



# **New Zealand Breastfeeding Authority**

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## **Action Plan**

**2006 - 2008**

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## Introduction

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In 1997 the New Zealand Breastfeeding Authority (NZBA) was established by stakeholder groups in response to New Zealand's static breastfeeding rates.

**The NZBA Vision Statement:**

Breastfeeding is the cultural norm for infant feeding in Aotearoa New Zealand.

**The NZBA Mission Statement:**

To protect, promote and support breastfeeding in Aotearoa New Zealand as the normal method of infant feeding.

The NZBA's main role has been in the development and administration of the Baby Friendly Hospital Initiative and, latterly, in the development of the Baby Friendly Community Initiative.

The World Health Organisation (WHO) and UNICEF launched the Baby Friendly Initiative in 1991, to ensure that all maternity facilities become centres of breastfeeding support. The Baby Friendly Hospital Initiative is the World Health Organisation's primary intervention strategy for strengthening the capacity of national health systems to protect and support breastfeeding. Fifteen years later, 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.

### Statement of Intent

The Treaty of Waitangi principles of protection, participation and partnership are an integral part of the development of BFI in Aotearoa New Zealand.

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 main focus of the initiative is to increase breastfeeding rates.

Aotearoa New Zealand has a unique system where women choose their Lead Maternity Carer (LMC) for their antenatal, birth and postnatal care. LMCs have a key role in practising in line with BFI principles and promoting these in the community.

BFI supports other community breastfeeding initiatives e.g. Mother Friendly Workplaces, Family Friendly Facilities, and the World Health Organisation International Code of Marketing of Breastmilk Substitutes and the subsequent World Health Assembly resolutions. When the Baby Friendly Hospital Initiative was first launched by World Health Organisation in 1991 (WHO International Code), the idea was not to limit its focus to

maternity facilities, but to widen its scope into other environments as has occurred with the launch of the Baby Friendly Community Initiative.

## **A Global History of Major Breastfeeding Related Events**

- the World Health Organisation International Code of Marketing of Breast Milk Substitutes (The WHO Code) (1981)
- the World Health Organisation /UNICEF Ten Steps to Successful Breastfeeding (1989),
- the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (1990)

The four operational targets of the Innocenti Declaration:

All governments by the year 1995 should have:

1. Appointed a national breastfeeding co-ordinator of appropriate authority, and established a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations.
2. Ensured that every facility providing maternity services fully practices the Ten Steps to Successful Breastfeeding set out in the joint World Health Organisation /UNICEF statement "Protecting, promoting and supporting breastfeeding: the special role of maternity services".
3. Taken action to give effect to the principles and aim of all articles of the International Code of the Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions in their entirety.
4. Enacted imaginative legislation protecting breastfeeding rights of working women and established means for its enforcement.

## **Developments in Aotearoa New Zealand**

1983: Adoption of the World Health Organisation Code and Monitoring Committee established.

1990: Monitoring Committee disbanded.

1992: Breastfeeding kit distributed by the Department of Health.

1994: Formation of a BFHI taskforce - no funding.

1994 - 1995: Public Health Commission documents set breastfeeding targets.

1995: Public Health Commission published Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2): A Background Paper (which included a section about breastfeeding) and Food and Nutrition Guidelines for Healthy Breastfeeding Women.

1997: Ministry of Health published Infant Feeding: Guidelines for New Zealand Health Workers and the New Zealand Infant Formula Marketers' Association published Code of Practice for the Marketing of Infant Formula.

1997: Participants in the NZLCA Conference submitted a proposal to the then Transitional Health Authority to implement BFHI - no funding.

1997 - 8: New Zealand Breastfeeding Authority formed and further discussions held about BFHI.

1998 Ministry of Health published Progress on Health Outcome Targets. Breastfeeding targets rates set for 1997 were not achieved.

1999: Proposal to set up the infrastructure to support the designation of Baby Friendly Hospitals sent to Health Funding Authority; contract given to NZBA.

