



NZBA

Baby Friendly Aotearoa
New Zealand

BABY FRIENDLY HOSPITAL INITIATIVE

PART ONE

Background and Baby Friendly Implementation in New Zealand

New Zealand Breastfeeding Alliance

UNICEF & WHO

Acknowledgements

The New Zealand Breastfeeding Alliance (NZBA) would like to acknowledge the input of the people and organisations that have contributed to the regular review of this framework

Contact details:

New Zealand Breastfeeding Alliance (NZBA)

Unit 1, First Floor
16 Sheffield Crescent
P O Box 20-454
Bishopdale
Christchurch 8543

Phone: 03 3572 072

Fax: 03 3572 074

Email: info@nzba.co.nz

Web: www.babyfriendly.org.nz/

Part One
Contents

	Page
Foundation Statements	4
-The Baby Friendly Hospital Initiative and the Treaty of Waitangi / te Tiriti o Waitangi.	
-The Baby Friendly Hospital Initiative and the UNICEF/WHO Global Strategy for Infant and Young Child Feeding.	
1 Introduction	6
2 NZBA Baby Friendly Quality Cycle	7
3 The Ten Steps to Successful Breastfeeding	8
4 New Zealand Ministry of Health Breastfeeding Definitions	9
5 Compliance with the International Code of Marketing of Breastmilk Substitutes	10
- Statement	
- What is The Code?	
- How is The Code relevant to the BFHI?	
- Which Products fall under the scope of The Code	
6 Key Points from The Code	11
7 Frequently Asked Questions about The Code	12
8 Towards a Baby Friendly Hospital Accreditation	13
- Introduction	
- Breastfeeding Rates	
- Supplies of Breastmilk Substitutes	
- Support for non-breastfeeding mothers	
- Mother Friendly Care	
- HIV and Infant Feeding	
9 The Baby Friendly Hospital Accreditation Process	14
- Introduction	
- Process for Designation as a Baby Friendly Hospital chart	
- Process for BFHI Audit	
<i>Preparations for the Audit</i>	
<i>The Audit Visit</i>	
<i>Post-audit</i>	
<i>Provisional Pass Information</i>	
- BFHI Annual Survey	
- Process for BFHI Re-audit	
- The Certificate	
- Resolution Procedure	
10 Basic Principles of the Baby Friendly Hospital Initiative in Aotearoa New Zealand	25
○ Glossary	26

PART ONE**Background and Baby Friendly
Implementation in New Zealand**

**Foundation
Statements**

The Baby Friendly Hospital Initiative and the Treaty of Waitangi /
te Tiriti o Waitangi.

Kia ū, kia mau, kia ita

Grasping on to all that is good

NZBA acknowledges The Treaty of Waitangi / te Tiriti o Waitangi as the founding document of Aotearoa New Zealand expressed as a partnership between the indigenous Māori people of Aotearoa New Zealand and the Crown. Through this process NZBA recognises and respects the specific importance of health services for Māori. The principles of the Treaty are demonstrated by:

Partnerships to work with whānau, hapu and iwi to develop appropriate policies and procedures that will improve breastfeeding rates and services in Aotearoa New Zealand.

Participation to involve bringing Māori into the decision-making, planning, development and implementation of the Baby Friendly Initiative.

Protection to preserve and integrate Māori traditional breastfeeding practices.

Foundation
Statements

(cont.)

The Baby Friendly Hospital Initiative and the UNICEF/WHO Global Strategy for Infant and Young Child Feeding.

The criteria for Baby Friendly Hospitals are relevant in all countries. The 2003 *WHO/UNICEF Global Strategy for Infant and Young Child Feeding* (GSIYCF) called for renewed support - with urgency - for exclusive breastfeeding as expressed in the foreword by Gro Harlem Bruntland, the Director-General of the World Health Organisation (WHO) and Carol Bellamy, the Executive Director of the United Nations Children's Fund (UNICEF).

"WHO and UNICEF jointly developed the Global Strategy for Infant and Young Child Feeding to revitalize world attention to the impact that feeding practices have on the nutritional status, growth and development, health and thus the very survival of infants and young children.

The Global Strategy is based on the evidence of nutrition's significance in the early months and years of life, and of the crucial role that appropriate feeding practices play in achieving optimal health outcomes. Lack of breastfeeding – and especially lack of exclusive breastfeeding during the first half-year of life – are important risk factors for infant and childhood morbidity and mortality, that are only compounded by inappropriate complementary feeding. The life-long impact includes poor school performance, reduced productivity, and impaired intellectual and social development.

The Strategy is the result of a comprehensive two-year participatory process. The aim, from the outset, was to move towards formulating a sound approach to alleviating the tragic burden borne by the world's children – 50 to 70% of the burden of diarrhoeal disease, measles, malaria and lower respiratory infections in childhood are attributable to undernutrition – and to contribute to a lasting reduction in poverty and deprivation.

