



WHO / UNICEF

Baby Friendly Hospital Initiative

Part Two

The NZBA Criteria

- **Criteria for the Ten Steps to Successful Breastfeeding**
- **Criteria for the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions**
- **BFHI and the Principles of the Treaty of Waitangi**
- **Standards of care for the non-breastfeeding mother and her baby**
- **Acceptable Medical Reasons for Supplementation**

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Introduction

The New Zealand Breastfeeding Authority (NZBA) criteria for Aotearoa New Zealand documents are based on the UNICEF / WHO Baby Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care (2006) guidelines.

These documents have been accepted as the New Zealand BFHI accreditation criteria, adapted following extensive consultation, to meet the principles of the Treaty of Waitangi, New Zealand legislation and our unique maternity system.

Criteria for the Ten Steps and the Code

The NZBA Criteria for the Baby Friendly Hospital Initiative serve as the standard measuring adherence to each of the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.

The criteria listed below for each of the Ten Steps and the Code are the minimum NZBA criteria for Baby Friendly designation.

Additional criteria are provided for the support of non-breastfeeding mothers.

The BFHI Self-Appraisal Questionnaire, presented in Part 3 of this document, gives maternity facilities a tool for making a preliminary assessment of whether they are fully implementing the Ten Steps and adhering to the Code. The NZBA Criteria actually describe how “baby-friendliness” will be assessed during the external assessment, and thus can be very useful for maternity staff to study as they work to get ready for assessment.

When using the Self Appraisal Questionnaire (Part 3) the facility is advised to refer to the NZBA Criteria for clarification of the specific requirements of each step.

Breastfeeding Rates at Discharge

Maternity facility data indicate that at least 75% of the babies discharged in the last year have been exclusively breastfed or exclusively fed expressed breastmilk from birth to discharge. Documented medical reasons or evidence of mothers’ informed decisions are required for at least 80% of the breastfed babies who have been given breastmilk substitutes.

Step One

Have a written breastfeeding policy that is routinely communicated to all health care staff.

The health facility should have a written breastfeeding policy that addresses all of the Ten Steps to Successful Breastfeeding and protects breastfeeding by adhering to the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA Resolutions.

This policy will be developed in consultation with Māori, other ethnic groups, consumer organisations and other providers using the facility. Support for the principles of the Treaty of Waitangi (protection, participation and partnership) needs to be stated.

The person(s) responsible for midwifery or nursing services should at any time be able to locate a copy of the policy and describe how all new staff are orientated to it and how staff are made aware of it. The policy will be available so that all staff and Lead Maternity Carers (LMC's) who take care of mothers and babies can refer to it. The policy or a summary of it will be visibly posted in all areas of the service which care for pregnant women, mothers, babies, and/or children. These areas include the antenatal inpatient and outpatient services, the labour and birthing areas, maternity wards and rooms, all infant care areas and any NICU or Special Care Baby Units. The policy or a summary will be displayed in the language(s) and wording most commonly understood by consumers and staff.

The policy must be reviewed at least every three years.

Step Two

Train all health care staff in skills necessary to implement this policy.

The person(s) responsible for midwifery or nursing services should report that all health care staff who have any contact with pregnant women, mothers and/or babies, have received orientation and education on the implementation of the breastfeeding policy. This person should be able to describe how the education is given and that it meets the requirements as set out below.

A copy of the curricula or course outlines, for educating various types of staff in breastfeeding promotion and support (including breastfeeding and lactation management where applicable), should be available for review. An education schedule for new employees should be available.

The education criteria are shown below in three categories. These are the minimum hours required for the designations identified. The diversity of practice within some health professions is recognised however, and where a group has not been identified, a variation in the hours of breastfeeding education may occur. The facility coordinator will consider these workers on an individual basis to ascertain how much daily contact they have with pregnant women and mothers and / or babies. Once assessed, their education requirements must align with one of the subsets below.

The person(s) responsible for midwifery or nursing services should report that all staff caring for women and babies have participated in education on breastfeeding protection, promotion and support (and breastfeeding and lactation management if applicable), or if new, have been orientated to the above policy, on arrival, and scheduled for education within 6 months.