1999 NZBA became an incorporated society.

1999 NZBA contracted by the Health Funding Authority to develop BFHI for New Zealand

2000 BFHI documents launched in parliament

2000 BFHI trainers trained by an international BFHI trainer

2000 BFHI assessor workshops run in four centres

2001 NZBA contracted by the Ministry of Health to conduct an audit of 30 maternity facilities for Baby Friendly status

2002 A review of the New Zealand stance on the World Health Organisation Code of Marketing of Breast Milk Substitutes was started

2002 to 2004 NZBA contracted to further support the implementation of BFHI in New Zealand and provide updates on BFHI and breastfeeding for public health and personal health providers in the Northern Region

2002 The first three maternity facilities were accredited as Baby Friendly

2002 The Ministry of Health released an action plan for breastfeeding: "Breastfeeding: A Guide to Action" with 7 goals.

2003 A total of six maternity facilities had been accredited as Baby Friendly

2003 NZBA contracted by the Ministry of Health to begin the development of the Baby Friendly Community Initiative for Primary Healthcare Practitioners

2003 The BFI IAG Committee was established to implement the Baby Friendly Community Initiative into New Zealand

2003 NZBA contracted by the Ministry of Health to work towards the establishment of a National Breastfeeding Committee.

2003 A submission document on the establishment of the National Breastfeeding Committee for New Zealand was compiled and sent out for consultation.



2003 A forum was held to discuss the outcome of the written National Breastfeeding Committee submissions and to provide recommendations to the MOH on the establishment of a National Breastfeeding Committee.

2004 A Transitional Breastfeeding Committee was established.

2004 The Terms of Reference for the National Breastfeeding Committee were presented to the New Zealand Breastfeeding Authority.

2004 A total of thirteen maternity facilities had been accredited

2004 The Ministry of Health published the New Zealand interpretation of the World Health Organisation International Code of Marketing of Breast-milk Substitutes

Review of World Health Organisation Code Sept 2004

2005 A BFCI Co-ordinator was employed by the New Zealand Breastfeeding Authority to adapt the Baby Friendly Initiative in Community Health Services: A Canadian Implementation Guide to meet New Zealand requirements.

2005 Ministry of Health called for nominations for the National Breastfeeding Committee

2005 A total of thirty two maternity facilities had been accredited / reaccredited.

2006 The Ministry of Health established the National Breastfeeding Advisory Committee

## NZBA General Goals

### Goal 1

**NZBA will continue to develop, maintain, and facilitate an educational resource centre and develop resource materials.**

#### 1.1 Objective

Maintain a resource centre.

Outcomes:

- Linkages with existing resource centres related to BFI are maintained.
- A resource centre is maintained.
- Resource materials are developed and purchased.

#### 1.2 Objective

Maintain the NZBA Website.

Outcomes:

- BFI information is updated and resources are included on the website.
- NZBA website visits are recorded.
- NZBA website users have an opportunity to provide feedback on BFI.
- The website is updated regularly.
- Hyperlinks are current and applicable.

#### 1.3 Objective

Continue to facilitate and encourage a variety of approaches to inform professionals, policy makers and consumers about BFI.

Outcomes:

- Effective approaches are explored for educating administrators and policy makers about the BFI and the World Health Organisation International Code.
- BFI implementation workshops are provided in Aotearoa New Zealand.



## 1.4 Objective

Continue to consult with and obtain professional, consumer and cultural perspectives and advice on the BFI in Aotearoa New Zealand.

Outcomes:

- Professional, consumer and cultural perspectives and advice are obtained and evidence of the consultation process is maintained.
- The principles of the Treaty of Waitangi are upheld.

### **Goal 2:**

**The NZBA will continue to explore local strategic alliances that support BFI and its continued implementation.**

## 2.1 Objective

Collaborate and consult with maternal and child health providers, Maori, Pacific and other ethnic groups, and relevant consumer groups/organisations to implement and support BFI

Outcomes:

- The viewpoints of providers and consumers are taken into account.
- NZBA utilises opportunities to promote BFI.

# Action Plan for the Baby Friendly Hospital Initiative

## 1. Definition of a Baby Friendly Hospital

A Baby Friendly Hospital (BFH) is a health care facility where the practitioners who provide care for women and/or children adopt practices that aim to protect, promote and support exclusive breastfeeding from birth. At the same time, Baby Friendly facilities ensure that women who choose not to breastfeed are supported in their decision and provided with unbiased information and advice.