This exercise provided an exceptional opportunity to re-examine critically, in light of the latest scientific and epidemiological evidence, the fundamental factors affecting feeding practices for infants and young children. At the same time, it renewed commitment to continuing joint action consistent with the Baby Friendly Hospital Initiative, the International Code of Marketing of Breastmilk-Substitutes, and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.

The Strategy is intended as a guide for action; it identifies interventions with a proven positive impact, it emphasizes providing mothers and families the support they need to carry out their crucial roles, and it explicitly defines the obligations and responsibilities in this regard of governments, international organizations and other concerned parties."

From *WHO/UNICEF Global Strategy for Infant and Young Child Feeding*, 2003.

<http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>

1 Introduction

The New Zealand Breastfeeding Alliance (NZBA) is a not for profit non-government organisation that is the coordination group for the Baby Friendly Initiative in New Zealand.

The Baby Friendly Hospital Initiative (BFHI) has two main goals:

- To encourage and facilitate the transformation of hospital facilities in accordance with the WHO and UNICEF *Ten Steps to Successful Breastfeeding*.
- To end the practice of distribution of free and low-cost supplies of breastmilk substitutes to hospitals and health care facilities in accordance with the *International Code of Marketing of Breast-milk Substitutes* and subsequent relevant World Health Assembly (WHA) resolutions hereafter referred to as *The Code*.

NZBA is contracted by the Ministry of Health to:

- Implement and administer the Baby Friendly Hospital Initiative (BFHI) and the Baby Friendly Community Initiative (BFCI)
- Conduct audits and reaudits for BFHI and BFCI
- Work to improve breastfeeding rates for Māori *and*
- Develop materials and resources to support the Baby Friendly Initiatives.

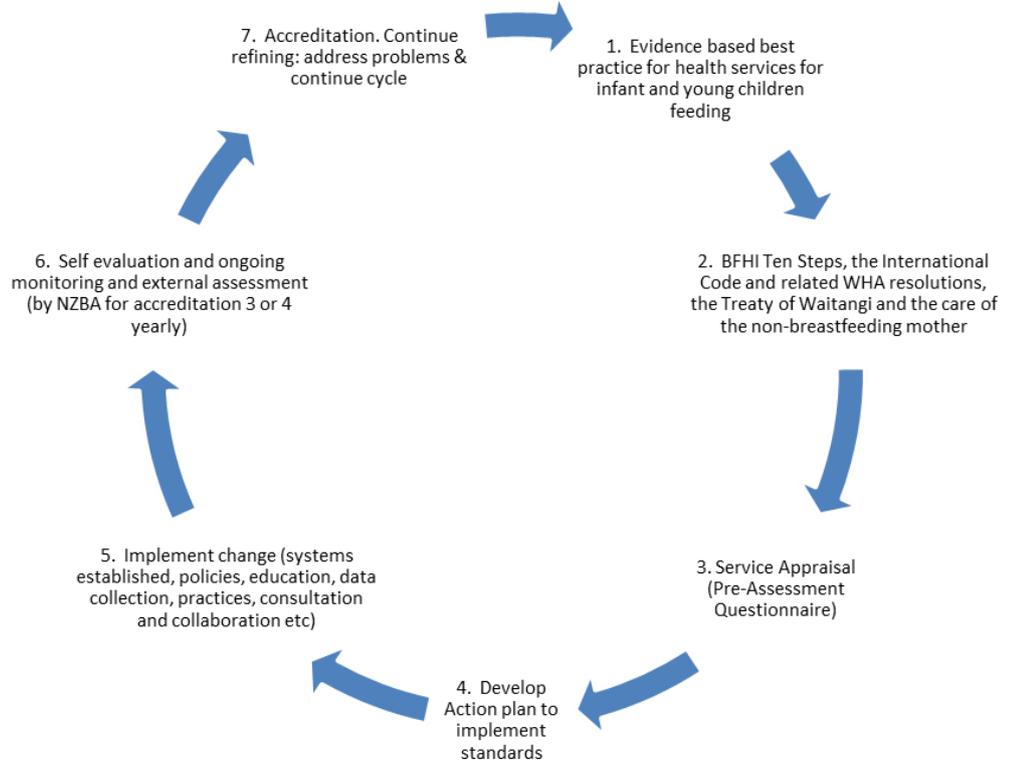
<https://www.babyfriendly.org.nz/>

The BFHI audit standards are in accordance with the WHO/UNICEF global criteria:

- maternity facilities are required to achieve at least a 75% exclusive breastfeeding rate at discharge
 - compliance with the Ten Steps to Successful Breastfeeding *and*
 - adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.
-

2 NZBA Baby Friendly Quality Cycle

The diagram below shows the NZBA Baby Friendly Quality Cycle:
 Note: where the word "assessment" is used, this is now interpreted as "Audit"



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.