Clinical Staff

Midwives / Nurses

Initial education requirements:

At least 80% of midwives and nursing staff, working in the maternity facility, are required to have completed 18 hours of education **and** 3 hours of supervised clinical tuition within the last 5 years. The 18 hours of education must include:

- the Ten Steps to Successful Breastfeeding
- the protection of breastfeeding including the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
- breastfeeding for Māori women, which reflects the principles of the Treaty of Waitangi.
- the effect of medications administered during labour and birth, on the newborn and the initiation of breastfeeding

The clinical tuition must include:

- all practical aspects of positioning, aligning and latching of baby for breastfeeding
- the teaching of hand expressing breastmilk
- cup feeding technique

Individualised evidence must be provided to demonstrate that midwifery and nursing staff (who have contact with mothers and/or infants and have been on the staff 6 months or more) have

received the required education, either at the facility or prior to arrival. This documentation will also identify the date and hours of the instructional orientation, to the facility's breastfeeding policy, clinical and practical assessment and any ongoing breastfeeding education attended. Staff employed within the preceding 6 months are required to have been orientated to the policies and have been placed on the first available breastfeeding education session, unless they have received documented education elsewhere.

Ongoing education:

An education programme must be available. This schedule will ensure that midwives and nursing staff, who have completed the initial education as described above, receive an average of at least 3 hours of breastfeeding/infant feeding education and one hour of clinical assessment, annually. The ongoing education programme must equate to the 5 yearly tuition requirements, of 20 hours, with at least 1 hour focusing on breastfeeding for Māori women during this timeframe.

On assessment a minimum of 80% of these staff members will have completed the stipulated breastfeeding education.

Medical Staff

On employment / transfer to the service medical staff (including obstetricians, paediatricians, registrars, house surgeons and junior doctors) must have attended an instructional course orientating them to the facility's breastfeeding policy.

Evidence must be provided to demonstrate that a minimum of 80% of these staff have completed at least four hours of breastfeeding education over the past two years.

This education must include:

- the Ten Steps to Successful Breastfeeding
- the protection of breastfeeding which includes the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
- the effect of medications administered during labour and birth on the newborn and initiation of breastfeeding

Ongoing breastfeeding education should be for a minimum of two hours annually.

The minimum requirement for anaesthetists who have contact with women during pregnancy, labour and birth is:

- orientation to the facility's breastfeeding policy
- education covering:
 - the potential effects of medications administered during labour and birth on the newborn and the initiation of breastfeeding
 - the rationale for skin-to-skin contact at birth

Requirements for Midwives, nursing and medical staff

At least 80% of the randomly selected staff members providing clinical care for pregnant women, mothers and their babies can:

- confirm that they have received the described education or, if they have been in the maternity

service less than 6 months, have at least received orientation on the breastfeeding policy and their role in implementing this policy.

- answer correctly 4 out of 5 questions on breastfeeding promotion and support, and breastfeeding management.
- describe two breastfeeding issues that should be discussed with a pregnant woman
- describe the support services available for mothers in the community, and how mothers are informed of this support.
- recognise the importance of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions in the protection of breastfeeding and its application to practice.
- demonstrate competence in guiding a mother to confidently feed her baby (*applicable only to midwifery/nursing staff*).

Lactation Specialist Support

Where a lactation specialist is employed by a facility there must be documented evidence of how the facility has arranged or supported appropriate ongoing annual education for this staff member.

Following ongoing annual education of the Lactation Specialist, all staff education programmes will be updated and based on current research and best practice.

Non-Clinical Staff

Ancillary Staff / Support Staff

Breastfeeding education is required for ancillary and support staff, employed by the facility, who are in regular contact with pregnant women, mothers and their babies e.g. physiotherapists, hospital aides, cleaning staff, reception staff, general theatre staff..

They must have attended an instructional course orientating them to the facility's breastfeeding policy.

Evidence must be provided to demonstrate that a minimum of 80% of these staff have completed at least 3 hours of breastfeeding education in the past 3 years.