## 2. Objectives of BFHI

- 2.1. To transform facilities providing maternity services and care for newborn infants through the implementation of the Ten Steps to Successful Breastfeeding (The Ten Steps).
- 2.2 To end the practice of distribution of free and low-cost supplies of breastmilk substitutes to maternity facilities and health services.

## 3. Ten Steps to Successful Breastfeeding

World Health Organisation /UNICEF have established the following Ten Steps to achieving a Baby Friendly Hospital status.

The Baby Friendly health facility should:

1. have a written breastfeeding policy that is routinely communicated to all health care staff;
2. train all health care staff in skills necessary to implement this policy;
3. inform all pregnant women about the benefits and management of breastfeeding;
4. help mothers initiate breastfeeding within a half-hour of birth;
5. show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants;
6. give newborn infants of breastfeeding mothers no food or drink other than breast milk, unless medically indicated;
7. practice rooming-in - allow mothers and infants to remain together - 24 hours a day;
8. encourage breastfeeding on demand;
9. give no artificial teats or pacifiers ( also called dummies or soothers) to breast-feeding infants;
10. foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

The Global Criteria also has an Appendix explaining acceptable medical reasons for supplementation of breast milk. (See Appendix Part Two Page 7)

#### **4. The Purpose of BFHI**

- 4.1 to actively protect, promote, encourage and support breastfeeding through education of health care workers in maternity and neonatal services
- 4.2 to accredit maternity facilities that demonstrate that they meet the World Health Organisation /UNICEF criteria as Baby Friendly Hospitals.

#### **5. BFHI: The Next Three Years**

##### Year One - 2006

1. To secure funding to support the initiative.
2. To have assessed 75% of maternity facilities including those needing to be reassessed.
3. To develop further on-line resources for BFHI.
4. To continue to provide BFHI education.

##### Year Two - 2007

1. To have assessed 90% of all maternity facilities including those needing to be reassessed.
2. To review BFHI documents.
3. To continue to provide BFHI Education.
4. Commence planning for South Pacific BFI Conference

##### Year Three - 2008

1. Achieve accreditation for 90% of maternity facilities.
2. Independent review of NZBA.
3. To continue to provide BFHI Education.
4. To hold a South Pacific BFI Conference.

## **BFHI Goals**

### **Goal 1:**

**The NZBA will continue to support the infrastructure for the Baby Friendly Hospital Initiative (BFHI).**

#### 1.1 Objective

Secure funding for specific activities that support the BFHI.

Outcomes:

- Ongoing regional BFHI Implementation is facilitated.
- Strategic alliances with the Ministry of Health and other key stakeholders are maintained.

### 1.2 Objective

Ensure staffing levels are appropriate

Outcomes:

- Staffing levels reflect BFHI requirements.

### 1.3 Objective

Seek ongoing funding to maximise the effectiveness of the BFHI.

Outcomes:

- Funding is obtained for the maintenance of current projects and for new projects based on identified needs.
- Funding for evaluation and monitoring of BFHI is maintained.

### 1.4 Objective

In 2008 evaluate and report on BFHI implementation

Outcomes:

- A report is produced evaluating BFHI.
- Qualitative research from a consumer/provider perspective on BFHI is encouraged.
- Mechanisms are in place to enable providers and consumer groups to provide feedback on the BFHI designation process.

## **Goal 2:**

### **The NZBA will maintain responsibility for BFHI designation in Aotearoa New Zealand**

#### 2.1 Objective

Select and manage BFHI assessors for Aotearoa New Zealand.

Outcomes:

- Specific criteria for competence and selection are developed and used consistently.
- Criteria for selection of assessors are reviewed.
- Guidelines describing the criteria required to be a BFHI assessor are available on request.

#### 2.2 Objective

Ensure that approved Baby Friendly Hospital Initiative assessors will be available to all regions.

Outcomes:

- BFHI assessors' courses are offered annually.
- Regular revision, updates and educational opportunities are available to assessors.
- A database of assessors and completed assessments is maintained by NZBA.