3 The Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for new-born infants should be committed to the Ten Steps to Successful Breastfeeding which are to:

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.

This is interpreted as:

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

5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give new-born infants no food or drink other than breastmilk, unless medically indicated.
7. Practise 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 breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

From *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services - A Joint WHO/UNICEF Statement*, World Health Organisation, 1989.

*Revised international BFHI documents, 2009.

4 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.

Ever Breastfed:

The World Health Organisation requires countries to report on the percentage of infants that initiated breastfeeding: Infants who received any breastmilk, whether directly at the breast or expressed, fall into the category of 'ever breastfed'.

To gain this figure:

Add together the number of infants who at discharge were exclusive, fully or partially breastfed, and include the infants who have breastfed, or received breastmilk, even just once, but are discharged artificially feeding.

5 Compliance with the International Code of Marketing of Breastmilk Substitutes

Statement

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

The following section is an excerpt from *UNICEF/WHO Baby-Friendly Hospital Initiative Revised, Updated and Expanded for Integrated Care - Section 1, Background and Implementation, 2009*. Adapted for Aotearoa New Zealand context.

5 (cont.)**Compliance with
the International
Code of
Marketing of
Breastmilk
Substitutes****What is The Code?**

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 breast-milk substitutes, feeding bottles or teats. 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 facilities would become centres of breastfeeding support. In order to achieve this, hospitals must avoid being used for the promotion of breast-milk substitutes, bottles or teats, or the distribution of free formula. The Code, together with the subsequent relevant resolutions of the WHA, lays down the basic principles necessary for this. In addition, in adopting The Code in 1981, the WHA 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 breast-milk 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 breast-milk 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 breast-milk 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 breast-milk part of the child's diet after six months of age, such as follow-on formula, is a breast-milk substitute and is thus covered by The Code.

6 Key Points from The Code

The key points that are stated in The Code are that:

1. Products should not be advertised or otherwise promoted to the public.
2. Mothers and pregnant women and their families should not be given samples of products.
3. Health care providers should not be given free or subsidised supplies of products and must not promote products.
4. People responsible for marketing products should not try to contact mothers or pregnant women or their families.
5. The labels on products should not use words or pictures, including pictures of infants, to idealise the use of their products.
6. Health workers should not be given gifts.
7. Health workers should not be given samples of products, except for professional evaluation or research at the institution level.
8. 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.
9. 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.
10. All products should be of a high quality and take account of the climate and storage conditions of the country where they are used.

From Implementing and Monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand: The Code in New Zealand, Ministry of Health, 2007.

7 Frequently Asked Questions about The Code

a. What does The Code really mean?

The **main points** in The Code include:

- no advertising of breast-milk substitutes and other products to the public
- no free samples to mothers
- no promotion in the health services
- no donations of free or subsidized supplies of breast-milk substitutes or other products in any part of the health care system
- no company personnel to contact or advise mothers
- no gifts or personal samples to health workers
- no pictures of infants, or other pictures or text idealizing artificial feeding, on the labels of the products
- information to health workers should only be scientific and factual
- information on artificial feeding should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding
- unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

b. Who is a 'health worker' for the purposes of The Code?

According to The Code, any person working in the health care system, whether professional or non-professional, including voluntary and unpaid workers, in public or private practice, is a health worker. Under this definition, ward assistants, nurses, midwives, social workers, dietitians, breastfeeding support, in-hospital pharmacists, obstetricians, administrators, clerks, etc. are all health workers.

c. What are a health worker's responsibilities under The Code?

1. *Encourage and protect breastfeeding.*

Health workers involved in maternal and infant nutrition should make themselves familiar with their responsibilities under The Code, and be able to explain the following:

- the importance of breastfeeding
- maternal nutrition, and the preparation for and maintenance of breastfeeding
- the negative effect on breastfeeding of introducing partial bottle-feeding
- the difficulty of reversing the decision not to breastfeed *and*
- where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

7 (cont.)

Frequently
Asked
Questions about
The Code

When providing information on the use of infant formula, health workers should be able to explain:

- the social and financial implications of its use
 - the health hazards of inappropriate foods or feeding methods *and*
 - the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes.
2. *Ensure that the health facility is not used for the display of products* within the scope of The Code, or placards or posters concerning such products. Ensure that packages of breast-milk substitutes and other supplies purchased by the health facility are not on display or visible to mothers.
 3. *Refuse any gifts* offered by manufacturers or distributors associated with products that are in the scope of the Code.
 4. *Refuse samples* (meaning single or small quantities) of infant formula or other products within the scope of The Code, or of equipment or utensils for their preparation or use, unless necessary for the purpose of professional evaluation or research at the institutional level.
 5. *Never pass any samples* to pregnant women, mothers of infants and young children, or members of their families.
 6. *Disclose any contributions* made by a manufacturer or distributor for fellowships, study tours, research grants, attendance at professional conferences, or the like to management of the health facility.
 7. *Avoid conflicts of interest* that may arise from support and other incentives for programmes and health professionals working in infant and young-child health.

d. Does The Code ban all free and low-cost supplies of infant formula and other breast-milk substitutes (including follow-on formula) in health facilities?