The education must include:

- the Ten Steps to Successful Breastfeeding.
- the protection of breastfeeding which includes the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.

Ongoing breastfeeding education should be for a minimum of one hour annually.

Requirements for Ancillary Staff / Support Staff

At least 80% of the randomly selected staff members providing non-clinical care for pregnant women, mothers and their babies or having contact with them in some aspect of their work and who are employed by the facility can:

- confirm that they have received the described education or, if they have been in the maternity

service less than 6 months, have at least received orientation on the breastfeeding policy and their role in implementing this policy

- describe at least 3 reasons why exclusive breastfeeding to 6 months is important
- state 3 practices in the maternity service that supports breastfeeding
- answer correctly 4 out of 5 questions on issues relating to the promotion, protection and support of breastfeeding

Step Three

Inform all pregnant women about the benefits and management of breastfeeding.

If the health facility provides antenatal service(s) the person(s) responsible for midwifery or nursing services should report that breastfeeding is discussed and information given to pregnant women using those antenatal services, either individually or in a group.

A written description of the minimum content of the antenatal education should be available. The antenatal education covers the Ten Steps to Successful Breastfeeding and other relevant information.

This includes:

- the facility Breastfeeding Policy.
- the importance of exclusive breastfeeding for the first 6 months
- the benefits of breastfeeding
- the risks associated with offering supplements while breastfeeding in the first 6 months
- the importance of early skin-to-skin contact
- early initiation of breastfeeding
- rooming-in on a 24 hour basis including safe sleeping
- cue-based or baby-led feeding
- frequent feeding to help ensure enough breastmilk
- good positioning and attachment of baby at the breast
- the implications of using pacifier, teats and bottles on the establishment of breastfeeding
- breastfeeding support services in the community
- the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding

At least 80% of the randomly selected pregnant women of 32 weeks or more gestation who are using the antenatal service and who have come for at least two visits, can:

- confirm that a staff member has either, discussed the benefits of exclusive breastfeeding with them or ensured that another health professional has discussed the benefits with them.
- list at least two of the following benefits:
 - optimum nutrition for baby
 - Bonding
 - protection, including the importance of colostrum.
 - health advantages for the baby
 - health advantages to the mother
- confirm that a staff member has discussed breastfeeding management with them or ensured that another health professional has discussed this with them
- describe at least two of the following breastfeeding management topics:
 - positioning and attachment of baby to the breast
 - importance of cue-based feeding or baby-led feeding
 - importance of rooming-in 24 hours a day including safe sleeping

- how to ensure enough milk
- importance of skin-to-skin contact
- risks associated with offering supplements while breastfeeding in the first six months
- risks of using pacifiers, teats and bottles on the establishment of breastfeeding

Additionally, at least 80% of these women can confirm that they have received neither group education nor any written promotional materials on the use of infant formula.

Information provided to pregnant women, should be ethnically and culturally appropriate and relevant to specific needs.

All information given to these mothers must be free from advertising and comply with the Code.

(Refer to the document *Implementing and Monitoring the International Code of Marketing of Breastmilk Substitutes: The Code in New Zealand 2007*)

Step Four

Help mothers initiate breastfeeding within a half-hour of birth.

This Step is now interpreted as:

Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.

At least 80% of the randomly selected mothers in the facility who have had vaginal births, or caesarean section births without general anaesthesia, can confirm:

- that their babies were placed in skin-to-skin contact with them within 5 minutes after birth and that this contact continued for at least an hour, except for brief bed-transfer interruption or if there were medically justifiable reasons for delayed contact
- and that they were encouraged to look for signs for when their babies were ready to breastfeed during this first period of contact and offered help with breastfeeding, if needed (The baby and mother should not be forced to breastfeed but, rather, supported to do so when ready.)

(Note: The time and length of skin-to-skin contact following birth is recorded in the mother's chart.)

