



BABY FRIENDLY HOSPITAL INITIATIVE

2020

Part 1: Background and Baby Friendly Implementation in Aotearoa New Zealand

About BFHI 2020

The Baby Friendly Hospital Initiative (BFHI) is part of the Baby Friendly Aotearoa Programme. The BFHI criteria for Aotearoa New Zealand are based on the *UNICEF/WHO Baby Friendly Hospital Initiative: Revised and Updated 2018*. The global assessment tool forms the basis of the audit and accreditation procedure for all countries. In New Zealand amendments and clarifications to the accreditation documents have been made and the format of the documents differ.

The BFHI documents for New Zealand are presented in **three sections**. The full document is available as a downloadable PDF, or alternatively, each part is available as a stand-alone PDF.

Section One: General Information

Part 1: Background and Baby Friendly Implementation in Aotearoa New Zealand

Part 2: Criteria/standards

Section Two: BFHI Service Provider Information

Part 3A: Background Information for BFHI Audit

Part 3B: Pre-Audit Questionnaire

Part 4: Breastfeeding Resources for Aotearoa New Zealand

Part 5: Self-Assessment Tool

Section Three: Auditor Information

Guide for External Auditors (only available via protected password to NZBA auditors)

Throughout the various parts in the document there are research findings to support the BFHI programme. All reference articles used can be found in Part 4: Breastfeeding Resources for Aotearoa New Zealand.

The intent in Aotearoa New Zealand is to encourage consistent evidence-based, culturally-appropriate infant feeding practices at all maternity facilities and where initiation of breastfeeding occurs acknowledging:

- Te Tiriti o Waitangi (the Treaty of Waitangi) is 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 postnatal care. The auditing tool was developed to assess the maternity service and staff employed by the maternity service;
- self-employed LMCs utilising maternity 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 tangata whenua, community service providers and consumers is mandatory in the development of breastfeeding policies.

*This is Part 1: Background
and Baby Friendly
Implementation in Aotearoa
New Zealand*



The New Zealand Ministry of Health requires all maternity services in New Zealand to attain, and then maintain Baby Friendly Hospital Accreditation. These documents have been accepted as the New Zealand BFHI accreditation criteria, adapted from the International BFHI documents.

NZBA has undertaken extensive consultation, to ensure this document reflects Te Tiriti o Waitangi, meets New Zealand legislation and works with the context of our unique maternity system.

NZBA's focus and systems are being adapted to reflect this consultation process.

Thank you to everyone who has contributed to the development and revision of this document.

Table of Contents

The Baby Friendly Aotearoa Programme.....	1
Baby Friendly Aotearoa Programme Kaupapa.....	2
New Zealand Breastfeeding Alliance (NZBA)	6
The Baby Friendly Hospital Initiative (BFHI)	7
The Ten Steps to Successful Breastfeeding	9
Compliance with the International Code of Marketing of Breastmilk Substitutes: 'The Code'	12
New Zealand Ministry of Health Breastfeeding Definitions	14
Baby Friendly Quality Cycle	15
Getting started with BFHI	15

The Baby Friendly Aotearoa Programme

The Baby Friendly Aotearoa Programme aims to enable services to better support families with feeding and developing close, loving relationships, ensuring that all babies get the best possible start in life.

The Baby Friendly Hospital and Community Initiatives are key parts of the Programme. They are being updated to ensure they continue to relate to the role of Aotearoa New Zealand's maternity, neonatal and community services supporting healthcare for babies, their mothers and families.

Being 'Baby Friendly' means a service meets the standards required of the Baby Friendly Hospital Initiative (BFHI) or Baby Friendly Community Initiative (BFCI). The initiatives are part of a wider global partnership between the World Health Organization (WHO) and UNICEF and Aotearoa New Zealand's commitment to the 'Innocenti Declaration 2005 On Infant and Young Child Feeding'.

The New Zealand Breastfeeding Alliance (NZBA) is funded by the Ministry of Health (MoH) to run the Baby Friendly Aotearoa Programme.

NZBA acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand by recognising and respecting the specific importance of health services for Māori. The principles of the Treaty are demonstrated by working in partnership with Māori for decision-making and implementing the Baby Friendly Initiative in a way that preserves and protects traditional Māori breastfeeding practices. NZBA is also contributing to He Korowai Oranga, the Māori Health Strategy, by ensuring Baby Friendly principles are reflected in the document.