Yes. Although there were some ambiguities in the wording of Articles 6.6 and 6.7 of The Code, these were clarified in 1994 by a World Health Assembly Resolution (WHA 47.5) which urged Governments “*to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and any other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system*”.

Breast-milk substitutes should be obtained through “*normal procurement channels*” so as not to interfere with the protection and promotion of breastfeeding. Procurement means purchase.

7 (cont.)

Frequently
Asked
Questions about
The Code

- e. **Should free supplies be donated for pre-term and low birth weight infants? Some argue that these infants need early supplementation, and therefore free supplies should be permitted.**

No. The prohibition applies to all types of infant formula, including those for special medical purposes. In any case, breast-milk is the medically indicated feeding of choice for almost all pre-term and low birth weight babies¹. Obtaining free supplies for these babies encourages bottle (artificial) feeding, which further threatens their survival and healthy development.

Moreover, once free supplies are available in the maternity facilities and nurseries, it is extremely difficult to control their distribution and misuse.

- f. **Should the prohibition extend to Maternal Child Health, primary health, and rural clinics?**

Yes. The Code defines the health care system as, “governmental, non-governmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice”.

- g. **Why not permit free supplies in paediatric wards, since older infants may already be using feeding bottles?**

Because free supplies to paediatric services or other special services for sick infants can seriously undermine breastfeeding. The WHO/UNICEF guidelines suggest, “There will, of course, always be a small number of infants in these services who will need to be fed on breastmilk substitutes. Suitable substitutes, procured and distributed as part of the regular inventory of foods and medicines of any such health care facility, should be provided for those infants”.

- h. **Is there a working definition for ‘low-cost’ supplies?**

Yes. There is a general agreement that ending ‘low-cost’ or ‘low-price’ sales means ending sales at prices below the wholesale price or lower than 80% of the retail price, in the absence of a standard wholesale price. The reason for stopping low price sales is that low prices lead to the overuse of breast-milk substitutes.

- i. **Is The Code still relevant in view of the HIV pandemic and the increased need for formula?**

Yes. Indeed, The Code is even more important in the context of HIV, since The Code and resolutions:

¹ See WHO/UNICEF *Guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes* (WHO, A39/8 Add. 1, 10 April 1986). The 1986 World Health Assembly based its adoption of WHA 39.28 on this document.

7 (cont.)

Frequently Asked Questions about The Code

- encourage governments to regulate the distribution of free or subsidised supplies of breastmilk substitutes to prevent ‘spillover’
- protect children fed on replacement foods by ensuring that product labels carry necessary warnings and instructions for safe preparation and use *and*
- ensure that a given product is chosen on the basis of independent medical advice.

The Code is relevant to, and fully covers the needs of, mothers who are HIV-positive. Even where The Code has not been implemented, its provisions still apply.

8 Towards a Baby Friendly Hospital Accreditation

Introduction

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.

The BFHI has been launched by WHO and UNICEF to encourage hospitals, health care facilities, and particularly maternity wards, to adopt practices that fully protect, promote and support exclusive breastfeeding from birth.

Becoming a Baby Friendly Hospital is a process that starts with a self-appraisal (Refer to *Part 3B: Pre-Audit Questionnaire*) by the maternity facility. 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. It thus follows the Triple-A sequence (Audit, Analysis, and Action) which characterises other UNICEF Programme developments.

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

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

Breastfeeding Rates

The number of women breastfeeding exclusively from birth to discharge usually serves as an indicator of whether protection, promotion, and support for breastfeeding are adequate in that facility. Annual statistics that show at least 75% of the mothers are exclusively breastfeeding or exclusively feeding their babies human milk from birth to discharge is expected. When the figure is lower than 75%, the facility should study their *Part 3B: Pre-Audit Questionnaire* results, consider *Part 2: The New Zealand Criteria* carefully, and work

8 (cont.)**Towards a Baby
Friendly
Hospital
Accreditation**

through the Triple-A process of Audit, Analysis and Action in order to increase their exclusive breastfeeding rates. External audit should be arranged once the 75% exclusive breastfeeding goal has been achieved.

The BFHI cannot guarantee that women who start out breastfeeding exclusively will continue to do so for the recommended six months. By establishing a pattern of exclusive breastfeeding during the stay, maternity facilities are taking an essential step towards longer durations of exclusive breastfeeding after discharge.