If any of the randomly selected mothers have had a caesarean section birth with general anaesthesia, at least 80% should report that their babies were placed in supervised skin-to-skin contact with them as soon as the mothers were able to respond, and that this contact continued for at least an hour, except for brief bed-transfer interruption or if there were medically justifiable reasons for delayed contact

Facility records show that in at least 80% of cases, babies are placed with their mothers, in skin-to-skin contact, within 5 minutes of birth, for at least 60 minutes. These mothers can confirm they were shown how to recognise the signs that their babies are ready to breastfeed and offered help, if required.

At least 80% of the randomly selected mothers with babies in special care, report that they have had opportunities to hold their babies in skin-to-skin contact or, if not, the staff could provide justifiable reasons why they could not. These mothers can identify feeding cues.

NOTE: The WHO/UNICEF has stated that the wording of the Ten Steps to Successful Breastfeeding cannot be altered but the interpretation of Step Four has been clarified as above in the revised international BFHI documents. New Zealand has adopted this interpretation.

Step Five

Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.

At least 80% of the randomly selected clinical staff can:

- report that they teach mothers how to position align and attach their babies for breastfeeding and are able to describe or demonstrate correct techniques
- report that they teach mothers hand expressing and can describe or demonstrate an acceptable technique for this

The person(s) responsible for midwifery or nursing services reports that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support both in the antenatal and postpartum periods.

At least 80% of the randomly selected mothers who are breastfeeding can:

- report that maternity staff offered further assistance with breastfeeding the next time they fed their babies or within 6 hours of birth (or from when they were able to respond)
- demonstrate or describe correct positioning, alignment, attachment and effective suckling
- report that they were shown how to express their breastmilk by hand, offered written information on breastmilk storage, and advised where they could get help should they need it. In addition, mothers report that they are encouraged to express sufficient milk for comfort when their breasts are overfull and the baby is disinterested in breastfeeding

At least 80% of the randomly selected mothers with babies in special care, who are breastfeeding or intending to do so:

- report that they have been supported to initiate lactation within 6 hours of birth
- report that they have been shown how to express their breastmilk by hand
- can adequately describe and demonstrate how they were shown to express their breastmilk by hand
- report that they have been told they need to breastfeed or express their milk 8 times or more, at regular intervals, every 24 hours, to establish and maintain their supply
- Report that they were given information on breastmilk storage and that they can describe these recommendations

Step Six

Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.

Maternity facility data indicate that at least 75% of the babies discharged in the last year have been exclusively breastfed or exclusively fed expressed breastmilk from birth to discharge. Documented medical reasons or evidence of mothers' informed decisions are required for at least 80% of the breastfed babies who have been given breastmilk substitutes.

Review of all clinical protocols or standards related to breastfeeding used by the maternity services indicates that they are in-line with BFHI standards and current best practice.

No materials that recommend breastmilk substitutes or infant foods or drinks (other than breastmilk), scheduled feeds or other inappropriate practices are to be displayed or given to mothers.

Observations, facility records or interviews show that at least 75% of the babies have been fed only breastmilk. For at least 80% of the breastfed babies who have received breastmilk substitutes there is evidence of acceptable medical reasons or mothers' informed decisions for receiving the substitutes.

At least 75% of the randomly selected mothers in the maternity service should report that their babies had received only breastmilk. For at least 80% of the breastfed babies who had received anything else, it was either for acceptable medical reasons, or as a result of mothers' informed decisions. The person(s) responsible for midwifery or nursing services or another clinical staff member should be able to give acceptable medical reasons for these cases (see Appendix – Acceptable Medical Reasons for Supplementation).

Step Seven

Practise rooming-in - allow mothers and infants to remain together - 24 hours a day.

All of the randomly selected mothers, with babies who are not in special care, report that since birth their babies have stayed with them day and night, unless their babies are away for a short time (up to an hour) for clinical indications which the staff are able to justify.

All of the mothers in the postnatal ward(s), whose babies are not in special care, should be observed to have their babies with them, unless their babies are away for a short time (up to an hour) for clinical indications, which the staff are able to justify.

There is no hospital nursery (or similar room) available for the purpose of mother-baby separation.

Step Eight

Encourage breastfeeding on demand.

