly Accredited.

## **2003/2004**

The Ministry of Health launched Healthy Eating – Healthy Action (HEHA) (2003). HEHA is a strategic framework for addressing nutrition, physical activity and obesity, highlighting the importance of both individual behaviour and the environment. Breastfeeding is identified in HEHA as one of the 8 key messages. The Healthy Eating – Healthy Action Implementation Plan 2004-2010 (2004) identifies breastfeeding promotion, particularly for Māori and Pacific women as one of the goals.

## **2005**

The NZBA was contracted to begin developing and piloting the Baby-friendly Community Initiative.

## **2006**

The National Breastfeeding Advisory Committee (NBAC) reporting to the Director-General of Health was established. The role of the Committee is to advise the Director-General of Health on breastfeeding issues in New Zealand, and to work with the Ministry of Health to:

- develop a national plan for breastfeeding.
- strategise and set priorities for increasing breastfeeding rates
- co-ordinate relevant sector activities nationally, linking regions
- monitor and report on progress in implementing the national plan, and
- inform and advocate for the protection, promotion, and support of breastfeeding

Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women: A background paper (for health practitioners) was revised and updated, and published.

Review of the Well Child Tamariki Ora Framework commenced. The primary objective of the Framework is to support families/whānau to maximise children's developmental potential and health status from birth to 5 years to establish a strong foundation for ongoing healthy development. The Framework covers screening, education and support services offered to all New Zealand children, from birth to 5 years, and to their families/whānau. Currently the Well Child Service Schedule reporting requires that each Well Child provider reports on breastfeeding using the standard definitions for New Zealand. The revised framework will be clearer on that requirement as part of fulfilling their contractual obligations. Currently breastfeeding statistics are provided by the Royal New Zealand Plunket Society, which covers approximately 92% of well child care. Collecting and reporting data using breastfeeding statistics for all those in well child care will give a fuller picture, especially for Māori and Pacific babies.

The Ministry funded regional breastfeeding support in Northland, the Hutt Valley and the West Coast. The programmes in the Hutt Valley and West Coast are based on the La Leche League Breastfeeding Peer Counsellor Programme.

## **2007**

The MoH document *Infant Feeding: Guidelines for New Zealand Health Workers* was reviewed in 2004, and as a result the new guidelines (self-regulatory) were published in July.

The Government received a petition which sought the implementation of the WHO International Code on Marketing of Breast-milk Substitutes, and all subsequent relevant WHA resolutions, into legislation and to recognise the WHO Code as a minimum standard. The petition was referred to a Health Select Committee for consideration.

A review of Breastfeeding services in NZ and Baby-friendly Community Baseline Study was undertaken by the NZBA for the Ministry. The review provided baseline data, prior to any services being accredited as Baby-friendly Community Services, and information for the national breastfeeding promotion campaign.

The document *'Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2): A background paper (MoH)* was revised and updated to take account of recent WHO and other recent recommendations/strategies and research such as the *Infant and Young Child Feeding Strategy* and WHO growth standards.

As a result of a petition on the Right to Breastfeed, the Ministry undertook preliminary work with other government agencies and departments to protect the right to breastfeed in public.

Breastfeeding was included as part of target 8 to improve nutrition and increase physical activity, one of the 10 Ministry and DHB health targets. The goals are to increase the exclusive and full breastfeeding rates to: 74% at 6 weeks, 57% at 3 months and 27% at 6 months.

### **March 2008**

62 of the 79 (78.5%) maternity facilities in New Zealand had achieved Baby Friendly Accreditation.

### **Healthy Eating Healthy Action (HEHA)**

Considerable new funding (over \$30 million per year) was obtained by the Ministry to implement Healthy Eating – Healthy Action (HEHA). Improving nutrition, increasing physical activity and reducing obesity are 3 of the 13 health priorities identified in the New Zealand Health Strategy (2000), and Healthy Eating – Healthy Action (HEHA) (2003) is the Ministry of Health's strategic approach to achieving these priorities. Improving breastfeeding is one of the key messages in this strategy. The target audience is the general New Zealand population, although the priority stakeholders include children, low-income people, and Māori and Pacific peoples.

Since the New Zealand Health Strategy identified 3 key population health objectives in December 2000, the government has been committed to fostering an environment where individuals, families and communities are supported to eat well, live physically active lives and maintain a healthy body weight.

In 2002, the Government launched He Korowai Oranga: the Māori Health Strategy, with an overall aim of Whānau Ora (healthy families) for Māori families to achieve their maximum health and wellbeing. The 4 pathways to achieving the vision of Whānau Ora were integrated into the HEHA Implementation Plan. The plan features a table of outcomes and specific actions demonstrating the use of the 4 pathways as a planning framework to ensure that serious consideration is given to the needs of Māori. Implementing HEHA in the context of the 4 pathways is a comprehensive, determined and sustainable way to improve health and reduce inequalities in Māori health.