If facility staff recognise antenatal care provided elsewhere contributes to a rate of less than 75% exclusive breastfeeding after birth, or that community practices need to be more supportive of breastfeeding, they may consider how to work with the antenatal caregivers to improve antenatal education on breastfeeding and with breastfeeding advocates to improve community practices.

(See Section 1.5, *UNICEF/WHO BFHI Materials: Revised, Updated and Expanded for Integrated Care 2009*, for a discussion of strategies for fostering Baby Friendly communities).

http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse_s1/en/

Supplies of Breastmilk Substitutes

Part 3B: Pre-Audit Questionnaire includes questions that will help the maternity facility to determine how well they comply with The Code and what actions are needed to achieve full compliance.

Support for Non-breastfeeding Mothers

The audit includes specific questions related to the training facility staff have received on providing support to 'non-breastfeeding mothers' and what support these mothers have received. The inclusion of these questions does NOT mean that the BFHI is promoting formula feeding, rather, that The Initiative wants to help ensure that ALL mothers, regardless of feeding method, get up-to-date, evidenced-based, commercial-free information about infant feeding and the support they need.

Mother Friendly Care

New Zealand has a unique maternity system which has a clear focus on ensuring best practice and mother-focused care.

(Refer to *UNICEF/WHO BFHI Section 1: Background and Implementation, 2009, p.58*)

There are national policies in place to ensure labour and birthing practices and procedures are holistic and mother/baby focused.

The standards specified by WHO/UNICEF for 'Mother-friendly care' (see following section) are already incorporated into our maternity practice. In New Zealand the requirements for maternity services around birth practices are monitored by the Ministry of Health. NZBA does not include the monitoring of the 'Mother-friendly Care standards' in maternity services as part of BFHI audit.

8 (cont.)**Towards a Baby
Friendly
Hospital
Accreditation**

Internationally the *WHO/UNICEF BFHI Revised Updated and Expanded for Integrated Care (2009) Section One* included a section which introduced Mother-friendly Care standards for audit of maternity facilities. The international BFHI documents provide an added component related to mother-friendly care. Mother-friendly labour and birth practices are important, in their own right, for the physical and psychological health of the mothers themselves, and also have been shown to enhance infants' start in life, including breastfeeding.

There has been strong interest, worldwide, in finding ways to advocate mother-friendly practices that are both helpful for the mothers' psychological and physical health and of benefit to their infants, helping to ensure successful breastfeeding.

HIV and Infant Feeding

Currently the Ministry of Health recommend that HIV-infected mothers in New Zealand do not breastfeed their children. Safe and effective alternatives to breastfeeding are available in New Zealand (see below). Infant mortality rates are low compared to developing countries where the nutritional and health benefits of breastfeeding outweigh the risk of transmitting HIV.

Refer to *Feeding your baby when you're HIV positive.*

<http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/hiv-aids/feeding-your-baby-when-youre-hiv-positive>

and

Breastfeeding by women with HIV infection, Ministry of Health, 2016.

<http://www.health.govt.nz/our-work/diseases-and-conditions/hiv-and-aids/>

and

HIV prevention in generalized epidemics: Optimal interventions for Global Fund applications, Recommendations for a public health approach. WHO, The Global Fund, November 2011.