A least 80% of the randomly selected mothers of babies who are not in special care (and whose babies are feeding effectively) report that they have been told how to recognise when their babies are ready to feed and can describe at least two early feeding cues. They are advised to feed their babies when recognising these early feeding cues. No restrictions have been placed on the frequency or the length of breastfeeds (as long as babies are breastfeeding effectively).

The person(s) responsible for midwifery or nursing services confirms that mothers are advised to feed their babies as often and for as long as the babies want (as long as babies are breastfeeding effectively).

Step Nine

Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

Of the randomly selected breastfeeding mothers whose babies are not in special care, at least 80% report that their babies have not been fed using bottles with teats, nor provided with pacifiers by staff. Where these have been used, the mother can confirm that it was an informed decision.

Observations in the postnatal wards / rooms indicate that at least 80% of the breastfeeding babies observed are neither fed using bottles with teats, nor using pacifiers. Where these are in use staff can provide documented evidence of providing information on the implications of their use and the mothers' informed decisions.

The person(s) responsible for midwifery or nursing or services reports that breastfeeding babies are not fed using bottles with teats, nor given pacifiers (dummies) by staff.

The facility has a policy / guidelines for the use of nipple shields.

Step Ten

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

At least 80% out of the randomly selected mothers should confirm that:

- their follow-up support, after discharge from the health care facility, has been discussed
- they have been given written information on how to get help from the facility and / or how to contact support groups, peer counsellors, or other community health services, if they have questions about feeding their babies after their return home
- they can describe at least 2 available breastfeeding support services, which would meet their individual situation

Staff can describe the help available to mothers with feeding their babies after they return home. At least 80% of the randomly selected staff can state what help is available from:

- the facility
- community support groups, peer counsellors or other community health services (including breastfeeding support groups / services)

Staff can describe how mothers are informed of these services.

The person(s) responsible for midwifery or nursing services reports that:

- mothers are given information on where they can get support if they need help with breastfeeding their babies after returning home, and this same staff member(s) can also name at least two sources of support
- staff encourage mothers and their babies to be seen by their LMC or postnatal midwife (in accordance with Section 88) soon after discharge for skilled assessment of feeding and breastfeeding support

A review of documentation indicates that printed information is discussed and distributed to mothers by staff before discharge. The information covers how and where mothers can find help on breastfeeding their infants after returning home. The review includes information on at least two types of help available.

International Code compliance

Compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions

The person(s) responsible for midwifery or nursing services reports that:

- no employees of manufacturers or distributors of breastmilk substitutes, bottles, teats or pacifiers have any direct or indirect contact with pregnant women or mothers
- the hospital does not receive 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 pregnant women, mothers or their families are given marketing materials or samples or gift packs by the facility that include breastmilk substitutes, bottles / teats, pacifiers, other infant feeding equipment or coupons

A review of records and receipts indicates that any breastmilk substitutes, including special formulas and other supplies, are purchased by the health care facility for the wholesale price or more. A policy for brand rotation and evidence of compliance is available.

Observations in the antenatal and maternity services and other areas where facility staff work indicate that no materials that promote breastmilk substitutes, bottles, teats or dummies, or other designated products, are displayed or distributed to pregnant women, mothers or staff.

Infant formula cans, 'ready-to-feed' and prepared bottles are kept out of view, inaccessible to mothers.

At least 80% of the randomly selected clinical staff members can give two reasons why it is important not to give samples from formula companies to mothers.

At least 80% of the pregnant women interviewed can report they have received neither group instruction nor any written promotional material on the use of infant formula.

100% compliance for the above components of the Code is required.