On 1 July 2007, the Ministry of Health adopted 10 health targets in key priority areas aimed at improving the overall health and well-being of New Zealanders. The health targets are part of a new direction for the health sector, a direction that is designed to establish clear and manageable priorities, improve management systems and increase collaboration within the health sector. Nutrition and physical activity make up one of the 10 target areas. The Healthy Eating – Healthy Action team at the Ministry has responsibility to lead the work for two targets in this area.

One of these two targets is:

Increasing the proportion of infants exclusively and fully breastfed to: 74% at 6 weeks, 57% at 3 months and 27% at 6 months.

This target is aimed initially at good nutrition and a key focus will be reducing inequalities. It is important that the health target is not seen as an end in itself but that the process undertaken to influence the targeted outcome will lead to new and better ways of delivering services. Establishing health targets can help to focus a wider discussion on the determinants of health and design of the health system.

The implementation of the targets will have two components. The first is accountability and monitoring through the District Health Boards' reporting and monitoring mechanisms and the second is through a programme of improvement support, sharing best practice and learning on effective interventions and programmes that have had measurable impact on targets. The Ministry is also bound by the targets in working with the sector. The health targets are designed to challenge the health system to do better.

The Ministry is working with the 21 District Health Boards (DHBs) and health providers to focus on the objectives and actions in the implementation plan. HEHA Project managers are employed in each DHB, with breastfeeding as one of the first areas of focus.

Scoping work was undertaken to inform the design for a national breastfeeding promotion campaign. The campaign will focus on improving breastfeeding rates, particularly the duration of breastfeeding and particularly for high-needs groups, Māori, Pacific and Asian peoples), and is expected to be launched later in 2008.

## **Ongoing Activities**

Maternity and child health meetings are held for MOH staff (staff in the following areas meet to discuss initiatives and progress: Maternity, Public Health Nutrition, Well Child, Māori and Pacific, Mental health, Disability and DHB Funding and Performance). MoH funds a World Breastfeeding Week Campaign each year (see Women's Health Action section below).

The Ministry has a contract with La Leche League New Zealand (LLLNZ) for breastfeeding support. The Ministry has a contract with Women's Health Action for breastfeeding promotion, particularly focused on World Breastfeeding Week (1-7 August).

Breastfeeding health education resources are developed and revised by the Ministry and made available free of charge from Public Health Units nationwide and on the website.

## **Activity by other Government Departments/Agencies**

### **Ministry of Justice**

The Ministry of Justice notes the ongoing role of the Human Rights Commission. The Commission also provides education, advocacy and complaint resolution services on human rights. If amendments to the Human Rights Act are required, to explicitly protect the right to breastfeed in public, this work will be undertaken by the Ministry of Justice.

### **Department of Labour**

In August 2005 the Department of Labour published *Breastfeeding in the workplace; an employer's guide to making it work*. This guideline provides practical information and ideas to help both large and small employers accommodate breastfeeding and the expressing of breastmilk during work hours.

The Department of Labour has administered the Parental Leave and Employment Protection Act 1987. Since the introduction of paid parental leave for eligible employees in 2002, the scheme has been extended to meet various objectives, including supporting the health and well-being of new mothers and babies. An evaluation of the Parental Leave and Employment Protection Act was conducted by the Department of Labour during 2005-2006. Work is in progress on further amendments to the Act which aim to extend its coverage and the support of breastfeeding in the workplace.

### **Department of Corrections**

A private members bill: Corrections (Mothers with Babies) Amendment Bill is currently before the Law and Order Committee of Parliament. The bill proposes to allow women prisoners to have their babies with them for greater than 6 months to support breastfeeding and develop the mother-child relationship.

### **Ministry of Women's Affairs**

The Ministry of Women's Affairs assists and supports lead agencies on breastfeeding to comprehensively consider women's issues, gender issues and human rights issues, when

contributing to a range of policy and service delivery initiatives that focus on breastfeeding and infant nutrition outcomes.

Government progress to protect, promote and support breastfeeding and infant nutrition is able to be raised by the Ministry of Women's Affairs in international fora, as appropriate, and be included in New Zealand's progress reports on its implementation of international instruments such as the United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

### **Human Rights Commission (HRC)**

The HRC produced a paper *The Right to Breastfeed* in February 2005. The paper is a review of rights in New Zealand to breastfeed and their recommendations. The HRC also produced a consumer guide, *Your Rights as a Breastfeeding Mother* (2005, Available in English, Māori, Samoan and Tongan) [www.neon.org.NZ](http://www.neon.org.NZ)

### **Research**

Some examples of recent research include two projects funded by the Equal Employment Opportunities' Contestable Fund Projects and one from the Auckland University of Technology.

### **Developing Breastfeeding-Friendly Workplaces in NZ**

Case studies of United States and NZ companies and guidelines for supporting breastfeeding in the workplace were researched by Judith Galtry and Marcia Annandale (May 2003). This study was undertaken as part of a wider project administered by the Department of Labour and Ministry of Women's Affairs. Findings were that there was inadequate support for women and a number of recommendations were made.

### **Developing Breastfeeding-Friendly Childcare to Support Mothers in Paid Employment and Studying. Case Studies of Two Centres and Draft Guidelines for Supporting Breastfeeding in Childcare.**

By Sarah Farquhar and Judith Galtry

This small-scale exploratory study suggests that support for breastfeeding within the context of childcare is not well established in New Zealand and support for breastfeeding in early childcare settings appears to be in its infancy.