http://whqlibdoc.who.int/publications/2011/9789241502467_eng.pdf

9 The Baby Friendly Hospital Accreditation Process

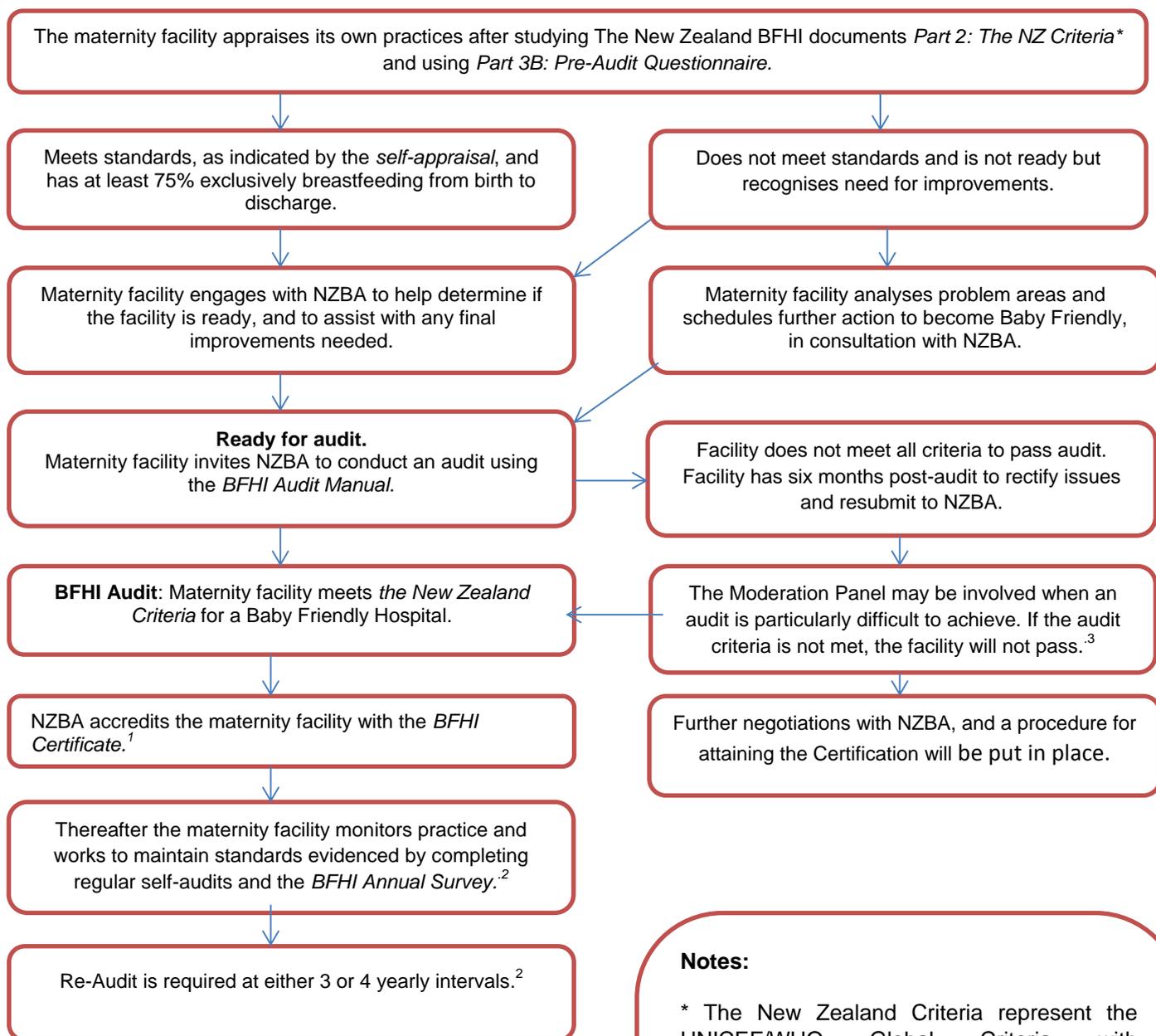
Introduction

In New Zealand, all maternity facilities are required to achieve and maintain BFHI accreditation. New Zealand Breastfeeding Alliance (NZBA) is here to help and guide facilities through this process. The standards of care and services provided are audited by the NZBA.

Once accreditation is achieved the facility must:

- Complete and return to NZBA, a BFHI Annual Survey report
- Be reaccredited three-yearly to maintain accreditation, or every four years for those facilities services who meet the additional criteria.
(as outlined on page 22)

Process for Designation as a Baby Friendly Hospital,



Notes:

* The New Zealand Criteria represent the UNICEF/WHO Global Criteria with adaptations appropriate for Aotearoa New Zealand.

¹.An external audit team does not designate a hospital as Baby Friendly. The final decision is made by NZBA after checking that the audit results are accurate.

².The criteria for a four-year accreditation are given in page 23.

³.Moderation Panel, consists of several members of the NZBA board. Primarily to determine if a facility may pass or not, and on what conditions

9 (cont.)

The Baby
Friendly Hospital
Accreditation
Process

Process for BFHI Audit

Preparations for the Audit

- New Zealand Breastfeeding Alliance (NZBA) notifies the maternity manager approximately six months prior to expiry of their accreditation.
- NZBA offers a pre-audit discussion with the BFHI Coordinator during which the audit process and any issues are covered.
- Date or dates for the audit are agreed between management and NZBA. This date must be prior to when their current accreditation period expires. In special circumstances this date can be negotiated with NZBA.
- The maternity facility is required to complete and send to NZBA, at least six weeks prior to the audit, the following:
 - A completed *Part 3B: Pre-Audit Questionnaire*
 - Annual breastfeeding data / ethnicity data
 - Copies of the Breastfeeding Policy with consultation documentation and the Artificial Feeding Policy
 - Facility staff education records
 - Other associated policies and information for mothers
 - Antenatal and/or postnatal mother consents for interviews* and
 - A site map.