BFHI and the Principles of the Treaty of Waitangi

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

In recognition of commitment to the principles maternity facilities can demonstrate or provide evidence to indicate that:

1. The breastfeeding policy aligns with other DHB cultural policies and plans e.g. Māori Health Plan, Māori Health Policy, models of care for Māori patients, cultural safety
2. Consultation processes include Māori representatives from other groups inclusive of Māori Health providers and community organisations
3. Staff records indicate that 80% of midwifery / nursing staff have met the education requirement for breastfeeding for Māori women, which incorporates the principles of the Treaty of Waitangi as specified in Part 2, Step 2
4. Relationships exist within the District Health Board with the Māori health services, for example, Māori Health Unit, Cultural Advisor and / or relevant Māori health services
5. Relationships exist with relevant community based Māori Health Providers and community organisations e.g. Māori Women's Welfare League
6. Whānau are recognized as an integral part of the care of the pregnant and breastfeeding mothers
7. Access to kaumatua support or Māori Health Worker or culturally appropriate support is available if required
8. Processes are in place for Māori to participate in the review, development and evaluation of the service
9. If applicable, Māori workforce development pathways are identified and appropriate to the facility demographics.
10. Observations within the facility indicate an environment that is culturally appropriate and supportive

Standards of Care for the non-breastfeeding mother and her baby.

WHA Resolution 58.32 urges

'Member States to ensure that clinicians and other health-care personnel, community health workers and families, parents and other care-givers, particularly of infants at high risk, are **provided with enough information and education by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic micro-organisms and must be prepared and used appropriately;** and, where applicable, that this information is conveyed through explicit warnings on packaging.' (World Health Assembly, 2005, *Resolution 58.32* Geneva: World Health Assembly. <http://www.ibfan.org/english/resource/who/whares3332.html>)

1. Artificial Feeding Policy:

The health facility is required to have a written artificial feeding policy for the feeding of a breastmilk substitute. This policy must be routinely communicated to all midwifery and nursing staff who have contact with pregnant women, and/or mothers and babies.

The policy requires that mothers who have medical indications for which breastfeeding is not recommended, or mothers of babies with such medical indications, receive counselling on infant feeding and guidance on selecting options likely to be suitable for their situations.

This policy must include the importance of:

- the availability of information for mother regarding risks associated with the use of formula
- the safe preparation and handling of formula
- skin-to-skin contact for the mother and her infant
- rooming-in 24 hours a day including safe sleeping
- cue-based feeding with guidelines for appropriate intake
- parenting and well child services

This policy is not for public consultation nor public display and must be reviewed at least 3 yearly.

For assessment:

The artificial feeding policy will be available for review by the assessors.

2. Midwifery/Nursing Staff Education:

Midwifery and nursing staff must ensure that their knowledge about *artificial feeding* is current. This is to ensure that all mothers are provided with clear, accurate and impartial information so that they can make an informed decision on how to feed their babies.

Standards for education:

The education programme needs to include information on:

- the risks of formula feeding
- how to provide support for non-breastfeeding mothers
- the safe preparation, handling & feeding of formula

- the care of formula feeding equipment
- The importance of skin-to-skin contact and rooming-in 24 hours a day, irrespective of method of feeding
- parenting and well child services available following discharge

An education programme must be available. The curriculum should ensure that midwives and nursing staff, have completed the standards, as described above, and will receive further updates, as required, to ensure competency is maintained.

Requirements for Midwives and Nurses

At least 80% of the randomly selected midwives and nursing staff providing clinical care for pregnant women, mothers and their babies can:

- confirm that they have received orientation on the artificial feeding policy and their role in implementing this policy
- describe two issues that should be discussed with a pregnant woman / mother if she indicates that she is considering feeding her baby food or fluid other than breastmilk
- describe the practical information given on the safe preparation and feeding of infant formula, and give two examples of what they discuss with non-breastfeeding mothers who are feeding infant formula

One or more designated staff member(s) may be assigned to the role of educating the non-breastfeeding mother with the practical aspects of artificial feeding, if required. This is the role of the Lead Maternity Carer; however the staff must ensure mothers have had this information prior to discharge.

The facility must ensure that at least one staff member is available to educate the non-breastfeeding mother on the safe preparation and feeding of infant formula and that this education is provided in private, on a one-to-one basis.

Studies record that many mothers prepare artificial baby milk incorrectly. It is important that the facility staff provide safe, accurate, and appropriate information. The LMC also has a responsibility to ensure that the mother has understood the instructions so that her baby will not be put at risk from improperly prepared or handled artificial baby milk.