Baby Friendly Aotearoa Programme Kaupapa

Unuhia te rito o te harakeke,
 Kei hea te kōmako e ko
 Whakataerangitea,
 Rere ki uta, Rere ki tae
 Ui mai koe ki au,
 He aha te mea nui
 Maku e ki atu
 He Tangata, He Tangata
 He Tangata

If you remove the central shoot of the flax-bush, where will the bellbird find rest?
 If you were to ask me, 'What is the most important thing in the world?'
 I would reply,
 'It is people, it is people, it is people.'

Meri Ngaroto of Te Aupouri

Te Tiriti o Waitangi is an integral part of the Baby Friendly Aotearoa Programme.

The whakataukāki (proverb) to the left reflects the value of the physical and spiritual relationship that supports our kaupapa.

The values of Baby Friendly Aotearoa celebrate the bi-cultural partnership of two distinct cultures in Aotearoa New Zealand; Māori as the indigenous people of Aotearoa, and those who have subsequently settled in this country from other lands. This relationship is stated in Te Tiriti o Waitangi, the founding agreement of Aotearoa New Zealand that this country is built on. In the face of ongoing systemic racism and poverty that threatens Māori wellbeing, it is imperative that disparities in health care are eliminated in order to reach equity of health outcomes for all. The Baby Friendly Aotearoa Programme represents a foundation of optimism and confidence for all of our futures.

From a Māori world view, wai ū, or breastfeeding, was seen as a reflection of the wellness of the whānau/family unit, a hapū/subtribe and an iwi/tribe. Wai ū was linked to whakapapa or genealogy so the cultural practice was crucial to existence of generations in the future and acknowledgment of those in the past. The Baby Friendly Aotearoa Programme recognises and supports Māori aspirations to make decisions around their own healthcare, including the need to maintain their own cultural practices around wai ū.

It is the birthright for all mokopuna to have the best start in life and therefore breastfeeding support services must be driven by the needs of individuals and whānau/family. Health professionals need to have an understanding of Māori world views (Te Ao Māori) and the health system must integrate Te Ao Māori to enable a shift in health systems and health practices, and to ensure positive breastfeeding experiences. Te Ao Māori provides the basis for planning for healthcare that demonstrates the intent of Te Tiriti o Waitangi and is responsive to Māori aspirations.

Māori scholar Sir Mason Durie describes the different aspects of the Māori holistic model “Pae ora: Healthy Futures” as:

- ✧ *Mauri ora*: Healthy individuals within a whānau/family reaching maximum potential;
- ✧ *Whānau/family ora*: Māori in whānau/family being supported to reaching their potential in terms of their health; and,
- ✧ *Wai ora*: Healthy environments - Māori have access to resources and live in an environment that supports wellbeing and healthy life on their terms.



PAE ORA: HEALTHY FUTURES

This model is an exemplar of how “it takes a village” to nurture a baby and it needs to start with the community supporting breastfeeding. From this, whānau/families are enabled to maintain and support breastfeeding.

When maternity and primary care services reflect an integration of Te Ao Māori, everyone benefits. Te Ao Māori embodies openness to different ways of knowing - therefore all people are more likely to feel safe, valued and linked to services. It is believed that addressing inequities in Māori health will also address inequities for other priority populations.

Relationships are crucial to wellbeing. In this context the relationship between mother and child, the wider whānau/family, Pāpatuanuku (Earth Mother) and the spiritual world are all vital.



The Baby Friendly Aotearoa Programme exists to offer high quality breastfeeding support.

Mauri ora

- Increase breastfeeding rates to improve health outcomes, by providing wāhine/mothers and whānau/families with feeding support so that pēpi/infants get the best possible start in life.
- Promote, protect and support breastfeeding as the right of the infant through implementing the Ten Steps to Successful Breastfeeding 2018 (UNICEF and World Health Organization).
- Develop and implement hospital and community initiatives that reflect the needs of today's childbearing population and that support equity of health outcomes across Aotearoa New Zealand.

Whānau ora

- Support whānau/family to develop close, loving relationships with pēpi/infants, and understand the significance of this for development.
- Focus on quality improvement and regularly evaluate assessment systems to ensure they follow best practice and reflect the views of whānau/families.
- Support whānau/families who choose formula feeding by providing good information about choosing the type of infant formula and making up feeds.