** The maternity facility will need to begin collecting informed consent from mothers and forwarding them to NZBA, at least three to four months prior to the audit. This is especially important for smaller maternity facilities and consents may need to be collected and sent many months prior to the audit for an adequate sample of a minimum of ten mothers. The consents collected need to be forwarded to NZBA as soon as possible after collection. Interviews need to be completed by NZBA at least six weeks prior to the audit.*

- The maternity facility manager/BFHI Co-ordinator will inform NZBA of the name of the person who will meet the team and where they will meet. The Team Leader may contact the BFHI coordinator/maternity manager and confirm the time and place to meet.
- NZBA needs to be informed if there is to be a formal welcome. If this is to be a Māori welcome (powhiri or mihi whakataua) then NZBA may request a cultural support person / kaumatua to support the audit team.
- The maternity facility is invoiced for the audit fee which needs to be paid prior to the audit.
- If the audit is cancelled after confirmation, a fee equal to 25% of the audit costs will be incurred.

9 (cont.)**The Baby
Friendly Hospital
Accreditation
Process**

The maternity facility will have the following available for the visit of the Audit Team:

- Name of a site liaison contact person for the BFHI audit team
- Arranged time for the BFHI audit team to meet the facility management
- The security requirements of the maternity facility (especially after hours) and health and safety procedures
- A secure room for auditors to work in and to keep documents, ideally within the maternity unit, or in close proximity to the ward(s)
- Internet and phone access in a room where interviews can be performed in private
- A staff duty roster
- A complete list of all facility staff at the maternity facility
- A current list of mothers with the type of birth and the method of feeding *and*
- Copies of any information sheets and completed consent forms given out by the maternity facility.

The Audit Visit**The Audit Team:**

- Will conduct the audit and the Team Leader will provide initial feedback on the findings to management and facility staff at a suitable time prior to their departure.
- A team may include any or all of the following:
 - Lead auditor
 - Māori auditor
 - Consumer auditor
 - Trainee auditor
- The Team Leader is unable to indicate whether a facility has been successful until the final documents have been reviewed offsite.

Post-Audit

Following the audit:

- The Team Leader completes the audit documentation and sends it to NZBA for review.
- NZBA informs the facility of the outcome of the audit in writing.
- If the findings show that the maternity facility is required to complete further follow-up work to meet the requirements of the audit, then a letter will be sent to maternity facility management outlining the follow-up required.
- The maternity facility has six months from the date of the letter requesting further follow-up to meet the requirements outlined in the preliminary report.

9 (cont.)

The Baby
Friendly Hospital
Accreditation
Process

- When the requirements have been completed the report may go to the NZBA Moderation Panel (consisting of selected NZBA Board Members) to be reviewed.
- In the above case the NZBA Moderation Panel makes the decision as to whether to award BFHI accreditation to the maternity facility.
- The maternity facility is contacted, informing them of the Moderation Panel's decision, and is sent the completed documents.

a) If the maternity facility does not meet all of the criteria:

- The maternity facility has a period of six months following receipt of the Audit Report, to fulfil the requirements.
- The maternity facility may be invoiced by NZBA for additional time if:
 - the audit exceeds the expected timeframe
 - an auditor is required to revisit the facility and incurs any of the following costs: additional staff or auditor time, travel, meals, accommodation, administration, telephone calls, postage etc.

Provisional Pass Information

- If, after meeting the BFHI standards, the NZBA Board is not satisfied that the maternity facility will maintain the BFHI standards (e.g. it takes nearly the full six months to meet the BFHI standards, or the maternity facility has to be audited a number of times for some components before passing) the maternity facility may be given a **Provisional Pass** (i.e. the maternity facility must undergo a further review administered by a BFI auditor at the time of the BFHI Annual Survey and must pass to achieve full accreditation). **Note: The maternity facility will be invoiced for the costs of this visit.**
- If, following the above measures, the service is unable to meet the standards required for BFHI accreditation, i.e. within the six month time given to address their issues, the designation as a BFHI facility is withdrawn. The certificate must be removed from view and NZBA will notify the Ministry of Health.
- Where a facility fails to undertake re-audit within six months from the due recertification date the designation as a BFHI facility will be withdrawn. The certificate must be removed from view and NZBA will notify the Ministry of Health. In some instances the reason for delay may be due to extraordinary circumstances (i.e. moving to new premises, natural disasters, etc.) and in these instances NZBA will work with the service on an individual strategy

9 (cont.)**The Baby
Friendly Hospital
Accreditation
Process****b) When the maternity facility passes the Audit:****Certificate and Public Acknowledgement**

- An Accreditation Ceremony may be arranged by the maternity facility with NZBA.
- An NZBA staff member may present the maternity facility with the BFHI Certificate if their attendance is requested.
- Formal certificate presentations most usually take place after the first and fourth accreditations.
- In most circumstances the Certificate will be couriered to the facility.
- Once the Certificate has been received, the facility is encouraged to schedule its own gathering / hui / fono to acknowledge staff commitment to BFHI. It is suggested that local media be invited in order to publicise the facility's achievement.