For assessment:

Evidence must be provided to demonstrate that midwifery and nursing staff (who have contact with mothers and/or infants and have been on the staff 6 months or more) have received the required orientation to the policy and education, either at the facility or prior to arrival. This documentation will also identify the date of the instructional orientation to the facility's policy on artificial feeding and any infant feeding education undertaken.

On assessment education records confirm a minimum of 80% of these staff members will have completed the stipulated standards of education on the support of non-breastfeeding mothers.

3. Antenatal Care:

Facilities should ensure that pregnant women, who have medical indication for which breastfeeding is not recommended and are receiving antenatal care from facility staff have the opportunity to individually discuss feeding with a midwife or nurse.

The education will include:

- the risks associated with feeding a baby a breastmilk substitute
- the importance of skin-to-skin contact
- the importance of rooming-in 24 hours a day
- cue-based feeding with guidelines for appropriate intake
- safe sleeping practice
- parenting and well child services

Artificial feeding handout materials for use in the antenatal period must include the benefits of breastfeeding, the risks and costs of using artificial baby milks, be free from advertising and comply with the Code.

For assessment:

All information offered to these women, including antenatal handouts will be available to the assessment team.

4. Postnatal Care:

- skin-to-skin contact, as described in Part 2, Step 4, applies to all mothers and babies including non-breastfeeding mothers and their babies
- rooming-in, as described in Part 2, Step 7, applies in its entirety to non-breastfeeding mothers and their babies
- information on the care of full and uncomfortable breasts should be available and discussed with women who are not breastfeeding
- all teaching of the preparation and feeding of artificial baby milk should be provided on an individual basis only for those mothers who need it or wish it

For assessment:

Documentation of the care for the non-breastfeeding mother and her baby will be available for review by the assessors at the time of audit. All information offered to these women will be available.

A review of documentation indicates that printed information is discussed and distributed to mothers by staff before discharge.

To pass the BFHI standards of care for the non-breastfeeding mother and her baby the facility must show compliance to all of the above standards (1 – 4)

Where possible assessors will interview non-breastfeeding mothers. However in New Zealand non-breastfeeding mothers may not be available for interview due to low numbers. Therefore mother interviews will not impact on facility compliance with these standards.

Mother interviews will identify the information discussed with them by the facility staff. This information

will include:

- the importance of skin-to-skin contact
- practical information in safely preparing and giving their babies feeds
- care for their breasts if they become full and uncomfortable
- the importance of rooming-in 24 hours a day
- how to recognise when their babies are ready to feed
- cue-based feeding with guidelines for appropriate intake
- written information on how to get help from the facility and / or how to contact well child providers and parenting support groups

Acceptable medical reasons for supplementation

Exclusive breastfeeding is the norm.

In a small number of situations there may be a medical indication for supplementing with breastmilk or for not using breastmilk at all. It is useful to distinguish between:

- infants who cannot be fed at the breast but for whom breastmilk is available
- infants who may need other nutrition in addition to breastmilk
- infants who should not receive breastmilk, or any other milk, including the usual breastmilk substitutes and need a specialised formula
- infants for whom breastmilk is not available
- maternal conditions that affect breastfeeding recommendations

Infants require an individualised feeding plan, and breastmilk should be used to the extent possible. Where appropriate, efforts should be made to sustain maternal milk production by encouraging expressing of milk. Breastmilk from tested milk donors may also be used.

Infants who cannot be fed at the breast but for whom expressed breastmilk is available may include infants who:

- are very lethargic
- have sucking difficulties or oral abnormalities
- are separated from their mothers who are providing expressed breastmilk

These infants may be fed expressed milk by naso/oro gastric tube, cup or spoon.