Wai ora

- Ensure provision of robust professional education activities/programmes that enables all those working with wāhine/mothers and pēpi/infants to provide consistent and current information about the importance of the Ten Steps to Successful Breastfeeding.
- Advocate for better regulation of the marketing of breastmilk substitutes and ensure health professionals and whānau/family receive scientific, unbiased and factual information about pēpi/infant feeding, in line with the WHO International Code of Marketing Breastmilk Substitutes.
- Follow best practice under national and international policies and strategies to ensure wāhine/mothers and pēpi/infants thrive.
- Align the Baby Friendly Aotearoa Programme with New Zealand's Strategic Plan of Action for Breastfeeding (currently under review as of March 2020).

New Zealand Breastfeeding Alliance (NZBA)

NZBA collaborates with 38 member organisations, and was established in 1998. It is a not-for-profit non-government organisation that works to promote, protect and support breastfeeding in New Zealand. Alliance members include Plunket, Parent Centre, La Leche League, maternity managers, midwives, Māori organisations, well child providers, Pasifika providers, medical groups, lactation consultants, dietitians, More information can be obtained from www.babyfriendly.org.nz.

NZBA is contracted by the Ministry of Health to:

- Implement and administer the Baby Friendly Hospital Initiative (BFHI) and the Baby Friendly Community Initiative (BFCl - put on hold in 2016);
- Conduct audits and re-audits for BFHI and BFCl;
- Work to improve breastfeeding rates for all, especially Māori; and,
- Develop materials and resources to support the Baby Friendly Initiatives.

All New Zealand maternity services are required to hold 'Baby Friendly' accreditation as assessed by NZBA, to maintain accreditation, and have an agreed timeline for assessment by NZBA (Maternity Services - DHB Funded Tier Two Service Specifications, 2011). NZBA awards Certificates of Accreditation to approved health facilities. The vast majority of NZ hospital services are accredited and actively involved in sustaining their accreditation. Since 2017, there has been a move to accredited services by District Health Boards to reflect a district's collective approach.

The Baby Friendly Hospital Initiative (BFHI)

BASIC PRINCIPLES OF THE BFHI

- Compliance with the Ten Steps to Successful Breastfeeding, the International Code of Marketing of Breastmilk Substitutes, and subsequent relevant World Health Assembly (WHA) Resolutions are the minimum standard required to be accredited 'Baby Friendly'. They are non-negotiable.
- The service or DHB must have a Breastfeeding Policy.
- Te Tiriti o Waitangi is an integral part of BFHI. Evidence of how a service responds to the needs of Māori is an essential part of auditing.
- Mothers are to be interviewed because they are an important source of information on the breastfeeding practices within the service. Informed consent must be obtained.
- Staff interviews are critical as they allow assessment of how staff support and advise women to care for their babies. In the future, audits will also assess staff competence. Details will be provided before this change is made.
- Where possible, interviews will be conducted face-to-face. However, in small units and/or when mothers or staff are not available at the time of audit, phone, Zoom or email interviews are necessary.
- Elimination of free and low-cost supplies of infant formula to the organisations/services seeking designation is an essential precondition for attaining Baby Friendly status.
- Regular and relevant education on breastfeeding for all staff in maternity and neonatal care services ensures they have the relevant knowledge and skills to provide 'Baby Friendly' support and care.
- Data on breastfeeding is recorded monthly for health, full-term infants/'transfers in'.
- Baby Friendly is a quality initiative and is required to be aligned with the DHB's quality programmes; in particular, the Maternity Quality and Safety Programme (MSQP).

THE WHO/ UNICEF IMPLEMENTATION GUIDANCE FOR BFHI (2018)

The WHO/UNICEF Implementation Guidance for BFHI (2018) emphasises strategies to scale up to universal coverage and ensure sustainability over time. The guidance focuses on integrating the programme more fully into the healthcare system, to ensure that all facilities in a country implement the Ten Steps.

The Baby Friendly Hospital Initiative (BFHI) seeks to provide mothers and babies with a good start for breastfeeding, increasing the likelihood that babies will be breastfed exclusively. BFHI has two main goals, being:

- 1 To encourage and facilitate the transformation of services in accordance with the WHO and UNICEF Ten Steps to Successful Breastfeeding.
- 2 To end the practice of distribution of free and low-cost supplies of breastmilk substitutes to hospitals and health care services in accordance with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly (WHA) resolutions; hereafter referred to as 'The Code'.