BFHI Annual Survey

All BFHI accredited services must complete and submit to NZBA their *Part 5: BFHI Annual Survey* which will cover 1st January to 31st December of the previous year.

It is possible to complete the survey in one of the following ways:

- monthly via self-access to the on-line platform **or**
- annually using the NZBA-provided electronic copy of the survey. This will be e-mailed to the facility in January/February each year. On completion, you can return it by post or e-mail.

Process for BFHI Re-audit

The Ministry of Health requires all maternity facilities to be BFHI accredited and it is important that maternity facilities do not allow their accreditation to lapse.

The procedure for re-audit is the same as that for an audit. During the re-audit, the team will review the previous Audit Report and recommendations made to see if these have been implemented.

Four-Yearly Accreditation

Services will be considered for four-yearly accreditation if they have:

- maintained accreditation through regular audits every three years
- been accredited a minimum of three times
- submitted their *Part 5:BFHI Annual Survey* on time each year
- consistently maintained the BFHI criteria to a high standard.

9 (cont.)**The Baby
Friendly Hospital
Accreditation
Process****The Certificate**

- The maternity facility will be awarded a certificate for each subsequent re-audit.
- The certificate will be dated with the anniversary date of the previous BFHI presentation, i.e. three years after the previous presentation. This is the case even if the maternity facility takes a considerable amount of time to achieve all of the standards, or if the maternity facility has a delayed re-audit.
- For Certificate presentation see *Certificate and Public Acknowledgement* above.

Resolution Procedure

NZBA provides a resolution process which deals with complaints or grievances in a professional manner with consideration given to cultural and ethnic sensitivities. If a maternity facility or provider wishes to make a complaint or register a grievance in relation to the BFHI audit process, the NZBA Executive Officer should be contacted. (See page 2 for contact details)

10 Basic Principles of the Baby Friendly Hospital Initiative in Aotearoa New Zealand

The Treaty of Waitangi / te Tiriti o Waitangi is an integral part of BFHI in Aotearoa New Zealand.

- 1 The *Ten Steps to Successful Breastfeeding* and the *International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA Resolutions* are non-negotiable. They are the minimum standard of hospital and maternity practices required to be Baby Friendly.
- 2 *Part 2: The New Zealand Criteria* for the WHO/UNICEF BFHI establish a measurable standard for each of the *Ten Steps* and *The Code*.
- 3 Where possible facility staff interviews will be conducted face-to-face.
- 4 Mothers are to be interviewed because they are an important source of information on the breastfeeding practices within the facility. Informed consent **must** be obtained.
- 5 Elimination of free and low-cost supplies of infant formula to the hospital or maternity facility seeking designation is an essential precondition for attaining Baby Friendly status.
- 6 Audit tools must cover all aspects of *Part 2: The New Zealand Criteria*. NZBA requires facilities to complete *Part 3B: The Pre-Audit Questionnaire*.
- 7 In New Zealand the Ministry of Health requires maternity facilities to achieve BFHI Accreditation.
- 8 Once accredited a *Part 5: BFHI Annual Survey* of the BFHI Documents for Aotearoa New Zealand 2017, must be completed and forwarded to NZBA each year. This is a requirement for ongoing re-auditing.
- 9 Every three or four years a re-audit is required. NZBA may revoke a maternity facility's BFHI status for failure to respond to requests to schedule a re-audit within the designated period of accreditation.
- 10 NZBA observes strict confidentiality regarding audit information and the final report, which is shared only with the maternity facility.

Glossary

The following abbreviations are used throughout the BFHI documents:

AF	Artificially Feeding
Anniversary Date	The date the certificate was originally presented to the facility
BF	Breastfed
BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Hospital Initiative
BMS	Breastmilk substitute
DHB	District Health Board
GP	General Practitioner
GSYCF	Global Strategy Infant and Young Child Feeding
IYCF	Infant and Young Child Feeding
LBW	Low Birth Weight
LMC	Lead Maternity Carer
MOH	Ministry of Health
NICU	Neonatal Intensive Care Unit
NZBA	New Zealand Breastfeeding Authority
PHO	Primary Health Organisation
SCBU	Special Care Baby Unit
ToW	the Treaty of Waitangi / te Tiriti o Waitangi
UNICEF	United Nations Children's Education Fund (<i>formally United Nations International Children's Emergency Fund</i>)
WHA	World Health Assembly
WHO	World Health Organisation

Throughout the documents:

- The Treaty of Waitangi / te Tiriti o Waitangi is referred to as **the Treaty**.
- The *WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions* is referred to as **The Code**.
- The Ten Steps to Successful Breastfeeding are referred to as the **Ten Steps**.
- The Baby Friendly Hospital Initiative is referred to as **The Initiative**.