The Centre for Midwifery and Women's Health Research, Auckland University of Technology conducted a study on breastfeeding and work. This qualitative study on a small group of Auckland mothers explored the mother's decision making regarding returning to work, and their experiences of continuing breastfeeding and returning to work. The aim of the study is to enhance the support available to mothers considering returning to work. The study has yet to be published.

### **Non-Government Organisations and other activities**

#### **The New Zealand Breastfeeding Authority (NZBA)**

The NZBA was formed in 1997 and became a registered non-profit organisation in 1999. The organisation is a non-government organisation (NGO) and was formed by approximately 30 different stakeholder groups (health professionals, consumer groups, Māori and Pacific groups) and the Ministry of Health and UNICEF to work together to advocate for initiatives to improve New Zealand's breastfeeding rates. The NZBA currently has a Board of seven members and five staff. With funding from the Ministry of Health the NZBA has successfully advocated for the establishment of the Baby-friendly Hospital Initiative (BFHI) in NZ, a National Breastfeeding Advisory Committee, the development of a national breastfeeding strategy and a review of the MoH document Infant Feeding: Guidelines for New Zealand Workers.

### **NZBA**

- administers BFHI and the Baby-friendly Community Initiative (BFHI). The BFHI audit is in accordance with the global criteria with at least a 75% exclusive breastfeeding rate at discharge, and compliance with the Ten Steps and the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.
- develops educational resources to support BFHI and BFHI.
- runs education sessions to support BFHI and BFHI and breastfeeding.

### **Women's Health Action**

Breastfeeding in the Workplace Campaign:

Women's Health Action has focused on the integration of work and breastfeeding to build awareness and staff have developed an employer's pack. The pack focuses on three simple things the employer can do: provide time, space and support. [www.womens-health.org.nz](http://www.womens-health.org.nz) Women's Health Action is contracted by the Ministry of Health to provide breastfeeding promotion and support, including promotion of World Breastfeeding Week. Women's Health Action began organizing an annual nationwide "Latch On" in 2005, and in 2007 this was part of the attempt at a new Guinness World record for the "most women in synchronized breastfeeding around the world."

**La Leche League New Zealand (LLLNZ)**

La Leche League is active in New Zealand, providing breastfeeding information and support. [www.lalecheleague.org.nz](http://www.lalecheleague.org.nz) . La Leche League is run by mothers for mothers. Printed breastfeeding resources are available from the national office.

In order to reach mothers not traditionally in contact with La Leche League, LLLNZ, has developed a breastfeeding peer counsellor programme which has been run successfully in several areas of New Zealand, [www.pcp.org.nz](http://www.pcp.org.nz) .

**Other Breastfeeding Advocates and Supporters**

New Zealand has an active network of breastfeeding advocates and supporters who make a valuable contribution to the protection, promotion and support of breastfeeding in New Zealand. These include the New Zealand Lactation Consultants Association, the New Zealand College of Midwives, Parents Centre New Zealand, Public Health Association, and the Infant Feeding Association of New Zealand. There are also a number of regional breastfeeding networks.

## Glossary

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<b>AF</b>	Artificially Feeding
<b>BF</b>	Breastfed
<b>BFCI</b>	Baby Friendly Community Initiative
<b>BFHI</b>	Baby Friendly Hospital Initiative
<b>BMS</b>	Breastmilk substitute
<b>DHB</b>	District Health Board
<b>GP</b>	General Practitioner
<b>LBW</b>	Low Birth Weight
<b>LMC</b>	Lead Maternity Carer
<b>MOH</b>	Ministry of Health
<b>NICU</b>	Neonatal Intensive Care Unit
<b>NNU</b>	Neonatal Unit
<b>NZBA</b>	New Zealand Breastfeeding Authority
<b>PHO</b>	Primary Health Organisation
<b>SCBU</b>	Special Care Baby Unit
<b>UNICEF</b>	United Nations Children's Fund ( <i>formally United Nations International Children's Emergency Fund</i> )
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organisation

## Acknowledgements

### BFHI Working Party Members 2007 / 2008

Julie Stufkens	Executive Officer of NZBA
Janine Pinkham	La Leche League New Zealand - Consumer representative
Dawn Hunter	Baby Friendly Educator, NZBA (Working party Coordinator)
Bev Pownall	New Zealand Lactation Consultants Association representative
Jenny Humphries	DHB Women's Health Managers group representative
Raeleen de Joux	Breastfeeding Advisor, South Canterbury DHB - Māori representative in 2007 and BFI Educator Māori in 2008.

The New Zealand Breastfeeding Authority would like to also acknowledge the input of the many people and organisations that have contributed to the development of this framework. A large number of contributors across the public health sector and other sectors provided comment through the consultation process during the planning and development stage of the BFHI documents. Extensive consultation occurred with Māori health professionals and consumers; Pacific peoples; health professionals; consumer groups and overseas experts.