#### 2.3 Objective

Information on the external assessment process for maternity facilities to achieve BFHI designation is available.

Outcomes:

- The documentation about the process for achieving BFHI designation is available on the NZBA Website.
- A resource pack containing information to support the process to achieve BFHI designation is available at a predetermined cost.
- A process for complaints and appeals is documented.

**Goal 3:**

**The NZBA will develop an effective mechanism for monitoring and evaluating the implementation of the BFHI in Aotearoa New Zealand.**

**3.1 Objective**

Continue to monitor BFHI

Outcomes:

- Information on breastfeeding rates are accessed where available.
- Annual report is produced which lists:
  - A current list of approved BFHI assessors
  - BFHI designated maternity facilities
  - Maternity facilities that have been reassessed

# Action Plan for the Baby Friendly Community Initiative

## 1. Definition of A Baby Friendly Community Service

A New Zealand health service in the community which has practices that protect, promote and support breastfeeding to enable mothers to initiate and sustain breastfeeding of their babies. When babies are artificially fed, their mothers are provided with unbiased information and advice. All mothers therefore are provided with appropriate care and support.

The Baby Friendly Community Initiative (BFCI) has *The Seven Point Plan* which has been developed by adapting the World Health Organisation / UNICEF Ten Steps for a Baby Friendly Hospital.

## 2. Objectives of BFCI

1. Increase the percentage of babies who are breastfed and;
2. Increase the duration of *exclusive breastfeeding* and;
3. Sustain breastfeeding after six months alongside the introduction of appropriate, adequate and safe complementary foods.

## 3. The Seven Point Plan

The Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in the Community

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.
2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to establish and maintain *exclusive breastfeeding* to six months.
5. Encourage sustained breastfeeding beyond six months, to two years or more, alongside the introduction of appropriate, adequate and safe complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote collaboration among health services, and between health services and the local community

Adapted with permission from:  
UNICEF UK Baby Friendly Initiative, 1999

*The Baby Friendly Initiative in Community Health Services, 2002- The Breastfeeding Committee for Canada*

#### **4. BFCI Global History**

New Zealand's *Seven Point Plan* is based on the principles of *The Ten Steps* and extends them to include health services in the community. This is referred to as the *Baby Friendly Community Initiative*.

The World Health Organisation states that

'As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production.'<sup>1</sup>

#### **5. BFCI: The Next Three Years**

##### Year One – 2006

1. Complete a draft BFCI document for piloting purposes.
2. Baseline study for BFCI undertaken
3. Pilot the Baby Friendly Community Initiative in at least three service groupings.
4. Begin development of the audit criteria for BFCI.
5. Develop a BFCI workshop and education package.

##### Year Two – 2007

1. Pilots evaluated and BFCI document reviewed.
2. BFCI document finalised and published.
3. Complete the development of the audit criteria for BFCI
4. Develop an infrastructure for BFCI assessment.
5. BFCI education packages available
3. BFCI assessor training programme established

##### Year Three – 2008

1. Launch BFCI at the South Pacific BFI Conference
2. Assessments begin for BFCI accreditation

## **BFCI Goals**

### **Goal 1**

#### **The NZBA will develop an infrastructure for the Baby Friendly Community Initiative (BFCI)**

##### 1.1 Objective

Secure funding for specific activities that support the BFCI

Outcomes:

- A national baseline survey is undertaken to assess the current status of BFCI in Aotearoa New Zealand
- An Action Plan for the implementation of BFCI in Aotearoa New Zealand is developed.
- Regional BFCI implementation is facilitated.
- Strategic alliances with the Ministry of Health and other key stakeholders are developed and maintained.

##### 1.2 Objective

Seek ongoing funding to maximise the effectiveness of the BFCI

Outcomes:

- Funding is obtained for the maintenance of current projects and for new projects based on identified needs.
- To maintain funding for evaluation and monitoring of BFCI

### **Goal 2**

#### **The NZBA will launch the Baby Friendly Community Initiative in Aotearoa New Zealand**

##### 2.1 Objective

Dissemination of information to consumers and providers.

Outcomes:

- Information for consumers and providers is widely available.