Becoming a Baby Friendly Hospital is a process that starts with a self-appraisal by the maternity service. This initial self-appraisal will lead to analysis of the practices that encourage or hinder breastfeeding. This analysis will determine the necessary actions needed to make the changes required.

After a maternity service is satisfied that it can meet the standards required to become a Baby Friendly service/facility, the maternity service's ability to achieve this accreditation is confirmed objectively by using the internationally agreed standards for maternity care which protects, promotes and supports breastfeeding.

An external audit is carried out which determines if the maternity service has attained the level required and can be awarded Baby Friendly Hospital accreditation along with a BFHI Certificate. These visibly celebrate and recognise the service's success.

NZ's BFHI audit standards are in accordance with the WHO/UNICEF global standards, or criteria, being:

- maternity and newborn services are required to achieve at least a 75% exclusive breastfeeding rate at discharge;
- compliance with the Ten Steps to Successful Breastfeeding in which the wording has been aligned with the way maternity and newborn services are provided in Aotearoa New Zealand; and,
- adherence to the International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions.

The Ten Steps to Successful Breastfeeding

WHO and UNICEF launched the BFHI to help motivate facilities providing maternity and newborn services worldwide to implement the Ten Steps to Successful Breastfeeding.

The Ten Steps summarise a package of policies and procedures that facilities providing maternity and newborn services should implement to support breastfeeding. They were revised in 2018. Following sector consultation, Aotearoa New Zealand adopted its version in 2019.

Baby Friendly services work to see that all women, regardless of their feeding method, receive unbiased information, support and professional advice in their decision to feed their babies. There is substantial evidence that implementing the Ten Steps significantly improves breastfeeding rates.



The Ten Steps to Successful Breastfeeding (NZ 2019)

Critical Management Procedures

- Step 1a** *Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.*
- Step 1b** *Have a written breastfeeding policy that is routinely communicated to staff and parents.*
- Step 1c** *Establish ongoing monitoring and data-management systems.*

Key Clinical Practices

- Step 2** *Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.*
- Step 3** *Discuss the importance and management of breastfeeding with pregnant women and their families.*
- Step 4** *Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth and any opportunity thereafter.*
- Step 5** *Support mothers to initiate and maintain breastfeeding and manage common difficulties, even when baby is unable to be with mother.*
- Step 6** *Avoid giving breastfed newborns any food or fluids other than breastmilk, unless clinically indicated.*
- Step 7** *Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.*
- Step 8** *Support mothers to recognise and respond to their infants' cues for feeding.*
- Step 9** *Discuss with mothers the use and risks of using feeding bottles, teats and pacifiers.*
- Step 10** *Coordinate discharge so that parents/whānau/family and their infants have timely access to on-going support and care.*

Ko ngā Ritenga Tekau e Pai ai Te Whāngote

Ngā Ritenga Whakahaere Taketake

Hipanga 1a *Me tautuku ki te katoa o te Whakaritenga ā-Ao mō te Hoko i ngā Whakakapi Waiū, me ngā whakatau o te Huihuinga Hauora o Te Ao e hāngai ana.*

Hipanga 1b *Me whakarite tētahi kaupapa here whāngai kōhungahunga e kōrero pūpututia ana ki ngā kaimahi me ngā mātua.*

Hipanga 1c *Me whakarite pūnaha aroturuki, whakaheare-raraunnga mutunga kore.*

Ngā Ritenga Mahi Taurima Hira

Hipanga 2 *Me āta whakarite kua whai mōhiotanga, kua matatau, kua whai pūkenga tika ngā kaimahi hei tautoko i te whāngote.*

Hipanga 3 *Me matapaki te hira me te nui o te whakahaere i te whāngote ki ngā wāhine hapū me ō rātou whānau/family .*

Hipanga 4 *Me whakangāwari te pā ā-kiri inamata a te whaea ki tana piripoho i muri tonu atu i te whānau/family tanga, i ngā wā katoa hoki e taea ai i muri atu.*

Hipanga 5 *Me tautoko ngā whaea kia tīmataria, kia haere tonu hoki te whāngote, me te whakamāmā i ngā uauatanga e tūpono nuitia ana, ahakoa kāore te kōhungahunga e āhei ten oho taki me tana whaea.*

Hipanga 6 *Me mutu te hoatu i ngā kai i ngā inu rānei ehara i te waiū ki te kōhungahunga, hāunga anō ngā wā e tika ana mō te ora.*

Hipanga 7 *Me whakapakari ngā whaea me ā rātou piripoho kia noho ngātahi kia noho anō hoki i te rūma kotahi 24 hāora i te rā.*