Infants who may need other nutrition in addition to breastmilk may include those with:

- very low birth weight or very preterm infants, i.e. those born less than 1500gms or 32 weeks gestational age
- medical problems that show indications of hypoglycaemia, and where sufficient breastmilk is not immediately available
- maternal absence, where expressed breastmilk can not be regularly available
- phenylketonuria where some breastfeeding may be possible, partly replaced with phenylalanine-free formula
- acute clinical dehydration
- severe hyperbilirubinaemia

Infants who should not receive breastmilk, or other milk, including the usual breastmilk substitutes may include infants with:

- rare metabolic conditions such as galactosemia who may need feeding with a galactose-free special formula
- maple syrup urine disease: where a special formula is required.

There are a very few maternal medical conditions where breastfeeding is not recommended:

- New Zealand mothers with HIV should receive advice about the use of an adequate alternative to breastfeeding (ref HIV – AIDS Information for Health Professionals – MoH 1999)
- Cytotoxic chemotherapy usually requires that a mother stops breastfeeding permanently because alternatives are seldom available

Situations where mothers should avoid breastfeeding temporarily

- Lyme disease
- radioactive iodine – 131 - a mother can resume breastfeeding about two months after receiving radioactive iodine – 131
- a few maternal medications may cause side effects such as drowsiness and respiratory depression e.g. sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations
- substance abuse – after a single episode of cocaine or amphetamine use, or large doses of alcohol, mothers are advised to express and discard the milk and use an alternative milk source, i.e. donor milk or a breastmilk substitute, if needed. Repeated substance abuse warrants individual assessment of both the risk of breastfeeding and the capacity of the mother to care for the child
- maternal untreated active tuberculosis

Maternal conditions that may affect exclusive breastfeeding

- primary glandular insufficiency
- breast surgery

For a full discussion of these and related issues see:

- *WHO. Infant feeding: The Physiological Basis. Bulletin of the World Health Organisation. 67, supplement (1989). Chapter 3, Health factors which may interfere with breastfeeding.*
- *WHO. Hypoglycaemia of the Newborn: Review of the Literature. Geneva, 1997.*
- *WHO. Global Strategy for Infant & Young Child Feeding 2003.*
- *WHO HIV in Pregnancy 1999.*
- *WHO Breastfeeding and Maternal Medication: Recommendations for Drugs in the Eleventh WHO Model List of Essential Drugs. Geneva 2003*
- *Department of Health, New South Wales, Australia. National Clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn Commissioned by the Ministerial Council on Drug Strategy under the Cost Shared Funding Model, North Sydney, NSW Department of Health, 2006.*

Addendum

- The numbers of mothers and staff selected for interview will be adjusted downwards in smaller health care facilities. (This can be discussed with the NZBA when applying for assessment). Aim for a minimum of 10 (in some cases even this may not be possible due to small numbers). The assessors may need to interview all staff) and telephone interview mothers (who have used the facility and given consent to be interviewed)
- The BFHI attempts to remove obstacles that prevent breastfeeding while also respecting and facilitating the mothers' rights to choose how they wish to feed their babies

Practice must be consistent with applicable New Zealand legislation. All provider(s) activities are required to comply with the detail and principles of the following legislation and publications:

- ***The Health Act 1956 and amendments***
- ***The Privacy Act 1993 and amendments***
- ***The Medicines Act 1981 and amendments.***
- ***Principles and Guidelines for Informed Choice and Consent for all Health Care Providers and Planners - Department of Health, May 1991***
- ***The Health and Disability Commissioner Act 1994 and amendments***
- ***The Code of Health & Disability Services Consumer Rights 1994***
- ***The HDC Code of Health & Disability Services Consumers' Right Regulation 1996***
- ***Indicators for DHB Performance 2003/2004***
- ***HIV & Infant Feeding Framework for Priority Action, WHO 2003***
- ***United Nations Convention on the Rights of the Child: Article 24***

Complaints

Providers are required to:

- provide all participants with information advising them:
 - how to make a complaint
 - of their rights under the "Code of Rights for Consumers of Health and Disability Services"
- have in place a complaints management and reporting process:
 - Code of Rights (Informed Consent)
 - Code of Health and Disability Services, Consumers' Rights
 - the Privacy Act
 - Section 88
 - The Treaty of Waitangi