### **Goal 3**

#### **The NZBA will develop and implement a national programme for BFCI designation in Aotearoa New Zealand.**

##### 3.1 Objective

Select and manage BFCI assessors for Aotearoa New Zealand.

Outcomes:

- Specific criteria for competence and selection are developed and used consistently.

- Criteria for selection of assessors are reviewed.
- Guidelines describing the criteria required to be a BFCI assessor are available on request.

### 3.2 Objective

Ensure that approved BFCI assessors will be available to all regions.

Outcomes:

- BFCI assessors' courses are offered annually.
- Regular revision, updates and educational opportunities are available to assessors.
- A database of assessors and completed assessments is maintained by NZBA.

### 3.3 Objective

Information on the external assessment process for health services to achieve BFCI designation is available.

Outcomes:

- The documentation about the process for achieving BFCI designation is available on the NZBA Website.
- A resource pack containing information to support the process to achieve BFCI designation is available at a predetermined cost.
- A process for complaints and appeals is documented.

## **Goal 4**

**The NZBA will develop an effective mechanism for monitoring and evaluating the implementation of the BFCI in New Zealand**

### 4.1 Objective

Monitor BFCI

Outcomes

- NZBA produces an annual report listing the number of:
  - Approved BFCI assessors
  - BFCI designated community and health services
  - Health care services that have indicated an interest in becoming BFCI designated
  - Health care services that have been assessed



- NZBA supports other monitoring mechanisms to track implementation of the BFCI through indicators such as breastfeeding rates

#### 4.2 Objective

Evaluate and report on the BFCI implementation in the year 2006

Outcomes

- Report is produced evaluating BFCI
- Qualitative research from a consumer / provider perspective on BFCI is encouraged.
- Mechanisms are in place to enable providers and consumer groups to provide feedback on the BFCI designation process.

### **Goal 5**

**The NZBA will explore strategic alliances that support BFCI and its implementation**

#### 5.1 Objective

Collaborate and consult with maternal and child health providers, Maori, Pacific and other ethnic groups and relevant consumer groups / organisations to implement and support BFCI in the community.

Outcomes

- The goals and objectives of BFCI are reviewed taking into account viewpoints put forward by both providers and consumers
- NZBA utilises opportunities to promote BFCI

## References

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- Ministry of Health. (1995). Food and Nutrition Guidelines for Healthy Breastfeeding Women: A Background Paper. Wellington: Ministry of Health.
- Ministry of Health. (1995). Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0 - 2 Years). A Background Paper. Wellington: Ministry of Health.
- Ministry of Health. (1997). Infant Feeding: Guidelines for New Zealand Workers. Wellington: Ministry of Health.
- Ministry of Health. (1998) Progress on Health Outcome Targets: Te Haere Whakamua ki nga Whainganga Hua mo te Haurora. Wellington: Ministry of Health.
- Ministry of Health (2002) Breastfeeding: A Guide to Action. Wellington: Ministry of Health
- Ministry of Health (2006) [Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women](#) - a background paper
- New Zealand Breastfeeding Authority. (2002). Baby Friendly Hospital Initiative Documents for Aotearoa New Zealand.
- New Zealand Breastfeeding Association (2005), BFHI Documents for Aotearoa New Zealand Part 2 Page 6
- Public Health Commission. (1995). Preventing Sudden Infant Death Syndrome (SIDS): Guidelines for public health services. Wellington: Public Health Commission.
- Public Health Commission. (1995). National Plan of Action for Nutrition. The Public Health Commission's Advice to the Minister of Health. 1994 - 1995. Wellington: Public Health Commission.
- Vogel, A., & Mitchell, E. (1998). The establishment and duration of breastfeeding. Part1: Hospital Influences. Breastfeeding Review. 6 (1), 5 - 9.
- WHO. (1991). International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organisation.
- WHO. (1998). Evidence for the Ten Steps to Successful Breastfeeding. Geneva: Division of Child Health and Development, World Health Organisation.
- WHO / UNICEF. (1989). Protecting, promoting and supporting breastfeeding: The special role of maternity services. A Joint WHO / UNICEF Statement. Geneva: World Health Organisation.
- WHO / UNICEF. (1990). Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, adopted by the WHO / UNICEF policy makers' meeting. Geneva: World Health Organisation and the WHA subsequent resolutions; WHA 34.22 (1981), WHA 35.26 (1982), WHA 37.30 (1984), WHA 39.28 (1986), WHA 41.11 (1988), WHA 43.3 (1990), WHA 45.34 (1992), WHA 47.5 (1994), WHA 49.15 (1996), WHA 54.2 (2001), WHA 55.25 (2002), WHA 58.32 (2005)