Hipanga 8 *Me tautoko ngā whaea kia rongo rātou kia urupare hoki ki ngā tangi a ā rātou kōhungahunga mō te kai.*

Hipanga 9 *Me whakawhiti kōrero ki ngā whaea mō te whakamahinga me ngā mōrea o te whakamahi i ngā pātara whāngai, i ngā kōmata me ngā ngotengote whakamutu tangi.*

Hipanga 10 *Me whakahāngai i ngā tāngata e tika ana mō te rā puta i te wāhi whakawhānau/family kia wātea katoa ngā tautoku me ngā taurimatanga e tika ana mā ngā mātua me ā rātou kōhungahunga.*

Compliance with the International Code of Marketing of Breastmilk Substitutes: 'The Code'

The International Code of Marketing of Breastmilk Substitutes and the relevant World Health Assembly (WHA) resolutions (The Code) is a key document.

The Code was adopted in 1981 by the World Health Assembly to promote safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes, when these are necessary. One of the main principles of The Code is that health care facilities should not be used for the purpose of promoting breastmilk substitutes, feeding bottles, teats or pacifiers. Subsequent WHA resolutions have clarified The Code and closed loopholes.

HOW IS THE CODE RELEVANT TO THE BABY FRIENDLY HOSPITAL INITIATIVE?

In launching the BFHI in 1991, UNICEF and WHO were hoping to ensure that all maternity and newborn services would become centres of breastfeeding support. In order to achieve this, health care services must avoid being used for the promotion of breastmilk substitutes, bottles or teats, or the distribution of free formula. The Code that was first introduced in 1981, together with the subsequent relevant resolutions of the WHA, lays down the basic principles necessary for this. When the WHA adopted The Code, they called upon health workers to encourage and protect breastfeeding, and to make themselves familiar with their responsibilities under The Code.

WHICH PRODUCTS FALL UNDER THE SCOPE OF THE CODE?

The Code applies to breastmilk substitutes, including infant formula, other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk including feeding bottles and teats.

Since exclusive breastfeeding is to be encouraged for six months, any food or drink shown to be suitable for feeding a baby during this period is a breastmilk substitute, and thus covered by The Code. This would include baby teas, juices and waters. Special formulas for infants with special medical or nutritional needs also fall under the scope of The Code.

Since continued breastfeeding is to be encouraged for two years or beyond, any milk product shown to be substituting for the breastmilk part of the child's diet after six months of age, such as follow-on formula, is a breastmilk substitute and is thus covered by The Code.

KEY POINTS FROM THE CODE

- Products should not be advertised or otherwise promoted to the public.
- Mothers and pregnant women and their families should not be given samples of products.
- Health care providers should not be given free or subsidised supplies of products and must not promote products.
- People responsible for marketing products should not try to contact mothers or pregnant women or their families.
- The labels on products should not use words or pictures, including pictures of infants, to idealise the use of their products.
- Health workers should not be given gifts.
- Health workers should not be given samples of products, except for professional evaluation or research at the institution level.
- Material for health workers should contain only scientific and factual information and must not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding.
- All information and educational materials for pregnant women and mothers, including labels, should explain the benefits and superiority of breastfeeding, the social and financial implications of its use, and the health hazards of the unnecessary or improper use of formula.
- All products should be of a high quality and take account of the climate and storage conditions of the country where they are used.

New Zealand Ministry of Health Breastfeeding Definitions

Exclusive breastfeeding: The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed* medicines have been given from birth.

Fully breastfeeding: The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed* medicines, in the past 48 hours.

Partial breastfeeding: The infant has taken some breastmilk and some infant formula or other solid food in the past 48 hours.

Artificial feeding: The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

* Prescribed as per the Medicines Act, 1981.

From Breastfeeding Definitions for Monitoring the National Health Outcome Targets in New Zealand, MOH. New Zealand, February 1999.



Baby Friendly Quality Cycle

BFHI focuses on initiation of breastfeeding by establishing standards for service provision by maternity services which are measurable and can be monitored and evaluated. The standards are based on current scientific evidence and set guidelines for best practice.

This diagram demonstrates the process facilities go through to gain accreditation.

Getting started with BFHI

Details on how to get started are available on the NZBA website www.babyfriendly.co.nz and by contacting the NZBA Baby Friendly Coordinator as identified on the website.