WHO. (1998). Evidence for the Ten Steps to Successful Breastfeeding. Geneva: Division of Child Health and Development, World Health Organisation.

WHO / UNICEF. (1989). Protecting, promoting and supporting breastfeeding: The special role of maternity services. A Joint WHO / UNICEF Statement. Geneva: World Health Organisation.

WHO / UNICEF. (1990). Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, adopted by the WHO / UNICEF policy makers' meeting. Geneva: World Health Organisation.

WHO / UNICEF (1991). Baby Friendly Hospital Initiative. Part 1: Country level Implementation. Geneva: World Health Organisation.

WHO / UNICEF (1992). Baby Friendly Hospital Initiative. Part II: Hospital Level Implementation. Geneva: World Health Organisation.

WHO / UNICEF (1992). Baby Friendly Hospital Initiative. Part III: External Assessors' Manual. Geneva: World Health Organisation.

## Appendix

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### NZBA Board

The NZBA shall appoint a Board of at least 5 and up to 8 members to oversee the day-to-day business of the NZBA. Board members shall be representatives of consumer, health professional or Maori organizations, with at least one Board member coming from each of these 3 groups.

- DHB Womens Health Managers Network
- La Leche League NZ
- Maori SIDS
- NZ College of Midwives
- NZ Lactation Consultants Association
- Parents Centres NZ (Incorporated)
- Royal NZ Plunket Society (Incorporated)
- Womens Health Action

The role of this Board is to:

- Develop policy, strategic direction, business plans and budgets for the NZBA.
- Ensure that appropriate accounting practices are used to record income and expenditure.
- Manage the assets of the NZBA.
- Present a set of audited accounts each year at the Annual General Meeting.
- Authorise financial or contractual commitments on behalf of the NZBA, however the Board may authorise the Executive Officer to enter into financial or contractual commitments on behalf of the NZBA within set limits (delegated authorities).
- Ensure that the NZBA operates within its Rules and Objectives and to satisfy itself that the NZBA's affairs are conducted lawfully and in accordance with generally accepted standards of performance and propriety.

## Stakeholder Groups

The stakeholder groups are various organisations or groups that have an interest or involvement with breastfeeding issues. Individuals who do not represent a specific group may also be involved.

Current Members:

- Allergy New Zealand
- Childbirth Educators of New Zealand
- District Health Board Women's Health Managers Network
- Education for Change
- Federation of Women's Health Councils Aotearoa New Zealand
- Fertility New Zealand
- Health Star Pacific
- Healthcare Aotearoa
- Home Birth Associations
- La Leche League New Zealand
- Ministry of Health
- Maori SIDS
- New Zealand College of Midwives
- New Zealand Association of Neonatal Nurses
- New Zealand College of Practice Nurses
- New Zealand Cot Death Association
- New Zealand Dietetic Association, Paediatric Special Interest Group
- New Zealand Lactation Consultant Association
- New Zealand Paediatric Society
- Nga Maia O Aotearoa me Te Wai Pounamu
- Parents Centres New Zealand (Incorporated)
- Perinatal Society of Australia and New Zealand
- Royal College of Obstetricians and Gynaecologists
- Royal New Zealand College of General Practitioners
- Royal New Zealand Plunket Society (Incorporated)
- The Office of the Commissioner for Children



- The Pharmacy Guild
- UNICEF NZ
- Womens Health Action

#### Associate Member

- Judith Galtry

The role of stakeholders is:

- Provide feedback to NZBA
  - To promote the initiatives and coordinate educational activities to support breastfeeding and the BFI within their organisations.
  - To protect, promote and support breastfeeding in Aotearoa New Zealand
-